

# HEALTH INSURANCE BENEFITS SUMMARY (Mock)

For demo/testing only — plan terms and prices are illustrative, not an actual insurance policy.

**Employer:** Northstar Software, Inc.  
**Plan:** Northstar Preferred PPO (Mock Plan)  
**Carrier:** Acme Health Insurance Co. (Mock)  
**Effective Date:** 2024-01-01

## 1) What this plan covers

- Primary care, specialist visits, urgent care, and emergency services.
- Preventive care at no cost in-network (annual physicals, recommended screenings, immunizations).
- Inpatient and outpatient hospital services, surgery, imaging (X-ray/MRI/CT), and lab work.
- Prescription drug coverage (retail and mail-order) with tiered copays/coinsurance.
- Mental health and substance use disorder services (in-network).
- Maternity and newborn care; pediatric services including well-child visits.

## 2) Networks and referrals

- Network: PPO — you can see any provider, but you pay less in-network.
- No referral required to see specialists in-network.
- Out-of-network services typically have higher cost-sharing and may be subject to balance billing.

## 3) Key terms (plain English)

- Premium: What you pay each paycheck to have coverage.
- Deductible: Amount you pay for covered services before the plan starts sharing costs (some services may be exempt).
- Copay: A fixed dollar amount you pay for a service (e.g., \$30 for a doctor visit).
- Coinsurance: A percentage you pay after the deductible (e.g., 20% of the allowed amount).
- Out-of-pocket maximum: The most you pay in a year for covered in-network care (not including premiums).

# Cost Highlights (Mock)

These examples assume in-network providers unless stated otherwise.

Coverage Tier	Employee per Paycheck (Bi-weekly)	Employer Contribution (Bi-weekly)
Employee Only	\$120.00	\$260.00
Employee + Spouse	\$280.00	\$420.00
Employee + Child(ren)	\$240.00	\$400.00
Family	\$420.00	\$520.00

	In-Network	Out-of-Network
Annual Deductible (Individual)	\$1,500	\$3,500
Annual Deductible (Family)	\$3,000	\$7,000
Out-of-Pocket Max (Individual)	\$5,500	\$10,000
Out-of-Pocket Max (Family)	\$11,000	\$20,000

## Common services (in-network)

Service	You Pay
Preventive care (annual physical, screenings)	\$0
Primary care visit	\$30 copay
Specialist visit	\$60 copay
Urgent care	\$75 copay
Emergency room	\$250 copay + 20% after deductible
Lab tests (basic)	20% after deductible
Imaging (MRI/CT)	20% after deductible (prior auth may apply)
Inpatient hospital stay	20% after deductible
Outpatient surgery	20% after deductible
Mental health outpatient session	\$40 copay

Note: Some services require prior authorization. Out-of-network coverage may be subject to allowed amount limits and balance billing. This summary does not replace the full plan document.

## Prescription, Dental & Vision (Mock)

This page adds typical benefit details used in HR portals.

### Prescription drugs (retail 30-day supply)

Tier	Examples	You Pay (In-Network)
Tier 1 (Generic)	Common generics	\$10 copay
Tier 2 (Preferred brand)	Preferred brands	\$35 copay
Tier 3 (Non-preferred brand)	Non-preferred brands	\$70 copay
Specialty	Specialty meds	20% coinsurance (max \$250)

### Dental (Mock)

- Preventive (exams/cleanings): \$0, 2 per year (in-network).
- Basic services (fillings): 20% after \$50 dental deductible.
- Major services (crowns): 50% after dental deductible.
- Annual dental max benefit: \$1,500 per participant.

### Vision (Mock)

- Annual eye exam: \$10 copay.
- Lenses: \$0–\$25 copay depending on option.
- Frames: \$150 allowance every 12 months; 20% discount over allowance.
- Contacts: \$150 allowance every 12 months (in lieu of frames).

### How to use the plan / file claims

- Find an in-network provider: Use the carrier directory (web portal) and search by specialty/location.
- Bring your member ID card to appointments (digital cards accepted).
- For prior authorization: Ask your provider to submit the request; you can track status in the carrier portal.
- Claims & EOBs: View explanations of benefits (EOB) online; most in-network claims are filed by the provider.
- Customer support (mock): 1-800-555-0199 or support@acmehealth.example