

PPO Plan 1: Insurance Company 1

Summary of Coverage: What this Plan Covers & What it Costs

Policy Period: 1/1/2011 – 12/31/2011

Coverage for: Individual + Spouse | Plan Type: PPO



This is not a policy. You can get the policy at www.insurancecompany.com/PLAN1500 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 premium ?	\$481 monthly	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 ?	\$2,500 person / \$7,500 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this health insurance plan begins to pay for covered services you use. Check your policy to see when the deductible 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 deductible .
Are there other deductibles for specific services?	Yes; \$300 for pharmacy expenses	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 out-of-pocket limit on my expenses?	Yes. \$2,500 person / \$7,500 family	The out-of-pocket 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 not included in the out-of-pocket limit ?	Co-payments, premium, balance-billed charges, prescription drugs, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit . So, a longer list of expenses means you have less coverage.
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?	Yes. See www.insurancecompany.com for a list of participating doctors and hospitals.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Plans use the term in-network , preferred , or participating for providers in their network.
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist	This plan will pay some or all of the costs to see a specialist 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 in the "Excluded Services & Other Covered Services" section.

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. You pay this plus any deductible amounts you owe under this health insurance plan. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000 and you've met your deductible, your co-insurance payment of 20% would be \$200. If you haven't met any of the deductible and it's at least \$1,000, you would pay the full cost of the hospital stay.
- The plan's payment for covered services is based on the **allowed amount**. If an **out-of-network provider** charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 co-pay/visit	40% co-insurance	—————none—————
	Specialist visit	\$50 co-pay/visit	40% co-insurance	—————none—————
	Other practitioner office visit	20% co-insurance for chiropractor and acupuncture	40% co-insurance for chiropractor and acupuncture	—————none—————
	Preventive care/screening/immunization	\$0	40% co-insurance	
If you have a test	Diagnostic test (x-ray, blood work)	0% co-insurance	40% co-insurance	—————none—————
	Imaging (CT/PET scans, MRIs)	0% co-insurance	40% co-insurance	—————none—————
If you need drugs to treat your illness or condition More information about drug coverage is at www.insurancecompany.com/prescriptions .	Generic drugs	\$10 co-pay (retail); \$10 co-pay (mail order)	40% co-insurance	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Preferred brand drugs	20% co-insurance (retail and mail order)	40% co-insurance	—————none—————
	Non-preferred brand drugs	40% co-insurance (retail and mail order)	60% co-insurance	—————none—————
	Specialty drugs (e.g., chemotherapy)	0% co-insurance	40% co-insurance	—————none—————

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% co-insurance	40% co-insurance	—————none—————
	Physician/surgeon fees	0% co-insurance	40% co-insurance	—————none—————
If you need immediate medical attention	Emergency room services	0% co-insurance	40% co-insurance	—————none—————
	Emergency medical transportation	0% co-insurance	40% co-insurance	—————none—————
	Urgent care	0% co-insurance	40% co-insurance	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	0% co-insurance	40% co-insurance	—————none—————
	Physician/surgeon fee	0% co-insurance	40% co-insurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/behavioral health outpatient services	0% co-insurance	40% co-insurance	After 8 visits, not covered.
	Mental/behavioral health inpatient services	0% co-insurance	40% co-insurance	—————none—————
	Substance abuse disorder outpatient services	0% co-insurance	40% co-insurance	—————none—————
	Substance abuse disorder inpatient services	0% co-insurance	40% co-insurance	—————none—————
If you have a recovery or other special health need	Home health care	0% co-insurance	40% co-insurance	—————none—————
	Rehabilitation services	0% co-insurance	40% co-insurance	—————none—————
	Habilitation services	0% co-insurance	40% co-insurance	—————none—————
	Skilled nursing care	0% co-insurance	40% co-insurance	—————none—————
	Durable medical equipment	0% co-insurance	40% co-insurance	—————none—————
	Hospital service	0% co-insurance	40% co-insurance	—————none—————
If your child needs dental or eye care	Eye exam	Not covered	Not covered	—————none—————
	Glasses	Not covered	Not covered	—————none—————
	Dental check-up	Not covered	Not covered	—————none—————

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for others.)

- Bariatric surgery
- Non-emergency care when traveling outside of the U.S.
- Cosmetic surgery
- Dental care (child/adult)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (child/adult)
- Routine foot care
- Routine hearing tests
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)

- Acupuncture
- Chiropractic care
- Hearing aids

Your Rights to Continue Coverage:

You can keep this insurance as long as you pay your premium unless one or more of the following happens:

- you commit fraud
- the insurer stops offering services in the state
- you move outside the coverage area

Your Grievance and Appeals Rights:

- A **grievance** is a complaint you have about your health insurer or plan. You have the right to file a written complaint to express your dissatisfaction or denial of coverage for claims under this health insurance. Call 1-800-XXX-XXXX or visit www.XXXXXXXXXXXXXX.com.
- An **appeal** is a request for your health insurer or plan to review a decision or a grievance again. For more information on the appeals process, call your state office of health insurance customer assistance at: 1-800-XXX-XXXX or visit www.XXXXXXXXXXXXXX.gov.

—————*To see examples of how this plan might cover costs for three sample medical situations, see the next page.*—————

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This is not a cost estimator. You cannot use these examples to estimate costs for an actual condition. See the next page for important information about these examples.

About these Examples of Plan Coverage:

These examples show how this plan might cover medical care in three situations.

Use these examples to see, in general, how much insurance protection you might get from different plans.

? Questions

Call 1-800-XXX-XXXX or visit us at www.insurancecompany.com.

Maternity (normal delivery)

	Allowed Amount	Patient Might Pay
Diagnosis, pre-natal care (includes office visits, ultrasounds, and laboratory tests), prescription pre-natal vitamins, normal delivery (hospital stay for 2 days), post-partum care	\$10,000	\$1,000

Breast Cancer (lumpectomy, chemotherapy, radiation)

	Allowed Amount	Patient Might Pay
Diagnosis, lumpectomy, chemotherapy, radiation therapy, mental health visits, prescription drugs, office visits	\$98,000	\$3,200

Diabetes (routine maintenance of existing condition)

	Allowed Amount	Patient Might Pay
Office visits, eye exam, laboratory tests, insulin, prescription drugs, medical equipment (including syringes, alcohol swabs, and test strips)	\$7,800	\$1,000

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Questions and answers about examples of plan coverage:

Please note that all Examples of Plan Coverage are based on these assumptions:

- The costs don't include premiums.
- The patient's condition was not an excluded, pre-existing condition.
- All services and treatments started and ended in the same policy period.
- There are no other medical expenses for any member covered under this plan. Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What are coverage examples and why are they in this summary?

A coverage example gives you a different way to look at a plan. It shows you how this plan might cover treatment for services you might need for a certain health condition. The coverage examples describe care that might be needed for a routine pregnancy, treatment of breast cancer, and diabetes. The examples show you how much of the costs of that care the plan might cover, and how much might be left for you to pay.

What does a coverage example show?

For each treatment situation, the example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited. The coverage example gives you a general idea of how much insurance protection this plan offers for these specific conditions.

Why is there more than one example?

Depending on the health condition, you might need different kinds of care (for example, hospital care or surgery or physical therapy). Health insurance plans don't always cover all types of care the same way. The different coverage examples help you see how this plan might cover different kinds of care needs.

Does the coverage example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for these conditions could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the coverage example predict my future expenses?

No. This is **not** a cost estimator, and **cannot** be used to estimate costs for an actual condition. Costs shown are just examples. Your own costs could be different depending on the care you actually receive and the prices your providers actually charge and that your plan allows.

Can I use this to compare plans?

Yes. When you look at the Summaries of Coverage for other plans, you'll find the same coverage examples. How much of the costs you could be responsible to pay could be different for each plan, depending on its cost sharing rules and benefit limits. When you compare plans, check the "Patient Might Pay" box for each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plan?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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