Summary of Benefits a	and Coverage:			Coverage Period: 01/0)1/2024 – 12/31/2024				
	Choice Plus Plan			Coverage for:	Plan Type:				
The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u> . The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary.									
Important Questions	Answers		Why This Matters:						
What is the overall deductible?	\$750 \$1,50	\$1,500 0 \$3,000							

Common	Services You May Need	What You Will Pay			
Medical Event		Network Provider	Out-of-Network Provider	Limitations, Exceptions, & Other Important Information	
		(You will pay the least)	(You will pay the most)		

Your Rights to Continue Coverage:

알림: 한국어**(Korean)**를 사용하시는 경우 언어 지<u>원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summarv of</u>

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, seef oo <u>oo daa see aan baalaan seesaan soo daa seesaan seesaa keesaan keesaan seesaan seesaan seesaan seesaan</u> Kiir ahaya seebaan seesaan sees

ा सेबाएं, नि:शल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits ध्यान दें: यदि आप **हिंदी (Hindi**) बोलते है, आपको भाषा सहायत