

# Plan Overview

## PPO (FVN)

Benefit description	Insured person(s) responsibility	
	In-network	Out-of-network <sup>1</sup>
<b>Plan maximums<sup>2</sup></b>		
Calendar year deductible	\$500 Individual / \$1,500 Family	\$500 Individual / \$1,500 Family
Out-of-pocket maximum (combined with Rx)	\$4,000 Individual / \$12,000 Family	\$8,000 Individual / \$24,000 Family
Lifetime maximum	No maximum	
Coinsurance	20%	40%
<b>Professional services</b>		
Office visit copay (including specialist consultation) <sup>3</sup>	\$20 (ded waived)	40%
Preventive care services <sup>3</sup>	\$0 (ded waived)	Not covered
Telehealth services through Teladoc	\$0 (ded waived)	Not covered
X-ray and laboratory procedures (includes CT, SPECT, PET, MUGA, and MRI)	20%	40%
Rehabilitation therapy <sup>4</sup>	20%	40%
Self-injectables <sup>5</sup>	30% / \$250 max per 30 day prescription; covered under the pharmacy benefit	Not covered
<b>Hospital services</b>		
Inpatient care	20%	40%
Outpatient services	20%	40%
Outpatient surgery	20%	40%
Skilled nursing facility	20%	40%
<b>Emergency services</b>		
Emergency room facility (copayment waived if admitted)	\$100 + 20%	\$100 + 20% (ded waived)
Urgent care facility	\$20 (ded waived)	40%
Ambulance services (ground and air)	\$50 + 20%	\$50 + 40%
<b>Mental health and chemical dependency services</b>		
Outpatient consultation	\$20 (ded waived)	40%
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0 (ded waived)	40%
Inpatient (includes detoxification)	20%	40%
<b>Other services</b>		
Durable medical equipment <sup>6</sup>	20%	40%
Orthotics and prosthetics	20%	40%
Diabetic equipment	20%	40%
Chiropractic services (\$1,500 per calendar year; PPO and OON combined)	\$20 (ded waived)	40% (\$25 max payable per visit)
Acupuncture	20%	40%

(footnotes on reverse)

<sup>1</sup>Out-of-network reimbursement based on maximum allowable amount. The covered person is responsible for charges in excess of maximum allowable charges in addition to the coinsurance shown. Refer to the definition section of the Certificate of Insurance for details.

<sup>2</sup>All benefits are subject to deductible, except preventive care. The PPO and OON deductibles and OOPM's cross accumulate.

<sup>3</sup>Preventive care: Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab and X-ray services.

<sup>4</sup>Rehabilitation therapy: Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>5</sup>Pre-certification is required by Health Net Pharmacy.

<sup>6</sup>As Preventive care services for women also includes: female contraceptive services, devices and supplies, female family planning, female preventive sterilizations, screening for gestational diabetes, domestic violence and HIV, breastfeeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives and breastfeeding support.

Health Net contracts with Teladoc to provide telehealth services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, nontherapeutic drugs or certain other drugs which may be harmful because of potential abuse.

CA LG (9/19) This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the Certificate of Insurance for all terms and conditions of coverage. PPO insurance plans are underwritten by Health Net Life Insurance Company. Managed Health Network, LLC (MHN) is a subsidiary of Health Net, LLC. The MHN family of companies includes Managed Health Network (CA) and MHN Services, LLC. Managed Health Network is a registered service mark of Managed Health Network, LLC. Health Net Life Insurance Company is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

### *Nondiscrimination Notice*

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

#### **Health Net:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances PO Box 10348, Van Nuys, CA  
91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or [Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at [www.dmhc.ca.gov/FileaComplaint](http://www.dmhc.ca.gov/FileaComplaint).

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.