Health Net®

# *Plan* Overview

## *POS 10 (AAY)*

| Benefit description | Insured person(s) responsibility | | |
|---|---|---|---|
| | HMO | PPO[1] | Out-of-network[2,3] |
| **Plan maximums** | | | |
| Calendar year deductible (single / family) | No deductible | $250 / $500 | $500 / $1,000 |
| Out-of-pocket maximum (single / family) | $1,500 / $3,000 | $3,000 / $6,000 | $6,000 / $12,000 |
| Lifetime maximum | No maximum | | |
| **Professional services** | | | |
| Office visit copay (including specialist consultation)[4] | $10 copay | $20 copay | 50% |
| Preventive care services[4,5] | Covered in full | | Not covered |
| X-ray and laboratory procedures[4] | Covered in full | 10% | 50% |
| Specialty Drugs (medical self injectables and Rx oral specialty drugs) | 30% | 30% | 50% |
| **Hospital services** | | | |
| Inpatient hospital facility services (includes maternity) | Covered in full | 10%[6] ($250 deductible/calendar year, PPO and OON combined)[7] | 50% ($600 max allowable/day)[6] |
| Outpatient facility services (other than surgery) | Covered in full | 10%[6] | 50% (50% max allowable)[6] |
| Outpatient facility services and surgery (hospital or outpatient surgery center charges only) | Covered in full | 10%[6] ($250 deductible/calendar year, PPO and OON combined)[8] | 50% (50% max allowable)[6] |
| **Emergency services** | | | |
| Professional services | Covered in full | 10% | 50% |
| Emergency room (copay waived if admitted) | $100 copay | $100 copay + 10% | $100 copay + 50% |
| Urgent care facility | $50 copay | $50 copay + 10% | $50 copay + 50% |
| Ambulance services (ground and air) | $100 copay | $50 copay + 10%[6] (Air limited to a maximum of $750 each incident. Ground limited to a maximum distance of 75 miles an incident.) | $50 copay + 50%[6] |
| **Behavioral services[9]** | | | |
| Severe mental health (outpatient office visit/inpatient) | $10 copay / Covered in full | $20 copay / 10%[6] ($250 deductible/calendar year, PPO and OON combined)[7] | 50% / 50%[6] |
| Non-severe mental health (outpatient office visit/inpatient) | $10 copay / Covered in full | $20 copay / 10%[6] ($250 deductible/calendar year, PPO and OON combined)[7] | 50% / 50%[6] |
| Chemical dependency rehabilitation (outpatient office visit/inpatient)[8] | $10 copay / Covered in full | $20 copay / 10%[6] ($250 deductible/calendar year, PPO and OON combined)[7] | 50% / 50%[6] |
| Inpatient acute care detoxification | Covered in full | 10%[6] ($250 deductible/calendar year, PPO and OON combined)[7] | 50%[6] |
| **Other services** | | | |
| Diabetic equipment | 20% | 10%[6] | 50%[6] |
| Chiropractic services[10] | $10 copay | $20 copay (12 visits per calendar year) | Not covered |
| Acupuncture[10] | $10 copay | Not covered | |
| **Prescription drug coverage[11]** | | | |
| Calendar year deductible (per member) | $100 brand deductible | $100 brand deductible | $100 |
| Prescription drugs (up to a 30-day supply)[12,13] | $10 / $25 / $50 | | 50% |

(continued on back)

(1/15) This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Evidence of coverage for terms and conditions of coverage. PPO and Flex Net insurance plans are underwritten by Health Net Life Insurance Company. Health Net Life Insurance Company and Managed Health Network are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.

[1] Member pays the negotiated rate, which is the rate the participating or preferred providers have agreed to accept for providing a covered service.
[2] Please refer to the Certificate of Insurance (COI) for out-of-network reimbursement methodology.
[3] The 50% coinsurance through the OON level will apply towards the member's out-of-pocket maximum.
[4] 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, breast feeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives and breastfeeding support.
[5] Includes annual preventive physical, newborn and well-child care, preventive vision/hearing screening, well-woman exams, preventive lab and X-ray services.
[6] Some services require prior certification. If prior certification is not acquired, the benefits are reduced to 50%. In addition, for uncertified outpatient services, a $50 deductible is required for each visit; for uncertified inpatient admission, a $250 deductible is required for each inpatient admission.
[7] This deductible is required only for the first inpatient hospital or skilled nursing facility admission each calendar year. Once the deductible is satisfied, no deductible is required for subsequent admissions in the same calendar year. This deductible is in addition to the plan calendar year deductible.
[8] Once the outpatient surgery deductible is satisfied, no deductible is required for subsequent outpatient surgeries in the same calendar year. This deductible is in addition to the plan calendar year deductible.
[9] All mental health and chemical dependency services are administered by MHN Services on behalf of Health Net. The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa and serious emotional disturbances of children (SED).
[10] Chiropractic and/or acupuncture rider coverage is available as an optional benefit with the POS plan shown above through the HMO level. Features of Health Net's chiropractic coverage include a $10 per visit copay and up to 20 visits per calendar year.
[11] Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.
[12] The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.
[13] Some plans will cover most female prescription contraceptives at $0 cost share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Recommended Drug List (RDL) for coverage, cost share and tier information.