The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. ˙: cf˙a cfY˙]b₤cfa Uˌ]cb˙UVci hˌˌoi f˙WˌcjˌYfU[Yžˌcf˙hˌˌc˙[YhˌU˙WˌdˌmˌcZˌhˌY˙Wˌa d˙YˌhˌY˙ˌYfa g˙cZˌWˌcjˌYfU[Yž kkk ˙Vˌi ˌY_W₤Wˌa #ˌacddc˙cf˙VˌmˌWˌU˙]b[˙
%ˌ, ++!(%$! *+%*"˙: cf˙[YbYfU˙XYₐ₤oˌ]hˌcbg˙cZˌWˌa a cb˙Yfa g˙gˌi W˙Ug˙U˙cwˌk YX˙Ua ci bh₤VU˙UbW˙V]ˌ]b[ˌoˌž˙Wˌ]ogi fˌUbW˙ˌWˌdUˌma YbhˌžˌXYXi Wˌ]W₤Yž˙dfcj]XYfžˌcf˙ch˙Yf˙i bXYf]bYX˙ˌYfa g˙

Common Medical Event	Services You May Need	What You Will Pay
		In-Network Tier 1 Provider (You will pay the least) - UCM

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - UCM Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition

A cfY`]bZcfa Ul]cb`UVci h`dfYg`Vf]dh]cb`Xfi[`Wtj YfU`Y`]g`UjU]UV`Y`Uh`kkk"6`i`Y?7`Wda`#`X` | ; YbYf]WXfi[gž]bW]ib[` GdYWU]hmXfi[g | Bchidd`]WUV`Y | FI DfYa ]Yf. `FYhU]`¨%\$ WdUm#Z`/ A U]`CfXYf¨&\$`WdUm#Z` | FYhU]`¨%\$ WdUm#Z ž hYb`)\$i `Wd`ogi fUbW /A U]`CfXYf¨&\$ WdUm#Z ž hYb`)\$i `Wd`ogi fUbW | 7cj Yfg`i`d`hc¨`(`XUmgj dd`mflfYhU]`žUbX VYhk`YYb¨`)`hc`%\$&XUmgj dd`mfa`U]`cfXYfł"DfYgWfdh]cbg`ZcfU`gdYWU]hmXfi[`k]``bYYX`hc`VY`Z]``X`UhU`XYg][bUhYX`gdYWU]hmd\Ufa UWmUbX`UfY`]a]hYX`hc`U`'(`XUmgi dd`m` |
	DfYZYffYX`VfUbX`Xfi[gž]bW]ib[` GdYWU]hmXfi[g	Bchidd`]WUV`Y	FI DfYa]Yf. `FYhU]`¨`)\$ WdUm#Z`/ A U]`CfXYf¨`%\$\$ WdUm#Z`	FYhU]`¨`)\$ WdUm#Z ž hYb`)\$i `Wd`ogi fUbW /A U]`CfXYf¨`%\$\$ WdUm#Z ž hYb`)\$i `Wd`ogi fUbW	7cj Yfg`i`d`hc¨`(`XUmgj dd`mflfYhU]`žUbX VYhk`YYb¨`)`hc`%\$&XUmgj dd`mfa`U]`cfXYfł"DfYgWfdh]cbg`ZcfU`gdYWU]hmXfi[`k]``bYYX`hc`VY`Z]``X`UhU`XYg][bUhYX`gdYWU]hmd\Ufa UWmUbX`UfY`]a]hYX`hc`U`'(`XUmgi dd`m`
	Bcb`dfYZYffYX`VfUbX`Xfi[gž]bW]ib[` GdYWU]hmXfi[g	Bchidd`]WUV`Y	FI DfYa]Yf. `FYhU]`¨`+) WdUm#Z`/ A U]`CfXYf¨`%)\$ WdUm#Z`	FYhU]`¨`+) WdUm#Z ž hYb`)\$i `Wd`ogi fUbW /A U]`CfXYf¨`%)\$ WdUm#Z ž hYb`)\$i `Wd`ogi fUbW	7cj Yfg`i`d`hc¨`(`XUmgj dd`mflfYhU]`žUbX VYhk`YYb¨`)`hc`%\$&XUmgj dd`mfa`U]`cfXYfł"DfYgWfdh]cbg`ZcfU`gdYWU]hmXfi[`k]``bYYX`hc`VY`Z]``X`UhU`XYg][bUhYX`gdYWU]hmd\Ufa UWmUbX`UfY`]a]hYX`hc`U`'(`XUmgi dd`m`
If you have outpatient surgery	: UW]`]1				

Common Medical Event	Services You May Need	What You Will Pay	
		In-Network Tier 1 Provider (You will pay the least) - UCM Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - UCM Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	7\]XV]ffh\#XY]jYfmZW]]hm gYfj]Wg	&$i `Wc]bgj fUbW	&$i `Wc]bgj fUbW	)$i `Wc]bgj fUbW	BcbY
	<ca Y `YU'h `WUfY	&$i `Wc]bgj fUbW	&$i `Wc]bgj fUbW	)$i `Wc]bgj fUbW	*$j]g]h 7UYbXUfMYUfa U]a i a "
	FY\UV]`]hUh]cb gYfj]Wg	&$i `Wc]bgj fUbW	&$i `Wc]bgj fUbW	)$i `Wc]bgj fUbW	D\mg]WU`'UbX'cWW'dUh]cbU. '*$ Wca V]bYX j]g]h 7UYbXUfMYUf a U]a i a " GdYYW\'UbX'\YUf]b[. '&$ Wca V]bYX j]g]h 7UYbXUfMYUf a U]a i a "
	<UV]`]hUh]cb gYfj]Wg	&$i `Wc]bgj fUbW	&$i `Wc]bgj fUbW	)$i `Wc]bgj fUbW	D\mg]WU`'UbX'cWW'dUh]cbU. '*$ Wca V]bYX j]g]h 7UYbXUfMYUf a U]a i a " GdYYW\'UbX'\YUf]b[. '&$ Wca V]bYX j]g]h 7UYbXUfMYUf a U]a i a "
	G_]`YX'bi fg]b[b`'WUfY	&$i `Wc]bgj fUbW	&$i `Wc]bgj fUbW	)$i `Wc]bgj fUbW	' $XUm 7UYbXUfMYUf a U]a i a " Df]cf'Ui h\cf]nUh]cb]g'fYei]fYX". U]i fY' hc'cVhU]b'Uddfcj U`'a Uf'fYgi `h]b'h\Y' Wcgh cZh\Y'gYfj]WY'VY]b[b`mci f' fYgdcbg]V]`]hm"
	8i fUV`Y'a YX]WU`'Yei]da Ybh	&$i `Wc]bgj fUbW	&$i `Wc]bgj fUbW	)$i `Wc]bgj fUbW	Df]cf'Ui h\cf]nUh]cb]g'fYei]fYX". U]i fY' hc'cVhU]b'Uddfcj U`'a Uf'fYgi `h]b'h\Y' Wcgh cZh\Y'gYfj]WY'VY]b[b`mci f' fYgdcbg]V]`]hm"
	<cgd]WY'gYfj]Wg	&$i `Wc]bgj fUbW	&$i `Wc]bgj fUbW		

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - UCM Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	7\]XfYbfgijYmY'YlUa	BchWdjYfYX	BchWdjYfYX	BchWdjYfYX	BcbY
	7\]XfYbfgij[`UggYg	BchWdjYfYX	BchWdjYfYX	BchWdjYfYX	BcbY
	7\]XfYbfgijXYbHU`WYYW!i d	BchWdjYfYX	BchWdjYfYX	BchWdjYfYX	BcbY

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
⎸ 5WdibWif fY	⎸ 7cga YhWgif fYfm	⎸ 8YbhU`WUfY
⎸ <YUf]b[`U]Xg	⎸ ‡bZYfh]m‡hfUma Ybh	⎸ @cb[!HYfm WUfY
⎸ FcihoY YmY WUfY	⎸ FcihoY ZcchWUfY	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
⎸ 6Uf]UhfWgif Yfm]a]hYXhc ̆&$Z$$$ dYf @Z]ha Y	⎸ 7\]fcdfUWWUfY	⎸ AUhYfb]hm
⎸ Bcb!Ma Yf[YbWWUfY k\Yb hfUj`Y]b[cihg]XYhY I "G"	⎸ Dfj UhY!Xi hm bi fg]b[	⎸ KY][\hcggdfc[fUa g

Your Rights to Continue Coverage: H\YfY UfY U[YbW]Yg h\Uh WUb \Y`d ]Z mci k Ubhhc Wcbh]bi Y mci f Wcj YfU[YUZhYf ]hYbXg"H\Y WcbhUWh]bZcfa Uh]cb Zcf h\cgY U[YbW]Yg ]g h\Y 8YdUfha YbhcZ @UWcfg]9a d`cmYY 6YbYZh]g GYWif]hm 5Xa]b]ghfUh]cb Uh, **!((((!96G5 fl &+&Lcf kkk "Xc`"[cj #YVgU#VgU" Cf mci a UmUgc WcbhUWhh8YdUfha YbhcZ<YU`h\UbX<i a Ub GYfj]WYgŽ7YbhYf Zcf 7cbgi a Yf ‡bZcfa Uh]cb UbX ‡bgi fUbW Cj Yfg][\h Uh%!, ++!&*!+!&' &' 1*%), *) cf kkk "WWc"Va g"[cj "Ch\Yf Wcj YfU[Y cdh]cbg a UmVY Uj U]`UV`Y hc mci hccž]bWi X]b[Vi m]b[ ]bX]j]Xi U`]bgi fUbW Wcj YfU[Y h\fci [\ h\Y <YU\h ‡bgi fUbW A Uf_Yhd`UW"¨: cf a cfY]bZcfa Uh]cb UVci hh\Y A Uf_Yhd`UWj]g]h kkk "<YU\h.7UfY"[cj cf WU``'$$!, % %!) -*"

Your Grievance and Appeals Rights: H\YfY UfY U[YbW]Yg h\Uh WUb \Y`d ]Z mci \Uj Y U Wca d`U]bhU[U]bghmci f d`Ub Zcf U XYb]U` cZ U WU]m "H\]g Wca d`U]bh]g WU`YX U [f]Yj UbW cf Udd YU`"¨: cf a cfY ]bZcfa Uh]cb UVci hmci f f][\hg ̀cc_ Uhh\Y Yl d`UbUh]cb cZ VYbYZ]hg mci k]``fYWYj Y Zcf h\Uha YX]WU` WU]m "Mci f d`Ub XcWì a Ybhg U`gc dfcj ]XY Wca d`YhY]bZcfa Uh]cb cb \ck hc gi Va]hU WU]m žUdd YUž cf U F

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About these Coverage Examples:

This is not a cost estimator. [garbled text] plan's [garbled text] provides [garbled text] costs [garbled text] coinsurance [garbled text] Copays [garbled text] plan's [garbled text]

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	Ma's Simple Fracture (in-network emergency room visit and follow up care)
■ The plan's overall deductible $1,000	■ The plan's overall deductible $1,000	■ The plan's overall deductible $1,000
■ Specialist copayment $60	■ Specialist copayment $60	■ Specialist copayment $60
■ Hospital (facility) coinsurance 20%	■ Hospital (facility) coinsurance 20%	■ Hospital (facility) coinsurance 20%
■ Other coinsurance 20%	■ Other coinsurance 20%	■ Other coinsurance 20%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Discrimination is Against the Law

6ï Y˙?7˙Wda d˙]Yg˙k]h˙`Udd˙]MUV˙Y˙: YXYfU˙`Vˇ]f][˙hg˙Uk g˙UbX˙XcYg˙bchX]gVf]a]bUhY˙cb˙h˙Y˙VUg]g˙cZfUWˇWfˇcfˇbUhcbU˙cf[[ ]bžU[YžX]gUV[]hmžcf gY1 ˙˙˙6ï Y˙?7˙XcYg˙bch Yl W˙XY˙dYcdY˙cf˙hfYUhh Ya ˙X]ZZ fYbh˙mˇVYWUi gY˙cZfUWˇWfˇcfˇbUhcbU˙cf[[ ]bžU[YžX]gUV[]hmžcf gY1 ˙

6ï Y˙?7.

¡ Dfcj]XYg˙ZfYY˙U]Xg˙UbX˙gYfj]Wg˙hc˙dYcdY˙k]h˙ X]gUV[]h]Yg˙hc˙Wda a i b]MUhY˙YZZVkj Ym˙k]h˙ i gžgi W˙Ug:

E i U]Z]YX˙g][b˙Ub[i U[Y˙]bhYfdfYhYfg

K f]hhYb˙]bZcfa Uh]cb˙]b˙ch\Yf˙Zcfma Ug˙fUf[Y˙df]bhžUi X]cžUWWVggj V˙Y˙Y˙YVkfcb]WZcfa Ugžcth\Yf˙Zcfma UgŁ

¡ Dfcj]XYg˙ZfYY˙Ub[i U[Y˙gYfj]Wg˙hc˙dYcdY˙k]h\ cgY˙df]a Ufm˙Ub[i U[Y˙g˙bch9b[ ]g˙žgi W˙Ug:

E i U]Z]YX˙]bhYfdfYhYfg

±bZcfa Uh]cb˙k f]hhYb˙]b˙ch\Yf˙Ub[i U[Yg

±Zmci ˙bYYX˙h˙\Yg˙gYfj]Wgž˙Wcbh\UWh7i ghca Yf˙GYfj]WYž, ((!˙-)!+%&*˙fIHc˙`˙ZfYYŁž [Ub[i [Y˙Y˙d4 Vi Y_V̌Vda ˙.

±Zmci ˙VY˙]Yj Y˙h\Uh6ï Y˙?7 ˙\Ug˙ZU]YX˙hc˙dfcj]XY˙h\YgY˙gYfj]Wg˙cf XgWf]a]bUhYX˙]b˙Uboch\Yf˙k Umcb˙h\Y˙VUg]g˙cZfUWˇWfˇcfˇbUhcbU˙cf[[ ]bžU[YžX]gUV[]hmžcf gY1 žmci ˙WUb˙Z]Y˙U˙[f]Yj Ub˙W]k]h˙h\Y˙5ddYUg˙8YdUfha YbhžčDC˙6cl ˙(%˙%*-ž?UbgUg˙7]hmžA C˙*(%˙%]*%*-ž˙%*!˙-)!˙)˙'˙+žHHMˇ˙˙%*!˙(&!)*$+ž5DD95@G4 Vi Y_V̌Vda ˙˙"Mci ˙WUb˙ZYU˙[f]Yj UbW˙]b˙dYfgcb˙cf˙Vma U]ˇcf˙Ya U]˙˙±Zmci ˙bYYX˙Y˙d˙Z]Y˙U˙[f]Yj UbWˇž]h\ Y˙5ddYUg˙8YdUfha Ybh˙]g˙UjU]UV˙hc˙Y˙d˙mci ˙˙Mci ˙WUb˙gc˙Z]YU˙[f]Yj UbVˇ]f][˙h]g˙WUa d[h]˙ˇh\Y˙U˙"G˙˙8YdUfha Ybh˙cZ<YUh˙\UbX˙<i a Ub˙GYfj]WgžCZ\Z]VY˙cf˙7]j]`F][ \hg˙YWƒfcbˇWU`a`\fci [ \ˇh\Y˙CZ\Z]VY˙cf˙7]j ]`F][\hg˙7ca d˙U]bhDcfhUžUjU]UV˙Yh \hdg˙#˙Vf]dcfhU˙"\\g˙[cj #cWf#dcfhU˙#cWh]Ygžcf˙Vma U]̌cf˙d˙cbY˙Uh:

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7ca d˙U]bhZcfa g˙UfY˙UjU]UV˙Yh \hdg˙#k k k˙"\\g˙[cj #cWf#cZ\Z]VY#Z]Y#]bXYl ˙"ha ˙`˙

±Zmci ˙žcf˙gca YcbY˙mci ˙Y˙Y˙d˙]b[˙\Ug˙ei Ygh]cbg˙UVci h6ï Y˙?7žmci ˙\UjY˙h\Y˙f][˙hhc˙[Yh\Y˙d˙UbX˙]bZcfa Uh]cb˙]b˙mci f˙Ub[i U[Y˙Uhbc˙Wˇgh˙Hc˙hU˙_hc˙Ub˙]bhYfdfYhYfžWU`˙
%!, ++!(%$!*+%˙"

|miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

; Yfa Ub. : U˜g˙G]Y˙cXYf˜Ya Ub XžXYa ˙G]Y˙\Y˙Z˙bž: fU[Yb˙ni a ˙6˙ï Y˙?˙7 ˙\U˙Ybž˙\U˙Yb˙G]Y˙XUg˙F YWhž_cg]Yb˙cg˙Y˙<]Z˙Y˙i bX˙‡Z˙cfa Uh˙cbYb˙]o˙¿fYf GdfUWY˙ni ˙Yf\U˙Yb"I a ˙a]h˙Y]bYa ˙8c`a YhgW˙Yf˙ni ˙gdfYWWYbž˙fi Z˙Yb˙G]Y˙V]hhY˙X]Y˙Bi a a Yf˙%‡, ++‼(%$!*+%*˙Ub"

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