**En katzer Description vun Sache as du grigscht un wie du gecovered bischt:** Was daer Plaen covere dutt un was du bezaahlscht fer Services as du griege mechscht

# Die Zeit vun Coverage: [See instructions]

 : **Coverage fer: | Was fer Plaen:**

|  |
| --- |
| **Daer katz Description vun Sache as du grigscht un wie du gecovered bischt ("Summary of Benefits and Coverage", SBC) helft dich choos-e en Insurance** [**Plan.**](https://www.healthcare.gov/sbc-glossary/#plan) **Der SBC weist dich wie du un der Insurance** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **die Koschte fer gecoverdi Services shar-e deetet. NOTE: Du zellscht Information griege weeich die Koscht vun daer** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **(was mer heest en** [**Premium)**](https://www.healthcare.gov/sbc-glossary/#premium) **separate. Des is yuscht en katzer Description.** Fer meh Information griegeweeich dei Coverage, adder fer en Copy griege vun all die Details vun Coverage [insert contact information]. Fer Definitions vun commoni Wadde, so wie [allowed](https://www.healthcare.gov/sbc-glossary/#allowed-amount) [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) odder annri Wadde as underlined sin, guck die Glossary. Du kannscht die Glossary an[www.insert.com] odder 1-800-[insert] uffrufe fer froge fer en Copy. |

|  |  |  |
| --- | --- | --- |
| **Wichdichi Questions** | **Andwadde** | **Ferwas Des Wichdich Is:** |
| **Was is der gans** [**Deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** | **$** |  |
| **Hot's Services as gecovered sin eb du hoscht bezaahlt dei** [**Deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** |  |  |
| **Hot's annri** [**Deductibles**](https://www.healthcare.gov/sbc-glossary/#deductible) **fer particulari Services?** | **$** |  |
| **Was is der** [**Out-of-Pocket Limit**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) **fer daer** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan)**?** | **$** |  |
| **Was is net include in der** [**Out-of- Pocket Limit**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**?** |  |  |
| **Zellscht du wennicher bezaahle wann du en** [**Network Provider**](https://www.healthcare.gov/sbc-glossary/#network-provider) **yuuscht?** |  |  |
| **Brauchscht du en** [**Referral**](https://www.healthcare.gov/sbc-glossary/#referral) **fer en** [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist) **sehne?** |  |  |

|  |
| --- |
|  Alli [Copayment](https://www.healthcare.gov/sbc-glossary/#copayment) un [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) Koschte in daer Chart sin nooch as du dei [Deductible](https://www.healthcare.gov/sbc-glossary/#deductible) bezaahlt hoscht, wann en [Deductible](https://www.healthcare.gov/sbc-glossary/#deductible) applye dutt. |

| **En Commoner Medical Situation** | **Services As Du Brauche Mechscht** | **Was Du Bezaahle Musscht:**  | **Restrictions un Annri Wichdichi Information** |
| --- | --- | --- | --- |
| **Network Provider (Du bezaahlscht s'wennichscht)** | **Out-of-Network Provider (Du bezaahlscht s'menscht)** |
| **Wann du gehscht zu en Health Care** [**Provider**](https://www.healthcare.gov/sbc-glossary/#provider) **sei Office adder Clinic** | En Visit fer Care griege wann du wehgeduh adder grank bischt |  |  |  |
| [Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) Visit |  |  |  |
| [Preventive Care](https://www.healthcare.gov/sbc-glossary/#preventive-care)/ [Screening](https://www.healthcare.gov/sbc-glossary/#screening)/ Shots griege |  |  |  |
| **Wann du en Test hoscht** | [Diagnostic Test](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) (X-ray, Blut teste) |  |  |  |
| Imaging (CT/PET Scans, MRIs) |  |  |  |
| **Wann du Drugs brauchscht fer dich treate**Meh Information wege [**Prescription**](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage)[**Drug Coverage**](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage)kann mer griege an [www.insert.com] | Generic Drugs |  |  |  |
| Brand-Naame Drugs as preferred sin |  |  |  |
| Brand-Naame Drugs as net preferred sin |  |  |  |
| [Specialty Drugs](https://www.healthcare.gov/sbc-glossary/#specialty-drug) |  |  |  |
| **Wann du Outpatient Surgery brauchscht** | Der Fee fer der Blatz (so wie en Ambulatory Surgery Center) |  |  |  |
| Die Fees fer en Dockter adder en Surgeon |  |  |  |
| **Wann du Care griege brauchscht graadeweck** | [Emergency Schtubb Care](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) |  |  |  |
| [Emergency Medical](https://www.healthcare.gov/sbc-glossary/#emergency-medical-transportation) [Transportation](https://www.healthcare.gov/sbc-glossary/#emergency-medical-transportation) |  |  |  |
| [Urgent Care](https://www.healthcare.gov/sbc-glossary/#urgent-care) |  |  |  |
| **Wann du im Hospital sei musscht** | Der Fee fer der Blatz (so wie en Hospital Schtubb) |  |  |  |
| Die Fees fer en Dockter adder en Surgeon |  |  |  |
| **Wann du Mental Health, Behavioral Health, odder Substance Abuse Services brauchscht** | Outpatient Services |  |  |  |
| Inpatient Services |  |  |  |
| **Wann du an ekschpeckte bischt** | Office Visits |  |  |  |
| Professional Services fer en Baby hawwe |  |  |  |
| Blatz Services fer en Baby hawwe |  |  |  |
| **Wann du Hilf brauchscht fer besser warre adder annri abbadichi Health Needs** | [Home Health Care](https://www.healthcare.gov/sbc-glossary/#home-health-care) |  |  |  |
| [Rehabilitation Services](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services) |  |  |  |
| [Habilitation Services](https://www.healthcare.gov/sbc-glossary/#habilitation-services) |  |  |  |
| [Skilled Nursing Care](https://www.healthcare.gov/sbc-glossary/#skilled-nursing-care) |  |  |  |
| [Durable Medical Equipment](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) |  |  |  |
| [Hospice Services](https://www.healthcare.gov/sbc-glossary/#hospice-services) |  |  |  |
| **Wann dei Kind Zaah adder Aage Care braucht** | Kinnner Eye Exam |  |  |  |
| Brille fer Kinner |  |  |  |
| Zaah Checkup fer Kinner |  |  |  |

# Services as Net Gecovered Sin un Annri Services:

|  |
| --- |
| **Services As Dei** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **Gweenlich NET Covere Dutt (Guck dei Policy adder** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **Document fer meh Information un en List vun of ennichi annri** [**Services as**](https://www.healthcare.gov/sbc-glossary/#excluded-services)[**exclude sin**](https://www.healthcare.gov/sbc-glossary/#excluded-services)**.)** |
| • | • | • |

|  |
| --- |
| **Annri Gecoverdi Services (Samm Limitations mechde applye do. Die List dutt net alles includ-e. Guck dei** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **Document.)** |
| • | • | • |

**Dei Rechte fer Aahalde Coverage Griege:** S'hot Bletz as dich helfe kenne wann du aahalde witt Coverage griege nochdem as er ausgloffe is. Du kannscht selli Bletz contact do: [insert State, HHS, DOL, and/or other applicable agency contact information]. Du mechscht aa annri Options hawwe so wie Private insurance kaafe deich der [Health Insurance](https://www.healthcare.gov/sbc-glossary/#health-insurance) [Marketplace.](http://Marketplace.) Fer meh Information wege der Marketplace, geh zu [www.HealthCare.gov](http://www.healthcare.gov/) adder ruf 1-800-318- 2596 uff.

**Dei Grievance un Appeal Rechte:** Es sin Bletz as helfe kenne wann du en Complaint geeich dei [Plan](https://www.healthcare.gov/sbc-glossary/#plan) hoscht fer nunnergedreht warre wege en [Claim.](https://www.healthcare.gov/sbc-glossary/#claim) So en Complaint heest mer en [Grievance](https://www.healthcare.gov/sbc-glossary/#grievance) adder en [Appeal.](https://www.healthcare.gov/sbc-glossary/#appeal) Fer meh Information wege dei Rechte, lees die Explanation vun Benefits as du grigscht fer seller medical [Claim](https://www.healthcare.gov/sbc-glossary/#claim). Dei [Plan](https://www.healthcare.gov/sbc-glossary/#plan) Documents lege aus alles was mer duh muss fer submitte en [Claim](https://www.healthcare.gov/sbc-glossary/#claim), [Appeal](https://www.healthcare.gov/sbc-glossary/#appeal), adder en [Grievance](https://www.healthcare.gov/sbc-glossary/#grievance) fer ennicher Reason wege dei [Plan.](https://www.healthcare.gov/sbc-glossary/#plan) Fer meh Information wege dei Rechte, daer Notice, adder Hilf, geh zu: [insert applicable contact information from instructions].

# Dutt daer Plan Minimum Essential Coverage gewwe? [Ya/Nee]

[Minimum Essential Coverage](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage) dutt gweenlich includ-e [Plans](https://www.healthcare.gov/sbc-glossary/#plan), [Health Insurance](https://www.healthcare.gov/sbc-glossary/#health-insurance) as mer griege kann deich der [Marketplace](https://www.healthcare.gov/sbc-glossary/#marketplace) adder annri private Insurance Policies, Medicare, Medicaid, CHIP, TRICARE, un certaini annri Forms vun Coverage. Wann du qualifye duscht fer certaini Types vun [Minimum Essential Coverage](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage), mechscht du velleicht net eligible sei fer der [Premium Tax Credit.](https://www.healthcare.gov/sbc-glossary/#premium-tax-credits)

# Is daer Plan gut genung fer die Minimum Value Standards? [Ya/Nee/Dutt Net Applye]

Wann dei [Plan](https://www.healthcare.gov/sbc-glossary/#plan) net gut genung is fer die [Minimum Value Standards,](https://www.healthcare.gov/sbc-glossary/#minimum-value-standard) mechscht du velleicht eligible sei fer en [Premium Tax Credit](https://www.healthcare.gov/sbc-glossary/#premium-tax-credit) fer dich helfe bezaahle fer en [Plan](https://www.healthcare.gov/sbc-glossary/#plan) deich der [Marketplace](https://www.healthcare.gov/sbc-glossary/#marketplace).

# Services fer Helfe Mit Schprooche:

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].

***Fer Examples sehne wie daer*** [***Plan***](https://www.healthcare.gov/sbc-glossary/#plan) ***die Koschte fer en Sample Medical Situation covere mecht, geh zu die negscht Section.***

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# Wege die Coverage Examples:

|  |  |
| --- | --- |
|  | **Des is net en Cost Estimator.** Die Treatments as gwisse warre do sin yuscht Examples vun wie daer [Plan](https://www.healthcare.gov/sbc-glossary/#plan) Medical Care covere mecht. Was du actually getschaertscht wattscht dependt uff die Care as du grigscht, die Prices as dei [Providers t](https://www.healthcare.gov/sbc-glossary/#provider)schaertsche, un en latt annri Dinger. Guck an die [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) un [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance)) un [Services as](https://www.healthcare.gov/sbc-glossary/#excluded-services) [exclude sin](https://www.healthcare.gov/sbc-glossary/#excluded-services) unich der [Plan](https://www.healthcare.gov/sbc-glossary/#plan). Duh die Information yuuse fer compar-e mit was du bezaahle misscht unnich annri Health [Plans](https://www.healthcare.gov/sbc-glossary/#plan). Die Coverage Examples duhn yuscht applye zu Leit as alles selwert bezaahle misse. |

**Die Peg Is an Eckscpeckte**

(**9 Muunet vun in-Network Care eb's Baby kummt un Delivery in en Hospital**)

* **Der** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **sei overall** [**Deductible**](https://www.healthcare.gov/sbc-glossary/#deductible). **$**
* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist) ***[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* $**
* **Hospital (Blatz) *[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**
* **Other *[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**

**Daer EXAMPLE Event dutt Services includ-e wie:**

Office Visits bei [Specialists](https://www.healthcare.gov/sbc-glossary/#specialist) *(Care wann mer an eckschpeckte is)*

Professional Services Fer En Baby Hawwe Bletz Services Fer En Baby Hawwe

[Tests fer ausfiggere was letz is](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) *(Ultrasounds un Blut Tests)*

Visit bei en [Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) *(Anesthesia)*

|  |  |
| --- | --- |
| **Total Example Koscht** | **$12,700** |
| **In daer Example deet die Peg bezaahle:** |
| *Cost Sharing* |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *Was net gecovered is* |
| Limits adder Exclusions | $ |
| **Alles was die Peg bezaahle misst** | **$** |

**Der Joe sei Type 2 Diabetes Manag-e**

(**en Yaahr vun basic In-Network Care vun en Condition as gut controlled watt**)

* **Der** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **sei overall** [**Deductible**](https://www.healthcare.gov/sbc-glossary/#deductible). **$**
* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist) ***[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* $**
* **Hospital (Blatz) *[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**
* **Other *[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**

**Daer EXAMPLE Event dutt Services includ-e wie:**

[Family Dockter](https://www.healthcare.gov/sbc-glossary/#primary-care-physician) Office Visits *(sell include aa lanne wege Diseases)*

[Tests fer ausfiggere was letz is](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) *(Blut Tests)*

[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 Koscht** | **$5,600** |
| In daer Example deet der Joe bezaahle: |
| *Cost Sharing* |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *Was net gecovered is* |
| Limits adder Exclusions | $ |
| **Alles was der Joe bezaahle misst** | **$** |

**En simpeler Fracture fer die Mia**

(**Visit zu en in-Network Emergency Schtubb un Follow-Up Care**)

* **Der** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **sei overall** [**Deductible**](https://www.healthcare.gov/sbc-glossary/#deductible). **$**
* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist) ***[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* $**
* **Hospital (Blatz) *[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**
* **Other *[***[***Cost Sharing***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**

**Daer EXAMPLE Event dutt Services includ-e wie:**

[Care in die Emergency Schtubb](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) *(sell include aa Medical Supplies)*

[Test fer ausfiggere was letz is](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) *(X-ray)*

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

[Rehabilitation Services](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services) *(Physical Therapy)*

|  |  |
| --- | --- |
| **Total Example Koscht** | **$2,800** |
| **In daer Example deet die Mia bezaahle:** |
| *Cost Sharing* |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *Was net gecovered is* |
| Limits adder Exclusions | $ |
| **Alles was die Mia bezaahle misst** | **$** |

# The [Plan](https://www.healthcare.gov/sbc-glossary/#plan) misst bezaahle fer die annri Koschte vun die EXAMPLE gecoveredi Services.