HSAH2000 10%
HSA HMO PLAN
SUMMARY OF MEMBER RESPONSIBILITY TABLE

"A Health Savings Account Qualified Plan"

This Summary reflects your member copayments and other 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, coinsurance and copayments, 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:	$2,000 Self only coverage and $4,000 Family each Benefit year
Member's Coinsurance:	10% of Eligible Expenses, unless otherwise specified
Out-of-Pocket Limit:	$2,500 Self only coverage and $5,000 Family each Benefit year

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

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

Services	Benefits	Member Responsibility
Preventive Health	• Child Preventive Visit	No Charge
	• Adult Preventive Visit	No Charge
	• Immunizations	No Charge
	• Routine Mammography	No Charge
	• Routine Vision Exam	Deductible/Coinsurance
Physician and Practitioner Services	• Primary Care Practitioner Home & Office Visits	Deductible/Coinsurance
	• Specialist Home & Office Visits	Deductible/Coinsurance
	• Primary Care Practitioner Inpatient Visits	Deductible/Coinsurance
	• Specialist Inpatient Visits	Deductible/Coinsurance
	• Allergy Immunizations	Deductible/Coinsurance
	• Accidental Dental Services	Deductible/Coinsurance
	• Radiation/Chemotherapy Services	Deductible/Coinsurance
	• Dialysis Services	Deductible/Coinsurance
	• Surgery & Anesthesiology Services	Deductible/Coinsurance
	• Maternity Care	Deductible/Coinsurance
	• Chiropractic Office Visits & Manipulations	Deductible/Coinsurance
	• Medications Administered in a Physician's Office	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

Services	Benefits	Member Responsibility
Durable Medical Equipment		Deductible/Coinsurance
Medical Supplies	Including insulin pump supplies	Deductible/Coinsurance
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.	