



This is only a summary.

| Important Questions | Answers | Why this Matters: |
|---|----------------------|---|
| What is the overall deductible? | \$500 / \$750 | <div style="display: flex; justify-content: space-between;"> <u>deductible</u> <u>deductible</u> </div> <div style="text-align: right; margin-top: 10px;"><u>deductible</u></div> |
| Are there other <u>deductibles</u> for specific services? | | deductibles |

Is there an out-of-pocket limit on my expenses?

Questions:

| | |
|-----------------------|---|
| <u>allowed amount</u> | <u>insurance</u> |
| <u>deductible</u> | |
| <u>allowed amount</u> | <u>allowed amount</u> |
| <u>allowed amount</u> | <u>provider</u> |
| | <u>balance billing</u> |
| <u>providers</u> | <u>deductibles</u> <u>copayments</u> <u>coinsurance</u> |

| 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 |
|----------------------|-----------------------|---|---|--------------------------|
|----------------------|-----------------------|---|---|--------------------------|

If you visit a health care provider's office or clinic

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 |
|--|-----------------------|---|---|--------------------------|
| <p>If you need drugs to treat your illness or condition</p> <p><u>prescription drug coverage</u></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 |
|---|-----------------------|---|---|--------------------------|
| <p>If you need help recovering or have other special health needs</p> | | | | |

Questions:

