HSA HMO PLAN
SUMMARY OF MEMBER RESPONSIBILITY TABLE

"A Health Savings Account Qualified Plan"

This Summary reflects your member out-of-pocket expenses.
For Family coverage, benefits are not paid for any one Family member, until the entire Family deductible is met.

Out-of-pocket expenses incurred to satisfy deductible and coinsurance, apply toward the out-of-pocket limit when the services are provided by a Network Health Plan participating provider. Non-covered services and benefits denied when prior authorization is not obtained, will not apply toward the out-of-pocket limit.

IN NETWORK:	
Annual Deductible:	**$3,000 Self only coverage and $6,000 Family each Benefit year**
Member's Coinsurance:	**20% of Eligible Expenses, unless otherwise specified**
Out-of-Pocket Limit:	**$4,000 Self only coverage and $8,000 Family each Benefit year**

This is a summary of your health care coverage.

All benefits are subject to the terms, limitations and exclusions of the Certificate of Coverage. Please refer to your Certificate of Coverage, Preventive Coverage or Preventive Services Guide, and any applicable Riders for detailed benefits information, eligible services and coverage guidelines. Network Health Plan's coverage includes benefits for all State of Wisconsin and Federal mandated benefits.

Please contact Network Health Plan's Customer Service Department at 1-800-826-0940 for assistance in understanding your health care benefits.

Services	Benefits	Member Responsibility
Preventive Health	Please refer to your Member Handbook for a copy of the Preventive Coverage or Preventive Services Guide document, as applicable.	No Charge
Physician and Practitioner Services	Primary Care Practitioner Home & Office Visits	Deductible/Coinsurance
	Specialist Home & Office Visits	Deductible/Coinsurance
	Routine Vision Exam	Deductible/Coinsurance
	Primary Care Practitioner Inpatient Visits	Deductible/Coinsurance
	Specialist Inpatient Visits	Deductible/Coinsurance
	Allergy desensitization shots, Radiation, Chemotherapy, Dialysis, Surgery & Anesthesiology services and other outpatient services or procedures performed in the Practitioners office not otherwise listed on this table.	Deductible/Coinsurance
	Accidental Dental Services	Deductible/Coinsurance
	Maternity Care	Deductible/Coinsurance
	Chiropractic Office Visits & Manipulations	Deductible/Coinsurance
Infusion Services	Medications administered in the Practitioners office, Outpatient facility, Dialysis facility or in the home	Please refer to your Prescription Drug Rider
Diagnostic Services	X-Ray, Lab, Pathology Practitioners office or outpatient	Deductible/Coinsurance
	Diagnostic Mammography Services Practitioners office or outpatient	Deductible/Coinsurance
	PET Scans, MRIs, MRA's, CT Scans	Deductible/Coinsurance
	Stress Tests	Deductible/Coinsurance
	Ultrasounds/ Echocardiograms	Deductible/Coinsurance
Hospital Services	Inpatient Hospital	Deductible/Coinsurance
	Outpatient Services or Procedures Including Cardiac Rehabilitation	Deductible/Coinsurance
	Ambulatory Surgical Center	Deductible/Coinsurance
Rehabilitation Services	Therapy – Physical/Occupational/Speech	Deductible/Coinsurance
Home Health Care		Deductible/Coinsurance
Hospice Care		Deductible/Coinsurance
Durable Medical Equipment		Deductible/Coinsurance
Medical Supplies	Including insulin pump supplies	Deductible/Coinsurance

Services	Benefits	Member Responsibility
Behavioral Health Mental Health and Chemical Dependency Services	Inpatient Limited to 10 days per Benefit year Transitional Limited to 20 days per Benefit year Outpatient Limited to 20 visits per Benefit year	Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance
Ambulance Services	Land and Air	Deductible/Coinsurance
Emergency/Urgent Care	Emergency Room Services Urgent Care	Deductible/Coinsurance Deductible/Coinsurance
Health Education Programs	Please refer to Certificate of Coverage for list of benefits & limitations	No Charge
Diabetic Supplies	Please refer to the Prescription Summary of Member Responsibility Table	
Prescription Drugs:	Please see the Prescription Summary of Member Responsibility Table for prescription drug information, including medications administered in the Office or Outpatient setting.	