network health

2023 Prestige Individual and Family Plans

We Do What's Right Because It's Who We Are

844-635-1322 networkhealth.com/individual

Your health insurance needs are unique.

That's why we offer a variety of plan options to ensure you have the quality coverage you need and want at an affordable cost. As you compare plans, remember you may qualify for a subsidy from the government if you purchase your Network Health Prestige plan through the Health Insurance Exchange, also known as the Marketplace, at **HealthCare.gov**.

Network Health plans are ACA-compliant plans available on or off the exchange (also known as the Marketplace). All our plans are Health Maintenance Organization (HMO) plans, which means you'll need to use our high-quality network of doctors, hospitals, clinics and specialists for services to be covered. This includes labs and services your doctor may refer you to, so you'll want to ensure all providers are in-network before receiving services.

Check out the plan comparison chart in this brochure to learn about Network Health's Prestige plans.

Typically, as plans go up in metal level (bronze, silver, gold) you'll get more coverage and pay more for your monthly premium. Your exact monthly premium depends on the financial assistance you may be eligible for through the government. To find out what your premium will be, get a quote at **networkhealth.com/individual**.

What's a subsidy?

A **subsidy** is financial help provided by the government to help people afford health insurance. There are two types of subsidies—premium tax credits and cost-sharing reductions. A premium tax credit helps make your monthly premium payments lower. A cost-sharing reduction lowers the amount you pay for health insurance deductibles, copayments and coinsurance. To see if you qualify for a subsidy, visit **networkhealth.com/individual**.

Embedded deductible or an Aggregate deductible?

Network Health has an embedded deductible, meaning a single deductible is embedded within the family deductible. This combines individual and family deductibles.

- If an individual reaches his or her deductible, the plan will start paying out for services even if the family deductible hasn't been met yet.
- No individual may exceed the single deductible, even if the family deductible hasn't been met
- Example: The deductible for a family of four is $2,600/$5,200.
  Individual A incurs $4,000 of charges. Individual A met the embedded deductible of $2,600 and coinsurance begins. When the total for all family members reaches $5,200, then coinsurance applies to all.

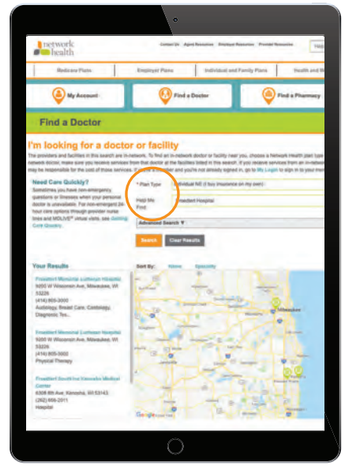
What counts toward the maximum out-of-pocket amount?

Items that count toward the maximum out-of-pocket amount include deductibles, copayments and coinsurance. Premiums and non-covered amounts do not count toward the maximum out-of-pocket amount. Once the maximum out-of-pocket amount is reached, Network Health pays 100 percent of covered services for the remainder of the calendar year.

ACA plans have a combined medical and pharmacy maximum out-of-pocket. That means deductibles and out-of-pocket maximum are integrated for pharmacy and medical expenses.

Meet Network Health

We're a local, Wisconsin-based health insurance company that puts customers first. Co-owned by Froedtert Health and Ascension Wisconsin, we understand the importance of quality health care and believe it should be convenient.



Great Coverage Close to Home

With a Network Health Prestige plan, you have access to a network of high-quality doctors, hospitals, clinics and specialists, so you can get the care you need close to home.

Our provider network is combined across northeast and southeast Wisconsin and includes the following high-quality health systems and more.

- Froedtert & the Medical College of Wisconsin
- Children's Hospital of Wisconsin
- Ascension Wisconsin (Affinity Health System, Ministry Health Care)
- Prevea Health
- Bellin Health
- SSM Health
- Columbia St. Mary's Hospital (including Milwaukee and Ozaukee)
- Catalpa Health
- Orthopedic Associates of Wisconsin
- Wheaton Franciscan Healthcare

For the most up-to-date provider list or to find a doctor or facility, visit **networkhealth.com/find-a-doctor** and select **Individual and Family (I buy insurance on my own)** from the **Plan Type** drop down.

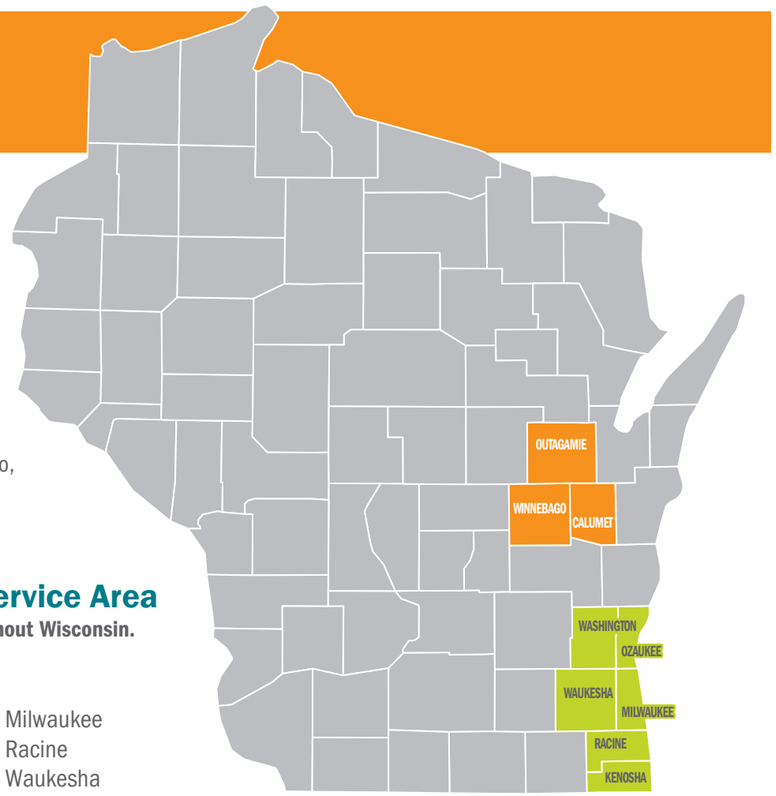
We're honest and hardworking, just like you.

That's why we take extra steps to make health insurance affordable and understandable, so you can make the most of your coverage.

And, we put in the extra effort because we want to, not because we have to. We do what's right because it's who we are.

Individual and Family Plan Service Area

Network Health serves several counties throughout Wisconsin.



Northeast

- Calumet
- Outagamie
- Winnebago

Southeast

- Kenosha
- Ozaukee
- Washington
- Milwaukee
- Racine
- Waukesha

2023 Additional Benefits

Not all Network Health Prestige plans include vision, dental and fitness benefits.

Vision

Network Health plans offer additional vision benefits through EyeMed. These benefits include the following for adult and child plan members.

- Annual vision exam
- $100 allowance for glasses or contacts and discounts on prescription eyewear

Visit **networkhealth.com/individual/additional-benefits** for more information.

Dental

Network Health plans offer additional dental benefits through DentaQuest. These benefits include the following for adult and child plan members.

- Annual dental exam
- Annual bite-wing dental x-rays
- Annual dental cleaning

Visit **networkhealth.com/individual/additional-benefits** for more information.

Patient Assurance Program

The Patient Assurance program allows Network Health to consider specific insulin brands as preventive medication. This means all members—even those on HSA plans—can access a 30-day supply of insulin for $25 without meeting a deductible first. Select preferred (tier 2) insulin is included.

Diabetic supplies such as needles, lancets and test strips are covered through the pharmacy benefit as non-preventive medications under tier 3.

Pharmacy

$0 preventive and adherence generic drugs (for some plans, deductible must be met first).

Wellness Program

The Momentum health rewards program offers plan members and their spouses to receive a $100 gift card for completing all four tasks essential to their health and wellness.

- Complete their health risk assessment
- Obtain a flu shot
- Have an annual wellness visit
- Designate a primary care practitioner

Fitness Program

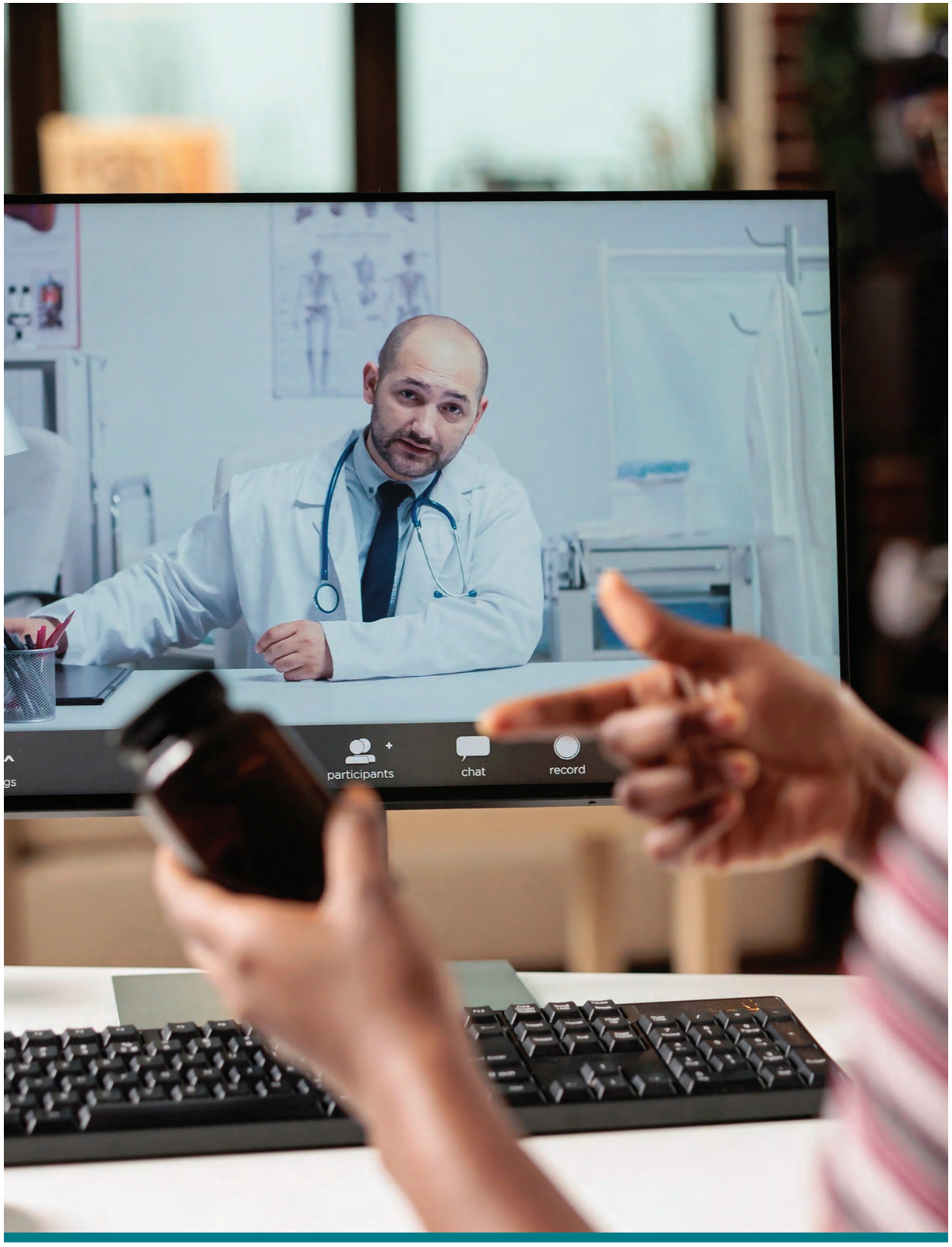
Network Health has teamed up with Wellbeats to offer an online/virtual fitness benefit at no additional cost to members on select plans. It delivers on-demand fitness classes, nutrition demos, recipes, goal-based challenges and fitness assessments anywhere or anytime. For more information, visit **networkhealth.com/individual/additional-benefits**.

Virtual Visits through MDLIVE®

The initial cost for an MDLIVE visit for members with a Health Savings Account is $55. Once they meet their deductible, MDLIVE virtual visits are $0. Members who have a non-HSA plan receive virtual visits at no cost.

Out-of-Network Urgent/ Emergent Care

If a member seeks urgent or emergent care at an out-of-network hospital based urgent care facility or an out-of-network emergency department, the member will be treated as if they are in-network for the initial injury or illness. Follow-up care must be provided by an in-network provider or the member must submit for prior authorization. Network Health will pay claims at the billed charges and the member will not be balance billed.



PLAN COMPARISON

		Prestige Bronze	Prestige Bronze Plus	Prestige Bronze Essential + Dental + Vision + Fitness + 3 Free PCP Visits	Prestige Bronze 20 HDHP + Dental + Vision + Fitness	Signature Prestige Bronze Copay + Dental + Vision + Fitness	Prestige Silver	Prestige Silver Essential + Dental + Vision + Fitness + 3 Free PCP Visits	Prestige Gold	Prestige Gold Essential + Dental + Vision + Fitness + 3 Free PCP Visits	Prestige Gold 50 + Dental + Vision + Fitness
	Monthly Premium	$	$	$	$	$ Best Selling Plan	$$	$$	$$$	$$$	$$$
DEDUCTIBLE	Individual	$9,100	$7,500	$7,750	$6,500	$0	$5,800	$4,600	$2,000	$1,750	$1,000
	Family	$18,200	$15,000	$15,500	$13,000	$0	$11,600	$9,200	$4,000	$3,500	$2,000
	Coinsurance	0% after deductible	50%	50%	20%	0%	40%	40%	25%	20%	50%
OUT-OF-POCKET LIMIT	Individual	$9,100	$9,000	$9,100	$7,500	$9,100	$8,900	$9,100	$8,700	$9,100	$4,300
	Family	$18,200	$18,000	$18,200	$15,000	$18,200	$17,800	$18,200	$17,400	$18,200	$8,600
BENEFITS	Preventive Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Routine Vision Exam	Not covered	Not covered	$0	$0	$0	Not covered	$0	Not covered	$0	$0
	Annual Dental Exam	Not covered	Not covered	$0	$0	$0	Not covered	$0	Not covered	$0	$0
	Primary Care Doctor Visit	0% after deductible	$50 copayment per visit	$0 for first three visits, per family member, then $55 per visit	20% after deductible	$55 per visit	$40 per visit	$0 for first three visits per family member, then $25 per visit	$30 per visit	$0 for first three visits per family member, then $20 per visit	50% after deductible
	Virtual Visit	$0 per visit	$0 copayment per visit	$0 per visit	0% after deductible	$0	$0 per visit	$0 per visit	$0 per visit	$0 per visit	$0 per visit
	Specialist Visit	0% after deductible	$100 copayment per visit	$110 per visit	20% after deductible	$150 per visit	$80 per visit	$80 per visit	$60 per visit	$60 per visit	50% after deductible
	Chiropractic	0% after deductible	50% coinsurance after deductible	50% after deductible	20% after deductible	$75 per visit	40% after deductible	40% after deductible	25% after deductible	20% after deductible	50% after deductible
	Hospital Stay	0% after deductible	50% coinsurance after deductible	50% after deductible	20% after deductible	$1,500 per day for days 1-2	40% after deductible	40% after deductible	25% after deductible	20% after deductible	50% after deductible
	Emergency Room	0% after deductible	50% coinsurance after deductible	$500 after deductible per visit	20% after deductible	$1,500 per visit	40% after deductible	$500 after deductible per visit	25% after deductible	$350 per visit	50% after deductible
	X-ray and Diagnostic Imaging	0% after deductible	50% coinsurance after deductible	$60 after deductible per visit	20% after deductible	$150 per visit	40% after deductible	$60 per visit	25% after deductible	$50 per visit	50% after deductible

PHARMACY COMPARISON BENEFIT

Retail 30-Day supply Cost per prescription or refill	Preventive Drugs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Adherence Generics (limited to specific medications to treat certain conditions)	0% after deductible	$0	$0	0% after deductible	$0	$0	$0	$0	$0	$0
	Tier 1 Generics	0% after deductible	$25	$30	20% after deductible	$30	$20	$20	$15	$15	$15
	Tier 2 Preferred Brand Drugs	0% after deductible	$50 after deductible	$80 after deductible	20% after deductible	$160	$40	$80	$30	$60	$50
	Tier 3 Non-Preferred Brand Drugs	0% after deductible	$100 after deductible	50% after deductible	50% after deductible	50% coinsurance	$80 after deductible	50% after deductible	$60	50% after deductible	50% after deductible
	Tier 4 Preferred Specialty Drugs	0% after deductible	$500 after deductible	40% after deductible	40% after deductible	40% coinsurance	$350 after deductible	40% after deductible	$250	40% after deductible	40% after deductible
	Tier 5 Non-Preferred Specialty Drugs	0% after deductible	$750 after deductible	50% after deductible	50% after deductible	50% coinsurance	$500 after deductible	50% after deductible	$400	50% after deductible	50% after deductible

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