

SUMMARY OF BENEFITS

Sunshine Cottage School

UHC Plan 1 1/1/2026

to

12/31/2026

Swipe card for benefit listed under the "Difference Card Pays" column.

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	TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	UHC BENEFIT
		PHYSICIAN SERVICES		
I -	Primary Care Office Visit Copay	Remaining Costs	First \$5,300/\$10,600	Deductible
I -	Specialist Office Visit Copay	Remaining Costs	First \$5,300/\$10,600	Deductible
	Preventive Care / Screening / Immunization	No Charge		
E =	Urgent Care	Remaining Costs	First \$5,300/\$10,600	Deductible
		PHARMACY		
	Prescription Deductible Application	Integrated with Medical Deductible		
E =	Prescription Individual Deductible	25% after Initial Funding	First \$5,300/\$10,600 then 75%	Integrates w/ Medical Deductible
E =	Prescription Family Deductible			
E =	Retail Prescriptions			
I =	Mail Order Prescriptions			
		DIAGNOSTIC PROCEDUR	RES	
E -	Diagnostic Test- Lab Bloodwork	Remaining Costs	First \$5,300/\$10,600	Deductible
E =-	Diagnostic Test X-Ray	Remaining Costs	First \$5,300/\$10,600	Deductible
I -	Complex Imaging (CT/Pet Scans, MRIs)	Remaining Costs	First \$5,300/\$10,600	Deductible
		HOSPITAL SERVICES		
E=	Emergency Room Care	Remaining Costs	First \$5,300/\$10,600	Deductible
E =	Outpatient Surgery	Remaining Costs	First \$5,300/\$10,600	Deductible
E =	Inpatient Hospital	Remaining Costs	First \$5,300/\$10,600	Deductible
	IN NET	WORK DEDUCTIBLE & COI	NSURANCE	
	Qualified High Deductible Health Plan		No	Yes
	Deductible Accumulation Period			
	Family Deductible Accumulation Type	Family Total Accumulation		Individual Accumulation
E =	In-Network Individual Deductible	Last \$3,000	First \$5,300	\$8,300
E =	In-Network Family Deductible	Last \$6,000	First \$10,600	\$16,600
	In-Network Family Multiplier	2 Please have you	ur provider swipe the	Mail Order Multiplier 2.5
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Please have your provider swipe the Difference Card for the following amounts: In-Network Medical &

Rx Swipe -

First \$5,300\$10,600 then 75% for Rx

Download the Mobile App to View and Submit Claims



the deductible accumulation period.

All claims must be submitted within 3 months of the end of

Terminated members must submit claims within 3 months of the

Information on this document based on carrier SBC.

termination date.

Call 888.343.2110 with any questions.