

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 |
|--|---|--------------------------------|--|--|--------------------------------|--|
| 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) | | | | | |

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