

Looking for a health insurance plan for you and your family?

Check out the chart below to learn about Network Health Prestige plans. All of the plans featured below are available on the health insurance exchange, known as the Marketplace. All Prestige plans listed are HMO plans, which means you'll need to use providers in our network for services to be covered (this includes labs and services your doctor may refer you to, so you'll want to ensure all providers you use are in-network).

PLAN COMPARISON							
		Prestige Bronze Essential	Prestige Bronze 20 HDHP	Prestige Silver Essential	Prestige Silver 0	Prestige Silver 20 HDHP	Prestige Gold Essential
	Monthly Premium	\$	\$	\$ \$	\$ \$	\$ \$	\$ \$ \$
DEDUCTIBLE	Individual	\$6,500	\$5,500	\$3,500	\$4,000	\$2,700	\$1,500
	Family	\$13,000	\$11,000	\$7,000	\$8,000	\$5,400	\$3,000
	Coinsurance	50%	20%	40%	No charge after deductible	20%	20%
OUT-OF-POCKET LIMIT	Individual	\$7,350	\$6,550	\$7,350	\$7,350	\$6,650	\$7,350
	Family	\$14,700	\$13,100	\$14,700	\$14,700	\$13,300	\$14,700
BENEFITS	Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
	Primary Care Doctor Visit	\$0 for first three visits, then \$30 per visit	20% after deductible	\$0 for first three visits, then \$30 per visit	No charge after deductible	20% after deductible	\$15 per visit
	Virtual Visit	\$30 per visit	20% after deductible	\$20 per visit	No charge after deductible	20% after deductible	\$15 per visit
	Specialist Visit	\$80 after deductible	20% after deductible	\$80 per visit	No charge after deductible	20% after deductible	\$50 per visit
	Chiropractic	50% after deductible	20% after deductible	40% after deductible	No charge after deductible	20% after deductible	20% after deductible
	Hospital Stay	50% after deductible	20% after deductible	40% after deductible	No charge after deductible	20% after deductible	20% after deductible
	Emergency Room	\$400 after deductible	20% after deductible	\$400 after deductible	No charge after deductible	20% after deductible	\$300 per visit
	X-ray and Diagnostic Imaging	\$60 per visit after deductible	20% after deductible	\$50 per visit	No charge after deductible	20% after deductible	\$40 per visit
	Laboratory Outpatient Services	\$30 per visit	20% after deductible	\$25 per visit	No charge after deductible	20% after deductible	\$20 per visit

▶ WHAT'S THAT?



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



“Our members are what we are here for.”

Jackie Rosen,
recruiter at Network Health

PHARMACY BENEFIT COMPARISON

		Prestige Bronze Essential	Prestige Bronze 20 HDHP	Prestige Silver Essential	Prestige Silver 0	Prestige Silver 20 HDPD	Prestige Gold Essential
RETAIL 30-DAY SUPPLY	Preventive Drugs	\$0 per prescription or refill	\$0 per prescription or refill	\$0 per prescription or refill	\$0 per prescription or refill	\$0 per prescription or refill	\$0 per prescription or refill
	Adherence Generics (limited only to categories of select antidiabetics, statins and RAS antagonists)	\$2 per prescription or refill (Tier 1)	20% after deductible (Tier 1)	\$2 per prescription or refill (Tier 1)	\$2 per prescription or refill (Tier 1)	20% after deductible (Tier 1)	\$2 per prescription or refill (Tier 1)
	Generics	\$20 per prescription or refill (Tier 2)	20% after deductible (Tier 2)	\$15 per prescription or refill (Tier 2)	\$15 per prescription or refill (Tier 2)	20% after deductible (Tier 2)	\$10 per prescription or refill (Tier 2)
	Preferred Brand Drugs	\$80 per prescription or refill after deductible (Tier 3)	20% after deductible (Tier 3)	\$65 per prescription or refill (Tier 3)	\$55 per prescription or refill (Tier 3)	20% after deductible (Tier 3)	\$50 per prescription or refill (Tier 3)
	Non-Preferred Brand Drugs	35% per prescription or refill after deductible (Tier 4)					
	Preferred Specialty Drugs	35% per prescription or refill after deductible (Tier 5)					
	Non-Preferred Specialty Drugs	35% per prescription or refill after deductible (Tier 6)					