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

a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information*
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$5 - $40 copayment/visit	$120 copayment/visit	Certain procedures performed in the office may have a higher office visit copayment. Copayments are listed as a range. Providers are assigned copayments within the range based on treatment outcomes and cost information that identifies network providers that provide cost efficient care. Virtual visits (Primary and Urgent) - No charge per visit by a Designated Virtual Network Providers Virtual visits (Specialty) - $0 - $40 copayment per visit by a Designated Virtual Network Providers *Cost share applies to any other Telehealth service based on provider type. If you receive services in addition to office visit, additional copayments may apply.
	Specialist visit	$5 - $40 copayment/visit	$120 copayment/visit	
	Preventive care/screening/immunization	No charge	$60 copayment/visit	You may have to pay for services that are not preventive. Ask your provider if the services needed are preventive. Then check what your plan will

Common Medical Event	Services You May Need	What You Will Pay In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com.	Tier 1 drugs	Not covered	Not covered	To learn more about drug tiers and about copayments for specific drugs, visit www.caremark.com.
	Tier 2 drugs	Not covered	Not covered	
	Tier 3 drugs	Not covered	Not covered	
	Specialty drugs	Not covered	Not covered	

Common Medical Event	Services You	What You Will Pay

Excluded Services & Other Covered Services:

Services

- -

In this example, Peg would pay:

Cost sharing	
Deductibles	$0
Copayments	$1,100
Coinsurance	$0
What isn't	

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.
Online: UHC_Civil_Rights@uhc.com
Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.
If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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