



\_\_\_\_\_

_____		_____	_____	
	_____	_____	_____	
	_____			_____
_____	_____		_____	
			_____	_____
_____		_____	_____	
		_____	_____	
		_____		
_____		_____	_____	
_____		_____	_____	
_____				



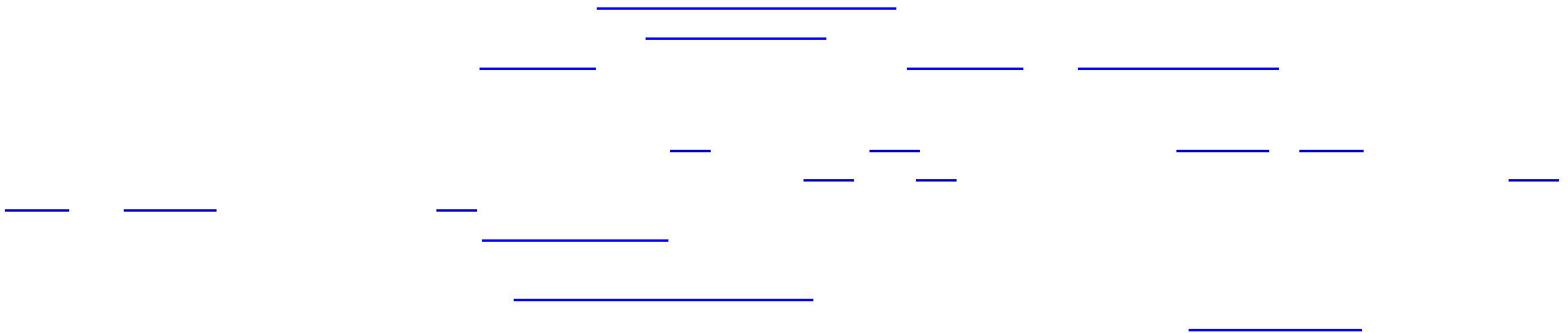
—

—————



<ul style="list-style-type: none"> <li>€ Acupuncture</li> <li>€ Cosmetic surgery</li> <li>€ Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>€ Hearing aids</li> <li>€ Long-term care</li> <li>€ Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>€ Private-duty nursing</li> <li>€ Routine eye care (Adult)</li> <li>€ Routine foot care</li> <li>€ Weight loss programs</li> </ul>
--	--	---

<ul style="list-style-type: none"> <li>€ Abortion-termination of pregnancy and related services are covered in full.</li> </ul>	<ul style="list-style-type: none"> <li>€ Bariatric surgery</li> <li>€ Chiropractic care-\$10 copay/visit (PPO);</li> </ul>	<p style="text-align: right;">ed</p>
---	--	--------------------------------------



[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.

Chinese ( ): 1-800-522-0088.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-522-0088.

**PRA Disclosure Statement:**

0938-1146

0.08



Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

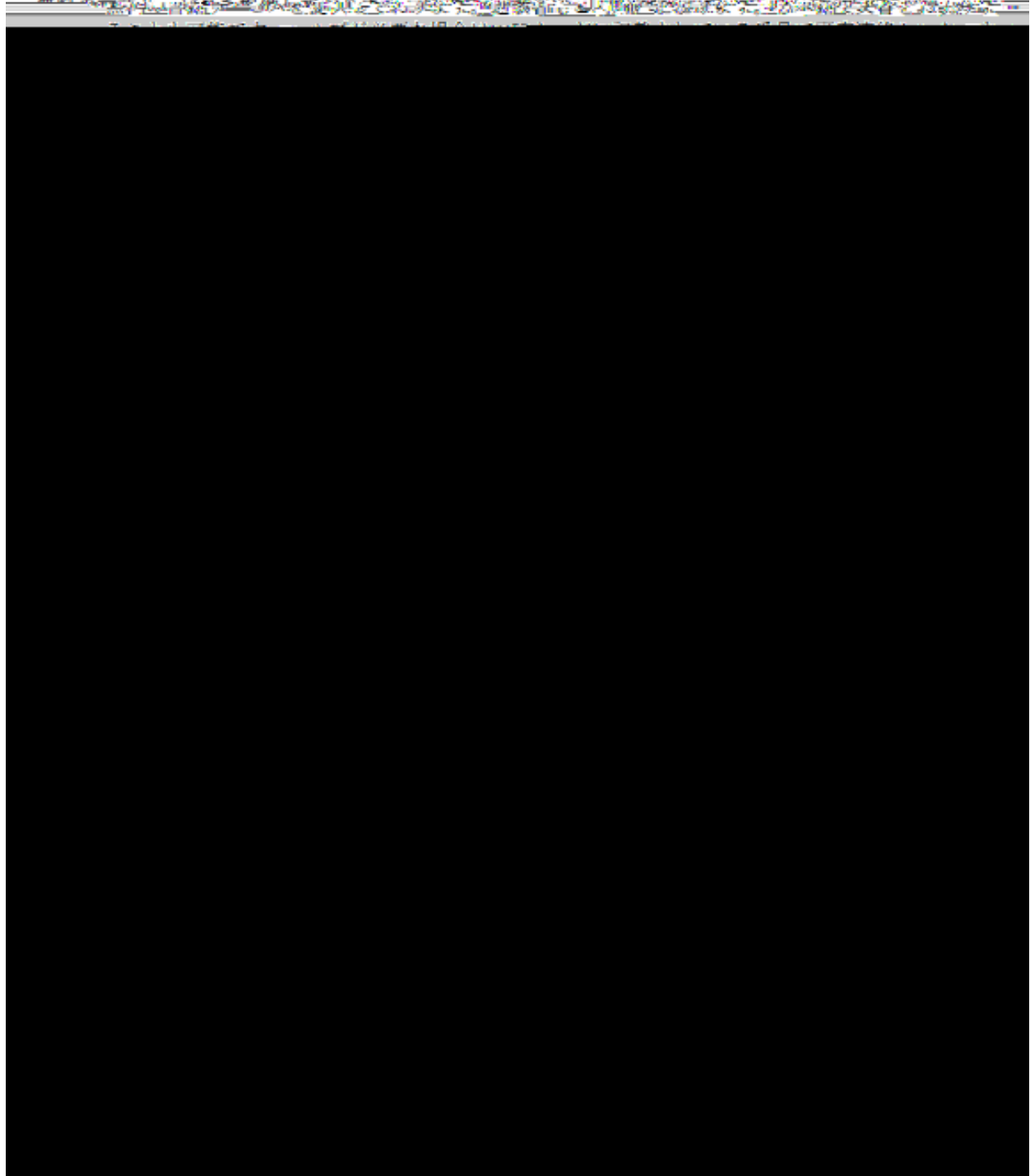
(9 months of in-network pre-natal care and a hospital delivery)			
▪ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0	_____	_____
▪ <a href="#">Specialist copayment</a>	\$15	_____	_____
▪ Hospital (facility) <a href="#">copayment</a>	\$0	_____	_____
▪ Other <a href="#">copayment</a>	\$0	_____	_____







## Japanese





Vietnam

0 000 000 000

Ngày: \_\_\_\_\_ Số điện thoại: \_\_\_\_\_  
Địa chỉ: \_\_\_\_\_  
Họ Tên: \_\_\_\_\_  
Số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (HP)

