

-7419910 to request a copy.



<p><u>6</u> ?</p>	<p>No.</p>	<p>This <u>plan</u> covers items and services even if you haven't yet met the <u>deductible</u> amount.</p>
<p><u>6</u></p>	<p>Yes. <u>6</u> per person / <u>6</u> per family for <u>prescription drugs</u>. There are no other <u>deductibles</u>.</p>	<p>You must pay all of the costs for these services up to <u>the specific</u> amount before the <u>plan</u> begins to pay for these <u>services</u>.</p>
<p><u>W/ In 6</u> <u>6</u> ?</p>	<p>For In <u>Network</u> <u>2 00</u> person / <u>4 00</u> family</p>	<p></p>

* For more information about limitations and exceptions, see the plan or policy document at

x Acupuncture	x Eye Exam	x Nonemergency care when traveling outside the
x Bariatric Surgery	x Glasses	x Private duty nursing
x Cosmetic Surgery	x	

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog ☎ 1-855-687-6260.

Chinese (): , 1-855-687-6260.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiiijigo holne' 1-855-687

* For more information about limitations and exceptions, see the plan or policy document at

https://apps.sentarahealthplans.com/public/ViewCorePlanSOB/CorePlanFilter/DownloadAzureFile?sobFile=%2Fpresales%2F2024%2FEOCCOForSBC%2F2024_MMLGHMOEOC.pdf

The **plan**