



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. [For family coverage, see instructions for additional applicable language.]
Are there services covered before you meet your <u>deductible</u> ?	Yes. [Insert: major categories]	This plan covers some items and services even if you haven't yet met the annual deductible amount. But a copayment or coinsurance may apply. [For non-grandfathered plans insert: "For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .]
Are there other <u>deductibles</u> for specific services?	Yes. \$	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. [For family coverage, see instructions for additional applicable language.]
What is not included in the <u>out-of-pocket limit</u> ?	[Insert: major exceptions]	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.[insert].com">www.[insert].com</a> or call 1-800-[insert] for a list of <u>network providers</u> .	This <u>plan</u> uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a referral before you see the specialist.