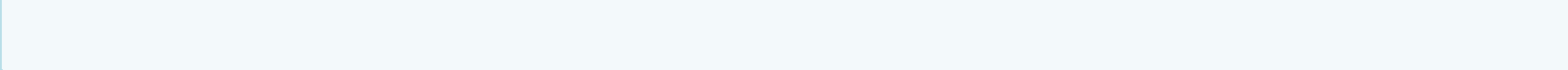


\$1,000 individual / \$2,000 family [in-network providers](#); \$1,750 individual / \$3,500 family [out-of-network providers](#).

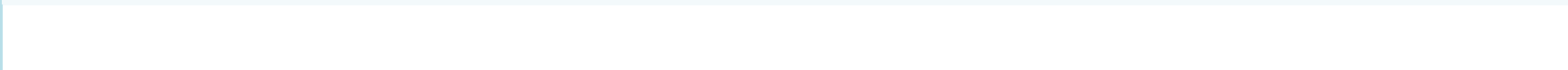
Generally, you must pay all the costs from [providers](#) up to the [deductible](#) amount before this [plan](#) begins to pay. If you have other family members on the [plan](#), each family member must meet their own individual

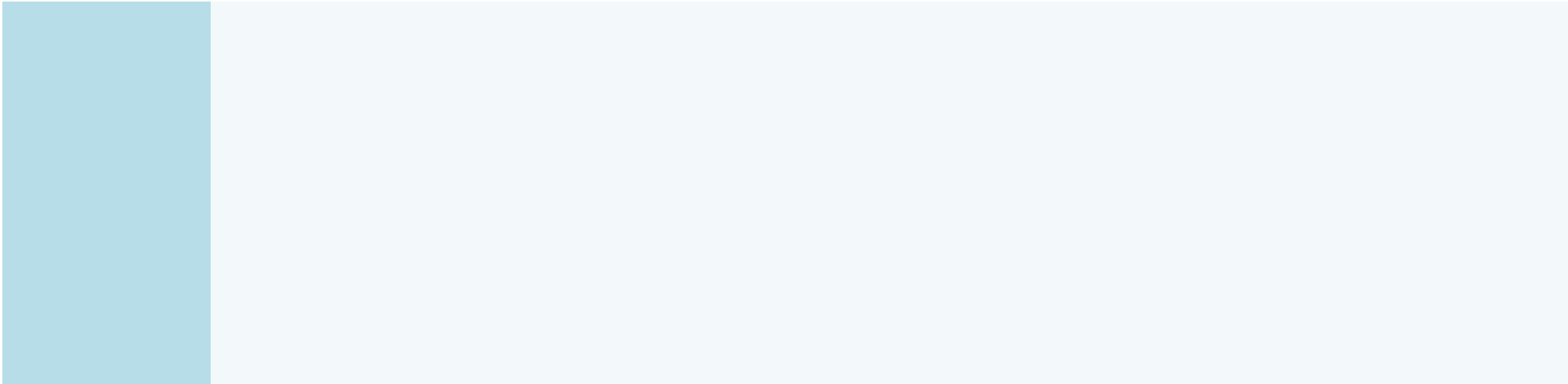
All _____ and _____ costs shown in this chart are after your _____ has been met, if a _____ applies.

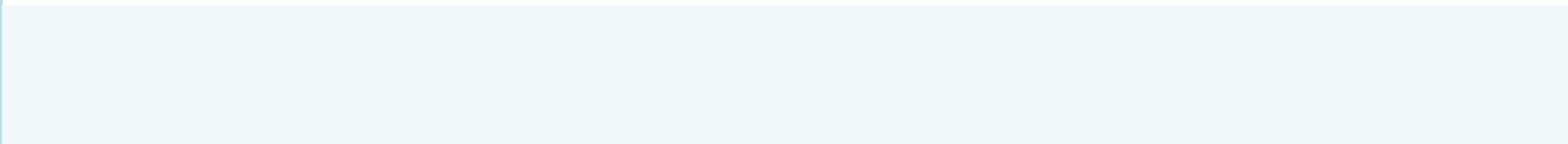
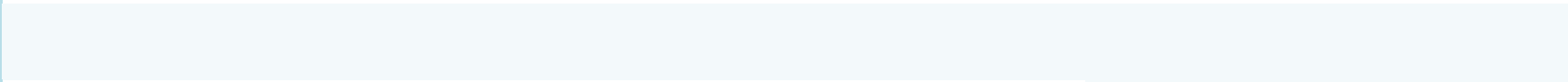
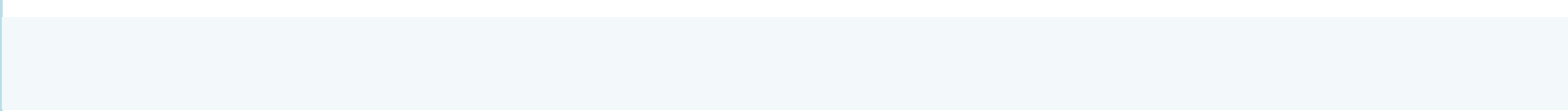
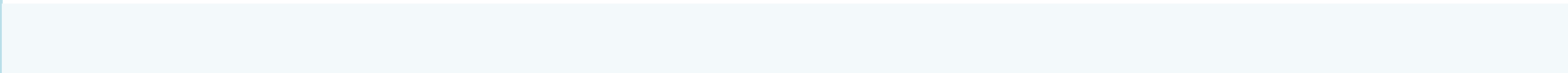
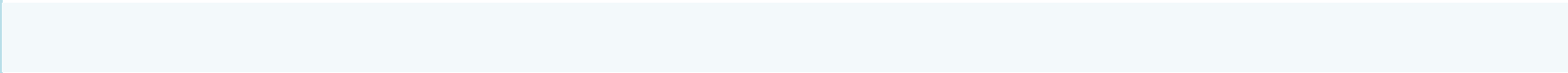
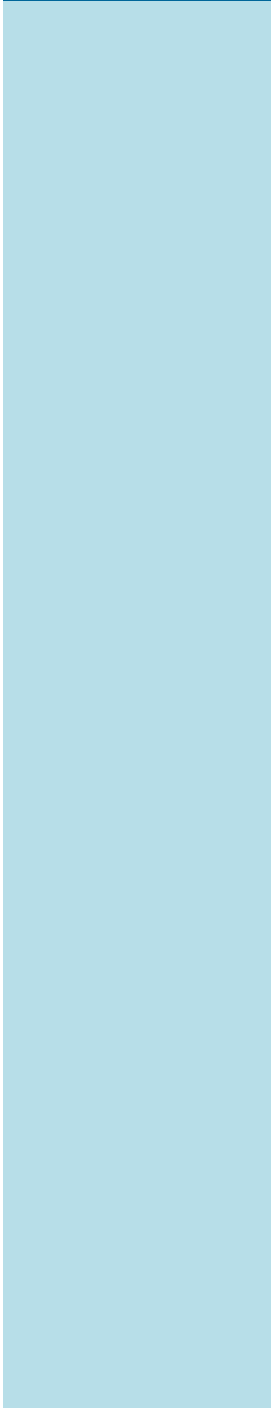


	No charge	20% coinsurance after deductible	Deductible does not apply to services at in-network providers . You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
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Diagnostic test (x-ray, blood work)	10% coinsurance for Facility Owned Labs, 10% coinsurance for Independent Clinical Labs and 10% coinsurance	
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10% coinsurance after deductible 20% coinsurance after deductible None

None

*For more information about preauthorization, see the requirements document at <https://www.capbluecross.com/preauthorization>.



There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your

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, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic format, other formats), and qualified interpreters, and information written in other languages. If you need these services, call 800.962.2242 (TTY: 711).

If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 509F, HHH Building, Washington, D.C. 20201, Toll-free 800.368.1019, 800.537.7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

To talk to an interpreter in your language at no cost, call 800.962.2242 (TTY: 711).

Para hablar con un intérprete de forma gratuita, llame al 800.962.2242 (TTY: 711).
800.962.2242 (TTY: 711).

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800.962.2242

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