UnitedHealthcare UHC Silver-A Advantage \$0 Indiv Ded (\$0 Virtual Urgent Care + \$0 PCP Visits, \$0 Generic Rx Pref Pharm, No Referrals)

Coverage For: Individual, Family | Plan Type: HMO

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. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-980-5357 or visit uhc.com/aca-sample-policy. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-866-487-2365 to request 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 <u>plan</u> covers.
Are there services covered before you meet your deductible?	Yes.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> limit for this plan?	Not Applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	Not Applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u> ?	Yes. See <u>uhc.com/xncdocfindg2023</u> or call 1-800-980-5357 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .

#### All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies. **Common Medical Limitations, Exceptions, & Other Important Information Services You What You Will Pay Event May Need Indian Health Care Provider** Non-IHCP In-Network (IHCP) (You will pay the Provider (You will pay least) more) If you visit a Primary care visit to No Charge No Charge Virtual visits - No Charge by a Designated Virtual Network treat an injury or health care Provider. provider's office illness or clinic No Charge No Charge Specialist visit None

No Charge

No Charge

No Charge

None

None

None

No Charge

No Charge

No Charge

Preventive

If you have a test

care/screening/immunization

Diagnostic test (x-

ray, blood work)

Imaging (CT/PET

scans, MRIs)

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Common Medical	Services You	What You W	ill Pay	Limitations, Exceptions, & Other Important Information	
Event	May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)		
If you need drugs to treat your	Tier 1 - Your Lowest Cost Option	No Charge	No Charge	Provider means pharmacy for purposes of this section.  Retail: Up to a 30-day supply; 90-day supply at Preferred	
illness or condition More information	Tier 2 - Your Mid- Range Cost Option	No Charge	No Charge	Pharmacy for 2x 30-day cost share.  Mail-Order: Up to a 90-day supply at 2x the 30-day cost share.  Specialty drugs limited to 30-day supply at a network	
about <u>prescription</u> <u>drug coverage</u> is available at <u>uhc</u> .	Tier 3 - Your Mid- Range Cost Option	No Charge	No Charge	pharmacy. Certain drugs may have a <u>preauthorization</u> requirement. If you don't get <u>preauthorization</u> , benefits will not be covered.	
com/ xncdruglist2023	Tier 4 – Your Higher Cost Option	No Charge	No Charge	Certain preventive medications (including certain contraceptives) are covered at No Charge, <u>Deductible</u> does	
	Tier 5 – Your Higher Cost Option	No Charge	No Charge	not apply. See the website listed for information on drugs covered by your <u>plan</u> . Not all drugs are covered.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	No Charge	None	
	Physician/surgeon fees	No Charge	No Charge	None	
If you need immediate medical attention	Emergency room care	No Charge	No Charge	None	
	Emergency medical transportation	No Charge	No Charge	None	
	Urgent Care	No Charge	No Charge	None	
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	No Charge	None	
	Physician/surgeon fees	No Charge	No Charge	None	

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Common Medical	Services You	What You W	ill Pay	Limitations, Exceptions, & Other Important Information	
Event	May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge	No Charge	Network Partial hospitalization/intensive outpatient treatment: No Charge.	
	Inpatient services	No Charge	No Charge	None	
If you are pregnant	Office Visits	No Charge	No Charge	None	
	Childbirth/delivery professional services	No Charge	No Charge		
	Childbirth/delivery facility services	No Charge	No Charge		
If you need help recovering or have other special health needs	Home health care	No Charge	No Charge	Limited to 60 visits per calendar year.	
	Rehabilitation services	No Charge	No Charge	Limits per calendar year: Speech: 30 visits; Cardiac, Pulmonary: Unlimited; Physical/Occupational/Manipulative: combined limit 30 visits.	
	Habilitative services	No Charge	No Charge	Limits per calendar year: Speech: 30 visits; Physical/ Occupational/Manipulative: combined limit 30 visits.	
	Skilled nursing care	No Charge	No Charge	Limited to 60 days per calendar year (combined with inpatient rehabilitation).	
	Durable medical equipment	No Charge	No Charge	None	

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Common Medical	Services You May Need	What You W	ill Pay	Limitations, Exceptions, & Other Important Information	
Event		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)		
	Hospice services	No Charge	No Charge	None	
If your child needs dental or eye care	Children's eye exam	No Charge	No Charge	Limited to 1 exam every 12 months.	
	Children's glasses	No Charge	No Charge	Limited to 1 pair every 12 months.	
	Children's dental check-up	No Charge	No Charge	Limited to 2 visits every 12 months.	

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#### **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.)

- Abortion
- Acupuncture
- Cosmetic Surgery
- Dental care (Adult)

- Glasses (Adult)
- Infertility Treatment
- Long Term Care
- Non-emergency care when traveling outside the US
- Routine eve care (Adult)
- Routine foot care Except as covered for Diabetes
- Weight loss programs

#### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic (manipulative) care 30 visits per calendar year combined with PT/OT
- Hearing aids

Private duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: UnitedHealthcare of North Carolina, Inc. at 1-800-980-5357, U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or dol.gov/agencies/ ebsa/about-ebsa/ask-a-guestion/ask-ebsa or North Carolina Department of Insurance, 325 N. Salisbury Street, Suite 1018, Raleigh, NC 27603, 1-855-408-1212 or ncdoi. gov/consumers/health-insurance, or Office of Personnel Management Multi State Plan Program: opm.gov/healthcare-insurance/multi-state-plan-program/external-review/ . Other coverage options may be available to you, too including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or myuhc.com/exchange or the Employee Benefits Security Administration at 1-866-444-3272 or https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa or NC Department of Insurance at 1-855-408-1212 or ncdoi.gov/insurance-industry Additionally, a consumer assistance program may help you file your appeal. Contact <a href="https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa">https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa</a> Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

#### Does this plan meet the Minimum Value Standards? Not Applicable

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-980-5357.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-980-5357.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-980-5357.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-980-5357.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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#### **About these Coverage Examples:**



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

## Peg is Having a Baby of in-network pre-natal care and a ho

(9 months of in-<u>network</u> 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)

# Mia's Simple Fracture (in-network emergency room visit and follow up care)

The plan's overall deductible	\$0	■ The <u>plan's</u> overall <u>deductible</u>	\$0	The plan's overall deductible	\$0
Specialist copay	\$0	■ Specialist copay	\$0	Specialist copay	\$0
Hospital (facility) copay	\$0	■ Hospital (facility) <u>copay</u>	\$0	Hospital (facility) copay	\$0
Other coinsurance	0%	Other coinsurance	0%	Other coinsurance	0%

#### This EXAMPLE event includes services like:

Specialist office visits (pre-natal 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 (blood work)

Prescription drugs

<u>Durable medical equipment</u> (glucose meter)

#### This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)

Rehabilitation services (physical therapy)

Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
<u>Deductibles</u>	\$0	<u>Deductibles</u>	<b>\$0</b>	<u>Deductibles</u>	<b>\$0</b>
Copayments	\$0	Copayments	<b>\$0</b>	Copayments	\$0
Coinsurance	\$0	Coinsurance	<b>\$0</b>	Coinsurance	<b>\$0</b>
What isn't covered		What isn't covered		What isn't covered	
Limits or exclusions	\$60	Limits or exclusions	<b>\$0</b>	Limits or exclusions	\$0
The total Peg would pay is	\$60	The total Joe would pay is	\$0	The total Mia would pay is	\$0