## Short-Term, Limited-Duration Sample Summary of Benefits and Coverage (SBC) for 3-month policy



This is not a cost estimator. Treatments shown are just examples of how these plans 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.

Having a Baby (3 months of in network pre-natal care and an uncomplicated hospital delivery)		Managing Type 2 Diabetes (3 months of routine in-network care of a well-controlled condition)		Simple Fracture (in-network emergency room visit and follow-up care)	
The plan's overall deductible: Coinsurance:	\$5,000 20%	The plan's overall deductible: Coinsurance:	\$5,000 20%	The plan's overall deductible: Coinsurance:	\$5,000 20%
This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasound and blood work) Specialist visit (anesthesia)		This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)		This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)	
Total Example Cost:	\$11,750	Total Example Cost:	\$3,425	Total Example Cost:	\$2,500
Cost Sharing: Deductible: Copayments: Coinsurance: Additional Deductible:	\$5,000 \$90 \$2,675 \$635	Cost Sharing: Deductible: Copayments: Coinsurance: Prescription and test strips:	\$1,330 \$50 \$345 \$1,700	Cost Sharing: Deductible: Copayments: Coinsurance: Not covered:	\$2,350 \$100 \$0 \$50
What you Pay:	\$8,400	What you Pay:	\$3,425	What you Pay:	\$2,500
What we Pay:	\$3,350	What we Pay:	\$0	What we Pay:	\$0