

# Plan Overview

## Standard EOA 40 – C6P (C74)<sup>1</sup>

<i>Benefit description</i>	<i>Member responsibility</i>
<b>Plan maximums</b>	
Out-of-pocket maximum	HMO: \$4,000 single / \$8,000 family PPO: \$4,500 single / \$9,000 family
Lifetime benefit maximum	No maximum
<b>Professional services<sup>2</sup></b>	
Office visit (including specialist consultation) <sup>3</sup>	HMO: \$40 copay; PPO: \$55 copay
Preventive care services <sup>3,4</sup>	Covered in full
X-ray and laboratory procedures <sup>3,5</sup> / Complex radiology <sup>6</sup>	Covered in full / \$100 copay
Specialty Drugs (medical self injectables and Rx oral specialty drugs)	30%
<b>Hospital services<sup>7</sup></b>	
Inpatient care (includes maternity)	\$1,000 copay per day; 3-day copay max/admit
Outpatient facility services (other than surgery)	35%
Outpatient surgery (hospital or surgery center charges only) <sup>5</sup>	\$1,000 copay
<b>Emergency services</b>	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$100 copay
Urgent care facility (copayment waived if admitted)	\$50 copay
<b>Behavioral services<sup>8</sup></b>	
Severe mental health (outpatient office visit / inpatient)	\$40 copay / \$1,000 copay per day (3-day copay max/admit)
Non-severe mental health (outpatient office visit / inpatient)	\$40 copay / \$1,000 copay per day (3-day copay max/admit)
Chemical dependency rehabilitation (outpatient office visit / inpatient)	\$40 copay / \$1,000 copay per day (3-day copay max/admit)
Inpatient acute care detoxification	\$1,000 copay per day (3-day copay max/admit)
<b>Other services</b>	
Diabetic equipment <sup>7</sup>	20%
Acupuncture and chiropractic services <sup>9</sup>	Optional rider available
<b>Prescription drug coverage</b>	
Brand name calendar year deductible (per member)	No deductible
Prescription drugs (up to a 30-day supply) <sup>10,11</sup>	\$15 / \$30 / \$50

<sup>1</sup> The plan codes listed are: Full network; ExcelCare network.

<sup>2</sup> For the PPO level, self-referral to a PPO network physician.

<sup>3</sup> 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.

<sup>4</sup> Includes annual preventive physical, preventive vision/hearing screenings, newborn and well-child care, well-woman exams, preventive lab, and X-ray services.

<sup>5</sup> Under Elect Open Access, radiographic X-ray and laboratory services will be covered only when provided or coordinated by your Primary Care Physician and approved by the PPG/IPA, except when provided at a PPO physician's office or contracted PPO lab or facility.

<sup>6</sup> Complex radiology includes CT under HMO and PPO. MRI, MUGA, PET and SPECT services are not covered through PPO level.

<sup>7</sup> Under Elect Open Access, inpatient hospital and professional services, durable medical equipment, and orthotics and prosthetics are covered when provided or coordinated by the Primary Care Physician only and approved by the PPG/IPA. Inpatient care and outpatient services are not covered on the PPO level.

<sup>8</sup> 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).

<sup>9</sup> Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the EOA plan shown above. Features of Health Net's chiropractic coverage include a \$10 per visit copayment and up to 20 visits per calendar year.

<sup>10</sup> The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

<sup>11</sup> Some plans 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.