**En katzer Description vun Sache as du grigscht un wie du gecovered bischt:** Was Daer Plan Covere Dutt Un Was Du Bezaahlscht Fer Gecoveredi Services

 **:**

**Die Zeit vun Coverage:** **[See Instructions]**

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

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| **Daer katz Description vun Sache as du grigscht un wie du gecovered bischt ("Summary of Benefits and Coverage", SBC) helft dich en Health** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **choos-e. Der SBC weist dich wie du un der** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan) **die Koscht fer gecoveredi Health Care 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. |

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| **Wichdichi Questions** | **Andwadde** | **Ferwas Des Wichdich Is:** |
| **Was is der gans** [**Deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** | **$** | Gweenlich musscht du alli Koschte bezaahle vun [Providers](https://www.healthcare.gov/sbc-glossary/#provider) nuff zu der [Deductible](https://www.healthcare.gov/sbc-glossary/#deductible) Amount eb daer [Plan](https://www.healthcare.gov/sbc-glossary/#plan) schtaert bezaahle. **[For family coverage, see instructions for additional applicable language.]** |
| **Sin's Services as gecovered sin eb du dei** [**Deductible**](https://www.healthcare.gov/sbc-glossary/#deductible) **gedroffe hoscht?** | Ya. **[Insert:** major categories**]** | Daer [Plan](https://www.healthcare.gov/sbc-glossary/#plan) covert deel Dinger un Services even wann du der [Deductible](https://www.healthcare.gov/sbc-glossary/#deductible) Amount noch net gedroffe hoscht. Awwer en [Copayment](https://www.healthcare.gov/sbc-glossary/#copayment) adder [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) mecht applye. **[For non-grandfathered** [**plans**,](https://www.healthcare.gov/sbc-glossary/#plan) **insert:** “Fer en Example, daer [Plan](https://www.healthcare.gov/sbc-glossary/#plan) covert certaini [Preventive Services](https://www.healthcare.gov/sbc-glossary/#preventive-care) unni [Cost Sharing](https://www.healthcare.gov/sbc-glossary/#cost-sharing) un eb du dei [Deductible](https://www.healthcare.gov/sbc-glossary/#deductible) dreffscht. See a list of covered [preventive services](https://www.healthcare.gov/sbc-glossary/#preventive-care) at [https://www.healthcare.gov/coverage/preventive-care-benefits/.](https://www.healthcare.gov/coverage/preventive-care-benefits/)”**]** |
| **Sin noch annri** [**Deductibles**](https://www.healthcare.gov/sbc-glossary/#deductible) **fer specifici Services?** | Ya. **$** | Du musscht alli Koschte bezaahle fer die Services nuff zu der specific [Deductible](https://www.healthcare.gov/sbc-glossary/#deductible) Amount eb daer [Plan](https://www.healthcare.gov/sbc-glossary/#plan) schtaert bezaahle fer die Services. |
| **Was is der** [**Out-of-pocket**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)[**Limit**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) **fer daer** [**Plan**](https://www.healthcare.gov/sbc-glossary/#plan)**?** | **$** | Der [Out-of-pocket Limit](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) is der menscht as du bezaahle kenntscht fer gecoveredi Services in en Yaahr. **[For family coverage, see instructions for additional applicable language.]** |
| **Was is net include in der** [**Out-of-pocket Limit**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**?** | **[Insert:** major exceptions**]** | Although du bezaahlscht die Koschte, zaehle sie net geeich 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?** | Ya. Guck [www.insert.com] adder ruf 1-800-[insert] uff fer en List vun [Network](https://www.healthcare.gov/sbc-glossary/#network-provider) [Providers.](https://www.healthcare.gov/sbc-glossary/#network-provider) | Daer [Plan](https://www.healthcare.gov/sbc-glossary/#plan) yuust en [Provider](https://www.healthcare.gov/sbc-glossary/#provider) [Network.](https://www.healthcare.gov/sbc-glossary/#network) Du zellscht wennicher bezaahle wann du en [Provider](https://www.healthcare.gov/sbc-glossary/#provider) yuuscht as in der [Plan](https://www.healthcare.gov/sbc-glossary/#plan) [Network](https://www.healthcare.gov/sbc-glossary/#network) is. Du zellscht's menscht bezaahle wann du en [Out-of-network Provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) yuuscht, un du mechscht en Bill griege vun en [Provider](https://www.healthcare.gov/sbc-glossary/#provider) fer der Difference gschwischich der [Provider](https://www.healthcare.gov/sbc-glossary/#provider) sei Charge un was dei [Plan](https://www.healthcare.gov/sbc-glossary/#plan) bezaahlt ([Balance Billing](https://www.healthcare.gov/sbc-glossary/#balance-billing)). Geb acht, dei [Network Provider](https://www.healthcare.gov/sbc-glossary/#network-provider) mecht en [Out-of-network Provider](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider) yuuse fer deel Services (so wie Lab Work). Check nei mit dei [Provider](https://www.healthcare.gov/sbc-glossary/#provider) eb du Services grigscht. |
| **Brauchscht du en** [**Referral**](https://www.healthcare.gov/sbc-glossary/#referral) **fer en** [**specialist**](https://www.healthcare.gov/sbc-glossary/#specialist) **sehne?** | Ya. | Daer [Plan](https://www.healthcare.gov/sbc-glossary/#plan) zeelt deel adder all die Koschte bezaahle fer en [Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) sehne fer gecoveredi Services awwer yuscht wann du en [Referral](https://www.healthcare.gov/sbc-glossary/#referral) hoscht eb du der [Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) sehnscht. |

**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.

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| (OMB control number: 0938-1146/Expiration date: 05/31/2026) | **Page 1 vun 1** |