





copayment

coinsurance

deductible

deductible

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic		_____	_____	_____
	_____	_____	_____	
	_____ _____ _____			_____ _____ _____
If you have a test	_____	_____	_____	_____ _____ _____
		_____	_____	_____ _____ _____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need immediate medical attention	_____	_____	_____	_____
	_____ _____ _____	_____	_____	_____
	_____	_____	_____	
If you have a hospital stay		_____	_____	_____ _____
		_____	_____	
If you need mental health, behavioral health, or substance abuse services		_____	_____	_____ _____ _____
		_____	_____	_____ _____ _____
			_____	_____ _____
		_____	_____	_____ _____
		_____	_____	_____ _____

About these Coverage Examples:



This is not a cost estimator.

Online: [UHC Civil Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

Mail

Online: _____

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of

Benefits and Coverage, SBCS)에 기재된 대로 추가 비용이 부과될 수 있습니다.

ca. Pakikipatnagang, PAUNAWA: Kung pagganapita ka ng Unanglog (Unanglog), may makakanta kang mga librong madisyo ng tulong sa walang bayad. Sa ilalim ng mga katugyan ng pakikipatnagang, maaaring bayadin ang mga librong madisyo ng tulong sa walang bayad. Sa ilalim ng mga katugyan ng pakikipatnagang, maaaring bayadin ang mga librong madisyo ng tulong sa walang bayad.

تمار (Summary of Benefits and Coverage- SBC)

بگيريد.

51 लाभ और कवरेज (Summary of Benefits and Coverage) ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं।

(Summary of Benefits and Coverage- SBC) के साथ समावेश की स्थिति में उपयोग के लिए तैयार किया गया दस्तावेज़।

ni (Summary of Benefits and Coverage- SBC) no. n vob ntawm Tsab Ntawy Nthuav Ohia. Cov Txiaj Ntsim Zoo thiab Kev Kam Them N