



**This is not a policy.** You can get the policy at [www.insurancecompany.com/HMO1500](http://www.insurancecompany.com/HMO1500) or by calling 1-800-XXX-XXXX.

A policy has more detail about how to use the plan and what you and your insurer must do. It also has more detail about your coverage and costs.

Important Questions	Answers	Why This Matters:
What is the <b>premium</b> ?	\$	The <b>premium</b> is the amount paid for health insurance. This is only an estimate based on information you've provided. After the insurer reviews your application, your actual premium may be higher or your application may be denied.
What is the overall <b>deductible</b> ?	\$	You must pay all the costs up to the <b>deductible</b> amount before this health insurance plan begins to pay for covered services you use. Check your policy to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for 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 deductible amount before this plan begins to pay for these services.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes. \$	The <b>out-of-pocket</b> limit is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is <b>not included</b> 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> . So, a longer list of expenses means you have less coverage.
Is there an overall <b>annual limit</b> on what the insurer pays?	Yes. \$	This plan will pay for covered services only up to this limit during each policy period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes <i>specific</i> coverage limits, such as limits on the number of office visits.
Does this plan use a <b>network</b> of providers?	Yes.	If you use an <b>in-network</b> doctor or other health care provider, this plan will pay some or all of the costs of covered services. Plans use the term <b>in-network</b> , <b>preferred</b> , or <b>participating</b> for providers in their network.
Do I need a referral to see a <b>specialist</b> ?	Yes.	This plan 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 specialist.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 3.