Summary of Benefits and Coverage**:** What this Plan Covers & What You Pay for Covered Services **Coverage Period:** **01/01/2025 – 12/31/2025**

# Insurance Company 1: AI/AN Limited Cost Sharing Coverage for: Individual + Spouse | Plan Type: PPO

**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 at Indian Health Care [Provider](https://www.healthcare.gov/sbc-glossary/#provider) (IHCP) or with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral) at non-IHCP; or $500 individual / $1,000 family. | Generally, you must pay all of the costs from [providers](https://www.healthcare.gov/sbc-glossary/#provider) up to the [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) amount before this [plan](https://www.healthcare.gov/sbc-glossary/#plan) begins to pay. If you have other family members on the plan, each family member must meet their own individual [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) until the total amount of [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) expenses paid by all family members meets the overall family [deductible](https://www.healthcare.gov/sbc-glossary/#deductible). |
| **Are there services covered before you meet your** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** | Yes. [Preventive care](https://www.healthcare.gov/sbc-glossary/#preventive-care) and primary care services are covered before you meet your [deductible](https://www.healthcare.gov/sbc-glossary/#deductible). | This [plan](https://www.healthcare.gov/sbc-glossary/#plan) covers some items and services even if you haven’t yet met the [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) amount. But a [copayment](https://www.healthcare.gov/sbc-glossary/#copayment) or [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) may apply. For example, this [plan](https://www.healthcare.gov/sbc-glossary/#plan) covers certain [preventive services](https://www.healthcare.gov/sbc-glossary/#preventive-care) without [cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) and before you meet your [deductible](https://www.healthcare.gov/sbc-glossary/#deductible). See a list of covered preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. |
| **Are there other** [**deductibles**](https://www.healthcare.gov/sbc-glossary/#deductible) **for specific services?** | $0 at IHCP or with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral) at non-IHCP; or Yes, $300 for [prescription drug coverage](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage) and $300 for occupational therapy services. There are no other specific deductibles. | You must pay all of the costs for these services up to the specific [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) amount before this [plan](https://www.healthcare.gov/sbc-glossary/#plan) begins to pay for these 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)**?** | For [network providers](https://www.healthcare.gov/sbc-glossary/#network-provider) $2,500 individual / $5,000 family; for [out- of-network providers](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) $4,000 individual / $8,000 family. | The [out-of-pocket limit](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) is the most you could pay in a year for covered services. If you have other family members in this [plan](https://www.healthcare.gov/sbc-glossary/#plan), they have to meet their own [out-of-pocket limits](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) until the overall family [out-of-pocket limit](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) has been met. |
| **What is not included in the** [**out-of-pocket limit**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**?** | [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) for certain services, [premiums](https://www.healthcare.gov/sbc-glossary/#premium), [balance-billing](https://www.healthcare.gov/sbc-glossary/#balance-billing) charges, and health care this [plan](https://www.healthcare.gov/sbc-glossary/#plan) doesn’t cover. | Even though you pay these expenses, they don’t count toward the [out-of-pocket limit](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit). |
| **Will you pay less if you use a** [**network provider**](https://www.healthcare.gov/sbc-glossary/#network-provider)**?** | Yes. See [www.insert.com] or call 1-800-[insert] for a list of [network providers](https://www.healthcare.gov/sbc-glossary/#network-provider). | This [plan](https://www.healthcare.gov/sbc-glossary/#plan) uses a [provider network](https://www.healthcare.gov/sbc-glossary/#provider). You will pay less if you use a [provider](https://www.healthcare.gov/sbc-glossary/#provider) in the [plan’s](https://www.healthcare.gov/sbc-glossary/#plan) [network](https://www.healthcare.gov/sbc-glossary/#network). You will pay the most if you use an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider), and you might receive a bill from a [provider](https://www.healthcare.gov/sbc-glossary/#provider) for the difference between the [provider’s](https://www.healthcare.gov/sbc-glossary/#provider) charge and what your [plan](https://www.healthcare.gov/sbc-glossary/#plan) pays ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). Be aware, your [network provider](https://www.healthcare.gov/sbc-glossary/#network-provider) might use an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) for some services (such as lab work). Check with your [provider](https://www.healthcare.gov/sbc-glossary/#provider) before you get services. |
| **Do you need a** [**referral**](https://www.healthcare.gov/sbc-glossary/#referral) **to see a** [**specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)**?** | Yes. | This [plan](https://www.healthcare.gov/sbc-glossary/#plan) will pay some or all of the costs to see a [specialist](https://www.healthcare.gov/sbc-glossary/#specialist) for covered services but only if you have a [referral](https://www.healthcare.gov/sbc-glossary/#referral) before you see the [specialist](https://www.healthcare.gov/sbc-glossary/#specialist). |



All [**copayment**](https://www.healthcare.gov/sbc-glossary/#copayment)and [**coinsurance**](https://www.healthcare.gov/sbc-glossary/#coinsurance)costs shown in this chart are after your [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)has been met, if a [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)applies.

| **Common Medical EventCommon** | **Services You May Need** |  | **What You Will Pay** |  | **Limitations, Exceptions, & Other Important Information** |
| --- | --- | --- | --- | --- | --- |
| **Indian Health Care Provider (IHCP) (You will pay the least)** | **Non-IHCP In-Network Provider (You will pay more)** | **Non-IHCP Out-of- Network Provider(You will pay the most)** |
| **If you visit a health care** [**provider’s**](https://www.healthcare.gov/sbc-glossary/#provider) **office or clinic** | Primary care visit to treat an injury or illness | No charge | $35 [copay](https://www.healthcare.gov/sbc-glossary/#copayment)/office visit and 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) for other outpatient services; [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) does not apply | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral.](https://www.healthcare.gov/sbc-glossary/#referral) If an [out-of-network](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider)  [provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount,](https://www.healthcare.gov/sbc-glossary/#allowed-amount) you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| [Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) visit | No charge | $50 [copay/](https://www.healthcare.gov/sbc-glossary/#copayment)visit | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Preauthorization](https://www.healthcare.gov/sbc-glossary/#preauthorization) is required. If you don't get [preauthorization,](https://www.healthcare.gov/sbc-glossary/#preauthorization) benefits could be reduced by 50% of the total cost of the service. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral.](https://www.healthcare.gov/sbc-glossary/#referral) If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed](https://www.healthcare.gov/sbc-glossary/#allowed-amount)  [amount,](https://www.healthcare.gov/sbc-glossary/#allowed-amount) you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| [Preventive care](https://www.healthcare.gov/sbc-glossary/#preventive-care)/ [screening/](https://www.healthcare.gov/sbc-glossary/#screening) immunization | No charge | No charge | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | You may have to pay for services that aren’t preventive. Ask your [provider](https://www.healthcare.gov/sbc-glossary/#provider) if the services needed are preventive. Then check what your [plan](https://www.healthcare.gov/sbc-glossary/#plan) will pay for. |
| **If you have a test** | [Diagnostic test](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) (x-ray, blood work) | No charge | $10 [copay](https://www.healthcare.gov/sbc-glossary/#copayment)/test | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral.](https://www.healthcare.gov/sbc-glossary/#referral) If an [out-of-network](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider)  [provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount,](https://www.healthcare.gov/sbc-glossary/#allowed-amount) you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| Imaging (CT/PET scans, MRIs) | No charge | $50 [copay/](https://www.healthcare.gov/sbc-glossary/#copayment)visit | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| **If you need drugs to treat your illness or condition**More information about [prescription drug](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage) [coverage](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage) is available at [www.insert.com] | Generic drugs | No charge | $10 [copay](https://www.healthcare.gov/sbc-glossary/#copayment)/prescription (retail & mail order) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | \*See Section [X]. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| Preferred brand drugs | No charge | $30 [copay](https://www.healthcare.gov/sbc-glossary/#copayment)/prescription (retail & mail order) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| Non-preferred brand drugs | No charge | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 60% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| [Specialty drugs](https://www.healthcare.gov/sbc-glossary/#specialty-drug) | No charge | 50% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 70% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | No charge | $100/day [copay](https://www.healthcare.gov/sbc-glossary/#copayment) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Preauthorization](https://www.healthcare.gov/sbc-glossary/#preauthorization) is required. If you don't get [preauthorization](https://www.healthcare.gov/sbc-glossary/#preauthorization), benefits could be reduced by 50% of the total cost of the service. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| Physician/surgeon fees | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 50% coinsurance for anesthesia. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| **If you need immediate medical attention** | [Emergency room care](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| [Emergency medical](https://www.healthcare.gov/sbc-glossary/#emergency-medical-transportation) [transportation](https://www.healthcare.gov/sbc-glossary/#emergency-medical-transportation) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| [Urgent care](https://www.healthcare.gov/sbc-glossary/#urgent-care) | No charge | $30 [copay](https://www.healthcare.gov/sbc-glossary/#copayment)/visit | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Preauthorization](https://www.healthcare.gov/sbc-glossary/#preauthorization) is required. If you don't get [preauthorization](https://www.healthcare.gov/sbc-glossary/#preauthorization), benefits could be reduced by 50% of the total cost of the service. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| Physician/surgeon fees | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 50% coinsurance for anesthesia. Cost sharing waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| **If you need mental health, behavioral health, or substance abuse services** | Outpatient services | No charge | $35 [copay](https://www.healthcare.gov/sbc-glossary/#copayment)/office visit and 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) for other outpatient services | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)).  |
| Inpatient services | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| **If you are pregnant** | Office visits | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) does not apply for preventive services. Depending on the type of services, a coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out- of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| Childbirth/delivery professional services | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| Childbirth/delivery facility services | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| **If you need help recovering or have other special health needs** | [Home health care](https://www.healthcare.gov/sbc-glossary/#home-health-care) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 60 visits/year. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out- of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| [Rehabilitation services](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 60 visits/year. Includes physical therapy, speech therapy, and occupational therapy. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| [Habilitation services](https://www.healthcare.gov/sbc-glossary/#habilitation-services) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) |
| [Skilled nursing care](https://www.healthcare.gov/sbc-glossary/#skilled-nursing-care) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 60 visits/calendar year. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| [Durable medical equipment](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | Excludes vehicle modifications, home modifications, exercise, and bathroom equipment. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out- of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| [Hospice services](https://www.healthcare.gov/sbc-glossary/#hospice-services) | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | 40% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by 50% of the total cost of the service. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If [an out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)).  |
| **If your child needs dental or eye care** | Children’s eye exam | No charge | $35 [copay](https://www.healthcare.gov/sbc-glossary/#copayment)/visit | Not covered | Coverage limited to one exam/year. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| Children’s glasses | No charge | 20% [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | Not covered | Coverage limited to one pair of glasses/year. [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out- of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). |
| Children’s dental check-up | No charge | No charge | Not covered | [Cost sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) waived at non-IHCP with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral). If an [out-of-network provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) charges more than the [allowed amount](https://www.healthcare.gov/sbc-glossary/#allowed-amount), you may have to pay the difference ([balance billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)).  |

[\* For more information about limitations and exceptions, see the [plan](https://www.healthcare.gov/sbc-glossary/#plan) or policy document at [www.insert.com].]

## Excluded Services & Other Covered Services:

|  |
| --- |
| **Services Your** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **Generally Does NOT Cover (Check your policy or** [**plan**](https://www.healthcare.gov/sbc-glossary/#plan) **document for more information and a list of any other** [**excluded services**](https://www.healthcare.gov/sbc-glossary/#excluded-services)**.)** |
| * Abortion (except in cases of rape, incest, or when the life of the mother is endangered)
* Cosmetic surgery
* Dental care (Adult)
 | * Infertility treatment
* Long-term care
* Non-emergency care when traveling outside the U.S.
 | * Private-duty nursing
* Routine eye care (Adult)
* Routine foot care
 |

|  |
| --- |
| **Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your** [**plan**](https://www.healthcare.gov/sbc-glossary/#plan) **document.)** |
| • Acupuncture (if prescribed for rehabilitation purposes) | * Bariatric surgery
* Chiropractic care
 | * Hearing aids
* Weight loss programs
 |

## Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: [insert State, HHS, DOL, and/or other applicable agency contact information]. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance](https://www.healthcare.gov/sbc-glossary/#health-insurance) [Marketplace.](https://www.healthcare.gov/sbc-glossary/#marketplace) For more information about the [Marketplace,](https://www.healthcare.gov/sbc-glossary/#marketplace) visit [www.HealthCare.gov](http://www.healthcare.gov/) or call 1-800-318- 2596.

## Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan f](https://www.healthcare.gov/sbc-glossary/#plan)or a denial of a [claim.](https://www.healthcare.gov/sbc-glossary/#claim) This complaint is called a [grievance](https://www.healthcare.gov/sbc-glossary/#grievance) or [appeal.](https://www.healthcare.gov/sbc-glossary/#appeal) For more information about your rights, look at the explanation of benefits you will receive for that medical [claim.](https://www.healthcare.gov/sbc-glossary/#claim) Your [plan](https://www.healthcare.gov/sbc-glossary/#plan) documents also provide complete information on how to submit a [claim,](https://www.healthcare.gov/sbc-glossary/#claim) [appeal,](https://www.healthcare.gov/sbc-glossary/#appeal) or a [grievance f](https://www.healthcare.gov/sbc-glossary/#grievance)or any reason to your [plan.](https://www.healthcare.gov/sbc-glossary/#plan) For more information about your rights, this notice, or assistance, contact: [insert applicable contact information from instructions].

## Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage) generally includes [plans,](https://www.healthcare.gov/sbc-glossary/#plan) [health insurance](https://www.healthcare.gov/sbc-glossary/#health-insurance) available through the [Marketplace](https://www.healthcare.gov/sbc-glossary/#marketplace) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage,](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage) you may not be eligible for the [premium tax credit.](https://www.healthcare.gov/sbc-glossary/#premium-tax-credits)

## Does this plan meet the Minimum Value Standards? Yes.

If your [plan](https://www.healthcare.gov/sbc-glossary/#plan) doesn’t meet the [Minimum Value Standards,](https://www.healthcare.gov/sbc-glossary/#minimum-value-standard) you may be eligible for a [premium tax credit t](https://www.healthcare.gov/sbc-glossary/#premium-tax-credits)o help you pay for a [plan](https://www.healthcare.gov/sbc-glossary/#plan) through the [Marketplace.](https://www.healthcare.gov/sbc-glossary/#marketplace)

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al [insert telephone number].

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [insert telephone number].

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码[insert telephone number].

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' [insert telephone number].

Pennsylvania Dutch (Deitsch): Fer Hilf griege in Deitsch, ruf [insert telephone number] uff.

Samoan (Gagana Samoa): Mo se fesoasoani i le Gagana Samoa, vala’au mai i le numera telefoni [insert telephone number].

Carolinian (Kapasal Falawasch): ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye [insert telephone number].

Chamorro (Chamoru): Para un ma ayuda gi finu Chamoru, å’gang [insert telephone number].

***To see examples of how this*** [***plan***](https://www.healthcare.gov/sbc-glossary/#plan) ***might cover costs for a sample medical situation, see the next section.***

**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.

# About these Coverage Examples:

#

**This is not a cost estimator.** Treatments shown are just examples of how this [plan](https://www.healthcare.gov/sbc-glossary/#plan) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](https://www.healthcare.gov/sbc-glossary/#provider) charge, and many other factors. Focus on the [cost-sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) amounts ([deductibles,](https://www.healthcare.gov/sbc-glossary/#deductible) [copayments](https://www.healthcare.gov/sbc-glossary/#copayment) and [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance)) and [excluded services](https://www.healthcare.gov/sbc-glossary/#excluded-services) under the [plan.](https://www.healthcare.gov/sbc-glossary/#plan) Use this information to compare the portion of costs you might pay under different health [plans.](https://www.healthcare.gov/sbc-glossary/#plan) Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

* **The** [**plan’s**](https://www.healthcare.gov/sbc-glossary/#plan) **overall** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible) **$500**
* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)[**copayment**](https://www.healthcare.gov/sbc-glossary/#copayment) **$50**
* **Hospital (facility)**[**coinsurance**](https://www.healthcare.gov/sbc-glossary/#coinsurance) **20%**
* **Other** [**coinsurance**](https://www.healthcare.gov/sbc-glossary/#coinsurance) **20%**

**This EXAMPLE event includes services like:**

[Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) office visits *(prenatal care)*

Childbirth/Delivery Professional Services

Childbirth/Delivery Facility Services

[Diagnostic tests](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) *(ultrasounds and blood work)*

[Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) visit *(anesthesia)*

| **Total Example Cost** | **$12,700** |
| --- | --- |
| **In this example, Peg would pay:** |
| *Cost Sharing* |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $0 |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $0 |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $0 |
| *What isn’t covered* |
| Limits or exclusions | $0 |
| **The total Peg would pay is** | **$0** |

**Managing Joe’s Type 2 Diabetes** (a year of routine in-network care of a well- controlled condition)

* **The** [**plan’s**](https://www.healthcare.gov/sbc-glossary/#plan) **overall** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible) **$500**
* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)[**copayment**](https://www.healthcare.gov/sbc-glossary/#copayment) **$50**
* **Hospital (facility)** [**coinsurance**](https://www.healthcare.gov/sbc-glossary/#coinsurance) **20%**
* **Other [coinsurance](https://www.healthcare.gov/sbc-glossary/%22%20%5Cl%20%22coinsurance) 20%**

**This EXAMPLE event includes services like:**

[Primary care physician](https://www.healthcare.gov/sbc-glossary/#primary-care-physician) office visits *(including disease education)*

[Diagnostic tests](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) *(blood work)*

[Prescription drugs](https://www.healthcare.gov/sbc-glossary/#prescription-drugs)

[Durable medical equipment](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) *(glucose meter)*

| **Total Example Cost** | **$5,600** |
| --- | --- |
| **In this example, Joe would pay:** |
| *Cost Sharing* |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $0 |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $0 |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $0 |
| *What isn’t covered* |
| Limits or exclusions | $0 |
| **The total Joe would pay is** | **$0** |

**Mia’s Simple Fracture**

(in-network emergency room visit and follow up care)

* **The** [**plan’s**](https://www.healthcare.gov/sbc-glossary/#plan) **overall** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible) **$500**
* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)[**copayment**](https://www.healthcare.gov/sbc-glossary/#copayment) **$50**
* **Hospital (facility)** [**coinsurance**](https://www.healthcare.gov/sbc-glossary/#coinsurance) **20%**
* **Other** [**coinsurance**](https://www.healthcare.gov/sbc-glossary/#coinsurance) **20%**

**This EXAMPLE event includes services like:**

[Emergency room care](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) *(including medical supplies)*

[Diagnostic test](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) (*x-ray*)

[Durable medical equipment](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) *(crutches)*

[Rehabilitation services](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services) *(physical therapy)*

| **Total Example Cost** | **$2,800** |
| --- | --- |
| **In this example, Mia would pay:** |
| *Cost Sharing* |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $0 |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $0 |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $0 |
| *What isn’t covered* |
| Limits or exclusions | $0 |
| **The total Mia would pay is** | **$0** |

Note: These numbers assume the patient does not participate in the [plan’s](https://www.healthcare.gov/sbc-glossary/#plan) wellness program. If you participate in the [plan’s](https://www.healthcare.gov/sbc-glossary/#plan) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [insert].

Note: These numbers assume the patient received care from an IHCP [provider](https://www.healthcare.gov/sbc-glossary/#provider) or with IHCP [referral](https://www.healthcare.gov/sbc-glossary/#referral) at a non-IHCP. If you receive care from a non-IHCP [provider](https://www.healthcare.gov/sbc-glossary/#provider) without a [referral](https://www.healthcare.gov/sbc-glossary/#referral) from an IHCP your costs may be higher.

The [plan](https://www.healthcare.gov/sbc-glossary/#plan) would be responsible for the other costs of these EXAMPLE covered services.