



**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other **bolded** terms see the **Glossary**. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	\$	You must pay all the costs up to the <b>deductible</b> amount before this <b>plan</b> begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1). The Common Medical Events chart below shows how much you pay for covered services after you meet the <b>deductible</b> .
Are there other <b>deductibles</b> for specific services?	Yes. \$	You must pay all of the costs for these services up to the specific <b>deductible</b> amount before this <b>plan</b> begins to pay for these services.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes. \$	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?		Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Does this <b>plan</b> use a <b>network of providers</b> ?	Yes. For a list of <b>preferred providers</b> , see <a href="http://www.[insert].com">www.[insert].com</a> or call 1-888-123-4567.	If you use an in-network health care <b>provider</b> , this <b>plan</b> will pay some or all of the costs of covered services. Lesser coverage, or no coverage, may be available for out-of-network <b>providers</b> . Be aware, your in-network doctor or hospital may use another out-of-network <b>provider</b> for some services (such as lab work).
Do I need a <b>referral</b> to see a <b>specialist</b> ?	Yes.	This <b>plan</b> will pay some or all of the costs to see a <b>specialist</b> for covered services but only if you have the plan's permission before you see the <b>specialist</b> .