

# Plan Overview

## Value HMO 10 – A4D (A6P)<sup>1</sup>

| <i>Benefit description</i>   | <i>Member responsibility</i>    |
|--|---------------------------------|
| <b>Plan maximums</b>   |                                 |
| Out-of-pocket maximum  | \$2,000 single / \$4,000 family |
| Lifetime benefit maximum   | No maximum                      |
| <b>Professional services</b>   |                                 |
| Office visit (including specialist consultation) <sup>2</sup>                | \$10 copay                      |
| Preventive care services <sup>2,3</sup>                                      | Covered in full                 |
| X-ray and laboratory procedure <sup>2</sup> / Complex radiology <sup>4</sup> | Covered in full / \$100 copay   |
| Specialty Drugs (medical self injectables and Rx oral specialty drugs)       | 30%                             |
| <b>Hospital services</b>   |                                 |
| Inpatient care (includes maternity)  | 10%                             |
| Outpatient facility services (other than surgery)                            | 10%                             |
| Outpatient surgery (hospital or surgery center charges only)                 | 10%                             |
| <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>5</sup></b>                                       |                                 |
| Severe mental health (outpatient office visit / inpatient)                   | \$10 copay / 10%                |
| Non-severe mental health (outpatient office visit / inpatient)               | \$10 copay / 10%                |
| Chemical dependency rehabilitation (outpatient office visit / inpatient)     | \$10 copay / 10%                |
| Inpatient acute care detoxification  | 10%                             |
| <b>Other services</b>  |                                 |
| Diabetic equipment   | 20%                             |
| Acupuncture and chiropractic services <sup>6</sup>                           | Optional rider available        |
| <b>Prescription drug coverage</b>  |                                 |
| Brand name calendar year deductible (per member)                             | \$100                           |
| Prescription drugs (up to a 30-day supply) <sup>7,8</sup>                    | \$10 / \$25 / \$50              |

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

<sup>2</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>3</sup> Includes annual preventive physical, preventive vision/hearing screening, newborn and well-child care, well-woman exams, preventive lab, and X-ray services.

<sup>4</sup> Complex radiology includes CT, SPECT, PET and MRI.

<sup>5</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>6</sup> Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the HMO 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>7</sup> The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

<sup>8</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.