



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** or call 1-800-[insert] to request a copy.

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