NETWORK HEALTH PLAN BENEFITS NHTA

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Physician Charges Home Health Services No charge
Hospice Care Services No charge
Hospice Care Services No charge
Family Planning Complete
Family Planning Services \$20 copayment Office Visits (tests, counseling)
Vasectomy/Tubal Ligation (excludes reversals)
Infertility Services
Office Visit (Tests, Counseling) \$20 copayment per visit
Hospital charges No charge
Coverage will be provided for the following services: Testing and treatment services
performed in connection with an underlying medical condition. Testing performed
specifically to determine the cause of infertility. Treatment and/or procedures performed specifically to restore fertility; Artificial Insemination

BENEFIT HIGHLIGHTS (Continued) TMJ - Surgical and Non-Surgical - case-by-case basis. Always excludes appliances and orthodonic treatment. Subject to medical necessity. Moretal Health Services Inpatient Outpatient Up to 20 visits per calendar year No charge Up to 20 visits per calendar year Outpatient Supplied to the Color of t		T
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Individual Family \$1,000 \$2,000 Annual Out-of-Pocket Maximum (OOPM) for all other medical costs Individual Family \$500 \$1,000	Annual Deductible	None
Individual \$500 Family \$1,000	Individual	
Lifetime Maximum None	Individual	
	Lifetime Maximum	None

All services, except for emergency services, routine vision care, routine care provided by a participating OB/GYN, and Mental Health and Substance Abuse services authorized by the mental health services administrator, must be provided by or authorized by your PCP in order to be covered.

Approved Health Clubs may directly bill the plan administrator for covered benefits.

Benefit Exclusions:

Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law:

- 1. Services that are not medically necessary, except specifically outlined preventive care.
- 2. Charges which the person is not obligated to pay.
- 3. Charges made by a hospital owned by or performing services for the U.S. government if the charges are directly related to a sickness or injury connected to military service.
- 4. Custodial services not intended primarily to treat a specific injury or sickness, or any education or training.
- 5. Experimental, investigational or unproven procedures and treatment.
- 6. Cosmetic surgery or therapy.
- Reports, evaluations, examinations, or hospitalizations not required for health reasons, such as employment, insurance or government licenses and court ordered forensic or custodial evaluations.
- 8. Treatment of the teeth or periodontium, unless such expenses are incurred for: (a) charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth; (b) charges made by a Hospital for Bed and Board or Necessary Services and Supplies; or (c) charges made by the outpatient department of a Hospital in connection with surgery.
- 9. Reversal of voluntary sterilization procedures.
- 10. Certain infertility services.
- 11. Transsexual surgery and related services.
- 12. Treatment for erectile dysfunction. However, penile implants are covered with an established medical condition is the cause of erectile dysfunction.
- 13. Therapy to improve general physical condition.
- 14. Charges for the maintenance and repairs of external prostheses due to misuse.
- 15. Surgical treatment for correction of refractive errors, including radial keratotomy.
- 16. Non-prescription drugs.
- 17. Routine foot care.
- 18. Any injury or sickness arising out of, or in the course of, any employment for wage or profit.
- 19. Charges for consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as provided in the Certificate or Summary Plan Description.
- 20. Charges for medical and surgical services intended primarily for the treatment of control of obesity.
- 21. Speech therapy which is not restorative in nature.
- 22. Artificial aids, including but not limited to orthopedic shoes, arch supports, elastic stockings, dentures.

Please note: This list of benefit highlights describes some of the benefits, terms of coverage and exclusions under your network plan. A complete description of the benefits, terms of coverage, exclusions and limitations is provided in the Summary Plan Description.