network health



2027 Individual and Family Plans

We are Wisconsin.

844-635-1322 networkhealth.com/individual

Your health insurance needs are unique.



Network Health plans are Affordable Care Act (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 plans.

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 plan on-exchange.

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 lower your monthly premiums. A cost-sharing reduction lowers the amount you pay for health insurance deductibles, copayments and coinsurance. To see if you qualify for a subsidy, get an on-exchange quote at **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 $4,600/$9,200.
  Individual A incurs $5,000 of charges. Individual A met the embedded deductible of $4,600 and coinsurance begins. When the total for all family members reaches $9,200, then coinsurance applies to all.

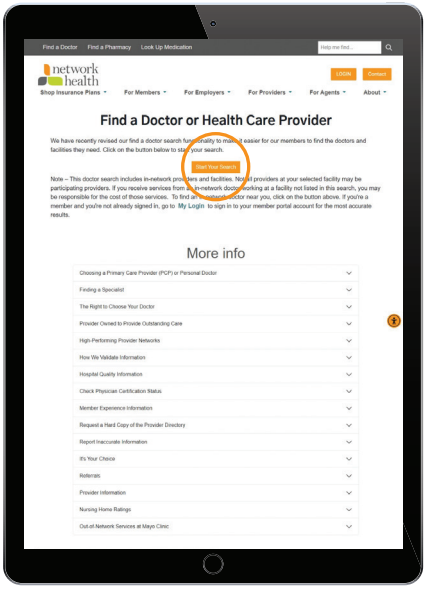
What counts toward the maximum out-of-pocket amount?

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. When applicable, any monetary amount of the Prescription Drug Product covered by a Copay Assistance Card will not apply toward the Deductible and Out-of-Pocket Limit. 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. The Prestige Bronze $0 Medical Deductible Plan is the only plan that has a separate pharmacy deducible which will still apply to the overall maximum out-of-pocket.

Meet Network Health

We're a local, Wisconsin-based health insurance company that puts members first. 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 (including Green Bay, Milwaukee and Neenah)
- ThedaCare
- Ascension Wisconsin
- Aurora Health Care **New in 2027**
- Catalpa
- Columbia St. Mary's (including Milwaukee and Ozaukee)
- Kaukauna Clinic
- Orthopedic Associates of Wisconsin
- Physicians Network of Wisconsin
- Prevea Health
- Primary Care Associates of Appleton
- ProHealth Care
- SSM Health (locations in Fond du Lac and Dodge counties only)
- 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)** as your plan type when prompted.

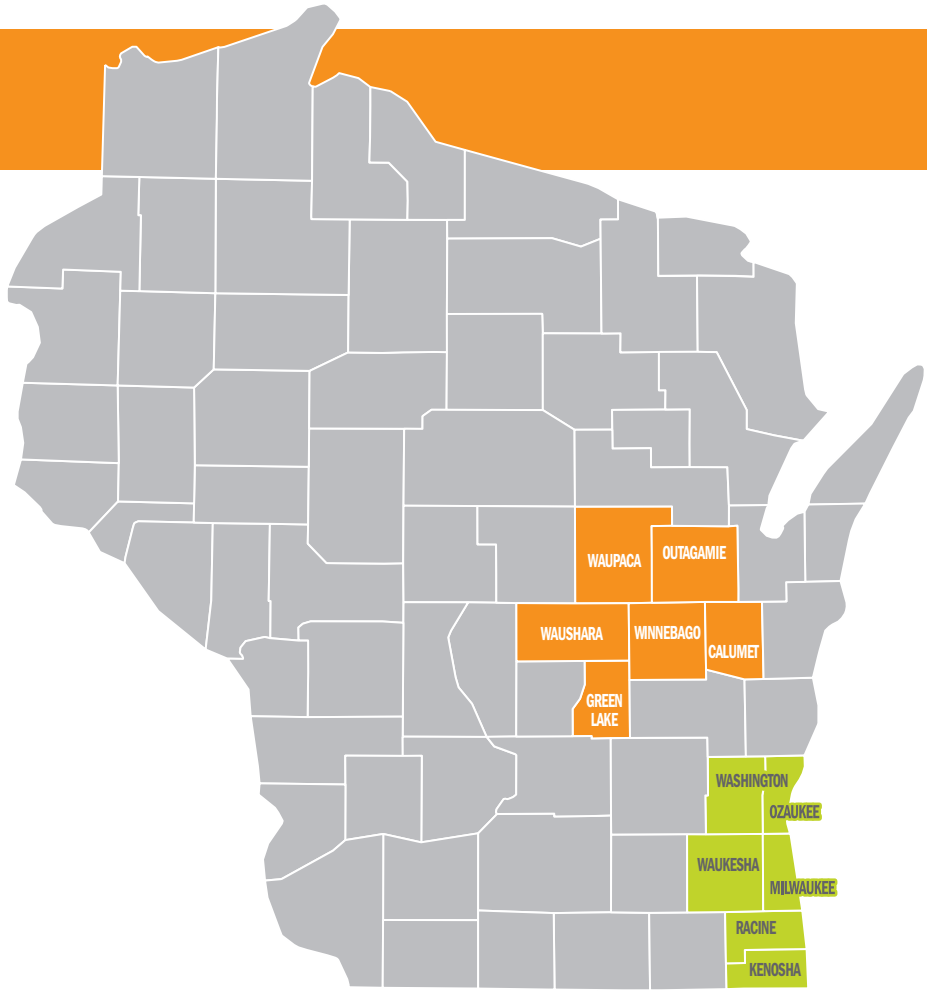
We're honest and hardworking, just like you.

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
- Green Lake
- Outagamie
- Waupaca
- Waushara
- Winnebago

Southeast

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

2027 Additional Benefits

Vision*

Some Network Health plans offer additional vision benefits through EyeMed®. These benefits include the following.

- Annual vision exam
- $100 allowance for glasses or contacts for adult plan members
- Additional discounts on prescription eyewear

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

Dental*

Members can visit any dentist in Wisconsin and payments are made through a reimbursement process. Members just fill out a reimbursement form within 120 days of service and send it in. Eligible expenses for adult and child plan members include the following.

- Two annual dental exams
- Two annual dental cleanings
- One annual bite-wing dental x-ray

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

Pharmacy

Through our partnership with Express Scripts® Inc. (ESI), Affordable Care Act (ACA) preventive drugs and certain adherence generic drugs are available at $0. (For some plans, deductible must be met first.)

Preventive Services

To help you live the healthiest life possible, Network Health offers preventive services at no cost to members when they visit a doctor within our provider network. Network Health follows the recommendations of the United States Preventive Services Task Force. Covered preventive services include the following.

- Annual wellness visit
- Blood pressure screening
- Breast cancer screening
- Cholesterol screening
- Colorectal cancer screening
- Diabetes screening
- Flu and shingles vaccines
- Pap and HPV test (cervical cancer screening)
- Tobacco counseling and interventions
- Well child visits
- And many more

Wellness Program

The Momentum health rewards program offers plan members and their spouses an opportunity to earn $150 in gift cards for completing two tasks essential to their health and wellness.

- Complete their health risk assessment
- Have an annual wellness visit

Virtual Visits through MD Live®

The cost for an MD Live visit for all members, including those on a High Deductible Health Plan, is $0 before deductible.

Out-of-Network Urgent or Emergent Care

If a member is outside the service area and 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. This includes when members are traveling throughout the United States. Network Health will pay claims at the billed charges and the member will not be balance billed. Follow-up care must be provided by an in-network provider or the member must submit for prior authorization.

Health Management Services

Programs help members identify their unique wellness needs with one-on-one support to guide them on their wellness journey.

- **Health coaching** – Helps convert personal health goals into reality with the help of health and wellness experts. Support for nutrition, weight management, stress management, cholesterol, sleep quality, tobacco cessation and more.
- **Care Management** – Program is available to members who are experiencing a short-term illness or more complex condition. Network Health's nurses and care managers help members manage health conditions.
- **Condition Management** – Empowers members with asthma, diabetes, COPD, heart disease, stroke or heart failure to be the healthiest they can be. Our team of nurses provides access to information and resources to help them enjoy the best quality of life.

**Vision and dental benefits vary with plan. See the Plan Comparison chart on the following pages for details.*



PLAN COMPARISON

		All Bronze Level Plans are now HSA (Health Savings Account) Eligible			
		Prestige Bronze Plus	**Prestige Bronze Essential** + Dental + Vision + 3 Free PCP Visits	**Prestige Bronze 20 HDHP** + Dental + Vision	**Prestige Bronze $0 Medical Deductible** + Dental + Vision
	Monthly Premium	$	$	$ Available only Off-Exchange	$ Best Selling Plan
AVAILABLE WITHOUT DENTAL AND VISION FOR A LOWER PREMIUM		No	Yes	Yes	Yes
MEDICAL DEDUCTIBLE	Individual	$7,500	$7,750	$7,000	$0
	Family	$15,000	$15,500	$14,000	$0
	Coinsurance	50%	50%	20%	0%
OUT-OF-POCKET LIMIT	Individual	$12,000	$10,500	$8,000	$12,000
	Family	$24,000	$21,000	$16,000	$24,000
BENEFITS	Preventive Care	$0	$0	$0	$0
	Routine Vision Exam	Not covered	$0	$0	$0
	Annual Dental Exam	Not covered	100% reimbursement	100% reimbursement	100% reimbursement
	Primary Care Doctor Visit	$50 per visit	$0 for first three visits, per family member, then $45 per visit	20% after deductible	$45 per visit
	Virtual Visit with MD LIVE	$0 per visit	$0 per visit	$0 per visit	$0 per visit
	Specialist Visit	$100 per visit	$110 per visit	20% after deductible	$150 per visit
	Chiropractic	50% after deductible	50% after deductible	20% after deductible	$75 per visit
	Hospital Stay	50% after deductible	50% after deductible	20% after deductible	$1,500 per day for days 1-2, $0 per day for days 3+
	Emergency Room	50% after deductible	$500 after deductible per visit	20% after deductible	$2,500 per visit
	X-ray and Diagnostic Imaging	50% after deductible	$60 after deductible per visit	20% after deductible	$150 per visit

PHARMACY COMPARISON BENEFIT

PHARMACY DEDUCTIBLE	Individual	Combined with Medical	Combined with Medical	Combined with Medical	$1,500
	Family	Combined with Medical	Combined with Medical	Combined with Medical	$3,000
Retail 30-Day supply Cost per prescription or refill	ACA Preventive Drugs	$0	$0	$0	$0
	Adherence Generics (limited to specific medications to treat certain conditions)	$0	$0	0% after deductible	$0
	Tier 1 Generics	$25	$30	20% after deductible	$30
	Tier 2 Preferred Brand Drugs	$50 after deductible	$80 after deductible	20% after deductible	$160
	Tier 3 Non-Preferred Brand Drugs	$100 after deductible	50% after deductible	50% after deductible	50% after deductible
	Tier 4 Preferred Specialty Drugs	$500 after deductible	40% after deductible	40% after deductible	40% after deductible
	Tier 5 Non-Preferred Specialty Drugs	$500 after deductible	50% after deductible	50% after deductible	50% after deductible

Prestige Silver	Prestige Silver Essential + Dental + Vision + 3 Free PCP Visits	Prestige Gold	Prestige Gold Essential + Dental + Vision + 3 Free PCP Visits	Prestige Gold 50 + Dental + Vision + 1 Free PCP Visit
$$	$$	$$$	$$$	$$$
No	Yes	No	Yes	Yes
$6,400	$4,600	$2,500	$1,750	$1,000
$12,800	$9,200	$5,000	$3,500	$2,000
40%	40%	25%	20%	50%
$10,300	$9,500	$8,600	$9,500	$5,000
$20,600	$19,000	$17,200	$19,000	$10,000
$0	$0	$0	$0	$0
Not covered	$0	Not covered	$0	$0
Not covered	100% reimbursement	Not covered	100% reimbursement	100% reimbursement
$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	$0 for first visit per family member, then 50% after deductible
$0 per visit	$0 per visit	$0 per visit	$0 per visit	$0 per visit
$80 per visit	$80 per visit	$60 per visit	$60 per visit	50% after deductible
40% after deductible	40% after deductible	25% after deductible	20% after deductible	50% after deductible
40% after deductible	40% after deductible	25% after deductible	20% after deductible	50% after deductible
40% after deductible	$500 after deductible per visit	25% after deductible	$350 per visit	50% after deductible
40% after deductible	$70 per visit	25% after deductible	$50 per visit	50% after deductible
Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
$0	$0	$0	$0	$0
$0	$0	$0	$0	$0
$20	$25	$15	$15	$15
$40	$80	$30	$60	$50
$80 after deductible	50% after deductible	$60	50% after deductible	50% after deductible
$350 after deductible	40% after deductible	$250	40% after deductible	40% after deductible
$350 after deductible	50% after deductible	$250	50% after deductible	50% after deductible

Enroll Now

CALL

Call a local sales advisor at **844-635-1322** Monday–Friday 8 a.m. to 5 p.m.



ONE-ON-ONE

Meet one-on-one with a knowledgeable and helpful local agent or one of our sales advisors.

Appointments can be held in-person, on the phone or virtually.



To make an appointment, contact a local sales advisor at 844-635-1322.

WHAT HAPPENS NEXT?

1. Network Health confirms the date your coverage will start.
2. Network Health will mail your member ID card along with your member guide.

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844-635-1322
networkhealth.com/individual

Follow Network Health Wisconsin on social media

HMO plans underwritten by Network Health Plan.