



This is only a summary.

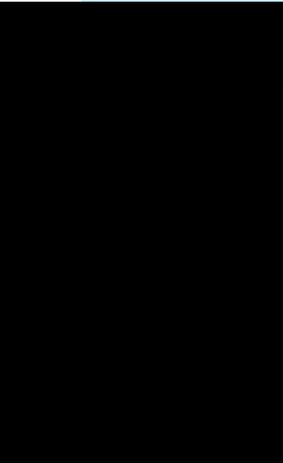
Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$500 / \$750	<u>deductible</u> <u>deductible</u> <u>deductible</u>
Are there other <u>deductibles</u> for specific services?		

Questions:



Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
-----------------------	---	---	--------------------------

care provider's office



Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
<p>If you have mental health, behavioral health, or substance abuse needs</p>				

Questions:

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

Questions:

Your Rights to Continue Coverage:

** Individual health insurance sample

premium

Questions:

