Health Net

Plan Overview

Value PPO 15 (AD9)

Benefit description	*Insured person(s) responsibility*	
	In-network[1]	**Out-of-network**[2]
Plan maximums		
Calendar year deductible (single / family)	$750 / $1,500	$1,500 / $3,000
Out-of-pocket maximum (single / family)	$4,000 / $8,000	$8,000 / $16,000
Lifetime maximum	No maximum	
Professional services		
Office visit copay[3]	$15 copay (deductible waived)	50%
Specialist consultation[3]	$25 copay (deductible waived)	50%
Preventive care services[3,4]	Covered in full	Not covered
X-ray and laboratory procedures[3,5]	25%	50%
Hospital services[5]		
Inpatient hospital facility services (includes maternity)	25%	50% ($250 deductible/calendar year, PPO and OON combined)[6]
Outpatient facility services (other than surgery)	25%	50%
Outpatient surgery (hospital or outpatient surgery center charges only)	25%	50%
Emergency services		
Professional services	$15 copay (deductible waived)	
Emergency room facility (copayment waived if admitted)	$250 copay + 25%	
Urgent care facility	$50 copay + 25%	
Behavioral services[5]		
Severe mental health (outpatient office visit/inpatient)	$15 copay (deductible waived) / 25%	50%
Non-severe mental health (outpatient office visit /inpatient)	$15 copay (deductible waived) / 25%	50%
Chemical dependency rehabilitation (outpatient office visit /inpatient)	$15 copay (deductible waived) / 25%	50%
Inpatient acute care detoxification	25%	50%
Other services		
Diabetic equipment	25%	50%
Acupuncture	25%	50% (12 visits per calendar year, PPO and OON combined)
Chiropractic services	$15 copay (deductible waived) (12 visits per calendar year)	Not covered
Prescription drug coverage[7]		
Calendar year deductible (per insured)	$100 brand deductible	$100
Prescription drugs (up to a 30-day supply)	$10 / $25 / $50	50%
Specialty drugs (most self injectables)	30% ($250 copay max per prescription)	Not covered

[1] Insured pays the negotiated rate, which is the rate 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] 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.
[4] Includes annual preventive physical, preventive vision/hearing screening, newborn and well child care, well woman exams, preventive lab and X-ray services.
[5] Some services require prior certification. If prior certification is not acquired, benefits are reduced to 50%. In addition, for uncertified outpatient services, a $50 deductible is required for each visit; for uncertified inpatient admissions, a $250 deductible is required for each inpatient admission.
[6] 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.
[7] 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. The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary. 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.