### Health Plan Name: Insurance Company 1

#### What This Plan Covers & What it Costs

**Important Questions** | **Answers** | **Why This Matters:**
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What is the **premium**? | $ | The *premium* 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 **deductible**? | $ | See the chart starting on page 2 for your other costs for services this plan covers.

Are there other **deductibles** for specific services? | No. | Because you don’t have to meet *deductibles* for specific services, this plan starts to cover costs sooner.

Is there an **out–of–pocket limit** on my expenses? | No. | There’s no limit on how much you could pay during a policy period for your share of the cost of covered services.

What is **not included** in the **out–of–pocket limit**? | This plan has no *out-of-pocket limit*. | Not applicable because there’s no *out-of-pocket limit* on your expenses.

Is there an overall **annual limit** on what the insurer pays? | No. | The chart starting on page 2 describes any limits on what the insurer will pay for specific covered services, such as office visits.

Does this plan use a **network** of providers? | No. | The providers you choose won’t affect your costs.

Do I need a referral to see a **specialist**? | No. | You can see the specialist you choose without permission from this plan.

Are there services this plan **doesn’t cover**? | No. | This plan also covers many common health care services listed on page 3.

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Questions: Call 1-800-XXX-XXXX or visit us at [www.insurancecompany.com](http://www.insurancecompany.com)

If you aren’t clear about any of the terms used in this form, see the Glossary at [www.insuranceterms.gov](http://www.insuranceterms.gov).

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*Policy Period: 9/15/2010 – 9/14/2011*

*Coverage for: Individual | Plan Type: HMO*