**福利和承保範圍摘要：**此計劃的承保範圍是什麼，以及您為涵蓋服務所需支付的費用 **承保期：[參見指引]**

**:**  **承保內容：**\_\_\_\_\_\_\_\_\_\_\_ | **計劃類別：**\_\_\_\_\_\_

|  |
| --- |
| **福利和承保範圍摘要 (SBC) 文件將幫助您選擇健康**[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)**。SBC 向您展示您和**[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)**將如何共同承擔涵蓋的健康照護服務費用。注意：有關此**[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)**費用（稱為[保費](https://www.healthcare.gov/sbc-glossary/" \l "premium)）的資訊將另外提供。這僅是一份摘要。**如欲了解有關承保範圍的更多資訊，或要獲得承保範圍的完整條款副本，請[insert contact information]。如欲了解常見詞彙的一般定義，例如[允許額、](https://www.healthcare.gov/sbc-glossary/" \l "allowed-amount)[差額收費、](https://www.healthcare.gov/sbc-glossary/#balance-billing)[共同保險、](https://www.healthcare.gov/sbc-glossary/#coinsurance)[共付額、](https://www.healthcare.gov/sbc-glossary/#copayment)[自付額](https://www.healthcare.gov/sbc-glossary/#deductible)、[供應商、](https://www.healthcare.gov/sbc-glossary/#provider)或其他劃線詞彙，請參見詞彙表。您可以在 [www.](http://www.)[insert].com 查看詞彙表，或致電 1-800-[insert] 以索取副本。 |

| **重要問題** | **答案** | **為什麼這很重要：** |
| --- | --- | --- |
| **整體[自付額](https://www.healthcare.gov/sbc-glossary/" \l "deductible)為多少？** | **$** |  |
| **在您達到您的[自付額](https://www.healthcare.gov/sbc-glossary/" \l "deductible)前，這些服務是否在承保範圍內？** |  |  |
| **特定服務是否還有其他[自付額](https://www.healthcare.gov/sbc-glossary/" \l "deductible)？** | **$** |  |
| **此[計劃](https://www.healthcare.gov/sbc-glossary/" \l "plan)的**[**最大自付額**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**是多少？** | **$** |  |
| [**最大自付額**](https://www.healthcare.gov/sbc-glossary/#out-of-pocket-limit)**不包含什麼？** |  |  |
| **如果使用[網絡供應商](https://www.healthcare.gov/sbc-glossary/" \l "network-provider)，您支付的金額是否會更少？** |  |  |
| **您是否需要[轉診](https://www.healthcare.gov/sbc-glossary/" \l "referral)至**[**專科醫生**](https://www.healthcare.gov/sbc-glossary/#specialist)**？** |  |  |

|  |  |
| --- | --- |
| **Exclamation** | 此表格顯示的所有**[共付額](https://www.healthcare.gov/sbc-glossary/" \l "copayment)**和[**共同保險**](https://www.healthcare.gov/sbc-glossary/#coinsurance)費用僅適用於您已達到您的[**自付額**](https://www.healthcare.gov/sbc-glossary/#deductible)的情況（如果**[自付額](https://www.healthcare.gov/sbc-glossary/" \l "deductible)**適用的話）。 |

| **常見醫療事件** | **您可能需要的服務** | **您需要支付的費用** | | **限制、例外和其他重要資訊** |
| --- | --- | --- | --- | --- |
| **網絡供應商**  **（您將需要支付較少費用）** | **網絡外供應商**  **（您將需要支付較多費用）** |
| **如果您造訪健康照護**[**供應商**](https://www.healthcare.gov/sbc-glossary/#provider)**的辦公室或診所** | 初級保健就診以治療受傷或疾病 |  |  |  |
| 至[專科醫生](https://www.healthcare.gov/sbc-glossary/" \l "specialist)處就診 |  |  |  |
| [預防性照護](https://www.healthcare.gov/sbc-glossary/#preventive-care)/[篩查](https://www.healthcare.gov/sbc-glossary/#screening)/疫苗接種 |  |  |  |
| **如果您進行檢測** | [診斷檢定](https://www.healthcare.gov/sbc-glossary/#diagnostic-test)（X 光、血液檢測） |  |  |  |
| 造影（CT/PET 掃描、MRI） |  |  |  |
| **如果您需要藥物治療疾病或情況**  如欲了解更多有關[**處方類藥物**的**承保**](https://www.healthcare.gov/sbc-glossary/#prescription-drug-coverage)**範圍**，請造訪 www.[insert].com | 學名藥 |  |  |  |
| 優先原廠藥 |  |  |  |
| 非優先原廠藥 |  |  |  |
| [專科藥物](https://www.healthcare.gov/sbc-glossary/#specialty-drug) |  |  |  |
| **如果您進行門診手術** | 設施費（例如：非住院手術中心） |  |  |  |
| 醫師/外科醫生費用 |  |  |  |
| **如果您需要立即就醫** | [急診室照護](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services) |  |  |  |
| [緊急醫療交通](https://www.healthcare.gov/sbc-glossary/#emergency-medical-transportation) |  |  |  |
| [緊急照護](https://www.healthcare.gov/sbc-glossary/#urgent-care) |  |  |  |
| **如果您需要住院** | 設施費（例如：醫院病房） |  |  |  |
| 醫師/外科醫生費用 |  |  |  |
| **如果您需要心理健康、行為健康或藥物濫用服務** | 門診服務 |  |  |  |
| 住院服務 |  |  |  |
| **如果您懷孕** | 辦公室就診 |  |  |  |
| 分娩專業服務 |  |  |  |
| 分娩設施服務 |  |  |  |
| **如果您需要康復協助或有其他特殊健康需求** | [居家照護](https://www.healthcare.gov/sbc-glossary/#home-health-care) |  |  |  |
| [復健服務](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services) |  |  |  |
| [適應服務](https://www.healthcare.gov/sbc-glossary/#habilitation-services) |  |  |  |
| [專業護理](https://www.healthcare.gov/sbc-glossary/#skilled-nursing-care) |  |  |  |
| [耐用醫療器材](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment) |  |  |  |
| [臨終關懷服務](https://www.healthcare.gov/sbc-glossary/#hospice-services) |  |  |  |
| **如果您的子女需要牙科或眼科照護** | 兒童眼科檢查 |  |  |  |
| 兒童眼鏡 |  |  |  |
| 兒童牙科檢查 |  |  |  |

**不包含的服務和其他承保服務：**

| **您的[計劃](https://www.healthcare.gov/sbc-glossary/" \l "plan)一般不涵蓋的服務（查看您的保單或[計劃](https://www.healthcare.gov/sbc-glossary/" \l "plan)文件以了解更多資訊以及任何其他**[**不包含的服務**](https://www.healthcare.gov/sbc-glossary/#excluded-services)**列單。）** | | |
| --- | --- | --- |
|  |  |  |

| **其他包含的服務（此類服務可能存有限制。這不是完整的列單。請查看您的[計劃](https://www.healthcare.gov/sbc-glossary/" \l "plan)文件。）** | | |
| --- | --- | --- |
|  |  |  |

**您的續保權利：**如果您想在保險結束後繼續獲得承保，有一些機構可以提供協助。此類機構的聯繫資訊為：[insert State, HHS, DOL, and/or other applicable agency contact information]。其他承保選項亦可能適用於您，其中包括透過[健康保險](https://www.healthcare.gov/sbc-glossary/" \l "health-insurance)[商城](https://www.healthcare.gov/sbc-glossary/#marketplace)購買個人保險。如欲了解更多有關[商城](https://www.healthcare.gov/sbc-glossary/#marketplace)的資訊，請造訪[www.HealthCare.gov](http://www.healthcare.gov/) 或致電 1-800-318- 2596。

**您的申訴和上訴權利：**如果您對您的[計劃](https://www.healthcare.gov/sbc-glossary/#plan)拒絕您的[索償](https://www.healthcare.gov/sbc-glossary/#claim)提出投訴，一些機構可以為您提供協助。此類投訴被稱為[申訴](https://www.healthcare.gov/sbc-glossary/#grievance)或[上訴。](https://www.healthcare.gov/sbc-glossary/#appeal)如欲了解有關您權利的更多資訊，請查看您就該醫療[索償](https://www.healthcare.gov/sbc-glossary/#claim)可取得的福利說明。您的[計劃](https://www.healthcare.gov/sbc-glossary/" \l "plan)文件亦將提供有關如何出於任何理由就您[計劃提交[索償、](https://www.healthcare.gov/sbc-glossary/#claim)[上訴](https://www.healthcare.gov/sbc-glossary/#appeal)或[申訴的完整資訊。](https://www.healthcare.gov/sbc-glossary/#grievance)](https://www.healthcare.gov/sbc-glossary/#plan)如欲了解有關您的權利、此通知或幫助的更多資訊，請聯繫：[insert applicable contact information from instructions]。

**此計劃是否提供最低程度承保？[是/否]**

[最低程度承保](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage)一般包括可透過[商城](https://www.healthcare.gov/sbc-glossary/#marketplace)或其他獨立市場保單取得的[計劃](https://www.healthcare.gov/sbc-glossary/#plan)、[健康保險](https://www.healthcare.gov/sbc-glossary/#health-insurance)、Medicare、Medicaid、CHIP、TRICARE、和其他特定保險。如果您符合特定類別[最低程度承保](https://www.healthcare.gov/sbc-glossary/#minimum-essential-coverage)的資格，您可能不符合[保費稅額抵免優惠](https://www.healthcare.gov/sbc-glossary/#premium-tax-credits)資格。

**此計劃是否符合最低值標準？[是/否]**

如果您的[計劃](https://www.healthcare.gov/sbc-glossary/" \l "plan)不符合[最低值標準，](https://www.healthcare.gov/sbc-glossary/#minimum-value-standard)您可能符合[保費稅額抵免優惠](https://www.healthcare.gov/sbc-glossary/#premium-tax-credits)資格，可透過[商城幫助您支付[計劃](https://www.healthcare.gov/sbc-glossary/#plan)費用。](https://www.healthcare.gov/sbc-glossary/#marketplace)

**語言服務：**

[Spanish (Español): Para obtener asistencia en Español, llame al [insert telephone number]。]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [insert telephone number]。]

[Chinese (中文): 如果需要中文的帮助，请拨打这个号码 [insert telephone number]。]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' [insert telephone number]。]

|  |
| --- |
| ***如欲查看此***[***計劃***](https://www.healthcare.gov/sbc-glossary/#plan)***涵蓋範例醫療情況費用的示例，請查看下一節。*** |

**PRA 披露聲明：**根據 1995 年的《文書簡化法案》(Paperwork Reduction Act)，除非顯示有效的 OMB 控管編號，否則不得要求任何人回覆資訊蒐集。本資訊蒐集的有效 OMB 控管編號是 **0938-1146**。完成每份此資訊蒐集預計需要平均 **0.02** 小時，其中包括審視指引、搜尋現有資料資源、蒐集所需資料，以及完成並審查資訊蒐集所需的時間。如果您對預估時間的準確性或改善本表格有意見，請寫信至：CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850。

**關於此類承保示例：**

|  |  |
| --- | --- |
|  | **這不是費用預估。**顯示的治療僅為此[計劃](https://www.healthcare.gov/sbc-glossary/#plan)涵蓋醫療照護的示例。您的確切費用取決於您獲取的確切照護、您的[供應商](https://www.healthcare.gov/sbc-glossary/#provider)收取的費用和其他很多因素，可能有所不同。專注於[計劃](https://www.healthcare.gov/sbc-glossary/#plan)下[成本分攤](https://www.healthcare.gov/sbc-glossary/#cost-sharing)金額（[自付額、](https://www.healthcare.gov/sbc-glossary/#deductible)[共付額額](https://www.healthcare.gov/sbc-glossary/#copayment)和[共同保險](https://www.healthcare.gov/sbc-glossary/#coinsurance)）和[不包含的服務](https://www.healthcare.gov/sbc-glossary/#excluded-services)。利用此資訊來比較您在不同健康[計劃中可能需要支付的費用部分。](https://www.healthcare.gov/sbc-glossary/#plan)請注意，此類承保範圍示例僅基於自我承保範圍。 |

**Peg 懷孕了**

**（9 個月的網絡內產前檢查和醫院分娩）**

* [**計劃的**](https://www.healthcare.gov/sbc-glossary/#plan)整體[自付額](https://www.healthcare.gov/sbc-glossary/#deductible) $
* [**專科醫生**](https://www.healthcare.gov/sbc-glossary/#specialist) ***[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** $
* **醫院（設施）*[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** %
* **其他 *[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** %

**此事件示例包含下列服務：**

[專科醫生](https://www.healthcare.gov/sbc-glossary/#specialist)辦公室就診*（產前照護）*

分娩專業服務

分娩設施服務

[診斷檢定](https://www.healthcare.gov/sbc-glossary/#diagnostic-test)*（超音波和血液檢測）*

[專科醫生](https://www.healthcare.gov/sbc-glossary/#specialist)看診*（麻醉）*

| **總示例費用** | **$12,700** |
| --- | --- |
| **在此示例，Peg 將支付：** |  |
| *成本分攤* | |
| [自付額](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [共付額](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [共同保險](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *不承保的項目* | |
| 限制或例外 | $ |
| **Peg 將支付的總金額為** | **$** |

**管理 Joe 的 2 型糖尿病**

**（一年的病情可控例行網絡內護理）**

* [**計劃的**](https://www.healthcare.gov/sbc-glossary/#plan)整體[自付額](https://www.healthcare.gov/sbc-glossary/#deductible) $
* [**專科醫生**](https://www.healthcare.gov/sbc-glossary/#specialist) ***[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** $
* **醫院（設施）*[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** %
* **其他 *[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** %

**此事件示例包含下列服務：**

[初級保健醫師](https://www.healthcare.gov/sbc-glossary/#primary-care-physician)辦公室就診*（包括疾病教育*）

[診斷檢定](https://www.healthcare.gov/sbc-glossary/#diagnostic-test)*（血液檢測）*

[處方藥](https://www.healthcare.gov/sbc-glossary/#prescription-drugs)

[耐用醫療器材](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment)*（血糖測量儀）*

| **總示例費用** | **$5,600** |
| --- | --- |
| **在此示例，Joe 將支付：** |  |
| *成本分攤* | |
| [自付額](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [共付額](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [共同保險](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *不承保的項目* | |
| 限制或例外 | $ |
| **Joe 將支付的總金額為** | **$** |

**Mia 的簡單骨折**

**（網絡內急診室就診和後續護理）**

* [**計劃的**](https://www.healthcare.gov/sbc-glossary/#plan)整體[自付額](https://www.healthcare.gov/sbc-glossary/#deductible) $
* [**專科醫生**](https://www.healthcare.gov/sbc-glossary/#specialist) ***[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** $
* **醫院（設施）*[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** %
* **其他 *[***[***成本分攤***](https://www.healthcare.gov/sbc-glossary/#cost-sharing)***]*** %

**此事件示例包含下列服務：**

[急診室照護](https://www.healthcare.gov/sbc-glossary/#emergency-room-care-emergency-services)*（包括醫療用品）*

[診斷檢定](https://www.healthcare.gov/sbc-glossary/#diagnostic-test)*（X 光）*

[耐用醫療器材](https://www.healthcare.gov/sbc-glossary/#durable-medical-equipment)*（拐杖）*

[復健服務](https://www.healthcare.gov/sbc-glossary/#rehabilitation-services)*（物理治療）*

| **總示例費用** | **$2,800** |
| --- | --- |
| **在此示例，Mia 將支付：** |  |
| *成本分攤* | |
| [自付額](https://www.healthcare.gov/sbc-glossary/#deductible) | $ |
| [共付額](https://www.healthcare.gov/sbc-glossary/#copayment) | $ |
| [共同保險](https://www.healthcare.gov/sbc-glossary/#coinsurance) | $ |
| *不承保的項目* | |
| 限制或例外 | $ |
| **Mia 將支付的總金額為** | **$** |

[**計劃**](https://www.healthcare.gov/sbc-glossary/#plan)將負責支付此類示例中所涵蓋服務所產生的其他費用。