**福利和承保範圍摘要：**此計劃的承保範圍，以及您為涵蓋服務所需支付的費用**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**承保期：[See Instructions]**

**承保內容：\_\_\_\_\_\_** | **計劃類別：\_\_\_**

**福利和承保範圍摘要 (SBC) 文件將幫助您選擇健康**[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)**. SBC 向您展示您和**[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)**將如何共同承擔涵蓋的健康照護服務費用. 注意**：**有關此**[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)**費用（稱為**[**保費**](https://www.healthcare.gov/sbc-glossary/#premium)**）的資訊將另外提供. 這僅是一份摘要.** 如欲了解有關承保範圍的更多資訊，或要獲得承保

範圍的完整條款副本，請[insert contact information] 如欲了解常見詞彙的一般定義，例如[允許額](https://www.healthcare.gov/sbc-glossary/#allowed-amount)、[差額收費](https://www.healthcare.gov/sbc-glossary/#balance-billing)、[共同保險](https://www.healthcare.gov/sbc-glossary/#coinsurance)、[共付額](https://www.healthcare.gov/sbc-glossary/#copayment)、[自付](https://www.healthcare.gov/sbc-glossary/#deductible)

[額](https://www.healthcare.gov/sbc-glossary/#deductible)、[供應商](https://www.healthcare.gov/sbc-glossary/#provider)、或其他劃線詞彙，請參見詞彙表 您可以在 [www.insert.com] 查看詞彙表，或致電 1-800-[insert] 以索取副本.

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| **重要問題** | **答案** | **為什麼這很重要：** |
| **整體**[**自付額**](https://www.healthcare.gov/sbc-glossary/#deductible)**為多少？** | $0 | 請查看下面的常見醫療事件表格以了解您需要為此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)涵蓋的服務所支付的費用. |
| **在您達到您的**[**自付額**](https://www.healthcare.gov/sbc-glossary/#deductible) **前，這些服務是否在承保範圍內？** | 否 | 在[計劃](https://www.healthcare.gov/sbc-glossary/#plan)支付任何服務前，您需要達到[自付額](https://www.healthcare.gov/sbc-glossary/#deductible). |
| **特定服務是否還有其他**[**自付額**](https://www.healthcare.gov/sbc-glossary/#deductible)**？** | 否 | 針對特定服務，您不需要達到[自付額](https://www.healthcare.gov/sbc-glossary/#deductible). |
| **此**[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)**的**[**最大自付額**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**是多少？** | 不適用 | 此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)沒有[最大自付額](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit). |
| [**最大自付額**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**不包含什麼？** | 不適用 | 此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)沒有需要您支付的[最大自付額](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit). |
| **如果使用**[**網絡供應商**](https://www.healthcare.gov/sbc-glossary/#network-provider)**，您支付的金額是否會更少？** | 不適用 | 此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)沒有使用[供應商](https://www.healthcare.gov/sbc-glossary/#provider)[網絡](https://www.healthcare.gov/sbc-glossary/#network) 您可以自任何[供應商](https://www.healthcare.gov/sbc-glossary/#provider)處取得涵蓋的服務. |
| **您是否需要**[**轉診**](https://www.healthcare.gov/sbc-glossary/#referral)**至**[**專科醫生**](https://www.healthcare.gov/sbc-glossary/#specialist)**？** | 否 | 您可以在沒有[轉介](https://www.healthcare.gov/sbc-glossary/#referral)的前提下至您選擇的[專科醫生](https://www.healthcare.gov/sbc-glossary/#specialist)處就診. |

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