





This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.tuftshealthplan.com/doc-links-lg or by calling **800-462-0224**.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,000 person/\$2,000 family medical deductible per calendar year	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document 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?	No, there are no other specific deductibles.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes, \$4,000 person/\$8,000 family for medical	The out-of-pocket limit is the most you could pay during a coverage period
What is not included in the out-of-pocket limit?	<p>Questions: Call 800-462-0224 or visit us at www.tuftshealthplan.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.tuftshealthplan.com or call 800-462-0224 to request a copy. 000000000000-12345-HMO-Advantage HMO-2016-0</p> <p style="text-align: center;">  Group ID  Plan Year </p>	
Is there an overall annual limit on what the plan pays?		
Does this plan use a network of providers?		
Do I need a referral to see a specialist?	<p>ed</p>	
Are there services this plan doesn't cover?	Yes	<p>ed later in this summary. for additional information about</p>

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