

The right fit for value
and choice

Health Net brings value
to the table with PPO
insurance plans priced right
for individuals and families
that want more flexibility and
choice in provider options
and plan benefits.



Our Health Net PPO plans are available in all four cost levels – platinum, gold, silver, and bronze – making it easy for you to find the right mix of coverage and cost



for your needs. We also offer a PPO Catastrophic plan for individuals under age 30, giving you a health care safety net in an emergency, for a lower monthly price.

Decision Power® – Health & Wellness

With every Health Net plan, you get Decision Power, our popular wellness program created to get people involved with their health – all at no additional cost. With personalized tools, you and your family can set wellness goals and make them happen. You also have access to an advice nurse 24/7.



HealthNet.com – Fast, easy and just what you’re looking for

We’re committed to bringing you information and tools to make your life easier – what you need, when you need it. Log in to www.healthnet.com to get benefit details, pharmacy information, order ID cards, compare treatment costs and hospital quality, and more.



For more information,
please contact:
1-877-609-8707

Assistance for the hearing and
speech impaired

1-800-995-0852

www.healthnet.com



You want a health
plan you can count on.
We are your Health Net.

Effective January 1, 2014

Plans available in parts of Central
and Northern California¹

¹PPO plans are available in Contra Costa, Kern, Marin, Mariposa, Merced, Monterey, Napa, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, and Tulare counties.

Subscribers have access to Decision Power through their current enrollment with Health Net Life Insurance Company.

Decision Power is not part of Health Net’s commercial medical benefit plans. It is not affiliated with Health Net’s provider network and it may be revised or withdrawn without notice. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees of Health Net Life Insurance Company.

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Health Net®

Unless otherwise noted, you pay 100 percent of the contracted rate until your deductible is met. Then you pay the listed copayment (\$) or coinsurance (%) until your out-of-pocket maximum (OOPM) is met.

IFP PPO plans benefit overview

This chart is a summary of benefits available through in-network doctors and hospitals only. If you receive covered services outside our provider network (out-of-network), these usually require a higher out-of-pocket cost. For benefit details, please see the Individual & Family PPO Summary of Benefits. Plans may not be available in all areas!¹

Benefit description	PPO Platinum \$20 / \$0 ¹	PPO Gold \$30 / \$0 ¹	PPO Silver \$45 / \$2,000 ¹	PPO Bronze \$60 / \$5,000 ¹	Catastrophic \$0 / \$6,350 ¹
Calendar year deductible	N/A	N/A	\$2,000 single / \$4,000 family ²	\$5,000 single / \$10,000 family ²	\$6,350 single / \$12,700 family ^{2,3}
Calendar year out-of-pocket maximum (OOPM) includes deductible	\$4,000 single / \$8,000 family	\$6,350 single / \$12,700 family	\$6,350 single / \$12,700 family	\$6,350 single / \$12,700 family	\$6,350 single / \$12,700 family
Professional services					
Office visit	\$20	\$30	\$45 deductible waived	Visits 1–3: \$60 deductible waived ⁵	Visits 1–3: 0% deductible waived ⁶
Specialist visit	\$40	\$50	\$65 deductible waived	\$70	0%
X-ray/Laboratory procedures	\$40 / \$20	\$50 / \$30	\$65 / \$45 deductible waived	30%	0%
Preventive care services ⁴	\$0	\$0	\$0 deductible waived	\$0 deductible waived	0% deductible waived
Outpatient services					
Outpatient surgery (hospital or outpatient surgery center charges only)	10%	20%	20% deductible waived	30%	0%
Hospital stay (includes maternity)	10%	20%	20%	30%	0%
Emergency room services ⁷	\$150	\$250	\$250	\$300	0%
Outpatient prescription drugs ⁸ Filled at participating pharmacy; mail-order prescriptions available	\$5 Tier I (generic) \$15 Tier II (preferred brand) \$25 Tier III (nonpreferred brand) 10% Specialty drugs	\$19 Tier I (generic) \$50 Tier II (preferred brand) \$70 Tier III (nonpreferred brand) 20% Specialty drugs	\$19 Tier I (generic) Brand deductible: \$250 single / \$500 family \$50 Tier II (preferred brand) \$70 Tier III (nonpreferred brand) 20% Specialty drugs	Medical deductible applies \$19 Tier I (generic) \$50 Tier II (preferred brand) \$75 Tier III (nonpreferred brand) 30% Specialty drugs	Medical deductible applies 0%

Note: All medical plans include pediatric dental and vision. This is a summary only and not intended for enrollment purposes. Please refer to the applicable Policy for a detailed description of benefits and limitations. Please contact your authorized Health Net agent for more information, or visit our website at www.healthnet.com.

¹ Not available in regions 1, 3, 6, and 11 through 13. Please see the Individual & Family Monthly Rate Guide for premium and region information. PPO plans underwritten by Health Net Life Insurance Company.

² Health Net will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible.

³ All benefits, including pharmacy, are subject to the deductible except preventive care. To be eligible for PPO Catastrophic \$0 / \$6,350, all applicants must be under the age of 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage.

⁴ 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 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.

⁵ Additional visits are \$60 after deductible. Covered in full once OOPM is met.

⁶ Additional visits are covered in full after deductible.

⁷ Copay waived if admitted.

⁸ 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 Essential Rx Drug List (RDL) 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.