





**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage for:** Individual | **Plan Type:** HRA

Questions:

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Questions:

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs				

Questions:

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

Questions:

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**Coverage Examples**

**Coverage for:** Individual + Spouse | **Plan Type:** PPO

Questions: