 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. : cfa cfY]bZfa U]cb'Uci hnci fVcj YfU] YZcf'lc [YhU'VdncZH.YVda d'YfY'Yfa g'cZVcj YfU] YZ'kk'Vi Y VVda # cddc'cfVrM']b[' % , ++!(%\$! * +%": cf [YbYU'XYZ]]cbg'cZVda a cb'Yfa g'g' W'Ug U'ck YX'Ua ci bZ'VUUbW'V']b[ž V]bgj fUbWž Vcdha Ybz'XXi V]VYž dfcj]Yf'žcf ch.Yf'i bXYf]bYX' Yfa g'



What You Will Pay

Common Medical Event

Services You May Need

In-Network Tier 1
Provider (You will
pay the least) - UCM

Common Medical Event

Services You May Need

In-Network Tier 1
Provider (You will
pay the least) - UCM
Custom Plan

What You Will Pay

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]fA.#XY] YfmZUW]mñ gYfj]Wg	&\$ Vz]bgi fUbW	&\$ Vz]bgi fUbW	)\$ Vz]bgi fUbW	BcbY
	<ca Y`YUH.WFY	&\$ Vz]bgi fUbW	&\$ Vz]bgi fUbW	)\$ Vz]bgi fUbW	*\$j]gh7UYbXUFMYUfa U]a i a "
	FYUW]hufcb:gYfj]Wg	&\$ Vz]bgi fUbW	&\$ Vz]bgi fUbW	)\$ Vz]bgi fUbW	D\ng]M`UbX:cW/dU]cbU. *\$` Vta V]bYX:j]gh7UYbXUFMYUfa U]a i a " GdYWW`UbX`YU]b[. &\$`Vta V]bYX:j]gh7UYbXUFMYUfa U]a i a "
	<UW]hufcb:gYfj]Wg	&\$ Vz]bgi fUbW	&\$ Vz]bgi fUbW	)\$ Vz]bgi fUbW	D\ng]M`UbX:cW/dU]cbU. *\$` Vta V]bYX:j]gh7UYbXUFMYUfa U]a i a " GdYWW`UbX`YU]b[. &\$`Vta V]bYX:j]gh7UYbXUFMYUfa U]a i a "
	G`YX]bi fglb] WYF	&\$ Vz]bgi fUbW	&\$ Vz]bgi fUbW	)\$ Vz]bgi fUbW	' \$XUñ7UYbXUFMYUfa U]a i a " Df]cf U hcf]hufcb]gYfj]FYX": U]i fY` h`cV]b]b`Uddfcj U`a UñfYg]`h]b`h`Y` VtghcZ]h`Y`gYfj]W`W]b[`nai f` fYgdc]b]M]`m`h`
	Si fUVY`a YXW]`Yei]da Ybh	&\$ Vz]bgi fUbW	&\$ Vz]bgi fUbW	)\$ Vz]bgi fUbW	Df]cf U hcf]hufcb]gYfj]FYX": U]i fY` h`cV]b]b`Uddfcj U`a UñfYg]`h]b`h`Y` VtghcZ]h`Y`gYfj]W`W]b[`nai f` fYgdc]b]M]`m`h`
	<cgd]W`gYfj]Wg	&\$ Vz]bgi fUbW	&\$ Vz]bgi 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\]XfYbfgj YmY Yl Ua	BchVtj YfYX	BchVtj YfYX	BchVtj YfYX	BcbY
	7\]XfYbfgj [UggYg	BchVtj YfYX	BchVtj YfYX	BchVtj YfYX	BcbY
	7\]XfYbfgj XYbtU WYVW i d	BchVtj YfYX	BchVtj YfYX	BchVtj YfYX	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 .)		
| 5Wdi bMii fY	| 7cga YrjVgj fl Yfm	| 8YbtU WfY
| <YUf]b[U]Xg	| bZfj]mthfYUa Ybh	| @b[!Yfa WfY
| Fci h]bY YmY WfY	| Fci h]bY ZchWfY	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document)		
| 6Uf]UhfVgj fl Yfm]a hYX hc ~ &\$Z\$\$\$ dYf @Zha Y	| 7\]fcdUWfWfY	| AUhf]m
| Bcb!Ya Yf[YbWfWfY k \Yb hfU Y]b[ci h]XhYI "G"	| Dfj UY!Xi hmbi fg]b[	| K Y] \h'cgg'dfc[flUa g

Your Rights to Continue Coverage: HNYfY UfY U[YbVYg h UhWb \Yd]Znai k Ubhrc Wb]bi Y'nci fVtj YfU[Y UZf]hYbXg" HNY Wb]b]bZfa U]cb'Zcf h'cgY U[YbVYg]g hY 8YdUf]a YbhcZ@Uc]f]9a d'cmY'6YbY]g GYWf]m5Xa]b]g]U]cb'Uh, **!((!96G5 fl &+&cf kkk"Xc"l]c] #U] YbVYg#VgU" CfZnai 'a UhiUgc Wb]b]b]8YdUf]a YbhcZ<YU h' UbX'<i a Ub'GYf]]WgZ'7YbYf'Zcf 7cbg] a Yf bZfa U]cb'UbX' b]g] flubW'c] Yfg] [\h'Uf%, ++!&* +!& & 'l *%) *) 'cf kkk'Wlc'Wd]g]c] "ChYf'Wtj YfU[Y'cd]h]cb]g'a UhiVY' U] U]UVY'hc'nci 'hccz]bW X]b['Vi n]b[]bX]]xi U]]b]g] flubW'Wtj YfU[Y'h'fci [\h'Y<YU h' b]g] flubW' [AUf YrdUW](#)": cf'a cfY]bZfa U]cb'Uci h' hY' [AUf YrdUW](#)]g]h kkk"<YU h'7UfY]c] 'cfW', '\$\$! %!&) - **

Your Grievance and Appeals Rights: HNYfY UfY U[YbVYg h UhWb \Yd]Znai \Uj Y UWza d'U]b]U] U]b]g]h'nci f d'Ub Zcf U'Xyb]U' cZU'WU]a "H'g]Wza d'U]b]g] WfYX'U' [f]Y] UbW 'cf UbdYU": cf'a cfY]bZfa U]cb'Uci h'nci f f] [\h'z'cc_ Uh'Y Yl d'Ub]cb'cZVbY]g]nci k] 'fW]j Y Zcf h'Ua YX]W' WU]a "Mti f d'Ub XcW'a Yb]g]Ugc'dfc]]XY Wza d'YfY']bZfa U]cb'cb'ack 'h'g] Va]hU'WU]a z'UbdYU zcf U'F

About these Coverage Examples:

 This is not a cost estimator. It provides an example of how a plan might cover a service. The actual amount a plan pays for a service depends on the plan's terms, conditions, and exclusions. For more information, please contact your plan administrator.

Peg is Having a Baby
 This example shows how a plan might cover a service. The actual amount a plan pays for a service depends on the plan's terms, conditions, and exclusions.

- The plan's overall deductible \$1,000
- Specialist copayment \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
[Obstetric services](#)
[Normal vaginal delivery](#)
[Cesarean delivery](#)
[Postpartum care](#)
[Newborn care](#)

Managing Joe's type 2 Diabetes
 This example shows how a plan might cover a service. The actual amount a plan pays for a service depends on the plan's terms, conditions, and exclusions.

- The plan's overall deductible \$1,000
- Specialist copayment \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
[Diabetes management](#)
[Diabetes education](#)
[Diabetes self-management training](#)

Ma's Simple Fracture
 This example shows how a plan might cover a service. The actual amount a plan pays for a service depends on the plan's terms, conditions, and exclusions.

- The plan's overall deductible \$1,000
- Specialist copayment \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

Discrimination is Against the Law

6i Y?7 Wta d'Ygk]h Udd]MUY: YXYFU Vj]]f[\hg`Uk g'UbX'XcYg'bchXlgWfa]bUHY'cb'h'Y'VUg]g'cZfUWzWc'cfzbu]cbU'cf[[]oZU[YzXlgU]]mzcf gYI "'6i Y?7 'XcYg'bch
YI W'XY'dYcdY'cf'fYU'h'Ya :XZYfYbhmVYU gY'cZfUWzWc'cfzbu]cbU'cf[[]oZU[YzXlgU]]mzcf gYI "
6i Y?7.

- i Dfcj]Xyg'ZYU'U]Xg'UbX'gyfj]Wg'te'dYcdY'k]h X]gU]]fYg'te'Wta a i b]MUY'YZW]Y Ymk]h i gZgi W'Ug
E i U]ZYX'g[[b`Ub[i U[Y]bYfdYfYfg
K f]hYb]bZfa U]cb]b'ch'Yf'Zfa Uhg'fUf[Y'df]pZ U X]czUWgg]VY'Y'Wfcb]WZfa Uhg'ch'Yf'Zfa Uhg
- i Dfcj]Xyg'ZYU`Ub[i U[Y'gyfj]Wg'te'dYcdY'k \cgY'df]a Ufm]Ub[i U[Y]g'bch9b[]g'Zgi W'Ug
E i U]ZYX']bYfdYfYfg
bZfa U]cb'k f]hYb]b'ch'Yf`Ub[i U[Yg

Znai 'bYX'h.YgY'gyfj]WgZ'Wb]U]7i g'ca Yf'GYfj]Wz, ((!' -)!+%&'f]h'`ZYtZ`Ub[i U]Y'Yd4 Vi Y VWta "

Znai 'W'Yj Y'h.Uh6i Y?7 \UgZ]YX'te'dfcj]XY'h.YgY'gyfj]Wg'cf'XlgWfa]bUHY']b'Ubch'Yf'k'Uh'cb'h'Y'VUg]g'cZfUWzWc'cfzbu]cbU'cf[[]oZU[YzXlgU]]mzcf gYI z'nci 'Wb'Z'Y'
U[f]Yj UbW'k]h 'h'Y'5ddYUg'8YdUf]a Yb]zDC'6cl '(%%-Z?UbgUg7]mzAC'*(%%*%-Z,%!' -)!)' +zHMI,%!, (&)*\$+z5DD95@G4 Vi Y VWta "Mti 'Wb'Z'Y'U'
[f]Yj UbW]b'dYfgcb'cf'Vma U]zcf'Ya U]" Znai 'bYX`Y'd'Z]b['U[f]Yj UbWz'h'Y'5ddYUg'8YdUf]a Ybh]g'Uj U]UY'Y'c'Y'd'nci "'Mti 'Wb'Ugc'Z'Y'U'V]]f[\hg'Wta d'U]bhk]h 'h'Y'
I "G"8YdUf]a YbhcZ<YU'h'UbX'<i a Ub'GYfj]WgZ'CW'Zcf'7]]F[[\hg'Y'Wfcb]M'nh'fci [\h'Y'c'Z]W'Zcf'7]]F[[\hg'7ca d'U]bhDcftU'zUj U]UY'U'h\h]g.#eV]dcftU`\g[]cj #
cV]#dcftU#cV]m'gZcf'Vma U]`cf'd\cbY'Uh

I "G"8YdUf]a YbhcZ<YU'h'UbX'<i a Ub'GYfj]Wg
&\$ \$' bXYdYbXYbW'5j Ybi YzGK
Fcca)\$-: z<<<'6i]X]b[
K Uj\]b[hcbz8"7" &\$&\$%
%, \$\$! * , !%\$%z, \$\$!)' +!+*-+ f]H88L

7ca d'U]bhZfa g'UY'Uj U]UY'U'h\h]g.#k k "\g[]cj #cV]#Z]W#Z]Y#bXYI "\ha "

Znai z'cf'gca YcbY'nci bY`Y'd]b[z`Ug'ei Yg]cbg'U'ci h6i Y?7 z'nci `Uj Y'h'Y'f[\h]c [Y'h'Y'd'UbX']bZfa U]cb]b'nci f`Ub[i U[Y'Uhbc'Wg'h'f]h'f]h'U'`te'Ub]bYfdYfYfzW`
%, ++!(%\$*+% "

%, ++!(%\$!*+%"

... ..

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

; Yfa Ub. : U`g[G]Y`cXYF`Ya UbX`XYa`G]Y`Y`Zbž: fU[Yb`ni a`'6i`Y?7`UMYbž`UMYb`G]Y`XUg`FYWłž`cgYb`cgY`<]Z`i bX`bZ`fa U]cbYb`]b`A`fYf`GdfUMY`ni`Yf`UHYb`"l a`'a`]h`Y]bYa`'8c`a`Yg`WYf`ni`'gdf`WYbžfi`Zb`G]Y`V]h`X]Y`Bi`a`a`Yf%, ++!(%\$!*+%`Ub"

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Dcfhi [i YgY. 'GY'j cWžci 'U[i fa 'Uei Ya 'j cW.Ygz 'U↑ XubXczHYa 'dyf[i bly'gcVfY'c'6i Y?7žj cW.'HYa 'c'XfY]c XY'cMYfU↑ XUY']bZfa U, -c'Ya 'gyi 'X]ca UY'gYa 'Wgrog"

: cfHfMgYfj]Wgžd'YUgY'W`%, %*!, (&)*\$+"

