**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：\_\_\_\_**

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**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.

|  |  |  |
| --- | --- | --- |
| **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？** | **$** | 一般而言，在此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)開始支付前，您需要向[供應商](https://www.healthcare.gov/sbc-glossary/#provider)支付[自付額](https://www.healthcare.gov/sbc-glossary/#deductible)以下的所有費用.**[For family coverage, see instructions for additional applicable language.]** |
| **在您達到您的**[**自付額**](https://www.healthcare.gov/sbc-glossary/#deductible) **前，這些服務是否在承保範圍內？** | 是.**[Insert:** major categories**]** | 即便您還沒達到[自付額](https://www.healthcare.gov/sbc-glossary/#deductible)，此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)亦涵蓋一些項目和服務。但可能需支付[共付額](https://www.healthcare.gov/sbc-glossary/#copayment)或[共同保險](https://www.healthcare.gov/sbc-glossary/#coinsurance)[**For non-grandfathered** [**plans**](https://www.healthcare.gov/sbc-glossary/#plan)**, insert：**「例如：在沒有[分攤成本](https://www.healthcare.gov/sbc-glossary/#cost-sharing)且您達到您的[自付額](https://www.healthcare.gov/sbc-glossary/#deductible)前，此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)亦涵蓋特定[預防性服務](https://www.healthcare.gov/sbc-glossary/#preventive-care) 請至 <https://www.healthcare.gov/coverage/preventive-care-benefits/> 查看涵蓋的[預防性服務](https://www.healthcare.gov/sbc-glossary/#preventive-care)清 單.」**]** |
| **特定服務是否還有其他**[**自付額**](https://www.healthcare.gov/sbc-glossary/#deductible)**？** | 是.**$** | 在此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)開始支付此類服務前，您必須支付所有此類服務費用的特定[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？** | **$** | 一般而言，在此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)開始支付前，您需要向[供應商](https://www.healthcare.gov/sbc-glossary/#provider)支付[自付額](https://www.healthcare.gov/sbc-glossary/#deductible)以下的所有費用.**[For family coverage, see instructions for additional applicable language.]** |
| [**最大自付額**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**不包含什麼？** | **[Insert:** major exceptions**]** | 即便您已支付此類費用，相關費用亦不計入[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？** | 是. 請參見 [www.insert.com] 或致電 1-800-[insert] 以索取[網絡供應商](https://www.healthcare.gov/sbc-glossary/#network-provider)清單 | 此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)使用[供應商](https://www.healthcare.gov/sbc-glossary/#provider) [網絡](https://www.healthcare.gov/sbc-glossary/#network). 如果您使用[計劃](https://www.healthcare.gov/sbc-glossary/#plan)[網絡](https://www.healthcare.gov/sbc-glossary/#network)中的[供應商](https://www.healthcare.gov/sbc-glossary/#provider)，您將需要支付較少費用 如果您使用[網絡外的供應商](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider)，您將需要支付較多費用 您亦可能收到來自[供應商](https://www.healthcare.gov/sbc-glossary/#provider)的帳單，其中為[供應商](https://www.healthcare.gov/sbc-glossary/#provider)收費及您的[計劃](https://www.healthcare.gov/sbc-glossary/#plan)支付的費用差額（[差額收費](https://www.healthcare.gov/sbc-glossary/#balance-billing)）. 請注意，您的[網絡供應商](https://www.healthcare.gov/sbc-glossary/#network-provider)可能使用[網絡外供應商](https://www.healthcare.gov/sbc-glossary/#out-of-network-provider)以提供一些服務（例如：實驗室工序）. 請在獲取服務前與您的[供應商](https://www.healthcare.gov/sbc-glossary/#provider)確認. |
| **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)**？** | 是. | 此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)將支付至[專科醫生](https://www.healthcare.gov/sbc-glossary/#specialist)處就診，涵蓋的服務所產生的部分或全部費用，但前提是您必須在至[專科醫生](https://www.healthcare.gov/sbc-glossary/#specialist)處就診前已取得[轉介](https://www.healthcare.gov/sbc-glossary/#referral). |

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