

Medical plans



Plan name	Deductible		Coinsurance	Medical out-of-pocket maximum ¹	Office visit		In-network hospital		Outpatient lab and X-ray	Outpatient comprehensive imaging	ER
	In-network Ind / Fam	OON Ind / Fam			In-network	In-network Ind / Fam	PCP	Spec.			
PPO – available statewide											
PPO 101	\$1,000 / \$2,000	\$3,000 / \$9,000	30%	\$6,000 / \$12,000	\$25	\$50	30%	30%	\$50	30%	\$250
PPO 102	\$1,000 / \$2,000	\$3,000 / \$9,000	20%	\$6,000 / \$12,000	\$25	\$50	20%	20%	\$50	20%	\$250
PPO 103	\$2,500 / \$5,000	\$5,000 / \$10,000	20%	\$6,600 / \$13,200	\$25	\$50	20%	20%	\$0	20%	\$250
PPO 104	\$2,500 / \$5,000	\$5,000 / \$10,000	0%	\$6,600 / \$13,200	\$15	\$30	0%	0%	\$0	0%	\$250
PPO 105	\$3,000 / \$6,000	\$6,000 / \$12,000	0%	\$6,600 / \$13,200	\$30	\$60	0%	0%	\$0	CT \$250 MRI/PET \$400	\$450
PPO 106	\$3,000 / \$6,000	\$6,000 / \$18,000	30%	\$6,600 / \$13,200	\$30	\$60	30%	30%	\$0	30%	30%
PPO 107	\$5,000 / \$10,000	\$10,000 / \$20,000	0%	\$6,600 / \$13,200	\$20	\$40	0%	0%	\$0	CT \$400 MRI/PET \$1,000	\$250
PPO 108	\$5,000 / \$10,000	\$10,000 / \$20,000	0%	\$6,600 / \$13,200	\$30	\$60	0%	0%	\$0	CT \$250 MRI/PET \$400	\$450
PPO 109	\$5,000 / \$10,000	\$10,000 / \$30,000	30%	\$6,600 / \$13,200	\$30	\$60	30%	30%	\$0	30%	30%
PPO 110	\$5,600 / \$11,200	\$15,000 / \$30,000	0%	\$6,600 / \$13,200	\$25	\$50	0%	0%	\$0	0%	\$250
PPO 111	\$5,600 / \$11,200	\$12,000 / \$24,000	0%	\$6,600 / \$13,200	\$30	\$60	0%	0%	\$0	CT \$250 MRI/PET \$400	\$450
PPO 112	\$5,600 / \$11,200	\$15,000 / \$30,000	30%	\$6,850 / \$13,700	\$40	\$80	30%	30%	\$75	CT \$500 MRI/PET \$1,000	30%
PPO 113	\$5,600 / \$11,200	\$15,000 / \$30,000	40%	\$6,850 / \$13,700	\$50	\$100	40%	40%	\$100	40%	40%
PPO 114	\$5,600 / \$11,200	\$15,000 / \$30,000	40%	\$6,850 / \$13,700	\$50	\$100	40%	40%	\$100	CT \$500 MRI/PET \$1,000	\$500
PPO 115	\$6,850 / \$13,700	\$18,000 / \$36,000	0%	\$6,850 / \$13,700	\$50	0%	0%	0%	0%	0%	0%
PPO 116	\$2,000 / \$4,000	\$4,000 / \$8,000	20%	\$6,600 / \$13,200	\$25	\$50	20%	20%	\$0	20%	\$250
PPO 117	\$500 / \$1,000	\$1,000 / \$2,000	20%	\$4,500 / \$9,000	\$25	\$50	20%	20%	\$0	20%	\$250
PPO 118	\$3,000 / \$6,000	\$6,000 / \$12,000	20%	\$4,000 / \$8,000	\$25	\$50	20%	20%	\$0	20%	\$350
PPO 119	\$4,000 / \$8,000	\$8,000 / \$16,000	30%	\$5,000 / \$10,000	\$30	\$50	30%	30%	\$0	30%	\$350
PPO 120	\$7,350 / \$14,700	\$18,000 / \$36,000	0%	\$7,350 / \$14,700	\$50	\$100	0%	0%	\$100	0%	0%

(continued)

Medical plans (continued)

Plan name	Deductible		Coinsurance	Medical out-of-pocket maximum ¹	Office visit		In-network hospital	Outpatient lab and X-ray	Outpatient comprehensive imaging	ER	
	In-network Ind / Fam	OON Ind / Fam			In-network	In-network Ind / Fam					PCP
HMO Self-referral – available statewide											
HMO SR 100	None	N/A	N/A	\$5,000 / \$10,000	\$15	\$30	\$500/day, days 1–3	\$250	\$0	\$50	\$250
HMO SR 101	\$500 / \$1,000	N/A	10%	\$5,500 / \$11,000	\$20	\$40	10%	\$250	\$0	\$50	\$250
HMO SR 102	\$2,500 / \$5,000	N/A	0%	\$6,600 / \$13,200	\$15	\$30	0%	0%	\$0	0%	\$250
HMO SR 103	\$5,000 / \$10,000	N/A	0%	\$6,600 / \$13,200	\$15	\$30	0%	0%	\$0	0%	\$250
PPO HSA-Compatible² – available statewide											
HSA 101 ED	\$3,000 / \$6,000	\$4,500 / \$9,000	0%	\$3,000 / \$6,000	0%	0%	0%	0%	0%	0%	0%
HSA 102 ED	\$5,000 / \$10,000	\$6,500 / \$13,000	0%	\$5,000 / \$10,000	0%	0%	0%	0%	0%	0%	0%
HSA 103 ED	\$5,000 / \$10,000	\$6,500 / \$13,000	30%	\$5,500 / \$11,000	30%	30%	30%	30%	30%	30%	30%
HSA 104 ED	\$5,000 / \$10,000	\$6,500 / \$13,000	30%	\$6,550 / \$13,100	30%	30%	30%	30%	30%	30%	30%
HSA 105 ED	\$2,700 / \$5,400	\$4,000 / \$8,000	0%	\$2,700 / \$5,400	0%	0%	0%	0%	0%	0%	0%

¹All plans apply pharmacy benefits to the medical out-of-pocket maximum (OOPM). The deductible on all copayments is waived. Coinsurance is subject to deductible.

²The family deductible and out-of-pocket maximum have an embedded per member accumulation/accrual provision. HealthEquity integrated HSA and HRA options are available.

Pharmacy plans

PPO 3-Tier													
PPO Retail				PPO Mail Order					PPO Specialty Pharmacy				PPO Rx deductible
Tier 1	Tier 2	Tier 3	Tier 4	Mail X	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
\$15	\$30	\$50	N/A	3X	\$45	\$90	\$150	N/A	\$75	\$100	\$150	\$300	None
\$15	\$30	\$50	N/A	3X	\$45	\$90	\$150	N/A	\$75	\$100	\$150	\$300	\$500
\$20	\$40	\$60	N/A	3X	\$60	\$120	\$180	N/A	\$75	\$100	\$150	\$300	None
\$20	\$40	\$60	N/A	3X	\$60	\$120	\$180	N/A	\$75	\$100	\$150	\$300	\$500

PPO 4-Tier													
\$10	\$20	\$40	\$55	3X	\$30	\$60	\$120	\$165	\$75	\$100	\$150	\$300	None
\$10	\$20	\$40	\$55	3X	\$30	\$60	\$120	\$165	\$75	\$100	\$150	\$300	\$500
\$10	\$30	\$45	\$60	3X	\$30	\$90	\$135	\$180	\$75	\$100	\$150	\$300	None
\$10	\$30	\$45	\$60	3X	\$30	\$90	\$135	\$180	\$75	\$100	\$150	\$300	\$500
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	\$75	\$100	\$150	\$300	None
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	\$75	\$100	\$150	\$300	\$500
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	30%			None	
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	30%			\$500	
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	\$75	\$100	\$150	\$300	None
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	\$75	\$100	\$150	\$300	\$500
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	30%			None	
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	30%			\$500	
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	\$75	\$100	\$150	\$300	None
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	\$75	\$100	\$150	\$300	\$500
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	30%			None	
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	30%			\$500	
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	\$75	\$100	\$150	\$300	None
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	\$75	\$100	\$150	\$300	\$500
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	30%			None	
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	30%			\$500	
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	\$75	\$100	\$150	\$300	None
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	\$75	\$100	\$150	\$300	\$500
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	30%			None	
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	30%			\$500	

PPO medical and pharmacy out-of-pocket maximums			
\$4,000	\$4,500	\$5,000	\$6,000
\$6,600	\$6,850	\$7,350	



(continued)

Pharmacy plans (continued)

HMO 4-Tier													
HMO Retail				HMO Mail Order					HMO Specialty Pharmacy				HMO Rx deductible
Tier 1	Tier 2	Tier 3	Tier 4	Mail X	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
\$10	\$20	\$40	\$55	3X	\$30	\$60	\$120	\$165	\$75	\$100	\$150	\$300	None
\$10	\$20	\$40	\$55	3X	\$30	\$60	\$120	\$165	\$75	\$100	\$150	\$300	\$500
\$10	\$30	\$45	\$60	3X	\$30	\$90	\$135	\$180	\$75	\$100	\$150	\$300	None
\$10	\$30	\$45	\$60	3X	\$30	\$90	\$135	\$180	\$75	\$100	\$150	\$300	\$500
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	\$75	\$100	\$150	\$300	None
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	\$75	\$100	\$150	\$300	\$500
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	30%			None	
\$15	\$30	\$45	\$60	3X	\$45	\$90	\$135	\$180	30%			\$500	
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	\$75	\$100	\$150	\$300	None
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	\$75	\$100	\$150	\$300	\$500
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	30%			None	
\$15	\$30	\$60	\$120	3X	\$45	\$90	\$180	\$360	30%			\$500	
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	\$75	\$100	\$150	\$300	None
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	\$75	\$100	\$150	\$300	\$500
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	30%			None	
\$20	\$40	\$50	\$60	3X	\$60	\$120	\$150	\$180	30%			\$500	
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	\$75	\$100	\$150	\$300	None
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	\$75	\$100	\$150	\$300	\$500
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	30%			None	
\$20	\$40	\$60	\$120	3X	\$60	\$120	\$180	\$360	30%			\$500	
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	\$75	\$100	\$150	\$300	None
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	\$75	\$100	\$150	\$300	\$500
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	30%			None	
\$25	\$50	\$75	\$130	3X	\$75	\$150	\$225	\$390	30%			\$500	

PPO medical and pharmacy out-of-pocket maximums
 \$5,000 | \$5,500 | \$6,600 | \$6,850



Health Net of Arizona, Inc. underwrites benefits for HMO plans, and Health Net Life Insurance Company underwrites benefits for PPO and indemnity plans and for life insurance coverage. Health Net of Arizona, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.