



Core PPO Plan

Coverage for: Family Plan Type: PS

The Summary of Benefits and Coverage (SBC) document will help you choose a plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this coverage (the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete plan, call 1-800-996-0271 or visit [welcometouhc.com](http://welcometouhc.com)



Common Medical Event	Services You May Receive	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network		

\* For more information about limitations and exceptions, please refer to the policy document [welcometouhc.com](http://welcometouhc.com)

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

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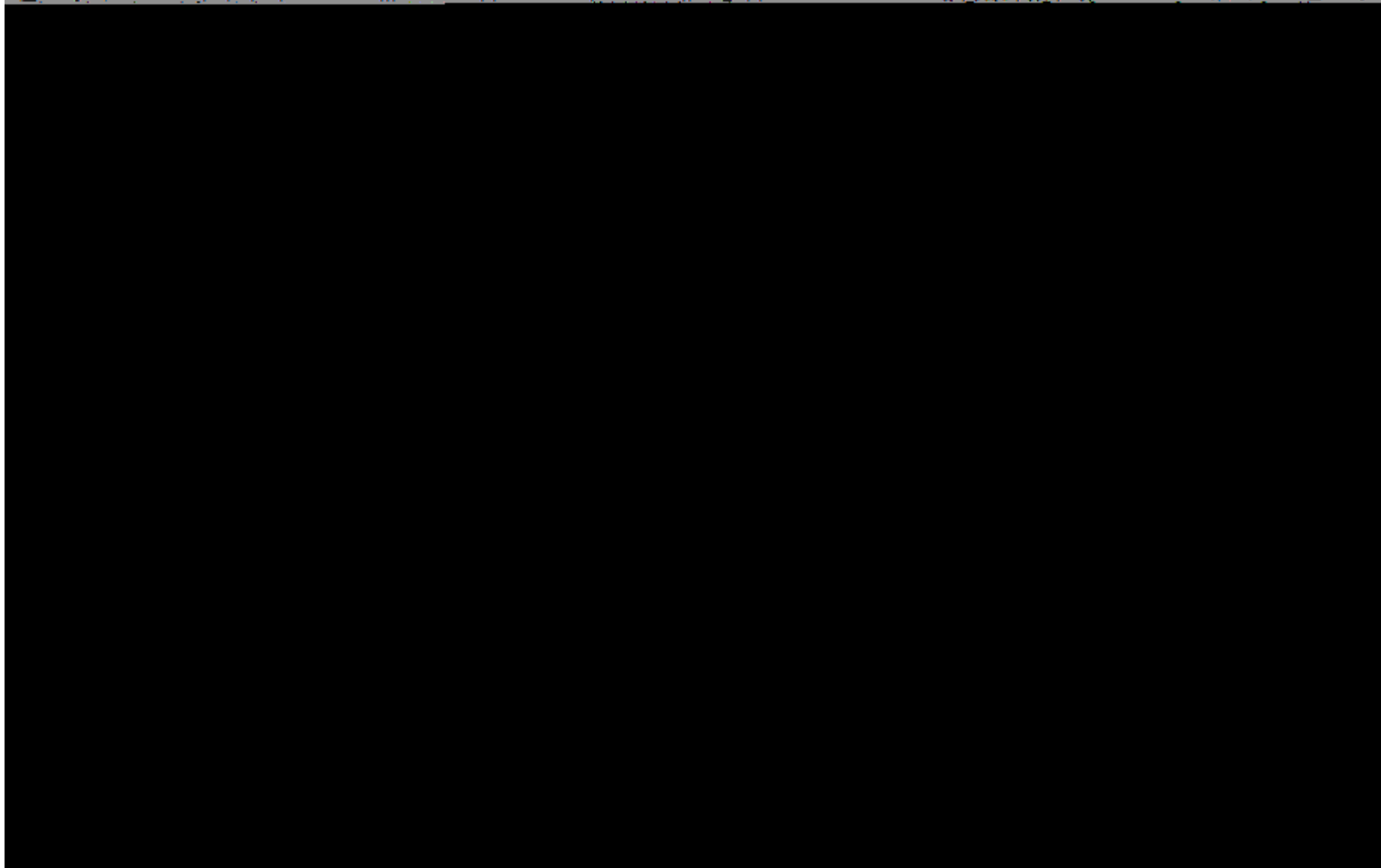




알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of

본 혜택 및 보장 요약서(Summary of Benefits and Warranties)를 보려면 [여기](#)를 클릭하십시오.

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

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