



FAMILY SAVINGS PLAN™

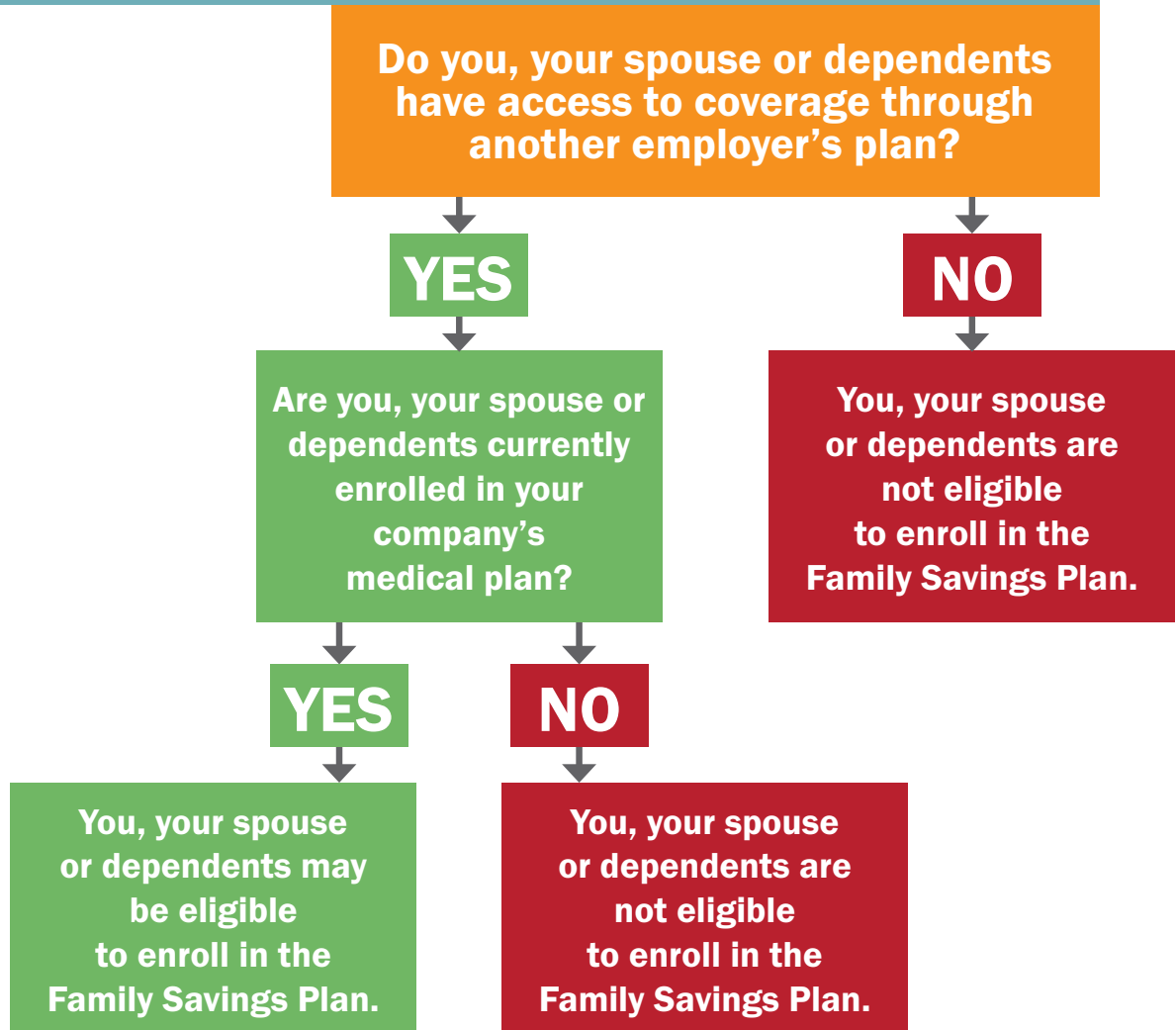
Network Health offers an innovative health plan option called the Family Savings Plan. The Family Savings Plan allows you and your family the opportunity to have up to 100 percent coverage for eligible out-of-pocket expenses when using Network Health participating providers.

FOR EMPLOYEES

Family Savings Plan™ Proprietary and Confidential Trade Secret
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If you and/or any member of your family is currently enrolled in your employer's medical plan, and you, your dependents (children) or spouse has access to another employer-sponsored plan (which may be your spouse's), you may take advantage of the Family Savings Plan by transitioning to the other employer-sponsored plan.

Answer these two simple questions to determine if you could be eligible for the Family Savings Plan



Frequently Asked Questions

What is the Family Savings Plan?

The Family Savings Plan is an enhanced benefit that may allow you and your family to be reimbursed up to 100 percent for eligible out-of-pocket health care expenses (including copayments, coinsurance and deductibles) received under another employer-sponsored plan (which may be your spouse's), if the following requirements are met.

- Coverage under your employer's plan is waived (when you enroll in the other plan)
- Services are covered under the other employer-sponsored medical plan
- Services are received from Network Health participating providers
 - Or, if you live outside the Network Health service area, medical services may be received from in-network providers for the other plan.

Who is not eligible for the Family Savings Plan?

If you are not currently enrolled in your employer's medical plan, you're not eligible to enroll in the Family Savings Plan. The plan is also not available if the other employer-sponsored plan is one of the following.

- High Deductible Health Plan (HDHP) with **active** contributions to a health savings account (HSA)*
- Medicare, Tricare or Medicaid
- Individual plan purchased on or off the Health Insurance Exchange (also known as the Marketplace)
- A stand-alone health reimbursement account (HRA), not paired with a medical plan
- Short-term individual coverage
- Limited Benefit Health Plan under IRS rules

* If HSA employer and employee contributions are **not active** or are discontinued, you, your spouse or dependents may be eligible for the Family Savings Plan.

What does the Family Savings Plan cover?

Covered services are determined by the other employer plan. Family Savings Plan enrollees are reimbursed for all eligible copayments, coinsurance and deductibles incurred **using Network Health providers** under the other employer-sponsored medical plan, up to the maximum out-of-pocket limits established by the Affordable Care Act. Reimbursed claims are not taxable income to Family Savings Plan enrollees.

The other employer-sponsored plan provides coverage for emergency services. The Family Savings Plan may provide reimbursement for emergency services when they are performed by a Network Health participating provider.

What if the premium of the other employer-sponsored plan costs more than the premium with my employer's plan?

You may be reimbursed any difference in plan premium, if the other plan premium is higher than the same coverage through your employer plan. This reimbursement is considered taxable income.

What if the other plan charges a fee for me to join?

If the other employer-sponsored plan charges a fee to add you to the plan, you may be reimbursed for that fee. This reimbursement is considered taxable income.

What if my provider is a Network Health participating provider, but is out-of-network on my spouse's plan?

To be eligible for Family Savings Plan benefits, providers and services must be covered by your spouse's plan. Additionally, **providers must be Network Health participating providers.**

When can I, my spouse or dependents enroll in the Family Savings Plan?

You, your spouse or dependents may enroll during the following times.

- Annual open enrollment period
- Following a qualifying life event, such as an employer implementing a spousal surcharge program
- During a spouse's or dependents' open enrollment period (if the Family Savings Plan is voluntary, enrollees may need to wait for this open enrollment period)
- As a new employee

The Family Savings Plan allows enrollees to be reimbursed up to

100 percent

 for eligible out-of-pocket costs.

This type of coverage is rare in today's health insurance market.

What if my spouse is self-employed and is currently covered as a dependent under my employer's plan? Would we be eligible for the Family Savings Plan?

No, you and your spouse would not be eligible, because your spouse does not have access to medical coverage through another employer-sponsored plan.

What if my spouse works but doesn't work enough hours to qualify for health coverage?

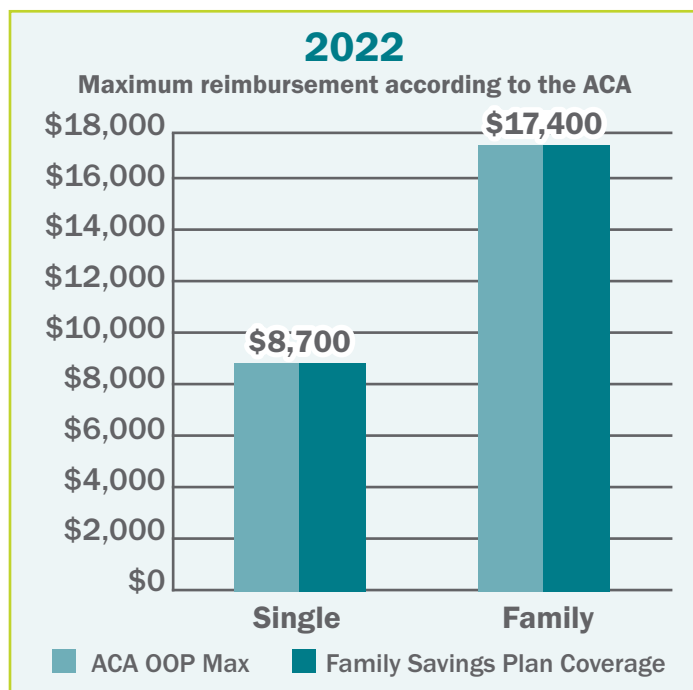
You and your spouse would not be eligible for the Family Savings Plan, because your spouse does not have access to coverage through another employer-sponsored plan.

What if my spouse is not covered under my employer's plan, but he/she is on a Medicare plan?

Medicare is not an employer-sponsored medical plan, therefore, you and your spouse would not be eligible for the Family Savings Plan.

Is there a maximum reimbursement amount?

The Family Savings Plan provides reimbursement up to 100 percent of the maximum out-of-pocket limits as set by the Affordable Care Act (ACA). Additionally, the other employer-sponsored plan will pay 100 percent of in-network medical costs once the ACA out-of-pocket maximum amounts have been reached. The 2022 maximum reimbursement according to the ACA is \$8,700 for one person and \$17,400 for employee plus one or more.



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Which ID card do I show when I receive medical services or get prescriptions?

Show the ID card for the other employer-sponsored plan that covers you, your spouse or your dependents first. Upon enrollment in the Family Savings Plan, our administrator will send you a welcome letter with a Family Savings Plan ID card. Show your Family Savings Plan ID card second. Remember, the Family Savings Plan is an enhanced insurance benefit. It is not a secondary health insurance plan. Your welcome letter will explain this.

Under the Family Savings Plan, how do I get reimbursed for my claims?

To receive your FSP reimbursement for claims you pay out, you need to fill out and submit a Network Health **FSP Claims Reimbursement Form**. When you send the form in, make sure to **include the following documentation**.

- The Explanation of Benefits (EOB)
- A bill or receipt from your provider

Always submit your documentation for reimbursement with an FSP Claim Reimbursement Form.

Send your documents to Network Health by mail, fax or secure email.

**Mail: Network Health
ATTN: Family Savings Plan
P.O. Box 1725
Brookfield, WI 53008-1725**

Fax: 262-825-9690

**Secure Email: familysavingsplan@networkhealth.com
Only email documents if you have access to secure email.**

How long will it take to be reimbursed for claims?

Reimbursements are typically processed within 30 days.



This is not a complete benefit summary. HMO and POS plans underwritten by Network Health Plan. Self-insured plans administered by Network Health Administrative Services, LLC.

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