



# HSA BENEFIT PLAN AND RATE OVERVIEW



## YOUR HEALTH, YOUR FINANCES, YOUR DECISION *Effective November 1, 2011*

When it comes to health care coverage, you need the confidence of knowing that you're in control. With Health Net's HSA-compatible plans, you get this and so much more.

Our HSA-compatible plans give you tools to help keep you healthy, as well as coverage for those unexpected events. And with your health savings account, you experience real tax advantages and more control over your health care dollar.

The health care coverage you need. The tax saving opportunities you want. That's Health Net's HSA-compatible plans.

### YOUR MONTHLY PLAN PREMIUM RATES

Turn to the rate page in this brochure to find your monthly plan premium rate. Find your age, gender and the Arizona county where you live. It's that simple!

If other members of your family are also applying for coverage, follow the same process, then add up the rates for each individual.

For more information, call Health Net Individual & Family Plans at 1-888-463-4875, option 3.





## THE BENEFITS OF HEALTH NET'S HSA-COMPATIBLE PLANS

Freedom comes from knowing that you're in control when it comes to your medical expenses. With Health Net's HSA-compatible plans, it's easy to choose the care that's right for you and manage your health care costs at the same time.

We pair our Health Net high-deductible, HSA-compatible PPO plans with a health savings account to give you tax-free dollars to pay for your qualified medical expenses. All you have to do is enroll to start getting the health care you need, along with the tax saving benefits you deserve.

Here's how our HSA-compatible plans work:

- All benefits including pharmacy are subject to the deductible, except preventive care. This means you pay for the full cost of medical services and prescriptions, at our discounted rates, until your annual deductible has been met. Then the plan coverage kicks in.

Health Net will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible.

Similar to PPO plans, our HSA-compatible plans give you flexibility and choice:

- Freedom to visit any licensed provider – you don't need a referral.
- Preventive care through in-network providers for services like routine exams, immunizations and screenings.<sup>1</sup>
- Access to a large doctor network of more than 3,200 primary care physicians, 2,800 specialists and more than 50 hospitals in Arizona.
- Ability to use both in- and out-of-network providers – you'll pay less when you use in-network providers.
- Convenience of no claim forms when using in-network services.

With Health Net's HSA-compatible plans, you get protection from the unexpected and the tax saving advantages of a health savings account. That's a great combination!

<sup>1</sup>These services are not subject to deductible.



## HSA-COMPATIBLE PLANS FIT YOUR BUDGET, FIT YOUR LIFE

Everyone is looking for ways to save on health care expenses. So it's easy to see why a health savings account (HSA) is a good choice.

An HSA is an individually owned savings account, similar to an IRA or 401(k) retirement plan, except that funds are used to pay for qualified medical expenses (QME) – medical and dental copayments and deductibles, prescription and over-the-counter medications and other health-related services and therapies.<sup>2</sup>

### HSA Advantages

- HSA funds used for qualified medical expenses are tax-free.<sup>2</sup>
- There's no time limit for using HSA funds; they rollover from year to year.
- Your contributions, up to the IRS maximum, and withdrawals are tax-free as long as they are used for QMEs.<sup>2</sup>
- The HSA account belongs to you.
- After you retire, your HSA funds become tax deferred.

## MORE WAYS TO SAVE TIME AND MONEY

Decision Power<sup>®</sup>: When it comes to your health, there's more than one right answer. That's why every Health Net plan comes with Decision Power – the program that brings together under one roof the information, resources and personal support that fit you, your health and your life. Whether you're focused on staying fit, dealing with back pain or facing a serious diagnosis, we're here to help you work with your doctor and make informed decisions.

Online resources: At [www.healthnet.com](http://www.healthnet.com), we make it fast and easy to get things done on your schedule. As a Health Net member, you can check your benefits, order ID cards, compare treatment costs and hospital quality, look up pharmacy information, try interactive wellness tools and more.

Take a look at the HSA-compatible plan benefits and rates in this brochure. You're sure to find the one that's right for you.

<sup>2</sup>A full list of qualified medical expenses can be found at [www.irs.gov](http://www.irs.gov). Qualified medical expenses generally do not include premiums paid for health coverage except for:

- COBRA insurance.
- Qualified long-term care insurance and expenses.
- Health insurance premiums for individuals receiving unemployment compensation.
- Medicare and retiree health insurance premiums, but not Medicare Supplement premiums.

# HEALTH NET OF ARIZONA OVERVIEW OF INDIVIDUAL AND FAMILY HSA-COMPATIBLE PPO PLANS

This benefit chart is a summary only. For benefit details, please see your Schedule of Benefits and Policy. The information below shows the high-deductible PPO plans that can be used in conjunction with a Health Savings Account.

BENEFITS	PPO \$3,000 / \$6,000 / 100 / 50%		PPO \$5,000 / \$10,000 / 100 / 50%	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (includes medical and prescription; per calendar year)	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
<b>Maximum lifetime benefits</b>	Unlimited		Unlimited	
<b>Out-of-pocket maximum, including deductible</b>	\$3,000 individual \$6,000 family	\$10,000 individual \$20,000 family	\$5,000 individual \$10,000 family	\$12,500 individual \$25,000 family
<b>Inpatient hospital services</b> (including physician, facility and surgery charges)	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Outpatient hospital services / ambulatory surgical center services</b>	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Office visits</b>	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Preventive care</b> – preventive office visits, preventive lab and X-ray, Pap smear and mammogram, prostate screening, immunizations, colorectal cancer screening (including, but not limited to colonoscopy), vision and hearing screenings	0%, not subject to deductible	50%, subject to deductible	0%, not subject to deductible	50%, subject to deductible
<b>Outpatient laboratory and X-ray services</b>	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Outpatient imaging and testing services</b> (including but not limited to CT scans, MRIs, MRAs and PET / SPECT scans)	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Prenatal and postpartum care</b>	Not covered		Not covered	
<b>Maternity care</b>	Not covered except for complications of pregnancy		Not covered except for complications of pregnancy	
<b>Outpatient prescription drugs</b> Up to a 31-day supply. Quantity limits may apply.	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Emergency room services</b>	0%, subject to deductible	0%, subject to deductible	0%, subject to deductible	0%, subject to deductible
<b>Ambulance services</b> (medical emergency only)	0%, subject to deductible	0%, subject to deductible	0%, subject to deductible	0%, subject to deductible
<b>Urgent care services</b>	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Rehabilitative services</b> (limited to short-term, maximum of 60 days per calendar year)	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Skilled nursing facility services</b> (limited to 60 days per calendar year)	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible
<b>Mental health services</b> Outpatient: Limited to short-term evaluation or crisis intervention. Maximum of 10 visits per calendar year.	<b>Inpatient:</b> Not covered <b>Outpatient:</b> 0%, subject to deductible	<b>Inpatient:</b> Not covered <b>Outpatient:</b> 50%, subject to deductible	<b>Inpatient:</b> Not covered <b>Outpatient:</b> 0%, subject to deductible	<b>Inpatient:</b> Not covered <b>Outpatient:</b> 50%, subject to deductible
<b>Chiropractic</b> Covered services for spinal manipulations are covered when determined to be medically necessary by Health Net.	0%, subject to deductible	50%, subject to deductible	0%, subject to deductible	50%, subject to deductible

## HSA-COMPATIBLE PPO PLAN RATES EFFECTIVE JUNE 1, 2011

COCHISE, MARICOPA, PINAL AND SANTA CRUZ COUNTIES				
Age	\$3,000 / \$6,000 / 100% / 50%		\$5,000 / \$10,000 / 100% / 50%	
	Male	Female	Male	Female
0	433	433	321	321
1	185	185	138	138
2-6	106	106	79	79
7-14	102	102	76	76
15-18	99	115	73	86
19-22	86	137	63	101
23	86	137	63	101
24	87	137	64	101
25	87	137	64	101
26	88	137	64	101
27	88	137	65	101
28	90	137	66	101
29	92	138	67	102
30	94	138	69	102
31	95	139	70	102
32	97	139	71	104
33	101	143	76	106
34	107	146	79	109
35	111	150	82	111
36	115	153	85	114
37	120	157	88	116
38	129	159	95	118
39	140	162	104	120
40	150	165	111	122
41	160	168	118	123
42	170	170	126	125
43	178	185	131	137
44	186	202	138	149
45	195	217	144	160
46	203	233	149	172
47	211	249	155	184
48	227	257	167	189
49	242	265	178	196
50	258	272	189	202
51	273	280	201	207
52	288	289	212	213
53	302	300	223	223
54	316	313	233	231
55	330	324	243	239
56	345	336	254	248
57	358	349	264	257
58	375	355	276	262
59	391	362	288	267
60	408	368	300	271
61	424	376	312	276
62	440	382	324	282
63	456	389	336	286
64	473	396	348	291

PIMA COUNTY				
Age	\$3,000 / \$6,000 / 100% / 50%		\$5,000 / \$10,000 / 100% / 50%	
	Male	Female	Male	Female
0	379	379	277	277
1	162	162	119	119
2-6	92	92	68	68
7-14	89	89	66	66
15-18	86	102	64	75
19-22	70	111	51	81
23	70	111	51	81
24	71	111	51	81
25	71	111	52	81
26	72	111	52	81
27	72	111	52	81
28	74	111	53	81
29	75	112	54	82
30	76	112	56	82
31	77	112	57	82
32	78	113	58	83
33	82	116	61	85
34	86	119	63	87
35	90	122	66	89
36	93	125	68	91
37	97	128	71	93
38	105	129	77	95
39	114	131	83	97
40	122	133	89	98
41	130	135	95	100
42	138	136	102	102
43	145	149	106	111
44	151	162	111	120
45	158	175	115	130
46	165	188	120	139
47	171	201	125	148
48	184	207	134	153
49	196	213	144	158
50	209	220	153	162
51	221	226	163	167
52	233	232	172	172
53	245	242	180	179
54	256	252	188	186
55	267	262	197	193
56	279	272	205	200
57	290	282	213	207
58	303	287	223	211
59	317	293	233	215
60	330	298	243	219
61	343	304	253	223
62	356	309	263	227
63	369	315	273	232
64	383	321	282	236

OTHER COUNTIES				
Age	\$3,000 / \$6,000 / 100% / 50%		\$5,000 / \$10,000 / 100% / 50%	
	Male	Female	Male	Female
0	520	520	382	382
1	223	223	164	164
2-6	126	126	95	95
7-14	124	124	90	90
15-18	119	137	87	101
19-22	101	166	75	122
23	102	165	75	122
24	104	165	76	121
25	105	164	76	121
26	105	164	77	120
27	106	162	77	120
28	108	164	79	121
29	111	165	81	122
30	113	166	83	122
31	115	167	85	123
32	117	168	87	124
33	123	172	91	127
34	128	176	94	129
35	134	180	98	132
36	139	184	102	136
37	145	188	107	138
38	156	191	115	141
39	168	194	124	144
40	179	197	132	146
41	191	200	142	149
42	203	202	150	151
43	213	221	157	166
44	224	241	165	179
45	234	260	172	193
46	244	279	179	207
47	255	299	186	220
48	273	308	200	228
49	292	318	214	235
50	309	327	228	242
51	328	337	242	249
52	347	347	256	257
53	363	360	268	267
54	380	375	280	277
55	396	389	293	288
56	414	403	305	299
57	431	417	318	309
58	450	425	332	315
59	470	435	347	321
60	490	444	360	326
61	509	452	375	332
62	529	462	389	337
63	549	470	404	344
64	569	479	418	350

Rates are subject to change. The above rates are the Health Net standard rates. You may be assigned to a non-standard rate based upon the results of the medical underwriting process.



#### PROTECTING YOUR HEALTH INFORMATION

Once you become a Health Net member, Health Net uses and discloses a member's protected health information for purposes of treatment, payment, and health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access and to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. Health Net releases protected health information to plan sponsors for administration of self-funded plans but does not release protected health information to plan sponsors or employers for insured products unless the plan sponsor is performing a payment or health care operation function for the plan.

#### EXCLUSIONS AND LIMITATIONS

The exclusions and limitations presented in this Benefit Overview are not comprehensive. For a full list of exclusions and limitations, see the Evidence of Coverage for HMO Plans or Policy for PPO Plans. You may obtain a copy of these documents prior to enrolling or at any time by contacting us at 1-888-463-4875.

Exclusions and limitations include but are not limited to:

**PPO plans:** Precertification is required for certain services. Failure to obtain precertification will result in a reduction in benefits. For a comprehensive list of services requiring precertification, see the Policy. Services that must be precertified include, but are not limited to: Hospital inpatient admissions (non-emergency, including acute, subacute or rehabilitation), hospital observation stays (less than 24 hours), mental health and substance abuse inpatient admissions, skilled nursing inpatient facility admissions, transplants/transplant services, select outpatient procedures, select rehabilitative programs and therapies, select durable medical equipment, home health care services (including home infusion therapy), non-emergent ambulance and transportation services, prosthetics, oncology services, podiatry services, sleep studies, oxygen and related breathing equipment, epidural steroid injections, magnetic resonance imaging (MRI), computerized axial tomography (CAT), positron emission tomography (PET) scans, magnetic resonance angiography (MRA), self-injectable medications (except insulin), select in-office pharmacy injectables.

Coverage for maternity services is limited to complications of pregnancy.

**HMO and PPO plans:** The following services and/or procedures are either limited in coverage or excluded from coverage under these health plans. These services include, but are not limited to: comfort/convenience items, hearing aids, cosmetic surgery, court-ordered care, custodial care, experimental/investigational procedures and drugs, gender alterations, infertility services, inpatient mental health services, long-term rehabilitative services, obesity, paternity testing, radial keratotomy, substance abuse treatment programs, mail-order prescriptions, employment counseling, exercise programs, fraudulent services, missed appointments, temporomandibular joint disorder, vocational programs. For a complete list, refer to either the Evidence of Coverage for HMO plans or Policy for PPO plans.

In- and out-of-network benefits are subject to deductible, then a percentage of eligible medical expenses.

All drugs covered by your outpatient prescription benefit are placed in one of four tiers on the Preferred Drug List (PDL). The lower the tier, the lower your copayment. The Health Net PDL is a listing of covered medications. Some drugs on the PDL may require prior authorization from Health Net. Prescriptions are limited to a 31-day supply. Other quantity limitations may apply.

Skilled nursing coverage is limited to 60 days per calendar year.

Expenses you incur for the following cannot be used to satisfy the out-of-pocket maximum: failure to follow prior authorization/precertification guidelines, mental illness, substance abuse, infertility, use of emergency room for non-emergent care, prescription drugs, copayments, limitations, exclusions. Check your Evidence of Coverage or Policy.

**High-deductible PPO plans:** Preventive health care services are defined as routine physical, Pap smear, mammography and PSA screenings. For a complete list see the Policy.



You have access to Decision Power through your current enrollment with any of the following Health Net companies: Health Net of Arizona, Inc.; Health Net Life Insurance Company.

Decision Power is not part of Health Net's commercial medical benefit plans. Also, it is not affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power services, including Health Coaches, are additional resources that Health Net makes available to enrollees of Health Net of Arizona, Inc. and Health Net Life Insurance Company. In Arizona, Health Net of Arizona, Inc. underwrites benefits for HMO plans, and Health Net Life Insurance Company underwrites benefits for indemnity plans and life insurance coverage. Health Net of Arizona, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net and Decision Power are registered service marks of Health Net, Inc. All rights reserved.