Health Net®

Plan Overview

PPO Catastrophic $0 / $6,350 – 9LM

Benefits are subject to a deductible unless noted.

Benefit description	*Insured person(s) responsibility*	
Unlimited lifetime maximum.	**In-network**[1, 2]	**Out-of-network**[1, 3]
Plan maximums Calendar year deductible[4]	$6,350 single / $12,700 family	$12,700 single / $25,400 family
Out-of-pocket maximum (includes calendar year deductible)[5]	$6,350 single / $12,700 family	$12,700 single / $25,400 family
Professional services Office visit	Visits 1–3: 0% (ded waived)/ Visits 4+: 0%[6]	50%
Specialist consultation	0%	50%
Preventive care services[7]	0% (deductible waived)	Not covered
X-ray and laboratory procedures	0%	50%
Rehabilitation and habilitation therapy	0%	Not covered
Hospital services Inpatient hospital facility services (includes maternity)	0%	50%
Outpatient surgery (hospital or outpatient surgery center charges only)	0%	50%
Skilled nursing facility	0%	50%
Emergency services Emergency room (copayment waived if admitted)	0%	$0
Urgent care	Visits 1–3: 0% (ded waived)/ Visits 4+: 0%[6]	50%
Ambulance services (ground and air)	0%	$0
Behavioral services Mental health / Chemical dependency rehabilitation (inpatient)	0%	50%
Mental health / Chemical dependency rehabilitation (outpatient)	Visits 1–3: 0% (ded waived)/ Visits 4+: 0%[6]	50%
Home health care services (100 visits/year, in- and out-of-network combined)	0%	50%
Other services Durable medical equipment	0%	Not covered
Acupuncture (medically necessary)	0%	Not covered
Chiropractic services	Not covered	Not covered
Prescription drug coverage Subject to medical deductible Prescription drugs (up to a 30-day supply)[8] Specialty drugs (most self-injectables)	 0% 30%	 Not covered Not covered
Pediatric dental[9,10] (Medical deductible applies) Diagnostic and preventive services	0%	0%
Pediatric vision[9,11] Eye exam	0% (deductible waived)	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.

Catastrophic plans are available to individuals who are under age 30. You may also be eligible for this plan if you are age 30 or older and are exempt from the federal requirement to maintain minimum essential 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] Any amount applied toward the calendar year deductible for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers.

[5] 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.

[6] Visits 1–3 (combined between office visits, urgent care, prenatal and postnatal visits, outpatient mental health/substance abuse): The calendar year deductible is waived. Visits 4–unlimited: The calendar year deductible applies.

[7] 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.

[8] 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.

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

[10] 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.

[11] 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.

CA109934 (1/14) Health Net Individual & Family PPO insurance plans, Policy Form # P30601, are underwritten by Health Net Life Insurance Company.
Health Net Life Insurance Company is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.