





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

تمامير (Summary of Benefits and Coverage- SBC)

بگيريد.

5। 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 समझें और भी सहायता सेवाएं प्राप्त करें।

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