Health Net

Plan Overview

Health Net Platinum 90 PPO

IFP PPO is offered in Contra Costa, Marin, Merced, Napa, Orange, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, and Tulare counties, and parts of Kern, Los Angeles, Riverside, and San Bernardino counties.

Benefit description	*Insured person(s) responsibility*	
Unlimited lifetime maximum.	**In-network**[1, 2]	**Out-of-network**[1, 3]
Plan maximums Calendar year deductible	None	None
Out-of-pocket maximum[4]	$4,000 single / $8,000 family	$8,000 single / $16,000 family
Professional services Office visit	$20	50%
Specialist consultation	$40	50%
Preventive care services[5]	$0	Not covered
X-ray and diagnostic imaging	$40	50%
Laboratory procedures	$20	50%
Imaging (CT, PET scans, MRIs)	10%	50%
Rehabilitation and habilitation therapy	$20	Not covered
Hospital services Inpatient hospital facility services (includes maternity)	10%	50%
Outpatient surgery (hospital or outpatient surgery center charges only)	10%	50%
Skilled nursing facility	10%	50%
Emergency services Emergency room (copay waived if admitted)	$150 facility / 10% physician	$150 facility / 10% physician
Urgent care	$40	50%
Ambulance services (ground and air)	$150	$150
Mental/Behavioral health/Substance use disorder services Mental/Behavioral health/Substance use disorder (inpatient)	10%	50%
Mental/Behavioral health/Substance use disorder (outpatient)	Office visit: $20 Other than office visit: 0%	50%
Home health care services (100 visits/year, in- and out-of-network combined)	10%	50%
Other services Durable medical equipment	10%	Not covered
Acupuncture (medically necessary)	$20	Not covered
Chiropractic services	Not covered	Not covered
Prescription drug coverage[6] (up to a 30-day supply obtained through a participating pharmacy) Tier I (most generics and low-cost preferred brands)	$5	Not covered
Tier II (non-preferred generics and preferred brands)	$15	Not covered
Tier III (non-preferred brands only)	$25	Not covered
Tier IV (Specialty drugs)	10% up to $250/script	Not covered
Pediatric dental[7,8] Diagnostic and preventive services	$0	0%
Pediatric vision[7,9] Eye exam	$0	Not covered
Glasses	1 pair per year	Not covered

(continued)

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Policy for terms and conditions of coverage.

[1] Certain services require prior certification from Health Net. Without prior certification, an additional $250 is applied. Refer to the Policy for details.

[2] Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

[3] Please refer to the Policy for out-of-network reimbursement methodology.

[4] Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers and coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.

[5] Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information on generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.

[6] The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to the Policy for complete information on prescription drugs. 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 Policy and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The Policy is a legal, binding document. If the information in this brochure differs from the information in the Policy, the Policy controls.

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.

[7] Pediatric dental and vision are included on all plans.

[8] The pediatric dental benefits are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Providers, Inc., dba Dental Benefit Administrative Services (DBP Entities). DBP entities are not affiliated with Health Net. Additional pediatric dental benefits are covered. See the Policy for details.

[9] The pediatric vision services benefits are underwritten by Health Net Life Insurance Company. Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

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