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Unitedhealthcare Summary Of  
Benefits And Coverage

# **2018 Unitedhealthcare Summary Of Benefits And Coverage**

**2018 Unitedhealthcare Summary Of  
Benefits**

Maybe you've heard the term, Summary

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## Unitedhealthcare Summary Of Benefits And Coverage

of Benefits and Coverage — also called “SBC.” It’s often talked about when it comes to choosing health plans and learning about costs. That’s because it’s basically a document that outlines what’s covered — and not covered — under a health plan.

### **Summary of Benefits and Coverage |**

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## Unitedhealthcare Summary Of Benefits And Coverage

### **UnitedHealthcare**

Summary of Benefits January 1, 2018 – December 31, 2018 The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You

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can see it online at

**2018 SUMMARY OF BENEFITS - HR  
Landing Page**

Summary of Benefits and Coverage:  
What this Plan Covers & What You Pay  
For Covered Services Coverage Period:  
01/01/2018 - 12/31/2018 Coverage for:  
CA SignatureValue Alliance P5D

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## Unitedhealthcare Summary Of Benefits And Coverage

Individual + Family | Plan Type: HMO 1  
of 7. Important Questions Answers Why  
This Matters:

### **2018 UnitedHealthcare Summary of Benefits and Coverage**

UHC Choice Plan (EPO) Coverage Period:  
01/01/2018- 12/31/2018 Summary of  
Benefits and Coverage: What this Plan

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Covers & What You Pay For Covered  
Service Coverage for: Employee/Family|  
Plan Type: EP1

### **UHC Choice Plan (EPO) Coverage**

**Period: 01/01/2018- 12/31 ...**

2018 SUMMARY OF BENEFITS Overview  
of your plan UnitedHealthcare® Group  
Medicare Advantage (PPO) Group Name

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(Plan Sponsor): University of Arkansas  
System Group Number: 13555  
H2001-816 Look inside to learn more  
about the health services and drug  
coverages the plan provides. Call  
Customer Service or go online for more  
information about the plan.

### **2018 SUMMARY OF BENEFITS -**

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Summary of Benefits 1 January 1, 2018 – December 31, 2018 The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You



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## **2018 SUMMARY OF BENEFITS**

~ UnitedHealthcare· What is a benefit summary? Benefit Summary Option 15-Modified Illustrative Missouri - Choice Plus MAAA #3 Balanced -Plan AQIT This is a summary of what the plan does and does not cover. This summary can also

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help you understand your share of the costs.

## **UnitedHealthcare· Benefit Summary**

2018 SUMMARY OF BENEFITS Overview  
of your plan AARP®

MedicareComplete® SecureHorizons®  
Plan 1 (HMO) H4590-012 Look inside to  
learn more about the health services

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and drug coverages the plan provides. Call Customer Service or go online for more information about the plan. Toll-Free 1-800-555-5757, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week

## **2018 SUMMARY OF BENEFITS**

UnitedHealthcare Medicare &  
Retirement revenues grew by \$9.5

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billion or 14.4 percent to \$75.5 billion in 2018, and the business grew to serve 9.5 million people with medical benefit products at ...

### **UnitedHealth Group Reports 2018 Results Highlighted by ...**

The new standards relating to the Summary of Benefits and Coverage

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(SBC) for group health plans and health insurance issuers offering group or individual health insurance coverage are designed to provide improved information for consumers to better understand the coverage they have and allow them to compare their coverage options across different types of plans and insurance products.

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## **Summary of Benefits and Coverage and ... - UnitedHealthcare**

your benefits, search for a provider or  
print an ID card online at  
[myuhcvision.com](http://myuhcvision.com). Retain this  
UnitedHealthcare vision benefit  
summary which includes detailed benefit  
information and instructions on how to

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use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

### **Vision Benefit Summary - UnitedHealthcare StudentResources**

of the deductibles and co-payments you may have to pay. You can find more benefit details beginning on page 2. Co-

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payment (Your cost for an office visit)  
Individual Deductible (Your cost before  
the plan starts to pay) Co-insurance  
(Your cost share after the deductible)  
\$20 \$500 20% This Benefit Summary is  
to highlight your Benefits.

## **Benefit Summary**

of the deductibles and co-payments you



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may have to pay. You can find more benefit details beginning on page 2. Co-insurance (Your cost for an office visit) Individual Deductible (Your cost before the plan starts to pay) Co-insurance (Your cost share after the deductible) 20% \$1,500 20% This Benefit Summary is to highlight your Benefits.

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## Unitedhealthcare Summary Of Benefits And Coverage

### **Benefit Summary**

Covered benefits, limitations and exclusions are specified in the UnitedHealthcare Medicare Advantage Plan Evidence of Coverage (EOC) and Summary of Benefits (SOB) only. If there are any differences between the member's UnitedHealthcare Medicare Advantage Plan EOC or SOB and the

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## Unitedhealthcare Summary Of Benefits And Coverage

Coverage Summaries, the member's UnitedHealthcare Medicare Advantage Plan EOC or SOB shall govern.

### **Coverage Summaries for Medicare Advantage Plans ...**

UHC Choice Plus (PPO) Coverage Period:  
01/01/2018- 12/31/2018 Summary of  
Benefits and Coverage: What this Plan

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Covers & What You Pay For Covered  
Service Coverage for: Employee/Family|  
Plan Type: PS1

### **UHC Choice Plus (PPO) Coverage**

**Period: 01/01/2018- 12/31 ...**

2018 SUMMARY OF BENEFITS Overview  
of your plan UnitedHealthcare Dual  
Complete® (HMO SNP) H5253-041 Look

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inside to learn more about the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan. Toll-Free 1-888-834-3721, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week

## **BENEFITS 2018 - NCD OI**

Summary of Benefits January 1, 2018 -

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December 31, 2018 The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at

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**2018 SUMMARY OF BENEFITS -  
North Carolina**

If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance

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Company of New York, located in  
Islandia, New York, or its affiliates.

## **Vision Benefit Summary - Explain My Benefits**

2018 SUMMARY OF BENEFITS Overview  
of your plan AARP®

MedicareComplete® Plan 1 (HMO)

H3805-014 Look inside to learn more



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about the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan. Toll-Free 1-800-555-5757, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week [www ...](#)

### **2018 SUMMARY OF BENEFITS - Birdseye Financial**

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2018 SUMMARY OF BENEFITS Overview  
of your plan AARP®  
MedicareComplete® SecureHorizons®  
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Free 1-800-555-5757, TTY 711 8 a.m. - 8

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