

All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	50% coinsurance	None.
	Specialist visit	20% coinsurance	50% coinsurance	Chiropractic care limited to 24 visits per plan year.
	Preventive care/screening/immunization	No charge	Not covered	Ask your provider if the services you need are preventive . Then check your plan .
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	None.
	Imaging (CT/PET scans, MRIs)			

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.myTrustmarkBenefits.com.

