

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

Check out the chart below to learn about Network Health's Prestige plans, which are all 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 Bronze 0	Prestige Bronze 50 HDHP	Prestige Silver Essential	Prestige Silver 20 HDHP	Prestige Gold Essential	Prestige Gold 50	Prestige Gold 0 HDHP
	Monthly Premium									
DEDUCTIBLE	Individual	\$7,000	\$6,000	\$6,500	\$2,700	\$4,000	\$3,500	\$1,750	\$1,000	\$2,700
	Family	\$14,000	\$12,000	\$13,000	\$5,400	\$8,000	\$7,000	\$3,500	\$2,000	\$5,400
	Coinsurance	50%	20%	No Charge after Deductible	50%	40%	20%	20%	50%	No Charge after Deductible
OUT-OF-POCKET LIMIT	Individual	\$7,900	\$6,750	\$7,900	\$6,750	\$7,900	\$6,750	\$7,900	\$4,300	\$5,000
	Family	\$15,800	\$13,500	\$15,800	\$13,500	\$15,800	\$13,500	\$15,800	\$8,600	\$10,000
BENEFITS	Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Primary Care Doctor Visit	\$0 for first three visits, then \$30 per visit	20% after deductible	\$0 after deductible	50% after deductible	\$0 for first three visits, then \$25 per visit	20% after deductible	\$0 for first three visits, then \$20 per visit	50% after deductible	\$0 after deductible
	Specialist Visit	\$80 per visit	20% after deductible	\$0 after deductible	50% after deductible	\$80 per visit	20% after deductible	\$60 per visit	50% after deductible	\$0 after deductible
	Chiropractic	50% after deductible	20% after deductible	\$0 after deductible	50% after deductible	40% after deductible	20% after deductible	20% after deductible	50% after deductible	\$0 after deductible
	Hospital Stay	50% after deductible	20% after deductible	\$0 after deductible	50% after deductible	40% after deductible	20% after deductible	20% after deductible	50% after deductible	\$0 after deductible
	Emergency Room	\$500 after deductible per visit	20% after deductible	\$0 after deductible	50% after deductible	\$500 after deductible per visit	20% after deductible	\$350 per visit	50% after deductible	\$0 after deductible
	X-ray and Diagnostic Imaging	\$60 after deductible per visit	20% after deductible	\$0 after deductible	50% after deductible	\$60 per visit	20% after deductible	\$50 per visit	50% after deductible	\$0 after deductible
	Laboratory Outpatient Services	\$30 per visit	20% after deductible	\$0 after deductible	50% after deductible	\$30 per visit	20% after deductible	\$25 per visit	50% after deductible	\$0 after deductible

▶ 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.

PHARMACY BENEFIT COMPARISON

		Prestige Bronze Essential	Prestige Bronze 20 HDHP	Prestige Bronze 0	Prestige Bronze 50 HDHP	Prestige Silver Essential	Prestige Silver 20 HDPD	Prestige Gold Essential	Prestige Gold 50	Prestige Gold 0 HDHP
RETAIL 30-DAY SUPPLY Cost per prescription or refill	Preventive Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Tier 1 Adherence Generics (limited only to categories of antidiabetics, statins, and RAS antagonists)	\$2	20% after deductible	\$2	30% after deductible	\$2	20% after deductible	\$2	\$2	\$0 after deductible
	Tier 2 Generics	\$20	20% after deductible	\$20	30% after deductible	\$20	20% after deductible	\$15	\$15	\$0 after deductible
	Tier 3 Preferred Brand Drugs	\$80 after deductible	20% after deductible	\$70 after deductible	40% after deductible	\$80	20% after deductible	\$60	\$50	\$0 after deductible
	Tier 4 Non-Preferred Brand Drugs	35% after deductible	35% after deductible	35% after deductible	50% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
	Tier 5 Preferred Specialty Drugs	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
	Tier 6 Non-Preferred Specialty Drugs	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

HMO plans underwritten by Network Health Plan. **Nondiscrimination** - Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **Multi-language Interpreter Services** - If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-275-1400. **Spanish:** Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-275-1400. **Hmong:** Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 855-275-1400. 1788-01b-0818

