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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider	
<p>_____</p> <p>_____</p> <p>_____</p>		<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
		<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
		<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
		<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
		<p>_____</p>	<p>_____</p>	

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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](mailto:UHC_Civil_Rights@uhc.com)**

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

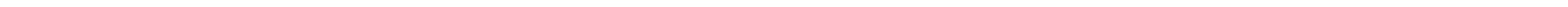
You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

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

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تمامير (Summary of Benefits and Coverage- SBC)

بگيريد.

51 लाभ और कवरेज (Summary of Benefits and Coverage) ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं।

(Summary of Benefits and Coverage- SBC) के साथ समझें और भी सहायता सेवाएं उपलब्ध हैं।

51 Summary of Benefits and Coverage (SBC) no. \_\_\_\_\_ nvob ntawm Tsab Ntawy Nthuav Ohia Cov Txiaj Ntsim Zoo thiab Kev Kam Them N