



ASSURE **Level-Funded Plans**

Enjoy the best of both worlds—

the security of a fully insured plan with the
advantages of a self-insured plan

Available to employers with 2-100 enrolled employees



800-276-8004

networkhealth.com/assure

HEALTH INSURANCE IS WHAT WE DO



At Network Health, we do what's right, even when it isn't easy. That's why we take extra steps to make health plans affordable and understandable, so you can make the most of your coverage. We do what's right because that's who we are. And, health plans are what we do.

For over 40 years, we've been trusted experts in health plans, putting customers first. As a local, provider-owned health plan, we promise to be participants' health and wellness partner, helping them flourish in every stage of life.

We know providing a cost-effective, comprehensive health plan for your employees can be a challenge. Network Health is making it easier for employers by offering a hybrid product that combines the benefits of a fully insured and self-insured plan.

Our Assure level-funded product includes all the features of our fully insured plans, like health management, network discounts and online tools. By offering Assure as a self-insured plan, we can offer benefit designs comparable to your current plan while avoiding the costly mandates of an ACA plan.

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Looking for more?

Contact your agent, broker or consultant to learn more about the Assure plan and to get a quote. Visit networkhealth.com/assure for more details or call our sales team at 800-276-8004.



WHAT IS LEVEL-FUNDING?

Level-funding is a cost-effective health plan funding solution that allows companies to benefit from predictable, set monthly rates similar to a fully insured plan.

Instead of monthly premiums, your company will be responsible for a specified level of monthly funding, which includes claim liability, stop-loss coverage and administrative services fees. The consistent monthly fees eliminate the normal volatility of self-insured plans.

WHY SHOULD YOU CONSIDER LEVEL-FUNDING?

If your company's claims are less than the amount you've funded at the end of the year, you get the opportunity to earn back 100 percent of the funding surplus. Payments are calculated after the 24-month claim liability period has expired (12 months after the end of the policy year).

If your claims go over the funded amount, your company is protected by stop-loss coverage. This limits your company's risk exposure and protects you from catastrophic claims. An advance funding feature allows claims to be paid, even when your funding level is less than claim payments during a month. This feature ensures you'll never pay more than your maximum claim funding amount for any month of the year.

HOW DOES ASSURE WORK?

Your company funds the account for your Assure plan, while Network Health Administrative Services, LLC, administers the plan.

Your monthly funding consists of the following.

- Administrative services fee
- Stop-loss premium
- Claims funding

The funding amount will vary based upon the number of employees and/or dependents covered by the plan. Assure is a bundled product that incorporates the features of a fully insured health plan with the opportunity to get money back.



Stop-loss coverage

This insurance coverage protects employers by covering the cost of claims that exceed the agreed upon claims funding.

WHICH COMPANIES QUALIFY TO PURCHASE ASSURE?

To purchase our Assure product, your company must have **2-100 enrolled employees** with at least 80 percent of employees located in Network Health's service area.

Assure is an ideal choice for employers looking for an alternative to Affordable Care Act (ACA) compliant small group health plans. See below for information on ACA-compliant plans.

WHAT ARE THE ADVANTAGES OF ASSURE?

- Have the opportunity to earn back 100 percent of surplus claim funds at the end of the policy year.
- Eliminate the financial risk and funding fluctuations you may see with a traditional self-insured plan.
- Save on health care costs and put more resources back into your business.
- Experience a bundled product like a fully insured plan and the financial advantages of a self-insured plan.



ACA-compliant health plans

ACA-compliant health plans are individual or small group plans that include the required essential health benefits. The Network Health ACA-compliant plans are labeled by metal level (Bronze, Silver, Gold and Platinum).

FULLY INSURED

Expected claims and administrative fee

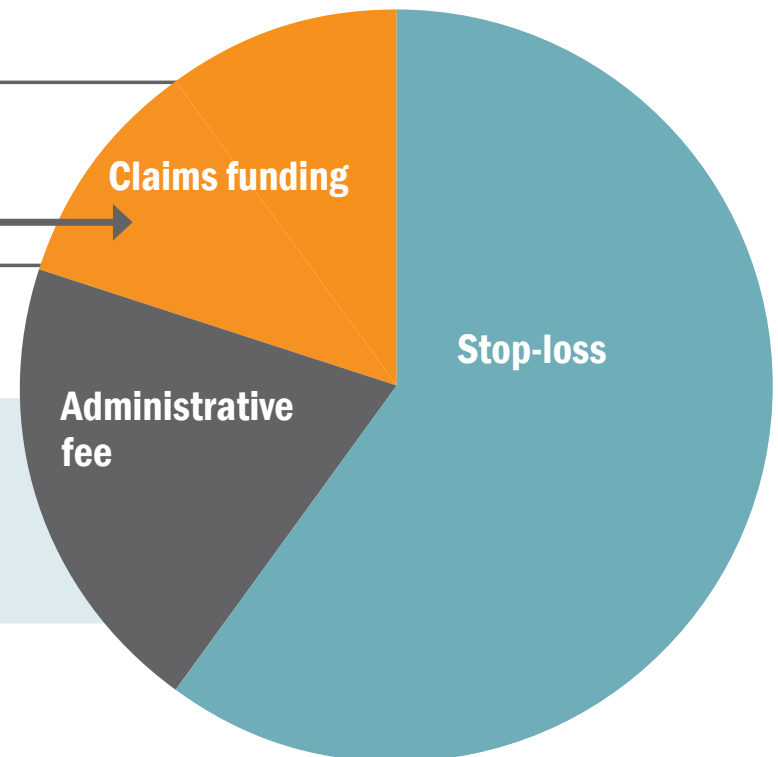
TRADITIONAL SELF-INSURED



Claims funding is variable and it can change based on the health care needs of the group.

Potential to get 100 percent of unused claims funds back

LEVEL-FUNDED



WHO'S WHO?

Plan Sponsor - Employer (who is also the stop-loss policyholder)

Plan Participant - Employee

Stop-Loss Insurance Carrier - Network Health Insurance Corporation (NHIC)

Third-Party Administrator (TPA) - Network Health Administrative Services, LLC (NHAS)

NHAS administers your plan on your behalf, which includes the following.

- Paying claims and maintaining proper funds on deposit for claims payment
- Preparing claims reports or other data necessary for the plan and/or the stop-loss insurer (NHIC)
- Providing plan information for filing government-required reports, except for filing and payment of PCORI (Patient-Centered Outcomes Research Institute) fees
- Billing and collecting administrative fees and stop-loss premium for the plan
- Handling appeals
- Preparing the plan document on behalf of the plan sponsor/employer
- Securing stop-loss coverage through NHIC. There is an integrated approach between NHAS, the administrator and NHIC, the stop-loss carrier.
- COBRA administration services provided by Employee Benefits Corporation for groups subject to COBRA



WHY CHOOSE NETWORK HEALTH?

We're a locally owned, Wisconsin-based company—accountable to our customers, not shareholders. For over 40 years, we've been trusted experts in health plans, going above and beyond in putting participants first. Our employees provide superior service because we know we are helping our neighbors, friends and family.

We keep things running smoothly

We deliver quick and accurate plan administration and our customer service is rated higher than the national average in several categories.

We speak in plain language

We know health insurance can be intimidating. That's why we give you easy-to-understand, straightforward answers.

We understand the importance of quality health care

Owned by Froedtert ThedaCare Health, Inc., we offer access to a large network of providers. Assure plan participants have access to deep discounts through participating providers in the Assure network.

Focused on the individual

Our Assure plan includes access to over-the-phone health coaching at no additional cost. We offer support to participants who are dealing with unexpected health issues, living with a chronic disease or simply seeking advice about making healthy lifestyle changes.



PRACTICAL EXAMPLE

Grate Cheese is a family owned and operated specialty cheese market with multiple locations throughout northeast and southeast Wisconsin. Since opening in 2013, **Grate Cheese** has grown from three to 25 full-time employees. Monica, the owner, currently offers a health plan that's compliant with the Affordable Care Act. The costs of that health plan are starting to cut into her bottom line, so she is searching for an alternative health plan.

Grate Cheese has a total of 18 full-time employees and 10 dependents participating in the health plan. All the employees live in Winnebago, Waukesha and Milwaukee counties.

Let's look at how the Network Health Assure plan works and why it's the perfect fit for Monica and her employees.

BEST CASE

Annual claims funding \$38,250

Annual medical
claims total \$30,000

Annual claims difference \$8,250

**Grate Cheese's
100 percent refund \$8,250**

Network Health Administrative Services (Third-Party Administrator) issues the refund.

WORST CASE

Annual claims funding \$38,250

Annual medical
claims total \$46,000

Annual claims
difference **-\$7,750**

Stop-loss insurance covers the claims difference.

Grate Cheese does not have to pay the difference.

GRATE CHEESE EMPLOYEE BREAKDOWN

Monica is an employee at Grate Cheese and is a participant in the Assure health plan. This year, she incurred \$15,000 in claims because she had a baby.

The graphic below shows how this affects Grate Cheese's annual claims funding.



**\$5,000 balance
covered by
stop-loss
coverage**

**\$10,000
specific
deductible
per participant**

**\$15,000 in
claims for
pregnancy**

WHAT'S THE PROVIDER NETWORK FOR ASSURE?

To search for providers visit networkhealth.com/find-a-doctor, click **Start Your Search** then select **HMO/POS/EPO/Pharmacy** as your plan type when prompted. Employees can log in to the member portal at login.networkhealth.com to view plan-specific information and select a personal doctor.

PHARMACY BENEFITS AND ONLINE TOOLS

Through our partnership with Express Scripts®, Inc. (ESI), participants have access to an extensive pharmacy network, so your employees will have the convenience of a pharmacy near their home or work. Network Health, in collaboration with ESI, provides innovative and accessible prescription benefits while keeping costs low. The pharmacy network for Assure includes many large chain and independent pharmacies along with a prescription drug mail-order program.

To search for in-network pharmacies visit networkhealth.com/find-a-pharmacy and click **Start Your Search**. Enter the city or zip code you're looking for a pharmacy in, then choose **HMO/POS/EPO/Pharmacy** from the plan list.

Manage your medications any time, anywhere from **Express-Scripts.com** or Express Scripts mobile app.

- Compare medication prices at multiple pharmacies
- Find nearby pharmacies and get directions
- Order refills, check order status and track shipments
- Talk with a pharmacist from the privacy of your home

SaveOnSP Program

Network Health partners with ESI to bring you the SaveOnSP program. This program helps participants save money on eligible specialty prescriptions. Participants can receive eligible specialty medications free of charge (\$0).

- Medications included in the SaveOnSP program are classified as Non-Essential Health Benefits under the Affordable Care Act
- View the SaveOnSP Drug List at networkhealth.com/saveonsp
- Prescriptions will be filled through your approved specialty pharmacy
- Contact SaveOnSP at 800-683-1074 prior to your benefit renewal date to avoid delays in obtaining prescription(s)
- If you do not participate in the SaveOnSP program, you will be responsible for the coinsurance noted for the medications on the SaveOnSP Drug list
- These medications will not count toward deductibles or out-of-pocket maximums

Out-of-Pocket Protection

Out-of-pocket protection maximizes assistance programs from manufacturers. It tracks copayment assistance as secondary insurance at the specialty pharmacy and adjusts accumulators accordingly. This helps prevent participants from artificially reaching out-of-pocket maximums and helps reduce copayment assistance from impacting benefit design.

How it works

1. Prescription is processed at the specialty pharmacy
2. Participant copayment or coinsurance is added to the deductible (if applicable) and out-of-pocket
3. Specialty pharmacy applies the copayment assistance
4. Any participant copayment assistance is tracked by the specialty pharmacy
5. ESI removes any participant copayment assistance from the deductible (if applicable) and out-of-pocket amounts

Patient Assurance Program

We understand the high cost of prescription insulin, so we have a program that provides some cost relief to participants with insulin-dependent diabetes.

- Preferred (Tier 2) insulin copayment is \$25 per each 30-day supply, up to 90 days, for select insulin
- The insulin copayment will be \$25 until the deductible and out-of-pocket maximum are met
- This benefit is available at either in-network retail pharmacies or through Express Scripts Mail Order Program
- No need to complete additional paperwork—participants are automatically enrolled



visit networkhealth.com/find-a-pharmacy to search all pharmacies

HEALTH MANAGEMENT SERVICES

Care Management

We offer care management services to support people who are transitioning from a hospital stay to home, and to those with complex medical or behavioral health needs and conditions. We identify participants who could benefit from services through claims, health risk assessment data, authorization data and doctor or self-referrals.

Our experienced nurses and social work care managers help participants by doing the following.

- Working with you to develop goals and an individualized care plan
- Helping you get services you need to manage your care and put you in control of your health
- Working with your health care providers to coordinate care and communicate your care plan
- Reviewing your medications and treatment plan
- Informing you about the signs that your health condition is worsening, including when you should contact your personal doctor
- Including you in your health care decisions
- Helping you identify and develop your own community support system
- Sharing various community resources that may be helpful

Condition Management

Network Health's condition management programs empower people with chronic health conditions to take charge of their health and better manage symptoms. Our team of registered nurses can provide resources, tools and self-management strategies to improve the way they and their family live with a chronic condition. Our condition management team helps participants do the following.

- Discover new ways to take care of themselves by identifying and understanding coexisting conditions
- Join educational workshops and events in the community to manage their condition with confidence
- Coordinate condition education with a caregiver or family member involved in care or treatment
- Connect with resources to overcome financial, religious, cultural or other obstacles to care
- Address behavioral health concerns such as depression and anxiety, which often accompany chronic conditions

We offer condition management programs for these conditions.

- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Diabetes
- Heart failure
- Heart disease

Health Coaching

The health coaches at Network Health specialize in motivation and encouragement to help you meet your personal health goals. If you choose to participate, you will speak one-on-one with a coach who can help you identify and overcome health obstacles and make lifestyle changes.

Common topics for conversation include the following.

- Nutrition
- Weight management
- Nicotine/vaping use
- Blood pressure
- Blood cholesterol
- Blood sugar
- Sleep
- Alcohol consumption
- Emotional health
- Physical activity



MDLIVE® VIRTUAL VISITS

Virtual visits through MDLIVE are a great way to save time and money when your employees experience non-emergency symptoms.

- Participants of non-HSA Assure plans receive virtual visits for a \$0 copayment.
- Participants of HSA-qualifying Assure plans receive virtual visits for a \$0 copayment once their deductible has been met.

By using a phone, smartphone, tablet or computer, plan participants can connect with a board-certified physician or pediatrician for treatment of a wide range of conditions—24 hours a day, seven days a week. They can also get prescriptions filled, if needed.

Online doctor visits are a convenient and affordable alternative to urgent care or a doctor visit.

ASSURE PLAN BENEFIT DESIGNS

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Standard EPO Non-HSA Plans

PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family	What Participants Pay	Single	Family	PCP	Specialist			
LFS25_E0_COPAY1	\$0	\$0	0%	\$5,000	\$10,000	\$50 per visit	\$125 per visit	\$2,000 per visit	\$75 per visit	\$0 per visit
LFS25_E0_COPAY2	\$0	\$0	0%	\$9,100	\$18,200	\$50 per visit	\$125 per visit	\$2,000 per visit	\$75 per visit	\$0 per visit
LFS_E500_22_CC	\$500	\$1,000	20%	\$2,500	\$5,000	\$25 per visit	\$75 per visit	\$400 per visit	\$150 per visit	\$0 per visit
LFS_E1000_22_CC	\$1,000	\$2,000	20%	\$3,000	\$6,000					
LFS_E1500_22_CC	\$1,500	\$3,000	20%	\$3,500	\$7,000					
LFS_E2000_22_CC	\$2,000	\$4,000	20%	\$4,000	\$8,000					
LFS_E2500_22_CC	\$2,500	\$5,000	20%	\$4,500	\$9,000					
LFS_E3000_22_CC	\$3,000	\$6,000	20%	\$5,000	\$10,000					
LFS_E4000_22_CC	\$4,000	\$8,000	20%	\$6,000	\$12,000					
LFS_E5000_22_CC	\$5,000	\$10,000	20%	\$7,000	\$14,000					

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Pharmacy Benefits

All Standard EPO Non-HSA Plans		
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$25 per prescription or refill
	Preferred drugs	\$45 per prescription or refill
	Non-preferred drugs	\$80 per prescription or refill
	Preferred specialty drugs	25% after deductible
	Non-preferred specialty drugs	40% after deductible
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$65 per prescription or refill
	Preferred drugs	\$120 per prescription or refill
	Non-preferred drugs	\$240 per prescription or refill
	Preferred specialty drugs	No mail order
	Non-preferred specialty drugs	No mail order

Value EPO Non-HSA Plans

PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family	What Participants Pay	Single	Family	PCP	Specialist			
LFS_EV1000_22_CC	\$1,000	\$2,000	25%	\$8,150	\$16,300	\$45 per visit	\$70 per visit	\$525 per visit	\$225 per visit	\$0 per visit
LFS_EV2000_22_CC	\$2,000	\$4,000								
LFS_EV3000_22_CC	\$3,000	\$6,000								
LFS_EV4000_22_CC	\$4,000	\$8,000								

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Pharmacy Benefits

All Value EPO Non-HSA Plans		
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$35 per prescription or refill
	Preferred drugs	\$55 per prescription or refill
	Non-preferred drugs	\$90 per prescription or refill
	Preferred specialty drugs	35% after deductible
	Non-preferred specialty drugs	50% after deductible
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$95 per prescription or refill
	Preferred drugs	\$150 per prescription or refill
	Non-preferred drugs	\$270 per prescription or refill
	Preferred specialty drugs	No mail order
	Non-preferred specialty drugs	No mail order

Standard EPO HSA Plans

PLAN NAME	Deductible		Coinsurance What Participants Pay	Out-of-Pocket Maximum		Office Visit		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family		Single	Family	PCP	Specialist			
LFS24HSAE1750_0	\$1,750	\$3,500	0%	\$1,750	\$3,500	\$0*	\$0*	\$0*	\$0*	\$0*
LFS24HSAE1750_20	\$1,750	\$3,500	20%	\$2,000	\$4,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE2000_0	\$2,000	\$4,000	0%	\$2,000	\$4,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE2000_20	\$2,000	\$4,000	20%	\$2,500	\$5,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE2500_0	\$2,500	\$5,000	0%	\$2,500	\$5,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE2500_20	\$2,500	\$5,000	20%	\$3,000	\$6,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE3500_0	\$3,500	\$7,000	0%	\$3,500	\$7,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE3500_20	\$3,500	\$7,000	20%	\$5,500	\$11,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE4000_0	\$4,000	\$8,000	0%	\$4,000	\$8,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE4000_20	\$4,000	\$8,000	20%	\$6,000	\$12,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE5000_0	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE5000_20	\$5,000	\$10,000	20%	\$6,550	\$13,100	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE6500_0	\$6,500	\$13,000	0%	\$6,500	\$13,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE7000_0	\$7,000	\$14,000	0%	\$7,000	\$14,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS24HSAE8000_0	\$8,000	\$16,000	0%	\$8,000	\$16,000	\$0*	\$0*	\$0*	\$0*	\$0*

***Cost per visit after deductible has been met**

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Pharmacy Benefits

		All Standard EPO HSA Plans with 0% Coinsurance	All Standard EPO HSA Plans with 20% Coinsurance
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill	\$0 per prescription or refill
	Generic drugs	Deductible	\$25 per prescription or refill after deductible
	Preferred drugs	Deductible	\$45 per prescription or refill after deductible
	Non-preferred drugs	Deductible	\$80 per prescription or refill after deductible
	Preferred specialty drugs	Deductible	25% after deductible
	Non-preferred specialty drugs	Deductible	40% after deductible
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill	\$0 per prescription or refill
	Generic drugs	Deductible	\$65 prescription or refill after deductible
	Preferred drugs	Deductible	\$120 prescription or refill after deductible
	Non-preferred drugs	Deductible	\$240 prescription or refill after deductible
	Preferred specialty drugs	No mail order	No mail order
	Non-preferred specialty drugs	No mail order	No mail order

Value EPO HSA Plans

PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family	What Participants Pay	Single	Family	PCP	Specialist			
LFS22HSAEV2800_10	\$2,800	\$5,600	10%	\$6,900	\$13,800	\$35 per visit after deductible	\$70 per visit after deductible	\$500 per visit after deductible	\$200 per visit after deductible	\$0 per visit after deductible
LFS22HSAEV2800_30	\$2,800	\$5,600	30%							
LFS22HSAEV4000_10	\$4,000	\$8,000	10%							
LFS22HSAEV4000_30	\$4,000	\$8,000	30%							
LFS22HSAEV5000_10	\$5,000	\$10,000	10%							
LFS22HSAEV5000_30	\$5,000	\$10,000	30%							
LFS22HSAEV6000_10	\$6,000	\$12,000	10%							
LFS22HSAEV6000_30	\$6,000	\$12,000	30%							

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Pharmacy Benefits

All Value EPO HSA Plans		
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$25 per prescription or refill after deductible
	Preferred drugs	\$45 per prescription or refill after deductible
	Non-preferred drugs	\$80 per prescription or refill after deductible
	Preferred specialty drugs	35% after deductible
	Non-preferred specialty drugs	50% after deductible
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$65 prescription or refill after deductible
	Preferred drugs	\$120 prescription or refill after deductible
	Non-preferred drugs	\$240 prescription or refill after deductible
	Preferred specialty drugs	No mail order
	Non-preferred specialty drugs	No mail order

Standard POS Non-HSA Plans

PLAN NAME	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit			
	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
	Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP		Specialist	
LFS_P500_22_CC	\$500	\$1,000	\$1,000	\$2,000	20%	40%	\$2,500	\$5,000	\$5,000	\$10,000	\$25 per visit	40% after deductible	\$75 per visit	40% after deductible
LFS_P1000_22_CC	\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$3,000	\$6,000	\$6,000	\$12,000				
LFS_P1500_22_CC	\$1,500	\$3,000	\$3,000	\$6,000	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000				
LFS_P2000_22_CC	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$4,000	\$8,000	\$8,000	\$16,000				
LFS_P2500_22_CC	\$2,500	\$5,000	\$5,000	\$10,000	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000				
LFS_P3000_22_CC	\$3,000	\$6,000	\$6,000	\$12,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000				
LFS_P4000_22_CC	\$4,000	\$8,000	\$8,000	\$16,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000				
LFS_P5000_22_CC	\$5,000	\$10,000	\$10,000	\$20,000	20%	40%	\$7,000	\$14,000	\$14,000	\$28,000				

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Pharmacy Benefits

		All Standard POS Non-HSA Plans	
		In-Network	Out-of-Network
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$25 per prescription or refill	Not Covered
	Preferred drugs	\$45 per prescription or refill	Not Covered
	Non-preferred drugs	\$80 per prescription or refill	Not Covered
	Preferred specialty drugs	25% after deductible	Not Covered
	Non-preferred specialty drugs	40% after deductible	Not Covered
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$65 per prescription or refill	Not Covered
	Preferred drugs	\$120 per prescription or refill	Not Covered
	Non-preferred drugs	\$240 per prescription or refill	Not Covered
	Preferred specialty drugs	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered

Emergency/Urgent Care

	In-Network	Out-of-Network
Emergency Room	\$400 per visit	\$400 per visit
Urgent Care	\$150 per visit	40% after deductible

MDLIVE® Virtual Visits

\$0 per visit for all Value POS Non-HSA Plans. Benefits are only available through the Network Health virtual visit provider network.

Value POS Non-HSA Plans

PLAN NAME	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit			
	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
	Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP		Specialist	
LFS_PV1000_22_CC	\$1,000	\$2,000	\$4,000	\$8,000	25%	50%	\$8,150	\$16,300	\$16,000	\$32,000	\$45 per visit	50% after deductible	\$70 per visit	50% after deductible
LFS_PV2000_22_CC	\$2,000	\$4,000	\$7,000	\$14,000			\$8,150	\$16,300	\$17,000	\$34,000				
LFS_PV3000_22_CC	\$3,000	\$6,000	\$10,000	\$20,000			\$8,150	\$16,300	\$18,000	\$36,000				
LFS_PV4000_22_CC	\$4,000	\$8,000	\$13,000	\$26,000			\$8,150	\$16,300	\$19,000	\$38,000				

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Pharmacy Benefits

		All Value POS Non-HSA Plans	
		In-Network	Out-of-Network
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$35 per prescription or refill	Not Covered
	Preferred drugs	\$55 per prescription or refill	Not Covered
	Non-preferred drugs	\$90 per prescription or refill	Not Covered
	Preferred specialty drugs	35% after deductible	Not Covered
	Non-preferred specialty drugs	50% after deductible	Not Covered
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$95 per prescription or refill	Not Covered
	Preferred drugs	\$150 per prescription or refill	Not Covered
	Non-preferred drugs	\$270 per prescription or refill	Not Covered
	Preferred specialty drugs	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered

Emergency/Urgent Care

	In-Network	Out-of-Network
Emergency Room	\$525 per visit	\$525 per visit
Urgent Care	\$225 per visit	50% after deductible

MDLIVE® Virtual Visits

\$0 per visit for all Value POS Non-HSA Plans. Benefits are only available through the Network Health virtual visit provider network.

Standard POS HSA Plans

PLAN NAME	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit			
	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network		Out-of-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP	Specialist	PCP	Specialist
LFS24HSAP1750_0	\$1,750	\$3,500	\$2,500	\$5,000	0%	20%	\$1,750	\$3,500	\$4,000	\$8,000	\$0*	\$0*	20%*	20%*
LFS24HSAP1750_20	\$1,750	\$3,500	\$3,000	\$6,000	20%	40%	\$2,000	\$4,000	\$6,000	\$12,000	\$25*	\$75*	40%*	40%*
LFS22HSAP2000_0	\$2,000	\$4,000	\$3,000	\$6,000	0%	20%	\$2,000	\$4,000	\$5,000	\$10,000	\$0*	\$0*	20%*	20%*
LFS22HSAP2000_20	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$2,500	\$5,000	\$7,000	\$14,000	\$25*	\$75*	40%*	40%*
LFS22HSAP2500_0	\$2,500	\$5,000	\$3,500	\$7,000	0%	20%	\$2,500	\$5,000	\$6,000	\$12,000	\$0*	\$0*	20%*	20%*
LFS22HSAP2500_20	\$2,500	\$5,000	\$5,000	\$10,000	20%	40%	\$3,000	\$6,000	\$8,000	\$16,000	\$25*	\$75*	40%*	40%*
LFS22HSAP3500_0	\$3,500	\$7,000	\$4,500	\$9,000	0%	20%	\$3,500	\$7,000	\$9,000	\$18,000	\$0*	\$0*	20%*	20%*
LFS22HSAP3500_20	\$3,500	\$7,000	\$7,000	\$14,000	20%	40%	\$5,500	\$11,000	\$11,000	\$22,000	\$25*	\$75*	40%*	40%*
LFS22HSAP4000_0	\$4,000	\$8,000	\$5,000	\$10,000	0%	20%	\$4,000	\$8,000	\$10,000	\$20,000	\$0*	\$0*	20%*	20%*
LFS22HSAP4000_20	\$4,000	\$8,000	\$8,000	\$16,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	\$25*	\$75*	40%*	40%*
LFS22HSAP5000_0	\$5,000	\$10,000	\$6,000	\$12,000	0%	20%	\$5,000	\$10,000	\$13,100	\$26,200	\$0*	\$0*	20%*	20%*
LFS22HSAP5000_20	\$5,000	\$10,000	\$9,000	\$18,000	20%	40%	\$6,550	\$13,100	\$13,000	\$26,000	\$25*	\$75*	40%*	40%*
LFS22HSAP6500_0	\$6,500	\$13,000	\$7,500	\$15,000	0%	20%	\$6,500	\$13,000	\$14,000	\$28,000	\$0*	\$0*	20%*	20%*
LFS22HSAP7000_0	\$7,000	\$14,000	\$8,000	\$16,000	0%	20%	\$7,000	\$14,000	\$16,000	\$32,000	\$0*	\$0*	20%*	20%*
LFS24HSAP8000_0	\$8,000	\$16,000	\$8,000	\$16,000	0%	20%	\$8,000	\$16,000	\$16,000	\$32,000	\$0*	\$0*	20%*	20%*

*Cost per visit after deductible has been met

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Emergency/Urgent Care

	0% Coinsurance Plans		20% Coinsurance Plans	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room	\$0 after deductible		\$400*	
Urgent Care	\$0*	20% after deductible	\$150*	40% after deductible

MDLIVE® Virtual Visits

Subject to deductible only. Benefits are only available through the Network Health virtual visit provider network.

(Example: Sue has a virtual visit with an online doctor. The cost is \$65. If she has already met her deductible, her out-of-pocket cost is \$0. If Sue has not met her deductible yet, she will pay \$65 for the virtual visit and it will be applied toward her deductible.)

Standard POS HSA Plans Pharmacy

		Standard POS HSA Plans with 0% Coinsurance		Standard POS HSA Plans with 20% Coinsurance	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill	Not Covered	\$0 per prescription or refill	Not Covered
	Generic drugs	Deductible	Not Covered	\$25 per prescription or refill after deductible	Not Covered
	Preferred drugs	Deductible	Not Covered	\$45 per prescription or refill after deductible	Not Covered
	Non-preferred drugs	Deductible	Not Covered	\$80 per prescription or refill after deductible	Not Covered
	Preferred specialty drugs	Deductible	Not Covered	25% after deductible	Not Covered
	Non-preferred specialty drugs	Deductible	Not Covered	40% after deductible	Not Covered
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill	Not Covered	\$0 per prescription or refill	Not Covered
	Generic drugs	Deductible	Not Covered	\$65 per prescription or refill after deductible	Not Covered
	Preferred drugs	Deductible	Not Covered	\$120 per prescription or refill after deductible	Not Covered
	Non-preferred drugs	Deductible	Not Covered	\$240 per prescription or refill after deductible	Not Covered
	Preferred specialty drugs	No mail order	Not Covered	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered	No mail order	Not Covered

Value POS HSA Plans

PLAN NAME	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit			
	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network		Out-of-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP	Specialist	PCP	Specialist
LFS22HSAPV2800_10	\$2,800	\$5,600	\$7,000	\$14,000	10%	30%	\$6,900	\$13,800	\$9,000	\$18,000	\$35 after deductible	\$70 after deductible	30%*	30%*
HSAPV2800_30	\$2,800	\$5,600	\$8,000	\$16,000	30%	50%	\$6,900	\$13,800	\$11,000	\$22,000			50%*	50%*
LFS22HSAPV4000_10	\$4,000	\$8,000	\$8,000	\$16,000	10%	30%	\$6,900	\$13,800	\$12,000	\$24,000			30%*	30%*
HSAPV4000_30	\$4,000	\$8,000	\$9,000	\$18,000	30%	50%	\$6,900	\$13,800	\$13,000	\$26,000			50%*	50%*
LFS22HSAPV5000_10	\$5,000	\$10,000	\$9,000	\$18,000	10%	30%	\$6,900	\$13,800	\$13,000	\$26,000			30%*	30%*
HSAPV5000_30	\$5,000	\$10,000	\$11,000	\$22,000	30%	50%	\$6,900	\$13,800	\$14,000	\$28,000			50%*	50%*
LFS22HSAPV6000_10	\$6,000	\$12,000	\$10,000	\$20,000	10%	30%	\$6,900	\$13,800	\$14,000	\$28,000			30%*	30%*
HSAPV6000_30	\$6,000	\$12,000	\$12,000	\$24,000	30%	50%	\$6,900	\$13,800	\$15,000	\$30,000			50%*	50%*

***Cost per visit after deductible has been met**

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Emergency/Urgent Care

	Value POS HSA Plans with 10% Coinsurance		Value POS HSA Plans with 30% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room	\$500 after deductible		\$500 after deductible	
Urgent Care	\$200 after deductible	30% after deductible	\$200 after deductible	50% after deductible

MDLIVE® Virtual Visits

Subject to deductible only. Benefits are only available through the Network Health virtual visit provider network.

(Example: Sue has a virtual visit with an online doctor. The cost is \$55. If she has already met her deductible, her out-of-pocket cost is \$0. If Sue has not met her deductible yet, she will pay \$55 for the virtual visit and it will be applied toward her deductible.)

Value POS HSA Plans Pharmacy

		All Value POS HSA Plans	
		In-Network	Out-of-Network
Retail 30-day supply	Preventive Drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$25 per prescription or refill after deductible	Not Covered
	Preferred drugs	\$45 per prescription or refill after deductible	Not Covered
	Non-preferred drugs	\$80 per prescription or refill after deductible	Not Covered
	Preferred specialty drugs	35% after deductible	Not Covered
	Non-preferred specialty drugs	50% after deductible	Not Covered
Mail order 90-day supply	Preventive Drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$65 per prescription or refill after deductible	Not Covered
	Preferred drugs	\$120 per prescription or refill after deductible	Not Covered
	Non-preferred drugs	\$240 per prescription or refill after deductible	Not Covered
	Preferred specialty drugs	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered



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Notes



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