

Medical

Network Health Plan

Coverage	POS Plan		HMO Plan
	In-Network	Out-of -Network	In-Network
Network	PPO		HMO
Annual Deductible			
Individual	\$2,000	\$2,000	\$2,000
Family	\$4,000	\$4,000	\$4,000
Out-of-Pocket Maximum			
Individual	\$2,000	\$2,500	\$2,000
Family	\$4,000	\$5,000	\$4,000
Coinsurance	0%	10%	0%
Lifetime Maximum	Unlimited		Unlimited
Physician & Services			
Primary Care Physician	No Charge after Ded.	10% after Ded.	No Charge after Ded.
Specialist Care Physician	No Charge after Ded.	10% after Ded.	No Charge after Ded.
Preventative Care	No Charge	10% after Ded.	No Charge
Urgent Care	No Charge after Ded.	10% after Ded.	No Charge after Ded.
Hospital Services			
Inpatient	No Charge after Ded.	10% after Ded.	No Charge after Ded.
Outpatient	No Charge after Ded.	10% after Ded.	No Charge after Ded.
Emergency Room	No Charge after Ded.		No Charge after Ded.
Retail & Mail Order (In-Network Only)			
Retail (up to a 30-day supply)	No Charge after Ded.		No Charge after Ded.
Mail Order (up to a 90-day supply)	No Charge after Ded.		No Charge after Ded.

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.networkhealth.com

2020 Semi-Monthly Medical Contributions	POS	HMO
Employee Only	\$56.41	\$18.72
Employee + Family	\$154.90	\$51.39