HMO1075
NETWORK HMO $30 COPAY PLAN
SUMMARY OF MEMBER RESPONSIBILITY TABLE

This Summary reflects your member copayments and other out-of-pocket expenses.

All benefits are subject to the terms, limitations and exclusions of the Policy and Certificate of Coverage. Network Health Plan's coverage includes benefits for all state-mandated benefits. Please refer to your Certificate of Coverage and any applicable Riders for detailed benefit information, eligible services and coverage guidelines.

<u>IN PLAN:</u>

Out-of-Pocket Limit:	$2,000 per Member and $4,000 per Family each year

Maximum Policy Benefit:	$5,000,000 per Member per Lifetime

This summary describes your health care coverage in general terms. For a completed description of your health care coverage, restrictions, limitations and exclusions that apply to that coverage please contact Network Health Plan's Customer Service Department at 1-800-826-0940 or refer to your policy's Certificate of Coverage.

NETWORK HEALTH PLAN

Services	Benefits	Member Responsibility
Wellness/Preventive Health	• Well Child Care Exams • Periodic Physical Exams • Immunizations • Routine Mammography Services • Routine Eye Exams *(limited to one per 12 month period)*	No Charge No Charge No Charge No Charge No Charge
Physician and Practitioner Services	**Primary Care Practitioner** • Office and Home visits • Inpatient visits **Specialty Physician** • Office and Home visits • Chiropractic office visits and manipulations • Allergy Immunizations • Accidental Dental Services • Radiation/Chemotherapy Services • Dialysis Services • Surgery & Anesthesiology Services • Routine Maternity *(pre & post natal care)* • Inpatient visits • Injectables administered in a Physician's office	$30 Copayment per visit No Charge $55 Copayment per visit $30 Copayment per visit No Charge $55 Copayment per visit No Charge No Charge No Charge $100 Copay per pregnancy No Charge *Please refer to your Prescription drug benefit levels*
Diagnostic Services	• X-Ray, Lab, Pathology *(practitioners office or outpatient)* • Diagnostic Mammography Services • PET Scans, MRI's, MRA's, CT Scans ***No coverage if not prior authorized*** • Stress Tests • Ultrasounds/Echocardiograms	No Charge No Charge $100 Copay per procedure $100 Copay per procedure $50 Copay per procedure
Hospital Services	• Inpatient Hospital ***No Coverage if not prior authorized*** • Outpatient Services or Procedures *(Including Cardiac Rehabilitation)* • Ambulatory Surgical Center	$200 Copay per day to a maximum of $800 $200 Copay per procedure $200 Copay per procedure
Rehabilitation Services	• Therapy – Physical/Occupational/Speech	$30 Copayment per visit
Ambulance Services	• Land and Air	$100 Copay per transport
Home Health Care	• Limited to 40 visits per 12 month period ***No coverage if not prior authorized***	No Charge

Services	Benefits	Member Responsibility
Hospice Care	***No Coverage if not prior authorized***	No Charge
Durable Medical Equipment *(Prior authorization required for DME/Orthotics over $500 and prosthetics over $1,000. No coverage if not prior authorized.)*	• Prosthetics & Orthotics	No Charge
Diabetic Supplies	*(Please refer to your Prescription Summary of Member Responsibility Table)*	
Medical Supplies	*Including insulin pump supplies*	No Charge
Health Educational Programs	*Please refer to the Certificate of Coverage for a list of benefits and limitations.*	No Charge
Behavioral Health	Mental Health and Chemical Dependency Services • Inpatient – Limited to 10 days per year ***No coverage if not prior authorized*** • Transitional – Limited to 20 days per year • Outpatient – Limited to 20 visits per year	 No Charge No Charge No Charge
Emergency/Urgent Care *(Emergency room or hospital based urgent care facility)*	• Emergency Room Services ***(Copay waived if admitted inpatient within 24 hours)*** • Urgent Care	$100 Copayment per visit $55 Copayment per visit
NOTE: During regular office hours please call your PCP. The Time of day Hospital Urgent Care Services are available varies from facility to facility. Depending on the time of day and/or your condition, the facility may charge your services as Emergency Room. In this case, Emergency Room benefits will apply. If you need assistance in determining the urgency of a medical situation, call your Primary Care Practitioner's office or call Nurse Direct 24 hours a day, 7 days a week at 1-800-362-9900. Follow up emergency care must be directed by an NHP Practitioner.		
Prescription Drugs:	**Please see Prescription Coverage Tab for prescription drug information.**	