**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 griege  weeich 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.***

**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.

# 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.