Summary of Benefits and Coverage:

UMR: COLUMBIA PUBLIC SCHOOL DISTRICT: 7670-00-414028 001

Coverage Period: 01/01/2024 - 12/31/2024

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.

Common		What You	ı Will Pay	Limitations Everytions 9 Other Important
Common Medical Event	Services You May Need	In-network (You will pay the least)	Out-of-network (You will pay the most)	Limitations, Exceptions, & Other Important Information

If you visit a health care provider's office or clinic

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Common Medical Event		What You	ı Will Pay	Limitations Evacations 9 Other Important
	Services You May Need	In-network (You will pay the least)		Limitations, Exceptions, & Other Important Information

Does t	his n	lan	Meet	the	Minimum	Value	Standard?	Yes
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To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.