



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 <u>deductible</u> ?	\$	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
Is there <u>an out-of-pocket limit</u> on my expenses?	No.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the <u>out-of-pocket limit</u> ?	This plan has no <u>out-of-pocket limit</u> .	Not applicable because there's no <u>out-of-pocket limit</u> on your expenses.
Does this <u>plan</u> use a <u>network</u> of <u>providers</u> ?	No.	This plan treats <u>providers</u> the same in determining payment for the same services.
Do I need a <u>referral</u> to see a <u>specialist</u> ?	No. To see a <u>specialist</u> , you don't need a <u>referral</u> from this plan.	You can see the <u>specialist</u> you choose without getting permission from this <u>plan</u> .