



**HMO6  
HMO PLAN  
SUMMARY OF MEMBER RESPONSIBILITY TABLE**

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

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.

The following will not apply toward the out-of-pocket limit: copayments, non-covered services and denied benefits when prior authorization is not obtained.

<b>IN NETWORK:</b>	
<b>Annual Deductible:</b>	<b>\$750 per Member and \$2,250 per Family each Benefit year</b>
<b>Member's Coinsurance:</b>	<b>20% of Eligible Expenses, unless otherwise specified</b>
<b>Out-of-Pocket Limit:</b>	<b>\$4,000 per Member and \$8,000 per Family each Benefit year</b>

<b>Maximum Policy Benefit:</b>	<b>\$5,000,000 per Member per Lifetime</b>
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This is a summary of your health care coverage.

All benefits are subject to the terms of your policy. Please refer to your Certificate of Coverage and any applicable Riders for detailed benefit information, restrictions, limitations and exclusions that apply to that coverage.

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

HMO Plans underwritten by Network Health Plan  
POS plans underwritten by Network Health Insurance Corporation and Network Health Plan

<b>Services</b>	<b>Benefits</b>	<b>Member Responsibility</b>	
<b>Preventive Health</b>	• Child Preventive Visit	No Charge	
	• Adult Preventive Visit	No Charge	
	• Immunizations	No Charge	
	• Routine Mammography	No Charge	
	• Routine Vision Exam	\$25 Copay per visit	
<b>Physician and Practitioner Services</b>	• Primary Care Practitioner Home & Office Visits	\$25 Copay per visit	
	• Specialist Home & Office Visits	\$50 Copay per visit	
	• Primary Care Practitioner Inpatient Visits	No Charge	
	• Specialist Inpatient Visits	No Charge	
	• Allergy Immunizations	No Charge	
	• Accidental Dental Services	No Charge	
	• Radiation/Chemotherapy Services	No Charge	
	• Dialysis Services	No Charge	
	• Surgery & Anesthesiology Services	No Charge	
	• Maternity Care	No Charge	
	• Chiropractic Office Visits & Manipulations	\$25 Copay per visit	
	• Medications Administered in a Physician's Office	Please refer to your Prescription Drug Rider	
	<b>Diagnostic Services</b>	• X-Ray, Lab, Pathology Practitioners office or outpatient	No Charge
		• Diagnostic Mammography Services Practitioners office or outpatient	No Charge
• PET Scans, MRIs, MRA's, CT Scans		No Charge	
• Stress Tests		No Charge	
• Ultrasounds/ Echocardiograms		No Charge	
<b>Hospital Services</b>	• Inpatient Hospital	Deductible/Coinsurance	
	• Outpatient Services or Procedures Including Cardiac Rehabilitation	Deductible/Coinsurance	
	• Ambulatory Surgical Center	Deductible/Coinsurance	
<b>Rehabilitation Services</b>	• Therapy – Physical/Occupational/Speech	\$25 Copay per visit	
<b>Home Health Care</b>		No Charge	
<b>Hospice Care</b>		No Charge	

Services	Benefits	Member Responsibility
<b>Durable Medical Equipment</b>		Deductible/Coinsurance
<b>Medical Supplies</b>	Including insulin pump supplies	Deductible/Coinsurance
<b>Behavioral Health</b> Mental Health and Chemical Dependency Services	<ul style="list-style-type: none"> <li>• Inpatient Limited to 10 days per Benefit year</li> <li>• Transitional Limited to 20 days per Benefit year</li> <li>• Outpatient Limited to 20 visits per Benefit year</li> </ul>	Deductible/Coinsurance  \$50 Copay per visit  \$50 Copay per visit
<b>Ambulance Services</b>	• Land and Air	Deductible/Coinsurance
<b>Emergency/Urgent Care</b>	• Emergency Room Services	\$200 Copay per visit
	• Urgent Care	\$100 Copay per visit
<b>Health Education Programs</b>	Please refer to Certificate of Coverage for list of benefits & limitations	No Charge
<b>Diabetic Supplies</b>	Please refer to the Prescription Summary of Member Responsibility Table	
<b>Prescription Drugs:</b>	Please see the Prescription Summary of Member Responsibility Table for prescription drug information, including medications administered in the Office or Outpatient setting.	