



# FAMILY SAVINGS PLAN™ COMPARISON WORKSHEET

Enter your current plan information on the left. Follow the instructions within the chart to calculate your potential savings with the Family Savings Plan.

Current Plan	Other Employer-Sponsored Plan and Family Savings Plan
<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Dependent(s) <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Family	<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Dependent(s) <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Family
PREMIUMS	
Current Annual Premium _____	Other Plan Annual Premium _____  <div style="text-align: center;">   <b>Premium Differential Reimbursed by Employer</b>                      \$ _____  <i>(If Other Plan Annual Premium is higher, Family Savings Plan will reimburse the difference.)</i>   </div> <div style="background-color: #f4a460; padding: 5px; text-align: center;">                         Net Premium Cost _____                     </div>
MEDICAL PLAN COSTS	
Deductible _____ Coinsurance _____ Copayments _____ Pharmacy Total _____ <i>(Combined deductible, coinsurance, copayment)</i> Pharmacy Deductible _____ Pharmacy Coinsurance _____ Pharmacy Copayments _____	<div style="font-size: 48px; color: #f4a460;">\$0</div>
No costs are reimbursed	The Family Savings Plan offers <b>100 percent coverage</b> for eligible services received through Network Health participating providers
Total Out-of-Pocket Costs _____ <i>(Combined deductibles, coinsurance, copayments)</i>	Total Out-of-Pocket Costs \$0 <i>(Combined deductibles, coinsurance, copayments)</i>
TOTAL	
Total Family Costs _____ <i>(Current Annual Premium + Total Out-of-Pocket Costs)</i>	Total Family Costs _____ <i>(Net Premium Cost + Total Out-of-Pocket Costs)</i>
Total Savings \$0	Total Savings _____ <i>(Total Family Costs of Current Plan - Total Family Costs of Other Employer-Sponsored Plan and Family Savings Plan)</i>

The Family Savings Plan will also reimburse any spousal surcharge fee charged by the other plan.

## FAMILY SAVINGS PLAN™ COMPARISON SCENARIO

This example shows the cost difference for a family on the current plan and a family on another employer-sponsored plan paired with the Family Savings Plan. The family without the Family Savings Plan must pay out-of-pocket costs. The family with The Family Savings Plan is reimbursed for all out-of-pocket costs for services received through a Network Health participating provider.

	Current Plan	Other Plan and Family Savings Plan
<b>PREMIUMS</b>		
<b>Annual Premium*</b>	\$1,944	\$5,214
<b>Premium Differential Reimbursed by Family Savings Plan</b>	\$ 0	<\$3,270>
<b>Net Premium Cost</b>	\$1,944	\$1,944
<b>MEDICAL PLAN COSTS</b>		
<b>Family Deductible</b>	\$4,000	\$4,000
<b>Reimbursed by Family Savings Plan</b>	\$0	<\$4,000>
<b>Total Out-of-Pocket Costs (Combined deductible, coinsurance, copayment)</b>	<b>\$4,000</b>	<b>\$ 0</b>
<b>TOTAL</b>		
<b>Total Family Costs</b>	\$5,944	\$1,944
<b>Total Savings</b>	\$0	<b>Savings of \$4,000</b>

- \*Current family plan example with: \$2,000 Individual and \$4,000 family deductible; family premium \$1350 PEPM with 12% employee contribution
- Assume spouse has employer coverage with \$2,000 individual and \$4,000 family deductible; employee/children premium is \$1450 PEPM with 25% employee contribution
- Assumes all services with cost share are provided by Network Health participating providers



HMO plans underwritten by Network Health Plan. POS plans underwritten by Network Health Insurance Corporation or Network Health Insurance Corporation and Network Health Plan. Self-insured plans administered by Network Health Administrative Services, LLC. 2477-02-1019

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