A Summary Benefits and Coverage (SBC) is a standardized document that health insurance issuers must provide for all private health plans they offer, including ACA marketplace plans. The SBC provides an overview of a health plan's benefits, coverage, limitations, and exceptions (although not its premiums, as these can vary based on an enrollee's income, age, and whether they use tobacco). While the information contained in an SBC is only a summary and can change, the standardized format makes it easier for people to compare health plans. This resource provides an overview of the layout and key terms used in the Summary of Benefits and Coverage.

Sample Summary of Benefits and Coverage

CareSource Marketplace Low Premium Silver, Ohio 2024

Health insurance issuers are required to provide an SBC to people upon their initial enrollment (including during open enrollment or following enrollment during a Special Enrollment Period), by request, and at the time of renewal or re-enrollment in a plan. In states that use HealthCare.gov, there is also a link to each ACA marketplace plan's SBC on HealthCare.gov (click on the name of the plan, then click on “Plan documents” to view the link to the SBC). While both paper and digital copies should be made available, the digital version includes links to a standard glossary of terminology. As shown in the examples in this guide, many terms are underlined and in blue. On the digital version of the SBC, the user can click these to access the glossary and the definition of each term.
The First Page of the SBC: Important Questions & Common Medical Events

Page 1 of the SBC contains important questions, answers and explanations about the health plan.

This includes, in order:
1. The overall deductible - Individual & Family
2. Services covered pre-deductible
3. Deductibles for specific services - Some plans have a separate drug deductible
4. The out-of-pocket limit - Individual & Family
5. Costs not included in the out-of-pocket limit
6. Information about the provider network
7. If a referral is needed to go to a specialist - Many HMOs require referrals, but some do not

Primary, Specialty, Tests & Drugs

Page 2 of the SBC contains copayment and coinsurance information for:

- Primary care visits
- Specialist visits
- Preventive care/screening/immunization
- Tests
- Drugs

Information that does not fit on the first page may instead appear at the top of the second page.

For some plans, drug cost information may appear on page 3.
Cost Sharing for Other Services

The next several pages of the SBC provide information on the costs of:

- Prescription drugs (may appear on page 2 if space allows)
- Outpatient surgery
- Immediate medical needs
  1. Emergency room care
  2. Emergency transportation
  3. Urgent care
- Hospital stay (including physicians’ fees and hospital facility fees)
- Mental, behavioral, and substance use services (inpatient and outpatient)
- Pregnancy-related services
- Recovery or other special health needs
- Pediatric dental and vision services

Cigna Connect Silver 5000, Pennsylvania 2024

Community Health Choice: Community Select Silver 019- 73% CSR, Texas 2024

Healthfirst: Silver Leaf, New York 2024
Excluded and Other Covered Services

The final substantive pages of the SBC will include information on:

- Excluded services
- Other covered services

Services like bariatric surgery, chiropractic visits, infertility treatment, and weight loss services are often listed on these final pages. Some state laws require health plans to either cover or exclude these health services; otherwise, coverage will vary by plan.

These pages will also include the enrollee's right to continue coverage, grievance and appeal rights, and the phone number for the specific state's Department of Insurance, as well as whether the plan is considered Minimum Essential Coverage (all ACA marketplace plans provide Minimum Essential Coverage), whether the plan meets the Minimum Value Standard (this standard only applies to employer sponsored insurance; SBCs for ACA marketplace plans will say “Not applicable” for this question), and an enrollee's rights to language access services (listed in multiple languages).
Coverage Examples

The last page of the SBC lists three Coverage Examples. These demonstrate how the health insurance plan could work in practice in three common health care situations: pregnancy and delivery, managing Type 2 diabetes, and caring for a simple broken bone. The examples assume the person gets care from in-network providers. While the actual costs for the medical services listed are for illustrative purposes only, the examples can be useful to help a potential enrollee understand the plan’s cost sharing design (e.g. when the person would pay their deductible and what charges the coinsurance applies to). They can also be useful when helping a potential enrollee compare two or more plans, since the coverage examples are the same for every plan. The coverage examples in the SBC make it easier to compare the plans’ cost sharing designs.

The example below, comparing coverage examples for Bronze and Silver CSR 87 plans in Michigan, although the bronze plan likely has a lower premium, the silver CSR plan provides much more financial protection to an enrollee when receiving health care services.

Sample Coverage Example: Bronze Plan

<table>
<thead>
<tr>
<th>Pregnancy and delivery</th>
<th>Managing Type-2 diabetes</th>
<th>Broken bone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze Plan</td>
<td>$8,550</td>
<td>$5,000</td>
</tr>
<tr>
<td>Silver CSR Plan</td>
<td>$3,050</td>
<td>$1,890</td>
</tr>
</tbody>
</table>

Sample Coverage Example: Silver Plan with Cost-Sharing Reductions

For more resources, visit www.healthreformbeyondthebasics.org