Health Net®

Plan Overview

PPO Gold $30 / $0 – 9LN

Benefit description	*Insured person(s) responsibility*	
Unlimited lifetime maximum.	**In-network**[1, 2]	**Out-of-network**[1, 3]
Plan maximums		
Calendar year deductible	$0 single / $0 family	$0 single / $0 family
Out-of-pocket maximum[4]	$6,350 single / $12,700 family	$12,700 single / $25,400 family
Professional services		
Office visit	$30	50%
Specialist consultation	$50	50%
Preventive care services[5]	$0	Not covered
X-ray / Laboratory procedures	$50 / $30	50%
Rehabilitation and habilitation therapy	$30	Not covered
Hospital services		
Inpatient hospital facility services (includes maternity)	20%	50%
Outpatient surgery (hospital or outpatient surgery center charges only)	20%	50%
Skilled nursing facility	20%	50%
Emergency services		
Emergency room (copayment waived if admitted)	$250	$250
Urgent care	$60	50%
Ambulance services (ground and air)	$250	$250
Behavioral services		
Mental health / Chemical dependency rehabilitation (inpatient)	20%	50%
Mental health / Chemical dependency rehabilitation (outpatient)	$30	50%
Home health care services (100 visits/year, in- and out-of-network combined)	20%	50%
Other services		
Durable medical equipment	20%	Not covered
Acupuncture (medically necessary)	$30	Not covered
Chiropractic services	Not covered	Not covered
Prescription drug coverage		
Brand-name calendar year deductible (per insured)	$0	Not covered
Prescription drugs (up to a 30-day supply)[6]	$19 / $50 / $70	Not covered
Specialty drugs (most self-injectables)	20%	Not covered
Pediatric dental[7,8] ($60 deductible applies)		
Diagnostic and preventive services	$0	Not covered
Pediatric vision[7]		
Eye exam	0%	Not covered
Glasses	1 pair per year	Not covered

(continued)

[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 three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

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 provided by Health Net and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is a California licensed specialized dental plan and is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the Individual & Family Policy for details.