**Kadada' na Sinangan I Benefisiu Siha yan Kinobre Siha:**Hafa esti na Planu ha Kokobre siha & Hafa Un Apasi para Ma Kobre na Setbisiu siha

**Tiempon Kinobre: [See Instructions]**

# : Kinobre para: | Klasin Planu:



**I Kadada' Sinangan I Benefisiu Siha yan Kinobre (SBC) dokumentu siempre ha ayuda hao umayek i hinemlo** [**planu.**](https://www.healthcare.gov/sbc-glossary/#plan) **I SBC ha na fanunu'i hao taimanu hagu yan I** [**planu**](https://www.healthcare.gov/sbc-glossary/#plan) **siempre ha patti i gastu para na kobre na setbisiun inadahin hinemlo siha. NOTTA: Infotmasion pot i gaston esti** [**planu**](https://www.healthcare.gov/sbc-glossary/#plan) **(ma a'agang i** [**premium**](https://www.healthcare.gov/sbc-glossary/#premium)**) siempre ma pribeniyi separao. Esti sa kadada' ha' na sinangan.** Para mas infotmasion pot iyo-mu kinobre, osino para un fanuli kopian i kompletu na tetmiun kinobre, [insert contact information]. Para enerat na pinila' palabras i sesso na tetmiu siha, tat kumo [ma sedi na minegai,](https://www.healthcare.gov/sbc-glossary/#allowed-amount) [balansia na gasto,](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) [man pribeniniyi,](https://www.healthcare.gov/sbc-glossary/#provider) osino otro ma raya papa tetmiu siha, atan i Glossary. Sina un atan i Glossary gi [www.insert.com] osino a'gang1-800-[insert] para un rikuesta un kopia.

|  |  |  |
| --- | --- | --- |
| **Impottante na Kuestion Siha** | **Ineppe Siha** | **Hafa Na Gai Sustansia Esti:** |
| **Hafa i kinabales** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** | **$** |  |
| **Kao guaha siha setbisiu man ma kobre antes di un fakcha'i iyo-mu** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)**?** |  |  |
| **Kao guaha siha otro** [**deductibles**](https://www.healthcare.gov/sbc-glossary/#deductible) **para spesifiku na sebisiu siha?** | **$** |  |
| **Hafa ayu i** [**san hiyong-i-**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)[**boksa**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)[**limite**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit) **para esti** [**planu**](https://www.healthcare.gov/sbc-glossary/#plan)**?** | **$** |  |
| **Hafa ti ma inkluso gi halom i** [**limiten san hiyong-i-boksa**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**?** |  |  |
| **Kao para un apasi ti megai yanggen un usa i** [**man**](https://www.healthcare.gov/sbc-glossary/#network-provider)[**pribeniniyi network**](https://www.healthcare.gov/sbc-glossary/#network-provider)**?** |  |  |
| **Kao un nisisita i** [**riniferi**](https://www.healthcare.gov/sbc-glossary/#referral) **para un li'e i** [**specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)**?** |  |  |



Todu [**copayment**](https://www.healthcare.gov/sbc-glossary/#copayment)yan [**coinsurance**](https://www.healthcare.gov/sbc-glossary/#coinsurance)gasto siha man annok gi halom esti na chart man dispues di iyo-mu [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)esta man ma fakcha'i, yanggen i [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible)aplikao.

| **Sesso na Sinisedin Medikat** | **Setbisiu Kasi Sina Un Nisisita** | **Hafa Siempre Para Un Apasi** | | **Limite Siha, Exceptions, & Otro Impottante na Infotmasion** |
| --- | --- | --- | --- | --- |
| **Man Pribeniniyi Network (Siempre un apasi i mas didi)** | **San hiyong-i-Man Prininiyi Network (Siempre un apasi i mas megai)** |
| **Yanggen un bisita i inadahen hinemlo** [**man**](https://www.healthcare.gov/sbc-glossary/#provider)[**pribeniniyi**](https://www.healthcare.gov/sbc-glossary/#provider) **ofisina osino hospitat** | Prinsipat na binisitan inadahe para ma trata i linamen osino minalango |  |  |  |
| [Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) bisita |  |  |  |
| [Tinagam inadahe](https://www.healthcare.gov/sbc-glossary/#preventive-care)[/screening/](https://www.healthcare.gov/sbc-glossary/#screening) inamte |  |  |  |
| **Yanggen guaha iyo-mu test** | [Diagnostic test](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) (x-ray, che'cho' haga') |  |  |  |
| Inannok (CT/PET scans, MRIs) |  |  |  |
| **Yanggen un nisisita amot siha para un trata i iyo- mu minalango osino kondision**  Mas infotmasion pot [**amot**](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage)[**prescriptionkinobre**](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage)guaha gi [www.insert.com] | Amot generic siha |  |  |  |
| Amot preferred brand siha |  |  |  |
| Amot Non-preferred brand siha |  |  |  |
| [Amot specialty siha](https://www.healthcare.gov/sbc-glossary/#specialty-drug) |  |  |  |
| **Yanggen guaha hao outpatient na inopera** | Apas fasilidat (e.g., sentrun ambulatory na inopera) |  |  |  |
| Doktu/apas siha para taotao inopera |  |  |  |
| **Yanggen un nisisita insigidas na atension medikat** | [Inadahen apusenton dangkulo](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) [na desgrasia](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) |  |  |  |
| [Transpottasion medikat](https://www.healthcare.gov/sbc-glossary/#emergency-medical-transportation) [dangkulo na desgrasia](https://www.healthcare.gov/sbc-glossary/#emergency-medical-transportation) |  |  |  |
| [Apurao na indahe](https://www.healthcare.gov/sbc-glossary/#urgent-care) |  |  |  |
| **Yanggen guaha hao sinaga gi hospitat** | Apas fasilidat (e.g., apusenton hospitat) |  |  |  |
| Doktu/apas siha para taotao inopera |  |  |  |
| **Yanggen un nisisita hinemlo mentat, hinemlo kinalamten, osino setbisun abusun sustansia siha** | Setbisiun outpatient siha |  |  |  |
| Setbisiun inpatient siha |  |  |  |
| **Yanggen mapotge hao** | Binisitan ofisina siha |  |  |  |
| Finanago/setbisiun profesionat muna faniago siha |  |  |  |
| Finanago/setbisiun fasilidat muna faniago siha |  |  |  |
| **Yanggen un nisisita ayudu uma'gon mu rikobre osino guaha otro special na nisisidat hinemlo siha** | [Guma na inaden hinemlo](https://www.healthcare.gov/sbc-glossary/#home-health-care) |  |  |  |
| [Setbisiun rebilitation siha](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services) |  |  |  |
| [setbisiun habilitation siha](https://www.healthcare.gov/sbc-glossary/#habilitation-services) |  |  |  |
| [inadahen man meying na](https://www.healthcare.gov/sbc-glossary/#skilled-nursing-care) [infetmera](https://www.healthcare.gov/sbc-glossary/#skilled-nursing-care) |  |  |  |
| [Fitme na trastes medikat](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) |  |  |  |
| [Setbisiun hospisia siha](https://www.healthcare.gov/sbc-glossary/#hospice-services) |  |  |  |
| **Yanggen ha nisisita i patgon-mu dentat osino inadahen atadok** | Exam atadok famagu'on |  |  |  |
| antios famagu'on |  |  |  |
| rinisetan dentat famagu'on |  |  |  |

# Ekskudo na Setbisiu Siha & Otra Setbisiun Kinobre Siha:

|  |  |  |
| --- | --- | --- |
| **Setbisiu siha Iyo-mu** [**Planu**](https://www.healthcare.gov/sbc-glossary/#plan) **Enerat Ti Ha Kobre (Aligao iyo-mu policy osino** [**planu**](https://www.healthcare.gov/sbc-glossary/#plan) **dokumento para mas infotmasion yan i listan hafa otro** [**ekskludo na setbisiu siha**](https://www.healthcare.gov/sbc-glossary/#excluded-services)**.)** | | |
| • | • | • |

|  |  |  |
| --- | --- | --- |
| **Otro Ma Kobre na Setbisiu Siha (Limite siha sina aplikao para esti na setbisiu siha. Ti kabales esti na lista. Pot fabot atan iyo-mu** [**planu**](https://www.healthcare.gov/sbc-glossary/#plan) **dokumento.)** | | |
| • | • | • |

**Iyo-mu Direcho Siha para Kinontinuan Kinobre:** Guaha siha ahensia nai sina man manayuda yanggen malago hao para un kontinua iyo-mu kinobre dispues di pumara. I infotmasion ina'gang para ayu siha na ahensia sa: [insert State, HHS, DOL, and/or other applicable agency contact information]. Otro opsion kinobre siha sina guaha para hagu, lokkue, inklukluso mamahan indibiduat na kinobren seguridat sigun gi [Siguridat Hinemlo](https://www.healthcare.gov/sbc-glossary/#health-insurance) [Marketplace.](http://marketplace./) Para mas infotmasion pot i [Marketplace,](https://www.healthcare.gov/sbc-glossary/#marketplace) bisita [www.HealthCare.gov](http://www.healthcare.gov/) osino a'gang 1-800-318-2596.

**Iyo-mu Pinadesi yan Direchon Apela Siha:** Guaha siha ahensia nai sina man manayuda yanggen guaha hao kineha kontra iyo-mu [planu](https://www.healthcare.gov/sbc-glossary/#plan) para i dinirogan i [kinobla.](https://www.healthcare.gov/sbc-glossary/#claim) Esti na kineha ma a'agang i [pinadesi](https://www.healthcare.gov/sbc-glossary/#grievance) osino [apela.](https://www.healthcare.gov/sbc-glossary/#appeal) Para mas infotmasion pot iyo-mu direcho siha, atan i inekspikan i benefisu siha ni para un risibi para ayu na medikat [kinobla.](https://www.healthcare.gov/sbc-glossary/#claim) Iyo-mu [planu](https://www.healthcare.gov/sbc-glossary/#plan) dokumento siha lokkue ma pribeniyi kabales na infotmasion pot taimanu ma sapmiti [kinobla,](https://www.healthcare.gov/sbc-glossary/#claim) [apela,](https://www.healthcare.gov/sbc-glossary/#appeal)osino i [pinadesi](https://www.healthcare.gov/sbc-glossary/#grievance) para maseha hafa na rason para iyo-mu [planu.](https://www.healthcare.gov/sbc-glossary/#plan) Para mas infotmasion pot iyo-mu direcho siha, esti na notisia, osino asistensia, a'gang: [insert applicable contact information from instructions].

# Kao esti na planu ha pribeniniyi Mas Tatpapa na Kinobren Esensiat? [Hunggan/Ahe]

[Mas Tatpapa na Kinobren Esensiat](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage) enerat ha inklukluso [planu siha,](https://www.healthcare.gov/sbc-glossary/#plan) [siguridat hinemlo](https://www.healthcare.gov/sbc-glossary/#health-insurance) guaha sigun gi [Marketplace](https://www.healthcare.gov/sbc-glossary/#marketplace) osino otro indibiduat na market policies, Medicare, Medicaid, CHIP, TRICARE, yan palu otro kinobre. Yanggen nombrayon hao para palu klase na [Mas Tatpapa na Kinobren Esensiat,](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage) sina siempre ti nombrayon hao para i [premium tax credit.](https://www.healthcare.gov/sbc-glossary/#premium-tax-credits)

# Kao esti na planu ha fakcha'i i Mas Tatpapa na Standadon Binale Siha? [Hunggan/Ahe/Ti Aplikao]

Yanggen iyo-mu [planu t](https://www.healthcare.gov/sbc-glossary/#plan)i uma'fakcha yan i [Mas Tatpapa na Standadon Binale Siha,](https://www.healthcare.gov/sbc-glossary/#minimum-value-standard) sina hao nombrayon para i [premium tax credit](https://www.healthcare.gov/sbc-glossary/#premium-tax-credits) para u ayuda hao umapasi i [planu](https://www.healthcare.gov/sbc-glossary/#plan) sigun g[i](https://www.healthcare.gov/sbc-glossary/#marketplace) [Marketplace.](https://www.healthcare.gov/sbc-glossary/#marketplace)

# Setbisiun Hinalom Linguahi:

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].

***Para un li'e ehemplo siha pot taimanu esti*** [***planu***](https://www.healthcare.gov/sbc-glossary/#plan) ***sina ha kobre gastu siha para chinagi na sichuasion medikat, atan i tatatti na seksiona.***

**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.

# Pot esti siha na Ehemplon Kinobre:

**Si Peg para u Fanago un Neni**

(9 mesis na in-network pre-natal na inadahe yan un diniliban hospitat)

**Iyon Mia Chataha' na Mahlok**

(binisitan in-network na apusenton dangkulo na desgrasia yan inadahen tatiyi hulo)

**Minanehan iyo-na si Joe Type 2 Diabetes** (un ano na routine in-network na inadahen i ma'gof-disponi na kondision)



**Ti inapoksu gasto esti.**Trinata siha ni man annok guini sa ehemplo siha pot taimano este [planu](https://www.healthcare.gov/sbc-glossary/#plan) sina ha kobre inadahen medikat. Iyo-mu dipotsi na gasto siha siempre difrensao dependi gi dipotsi na inadahe ni un risisbi, i presu iyo-mu [man pribeniniyi siha](https://www.healthcare.gov/sbc-glossary/#provider) tugon, yan megai otro na kaosa siha. Atituyi i [pinatten-gasto](https://www.healthcare.gov/sbc-glossary/#cost-sharing) kinantida [(deductibles,](https://www.healthcare.gov/sbc-glossary/#deductible) [copayments](https://www.healthcare.gov/sbc-glossary/#copayment) yan [coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance)) yan [ma eksluso na setbisiu siha](https://www.healthcare.gov/sbc-glossary/#excluded-services) papa i [planu.](https://www.healthcare.gov/sbc-glossary/#plan) Usa esti na infotmasion para un kompara i patten i gasto siha nai kasi para un apasi papa difrentis hinemlo [planu siha.](https://www.healthcare.gov/sbc-glossary/#plan) Pot fabot notta na esti siha na ehemplon kinobre man mapega na maisa-ha' na kinobre.

* **I** [**iyon planu**](https://www.healthcare.gov/sbc-glossary/#plan) **kinabales** [**deductible**](https://www.healthcare.gov/sbc-glossary/#deductible) **$**
* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)[***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* $**
* **Hospitat (fasilidat)** [***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**
* **Otro** [***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**

# Esti na EHEMPLO sinisedi inklukluso setbisiu siha tat kumo:

[Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) binisitan ofisina siha*(inadahen prenatal)* Finanago/Setbisiun Profesionat Muna Faniago Siha Finanago/Setbisiun Fasilidat Muna Faniago Siha [Diagnostic tests](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) *(ultrasounds yan che'cho' haga')* [Specialist](https://www.healthcare.gov/sbc-glossary/#specialist) bisita *(anesthesia)*

# I [iyon planu](https://www.healthcare.gov/sbc-glossary/#plan) kinabales [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) $

* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)[***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* $**
* **Hospitat (fasilidat)** [***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**
* **Otro** [***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**

# Esti na EHEMPLO sinisedi inklukluso setbisiu siha tat kumo:

[Prinsipat inadahe na physician](https://www.healthcare.gov/sbc-glossary/#primary-care-physician) binisitan ofisina siha *(inkluso edukasion chetnot)* [Diagnostic tests](https://www.healthcare.gov/sbc-glossary/#diagnostic-test) *(che'cho' haga')* [Prescription na amot siha](https://www.healthcare.gov/sbc-glossary/#prescription-drugs)

[Fitme na trastes medikat](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) *(mita glucose)*

# I [iyon planu](https://www.healthcare.gov/sbc-glossary/#plan) kinabales [deductible](https://www.healthcare.gov/sbc-glossary/#deductible) $

* [**Specialist**](https://www.healthcare.gov/sbc-glossary/#specialist)[***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* $**
* **Hospitat (fasilidat)** [***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**
* **Otro** [***[pinatten gasto***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]* %**

# Esti na EHEMPLO sinisedi inklukluso setbisiu siha tat kumo:

[Inadahen apusenton dangkulo na desgrasia](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) *(inkluso sinoplikan medikat siha)*

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

[Fitme na trastes medikat](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) *(baston siha)*

[Setbisiun rehabilitation siha](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services) *(fisikat na therapy)*

|  |  |
| --- | --- |
| **Totat Ehemplon Gasto** | **$12,700** |
| **Gi esti na ehemplo, si Peg siempre**  **para u apasi:** | |
| *Pinatten Gasto* | |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *Hafa ti ma kobre* | |
| Limite siha osino ekskluso siha | $ |
| **I totat si Peg para u apasi sa** | **$** |

|  |  |
| --- | --- |
| **Totat Ehemplon Gasto** | **$5,600** |
| **Gi esti na ehemplo, si Joe siempre para**  **u apasi:** | |
| *Pinatten Gasto* | |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *Hafa ti ma kobre* | |
| Limite siha osino ekskluso siha | $ |
| **I totat si Joe para u apasi sa** | **$** |

|  |  |
| --- | --- |
| **Totat Ehemplon Gasto** | **$2,800** |
| **Gi esti na ehemplo, si Mia siempre para**  **u apasi:** | |
| *Pinatten Gasto* | |
| [Deductibles](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [Copayments](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [Coinsurance](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *Hafa ti ma kobre* | |
| Limite siha osino ekskluso siha | $ |
| **I totat si Mia para u apasi sa** | **$** |

I [planu](https://www.healthcare.gov/sbc-glossary/#plan) siempre responsabli para i otro gaston esti siha na EHEMPLO pot setbisiun kinobre siha.