**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay for Covered Services

**:**

**Coverage Period: [See Instructions]**

**Coverage for:  | Plan Type: **

|  |
| --- |
| **The Summary of Benefits and Coverage (SBC) document will help you choose a health** [**plan.**](https://www.healthcare.gov/sbc-glossary/#plan) **The SBC shows you how you and the** [**plan**](https://www.healthcare.gov/sbc-glossary/#plan) **would share the cost for covered health care services. NOTE: Information about the cost of this** [**plan**](https://www.healthcare.gov/sbc-glossary/#plan) **(called the** [**premium**](https://www.healthcare.gov/sbc-glossary/#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,](https://www.healthcare.gov/sbc-glossary/#allowed-amount) [balance billing,](https://www.healthcare.gov/sbc-glossary/#balance-billing) [coinsurance,](https://www.healthcare.gov/sbc-glossary/#coinsurance) [copayment,](https://www.healthcare.gov/sbc-glossary/#copayment) [deductible](https://www.healthcare.gov/sbc-glossary/#deductible), [provider,](https://www.healthcare.gov/sbc-glossary/#provider) or other underlined terms, see the Glossary. You can view the Glossary at [www.insert.com] or call 1-800-[insert] to request a copy. |

|  |  |  |
| --- | --- | --- |
| **Important Questions** | **Answers** | **Why This Matters:** |
| **What is the overall** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** | $0 | See the Common Medical Events chart below for your costs for services this [plan](https://www.healthcare.gov/sbc-glossary/#plan) covers. |
| **Are there services covered before you meet your** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** | No. | You will have to meet the [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) before the [plan](https://www.healthcare.gov/sbc-glossary/#plan) pays for any services. |
| **Are there other** [**deductibles**](https://www.healthcare.gov/sbc-glossary/#deductible) **for specific services?** | No. | You don’t have to meet [deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) for specific services. |
| **What is the** [**out-of-pocket**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) [**limit**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) **for this** [**plan**](https://www.healthcare.gov/sbc-glossary/#plan)**?** | Not Applicable. | This [plan](https://www.healthcare.gov/sbc-glossary/#plan) does not have an [out-of-pocket limit](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit). |
| **What is not included in the** [**out-of-pocket limit**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**?** | Not Applicable. | This [plan](https://www.healthcare.gov/sbc-glossary/#plan) does not have an [out-of-pocket limit](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) on your expenses. |
| **Will you pay less if you use a** [**network provider**](https://www.healthcare.gov/sbc-glossary/#network-provider)**?** | Not Applicable. | This [plan](https://www.healthcare.gov/sbc-glossary/#plan) does not use a [provider](https://www.healthcare.gov/sbc-glossary/#provider) [network.](https://www.healthcare.gov/sbc-glossary/#network) You can receive covered services from any [provider](https://www.healthcare.gov/sbc-glossary/#provider). |
| **Do you need a** [**referral**](https://www.healthcare.gov/sbc-glossary/#referral) **to see a** [**specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)**?** | No. | You can see the [specialist](https://www.healthcare.gov/sbc-glossary/#specialist) you choose without a [referral.](https://www.healthcare.gov/sbc-glossary/#referral) |

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.02** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.