

Health Net of California, Inc. (Health Net)



Health Net's 2024 HSA-Compatible PPO Plans

YOUR HEALTH CARE, YOUR DOLLARS, YOUR DECISION



[HealthNet.com](https://www.healthnet.com)

HSA-Compatible PPO Plans Put You in Control

Need a smart way to save for qualified medical expenses – on a tax-free basis? HSA-compatible PPO plans combine a Health Net HSA-eligible health plan with a Bank of America HSA.

HSA-Compatible PPO Health Plans

PPO health plan options offer greater freedom to visit the doctor of your choice without a referral.² You get the benefit of in-network copayments when seeing a doctor in the Health Net-contracted network.

Features

- **No referrals** for most covered services.
- **Reduced out of pocket costs** when using our robust network of physicians, practitioners, health professionals, and hospitals.
- **A combined medical and pharmacy deductible.** You pay the full cost of your prescriptions and medical care (at our negotiated rates when using in-network pharmacies and providers) until your yearly deductible is met.
- **Toll-free health plan customer service at 800-522-0088.**
- Explanation of Benefits statements that explain exactly what you owe.



Save time online –

Plan benefit information, ID card ordering and more are available anytime you want them at www.healthnet.com.

You can also check HSA balances, order additional debit cards and more at myhealth.bankofamerica.com/login.

The HSA for Life[®] Health Savings Account (HSA) from Bank of America³

This easy-to-use program lets you contribute to your account, earn interest and pay for qualified medical expenses, while gaining tax advantages along the way. You can save for current and future medical expenses because the unused funds in your HSA roll over from year to year. The HSA for Life stays with you even if you change jobs or retire.⁴

Features

- You can make **tax-deductible contributions** up to the IRS maximum, as well as tax-free withdrawals to pay for qualified medical and pharmacy expenses.⁵
- **Unused funds roll over year after year while earning interest tax-free.**⁵
- **You control how your health care dollars are spent.**
- **The HSA belongs to you;** you keep it even if you change jobs or retire.
- You can save for **future medical expenses.**



Step-by-Step Enrollment

1 Enroll in the Health Net HSA-compatible PPO health plan by completing your Health Net enrollment form.

You will also enroll in The HSA for Life from Bank of America (instructions will be provided to you by your employer or by your authorized Health Net agent/producer).

2 Decide how much you'd like to contribute to your HSA.

For 2024, the maximum contribution is \$4,150 for individuals and \$8,300 for families. Some key questions to consider:

How much is my deductible?

What are the HSA annual contribution limits?

How often does my family visit the doctor?

Refer to “*Is an HSA-Compatible PPO Plan Right for Me?*” as well as the HSA questions and answers section of this brochure for help. HSA contributions may be made in a one time, lump sum amount, or they may be made through pre-tax payroll deductions if offered by your employer.

3 To sign up for The HSA for Life from Bank of America:

- Visit myhealth.bankofamerica.com/login.⁶
- Go to “New Users” and enter the code provided to you by your employer or authorized Health Net agent/producer. Then click *Get Started* to register.
- Follow the prompts to complete and submit your application.
- Once approved, you’ll receive your welcome kit and The HSA for Life Visa debit card, which you can use to pay for qualified expenses with funds from your HSA. You’ll receive your materials about a week before your coverage becomes effective.

Once Health Net sets up your company in our systems, we will send you a Health Net PPO Member ID card and a welcome letter.



The HSA for Life Visa[®] card

How it works – When you use The HSA for Life Visa[®] debit card from Bank of America, funds are taken directly out of your HSA. You have no claims to file, and there’s no need to be reimbursed. Just pay for eligible health care products and services by presenting your card or swiping it at the point of service. You can use your card anywhere Visa debit cards are accepted.

Is an HSA-Compatible PPO Plan Right for Me?

The following examples assume that plan deductibles have not been met. Medical and pharmacy expenses are rough estimates for illustrative purposes only.

CASE STUDY #1 – The Lee family of four



The Lee family had a few medical situations the previous year. Even though their medical expenses were around \$1,500 last year, they decided to increase their HSA contribution to \$2,000 for the coming year. With a growing family, the increase gives the Lees peace of mind against unplanned medical expenses. The Lees will also pay their appropriate monthly plan premium and applicable deductible.

Covered service	Cost	Deductible	Health Net pays	Employee pays (using HSA account)
Four preventive care visits ¹	\$720	Deductible is waived for preventive care ¹	\$720	\$0
Two unexpected office visits	\$225	Must first meet deductible	\$0	\$225
Three drug prescriptions	\$150	Must first meet deductible	\$0	\$150
One outpatient surgery	\$500	Must first meet deductible	\$0	\$500
Three physical therapy visits	\$360	Must first meet deductible	\$0	\$360
Total medical expenses				\$1,235
Balance left in HSA account (\$2,000 HSA – \$1,235 expenses)				\$765
Tax savings:⁷ \$660 (based on the Lees' 33% tax bracket, their tax savings is \$660 for an effective contribution cost of only \$1,340)				

CASE STUDY #2 – Chelsea



During the previous year, Chelsea had routine preventive services and also experienced several mild illnesses. So based on her medical expenses from a year earlier, she chose to contribute a total of \$400 to her HSA for the coming year. In addition, she will also pay her appropriate monthly plan premium and applicable deductible.

Covered service	Cost	Deductible	Health Net pays	Employee pays (using HSA account)
One preventive care visit ¹ (covered at 100%)	\$180	Deductible is waived for preventive care ¹	\$180	\$0
Routine OB/GYN visit ¹ (covered at 100%)	\$200	Deductible is waived for preventive care ¹	\$200	\$0
Two unexpected office visits	\$225	Must first meet deductible	\$0	\$225
Two drug prescriptions	\$100	Must first meet deductible	\$0	\$100
Total medical expenses				\$325
Balance left in HSA account (\$400 HSA – \$325 expenses)				\$75
Tax savings:⁷ \$100 (based on Chelsea's 25% tax bracket, her tax savings is \$100 for an effective contribution cost of only \$300)				



Benefit from a Health Savings Account (HSA) by saving money into a tax-advantaged account for current and future qualifying medical expenses.

Questions and Answers

The HSA

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax-advantaged savings account (under IRS Code Section 223) that you may establish and put money into on a tax-advantaged basis to save for current and future qualifying medical expenses. The HSA is designed to work together with an HSA-eligible health plan – Use the funds in the HSA to pay for qualified medical expenses such as doctor visits, prescriptions and even some over-the-counter medications. The HSA is often referred to as a “medical 401(k)” because the account is owned by you (it is not a group plan), and it earns tax-free interest,⁸ rolls over from year to year, and stays with you whether you change jobs, health plans or even in retirement.

Who is eligible for an HSA?

You can contribute to an HSA only if enrolled in a qualified high-deductible health plan (HDHP). Also, you must not be enrolled in Medicare, claimed as a dependent on another’s tax return or enrolled in another health plan that is not a qualified HDHP.⁹

What are the advantages of an HSA?

- The HSA belongs to you. You keep it even if you change jobs or retire.
- HSA funds can be invested, and earnings are tax-free.⁸ Contributions to your HSA are tax-free.⁸
- Withdrawals for qualified medical expenses are tax-free.⁸ There is no time limit for withdrawing or using funds as long as the funds are withdrawn for medical expenses that were incurred in the same tax year.

What kinds of expenses can be paid with a Health Savings Account?

Only those expenses described as qualified medical expenses in IRS Code Section 223 can be paid with funds from an HSA. Generally, these include, but are not limited to, the following:¹⁰

- standard medical services such as office visits and annual medical physicals;
- insulin, health care products and prescription medicine;
- preventive and restorative dental care, as well as orthodontia for children and adults;
- eyeglasses, contact lenses and solutions, and laser eye surgery;
- copayments, coinsurance and deductibles; and
- acupuncture and chiropractic services.

A comprehensive list of qualified medical expenses as defined by the IRS can be found at www.irs.gov/pub/irs-pdf/p502.pdf. (Please note that some of the expenses listed in publication 502 cannot be reimbursed from an HSA. You should check with a qualified tax or legal advisor for more information.)

Note: If a withdrawal is made from an HSA to pay for items other than qualified medical expenses, the IRS may impose a 20% excise tax. Certain exclusions apply. You should consult with your personal tax advisor.

How much can be contributed to an HSA?

For 2024, the maximum annual contribution for single coverage is \$4,150 and \$8,300 if you have family coverage.

If you are or will be age 55 or older before the end of 2024, you may also contribute an additional \$1,000. Each year, contribution amounts may be subject to annual cost-of-living adjustments.

The HSA-compatible health plan

What is an HSA-compatible health plan?

This is a plan that meets federal requirements for qualifying an individual to establish a tax-advantaged HSA. Among other things, for 2024 the plan must have a combined medical and pharmacy deductible of at least \$1,600 (self-only) and \$3,200 (family).

What are the advantages of Health Net HSA-compatible PPO plans?

- You have the freedom to visit any licensed health care provider and be eligible for plan coverage – no referrals required.¹¹
- You get reduced out of pocket costs when using our robust network of physicians, practitioners, health professionals, and hospitals.
- Preventive care is covered right away and is not subject to the yearly plan deductible.

How does the combined medical and pharmacy deductible work?

Unlike most plans, the deductible in an HSA-compatible PPO plan applies to the pharmacy benefit, as well as the medical benefit.

- **Self-only coverage:** You pay the full cost (at Health Net's negotiated rates) for all prescriptions and covered medical expenses until your deductible is met.
- **Family plan coverage (two or more members enrolled on your health plan):** Each individual enrolled in the plan pays the full cost (at Health Net's negotiated rate) for all prescriptions and covered medical expenses until the individual deductible is met. The family deductible is satisfied when two or more individuals in the family collectively satisfy the deductible amount.



Extras that Count

Every HSA-compatible PPO plan comes complete with valuable extras, including:



Health & Wellness – Health Net has integrated programs created to engage you in your health. With personalized tools and achievable goals, you can feel confident in your ability to make positive and lasting behavioral changes. Health Net helps you build healthy habits and make informed decisions, at no extra charge:

- Get help with a specific health goal.
- Track diet, exercise or cholesterol.
- Try online health promotion programs.
- Learn about health risks.
- Explore treatment options.
- Adapt to living with illness.



Health Promotion Programs – Providing interactive ways to address and improve health risk factors.

Healthy Discounts – Value-added discounts on lifestyle improvements, services, products, and more to support your health goals.



healthnet.com – Our dynamic website gives you just what you're looking for, with simple navigation and easy-to-find information, for an interactive and satisfying health plan experience.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, gender affirming care, 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:

Individual & Family Plan (IFP) Members On Exchange/Covered California 1-888-926-4988 (TTY: 711)

Individual & Family Plan (IFP) Members Off Exchange 1-800-839-2172 (TTY: 711)

Individual & Family Plan (IFP) Applicants 1-877-609-8711 (TTY: 711)

Group Plans through Health Net 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 (Members) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

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.

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>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) 1-800-522-0088

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。

Hindi

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषयिा प्राप्त कर सकते हैं। आपको दस्तावेज पढ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711)।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntwav kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntwam koj daim npav los yog hu 1-800-522-0088 (TTY: 711).

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088 (TTY: 711)。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하십시오 1-800-522-0088 (TTY: 711).

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béésh bee hane'í bikáa' áají' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی . 1-800-522-0088 (TTY: 711)

Panjabi (Punjabi)

ਬਨਿੰ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочесть документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).

Flexibility and Choice Meet Tax-Saving Opportunities!

THAT'S HEALTH NET'S HSA-COMPATIBLE PPO PLAN –
SIMPLY MAKING HEALTH CARE WORK FOR YOU.



Questions? We're here with answers.

For questions about your health plan, call Health Net Member Services at:

800-522-0088

For questions about The HSA for Life from Bank of America, call 866-791-0250, Monday through Friday, 8:00 a.m. to 11:00 p.m. Eastern time, or check out the online HSA Tools and Resources by visiting myhealth.bankofamerica.com/login.

¹Applies to nongrandfathered (NG) plans effective September 23, 2010, or later. \$0 member cost-share applies to preventive care visits and preventive OB/GYN visits with in-network providers only.

²You may need to precertify certain types of hospital- and other facility-based care to be eligible for coverage. This overview provides benefit information highlights only. Your plan contract, which you will receive after you enroll, contains the exact terms and conditions of your Health Net coverage.

³HSA administration services are provided by Bank of America, N.A. Investments in HSAs are not FDIC insured, may lose value and are not bank guaranteed. The HSA custodian, Bank of America, N.A., is not a registered broker dealer. Promotional materials describing The HSA for Life have been approved and authorized by Bank of America. For further information about HSAs, call Bank of America HSA Customer Care at 1-866-791-0250.

⁴This is federal tax information. State taxes may apply. Tax information is for general purposes only. For more detailed information about the tax implications of an HSA, please contact a professional tax advisor. Qualified medical expenses also include services such as vision, dental and prescription drugs. A list of qualified medical expenses can be found in IRS Publication 502 – Medical and Dental Expenses, which you can find at www.irs.gov. Simply enter “502” in the Search field.

⁵This is federal tax information. State taxes may apply. Tax information is for general purposes only. For more detailed information about the tax implications of an HSA, please contact a professional tax advisor.

⁶If you do not have online access, please contact your employer.

⁷Case study and tax savings examples are for illustrative purposes only. For more detailed information about the tax implications of an HSA, please contact a professional tax advisor.

⁸This is federal tax information only. State taxes may apply. Tax information is for general purposes only. For more detailed information about the tax implications of an HSA, please contact a professional tax advisor.

⁹Exceptions include EAP plans, disease management programs, wellness programs, and “limited purpose” HRAs and FSAs, as well as AD&D, disability, vision, dental, long-term care, workers’ compensation, or limited coverages, such as those for a specific disease or illness that pay fixed amounts per day of hospitalization.

¹⁰Qualified medical expenses generally do not include premiums paid for health coverage except for COBRA insurance, qualified long-term care insurance, health insurance for individuals receiving unemployment compensation, Medicare, and retiree health insurance. Medicare Supplement premiums are not qualified medical expenses.

¹¹Out-of-network services result in lower benefits. You may need to precertify certain types of hospital- and other facility-based care to be eligible for coverage. This overview provides benefit information highlights only. Your plan contract, which you will receive after you enroll, contains the exact terms and conditions of your Health Net coverage.