

The right fit for value and affordability

Whether you need individual coverage or have a family, Health Net is here with plans that offer the right health care coverage to fit your unique needs – and your budget. With Health Net’s Individual & Family Plans, you get affordability without sacrificing quality.



Protect your health and your budget

Our CommunityCare HMO plans offer a tailored network of local, quality doctors and hospitals, giving you and your family



access to trusted services where you live. With CommunityCare, you get the right balance of value and simplicity.

Our Health Net PPO insurance 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 the information and tools you need to make your life easier. 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

PPO and HMO plans available in Los Angeles, Orange, San Diego, and parts of Riverside and San Bernardino counties

Members have access to Decision Power through their current enrollment with any of the following Health Net companies: Health Net of California, Inc.; 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 It is not affiliated with Health Net’s provider network, and it may be revised or withdrawn without notice.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 of California, Inc. and Health Net Life Insurance Company.

6029322 CA103490 (1/14) Health Net Individual & Family HMO health plans are offered by Health Net of California, Inc. Health Net Individual & Family PPO insurance plans, Policy Form # P30601, are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.



Health Net®

IFP HMO and PPO plans benefit overview

This chart is a summary of benefits available through in-network doctors and hospitals only. For PPO coverage, 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 HMO or PPO Summary of Benefits. Plans may not be available in all regions.¹

Benefit description	CommunityCare HMO Platinum \$20 / \$0 ¹	CommunityCare HMO Gold \$30 / \$0 ¹	CommunityCare HMO Silver \$45 / \$2,000 ¹	PPO Platinum \$20 / \$0 ¹	PPO Gold \$30 / \$0 ¹	PPO Silver \$45 / \$2,000 ¹	PPO Bronze \$60 / \$5,000 ¹	PPO Catastrophic \$0 / \$6,350 ¹
Calendar year deductible	N/A	N/A	\$2,000 single / \$4,000 family ²	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	\$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	\$20	\$30	\$45 deductible waived	Visits 1–3: \$60 deductible waived ⁶	Visits 1–3: 0% deductible waived ⁷
Specialist visit	\$40	\$50	\$65 deductible waived	\$40	\$50	\$65 deductible waived	\$70	0%
X-ray/Laboratory procedures	\$40 / \$20	\$50 / \$30	\$65 / \$45 deductible waived	\$40 / \$20	\$50 / \$30	\$65 / \$45 deductible waived	30%	0%
Preventive care services ^{4,5}	\$0	\$0	\$0 deductible waived	\$0	\$0	\$0 deductible waived	\$0 deductible waived	0% deductible waived
Outpatient services								
Outpatient surgery	\$250	\$600	20% deductible waived	10%	20%	20% deductible waived	30%	0%
Hospital stay (includes maternity)	\$250/day up to 5 days ⁸	\$600/day up to 5 days ⁸	20%	10%	20%	20%	30%	0%
Emergency room services ⁹	\$150	\$250	\$250	\$150	\$250	\$250	\$300	0%
Outpatient prescription drugs ¹⁰ Filled at participating pharmacy	\$5 Tier I (generic) \$15 Tier II (preferred brand) \$25 Tier III (nonpreferred brand)	\$19 Level I (generic) \$50 Level II (preferred brand) \$70 Level III (nonpreferred brand)	\$19 Level I (generic) Brand deductible: \$250 single / \$500 family \$50 Tier II (preferred brand) \$70 Tier III (nonpreferred brand)	\$5 Tier I (generic) \$15 Tier II (preferred brand) \$25 Tier III (nonpreferred brand)	\$19 Tier I (generic) \$50 Tier II (preferred brand) \$70 Tier III (nonpreferred brand)	\$19 Tier I (generic) Brand deductible: \$250 single / \$500 family \$50 Tier II (preferred brand) \$70 Tier III (nonpreferred brand)	Medical deductible applies \$19 Tier I (generic) \$50 Tier II (preferred brand) \$75 Tier III (nonpreferred brand)	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 or Plan Contract and Evidence of Coverage 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 Please see the Individual & Family Rate Guide for premium and region information. CommunityCare HMO plans offered by Health Net of California, Inc. 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 Preventive care services for women also include: periodic health evaluations; immunizations; diagnostic preventive procedures, including preventive care services for pregnancy; HPV screening; cervical cancer screening; female contraceptive drugs and services, devices and supplies; female family planning; female preventive sterilizations; screening for gestational diabetes, domestic violence and HIV; breastfeeding devices and supplies; applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives, and breastfeeding support.

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); and comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. For more information on generally recommended preventive services, go to www.healthnet.com.

⁶ Additional visits are \$60 after deductible. Covered in full once OOPM is met.

⁷ Additional visits are covered in full after deductible.

⁸ Five-day copay maximum per admission.

⁹ Copay waived if admitted.

¹⁰ 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 and Plan Contract and EOC are legal binding documents. If the information in this brochure differs from the information in the Policy or Plan Contract and EOC, the Policy or Plan Contract and EOC controls.