	What this Plan Covers & V	Vhat You Pay For Covered S	i	Ø Ø 4-Ø Individual/Fami ₽	НМС
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b ?	No.	Thisplancovers items and services even if you haven't yet met the amount.	deduo
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* For more information about limitations and exceptions, see the plan or policy document at

8 <u>8</u>		
x Acupuncture	x Eye Exam	x Nonemergency care when traveling outside the
x Bariatric Surgery	x Glasses	x Privateduty nursing
x Cosmetic Surgery	х	

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog **+86556&7**962260.

Chinese (): , 1-855-687-6260.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-855-687

The <mark>plan</mark>