

# Health plans overview

Now, more than ever, employers depend on fewer people to accomplish more. When it comes to health coverage, you and your employees need reliability, service, choice of doctors and affordability. You'll find all this and more from Health Net:

- A 20-year history of health coverage
- One of the largest, most respected health care companies in California
- Choice of 570 physician group locations, 400 hospitals and 4,300 pharmacies

Count on Health Net Small Business Group plans to keep your employees healthy and on the job.

## **PREFERRED PROVIDER ORGANIZATION (PPO)\***

- Full range of options from catastrophic to comprehensive
- Includes our innovative First Advantage PPO with first-dollar coverage before deductible requirement
- Members can select doctors from nearly 48,000 network physicians
- Employers who have employees residing out-of-state or traveling PPO members can see contracted physicians and receive in-network benefits
- Wide variety of copayment and deductible levels available

## **HEALTH MAINTENANCE ORGANIZATION (HMO)**

- Multiple benefit designs
  - » Including our new Variable HMO Hospital Copay Plan
- Flexible copayment options
- Three-tier non-formulary drug benefits allowing coverage for all FDA-approved drugs
- Open physician network, more than 35,000 strong, gives members real choice
- Rapid Access® allows members to access several types of specialty medical care without a Primary Care Physician's referral

## **ELECT® OPEN ACCESS**

- Financial security of an HMO, including set copayments
- Self-referral option to Health Net PPO providers
- Three-tier non formulary drug benefits allowing coverage for all FDA-approved drugs

## **SELECT® 3-TIER POINT-OF-SERVICE**

- Option of care from Primary Care Physician, in-network provider or out-of-network doctor
- Three-tier non formulary drug benefits allowing coverage for all FDA-approved drugs
- Deductible waived for PPO office visits
- Broad range of copayments and deductibles

## **FEE-FOR-SERVICE PLAN (FLEX NET<sup>SM</sup>)\***

Available for out-of-area coverage, this managed indemnity program allows members to access their physician of choice anywhere in the world, yet also features many of the same medical management and claims management advantages enjoyed by our HMO plans.

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\*Underwritten by Health Net Life Insurance Company.

## CHOICE ADVANTAGE

- For small businesses with a minimum of 10 enrolled employee
- Members choose a defined contribution level – \$80, \$100 or 50 percent of the employee premium
- Employers choose the plans, pricing and payment formulas that best meet their individual situations
- **Choice Advantage 80:** Choose from six plans
  - » HMO 15
  - » PPO Value 30
  - » EOA 20
  - » PPO Saver\*
  - » EOA 30
  - » Flex Net\*
- **Choice Advantage 100:** Choose from five plans
  - » EOA 10
  - » PPO Advantage 15
  - » EOA 20
  - » Flex Net\*
  - » PPO First Advantage

## SALUD con HEALTH NET

- Provides Latino clients with affordable, quality, culturally sensitive health coverage on both sides of the U.S. / Mexico border
- HMO, EPO and PPO coverage choices
- Spanish materials and comprehensive web site content to effectively reach your clients

## HEALTH NET LIFE\*\*

A full range of Group Term Life benefit schedules are available for small and large employer groups:

- Group Term Life Insurance
- Accidental Death & Dismemberment
- Dependent Life Insurance
- Supplemental Life Insurance
- Long Term Care\*\*\*

## PRESCRIPTIONS BY MAIL DRUG PROGRAM

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period), you have the option of filling it through our convenient Prescriptions By Mail Drug Program. This program allows you to receive up to a 90-consecutive-calendar-day supply of maintenance medications. For complete information, call Health Net Small Business Group Member Services.

## DUAL-CHOICE PLANS

This coverage combines any two plans of different types to provide customized coverage. This allows employers to provide choice within their budgets – and employees receive coverage they can afford. It's a win-win situation for everyone. Dual-choice examples include HMO/PPO or PPO/POS.

## SUPPLEMENTAL COVERAGE

- Chiropractic and/or acupuncture benefit riders available with Health Net HMO, ELECT Open Access and POS plans. Features include:
  - \$10 per-visit copayment
  - Up to 20 visits per calendar year

## HEALTH NET DENTAL AND VISION

One of the largest providers of network-based dental and vision products in the state. Health Net Dental and Vision offers a variety of products including traditional Indemnity\* and PPO\* plans, in addition to managed care plans (DHMO; VHMO). Offering customers dedicated account management teams, Quality Management program, extended Customer Service hours, and bilingual enrollment support.

## THE HEALTHY FAMILIES PROGRAM

This state-sponsored program ensures that children in low-income families who earn too much to qualify for Medi-Cal get health coverage.

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\*Flex Net is only available to OOA subscribers, subject to standard OOA guidelines. Health Net must be sole carrier.

\*\*Underwritten by Health Net Life Insurance Company

\*\*\*Offered through Benefit Advisor Services (BAS), underwritten by Bankers United Life Assurance Company.

## Pre-tax solutions

### **INCREASE EMPLOYEES' TAKE-HOME PAY AND REDUCE EMPLOYER FICA PAYMENTS**

- Employee tax savings – By using pre-tax dollars to pay for eligible expenses, employees reduce FICA, Federal and State taxes and enjoy more money in their paychecks.
- Employer tax savings – By lowering the taxable payroll, employers reduce the employer-paid 7.65 percent FICA contribution.

### **CHOOSE THE PRE-TAX SOLUTION THAT BEST FITS THE ORGANIZATION AND EMPLOYEES**

- Premium only plan (POP) – Delivers significant tax savings on payroll-deducted health, dental, vision and group term life insurance.
- Full-flex plan (FFP) – Delivers maximum tax savings by including POP deductions. Plus, reimbursement for dependent care, out-of-pocket medical expenses, transportation and even adoption expenses.

Plan offered through Legal Systems Marketing Corporation.

Contact your sales representative or Legal Systems' Flex Line at **1-888-738-5841** for more information.

### **PACIFIC HEALTH ADVANTAGE**

This PBGH-controlled purchasing pool allows employers to purchase a variety of health plans from many carriers throughout California.

### **CALIFORNIA CHOICE PROGRAM**

A privately coordinated purchasing pool of HMO/PPO plans, this program allows employers to select from many carriers throughout California.

### **MENTAL HEALTH SERVICES**

Mental health services are provided for Health Net's HMO and POS plans by Managed Health Network (MHN), which specializes in managing and administering mental health care. Available 24 hours a day, seven days a week, MHN is one of the largest behavioral health care providers in the U.S. It is licensed by the California Department of Managed Health Care. Members may access MHN-contracted providers without a referral from their physician.

### **E-SERVICES FOR EMPLOYERS –**

#### **ONLINE ENROLLMENT AND BILLING SERVICES**

This exciting new service gives both you and your employees convenient access to view, add and update enrollment information over the Internet. You'll also be able to instantly view and pay your Health Net statement online. Visit **www.health.net**, click on the **employer tab**.

# Member advantages – the cornerstone of good care

### **WELL INFORMED MEMBER INFORMATION PROGRAM**

Well Informed – A program available to employer groups that makes it easy for you to provide the latest health information to your employees. Includes daily health tips and weekly articles pertaining to a monthly theme that your employees can access online, or in a format ready for you to print out. Enter key search: Well Informed at [www.health.net](http://www.health.net).

## **RAPID ACCESS®**

Some Health Net benefit plans allow members to self-refer to other specialist physicians within their selected physician group. Rapid Access helps these plan members go directly to specialists without first obtaining authorization from their Primary Care Physician.

## **ONLINE ADVANTAGES**

- **www.health.net**

- » DocSearch helps members find a doctor by physician's name, specialty, county, city or ZIP code, and print a customized directory by group
- » PPO members can easily locate an out-of-state physician or provider
- » Provides information about Health Net, our plans and member benefits
- » Review coverage and claims information
- » Order ID cards, change contact information, or change your doctor
- » Access to Health Net's Recommended Drug List

- **Women Matter**

- » A preventive health and wellness site exclusively for women!
- » Concise articles and advice for women at all life stages on such topics as exercise, nutrition, disease prevention and management, families and communication, and more!

- **WellPrograms**

Look and feel great with customizable online interactive programs such as nutrition, anti-aging and weight loss. You can hire a nutrition counselor, get nutrition advice, learn disease-fighting regimens or get in shape with our exclusive online exercise tracking program, Tour de Fitness. Start along an eight week path to better health and wellness.

- **Health Net's Hospital Comparison Report**

- » A personalized, comparative report that identifies the best hospital for a particular procedure, in seconds. This online tool that helps members identify the hospital with the highest quality service for a particular procedure, based on key factors including patient volume, mortality rate, problems or unfavorable outcomes, time and money.

- **EBM Solutions**

- » Online evidence-based information on medical terms, treatment and options helps members prepare for physician discussions.

- **HMO Medical Group Comparison**

- » This online tool compares HMO medical groups based on the quality of care and service the groups provide members. The report provides group ratings in several categories, including managing chronic illness and access to care, with detailed scores for specific measures such as "appointment availability" and "doctor communication."

<b>Benefit</b>	<b>HMO 15</b> (507)	<b>HMO 20</b> (508)	<b>HMO VCP 25*</b> (315)	<b>HMO 35</b> (509)
<b>Lifetime maximum</b>	none	none	none	none
<b>Annual deductible</b>	none	none	none	none
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single/ \$3,000 family	\$2,500 single/ \$5,000 family	\$3,500 single/ \$7,000 family	\$3,000 single/ \$6,000 family
<b>Office visit</b>	\$15 copayment	\$20 copayment	\$25 copayment	\$35 copayment
<b>Periodic health evaluation (age 18 and older)</b>	\$15 copayment	\$20 copayment	\$25 copayment	\$35 copayment
<b>Vision and hearing exam</b>	\$15 copayment	\$20 copayment	\$25 copayment	\$35 copayment
<b>X-ray and laboratory procedures (including mammograms)</b>	no charge	no charge	no charge	no charge
<b>Outpatient services (professional/institutional)</b>	no charge/20%	no charge/20%	no charge/\$25	no charge/20%
<b>Outpatient surgery (professional/institutional)</b>	no charge/20%	no charge/ \$1,000 copayment	Low \$100/Medium \$300/ High \$500 <sup>4</sup>	no charge/ \$1,500 copayment
<b>Inpatient care (professional/institutional)</b>	no charge/20%	no charge/\$1,000	Low \$100/Medium \$300/ High \$500/4-day copayment maximum per confinement	no charge/\$1,500 per admission
<b>Well-baby care</b>	no charge	no charge	no charge	copayment maximum per confinement no charge
<b>Emergency room</b>	\$75 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>	\$15/no charge <sup>2</sup>	\$20/no charge <sup>2</sup>	\$25/\$100 per day/4-day copayment maximum per confinement <sup>2</sup>	\$35/\$1,500 per admission <sup>2</sup>
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	\$30 copayment (20 visits per calendar year maximum)/ no charge (30 days) <sup>2</sup>	\$30 copayment (20 visits per calendar year maximum)/ no charge (30 days) <sup>2</sup>	\$25 copayment (20 visits per calendar year maximum)/\$100 per day/4-day copayment maximum per confinement <sup>2</sup>	\$35 copayment (20 visits per calendar year maximum)/ \$1,500 (30 days) <sup>2</sup>
<b>Acute care detoxification (inpatient)</b>	no charge <sup>2</sup>	no charge <sup>2</sup>	\$100 per day/4-day copayment maximum per confinement <sup>2</sup>	\$750 <sup>2</sup>
<b>Durable medical equipment</b>	50%	50%	50%	50%
<b>Diabetic equipment</b>	20% <sup>3</sup>	20% <sup>3</sup>	20% <sup>3</sup>	20% <sup>3</sup>
<b>Chiropractic care</b>	only available as optional rider coverage <sup>1</sup>	only available as optional rider coverage <sup>1</sup>	only available as optional rider coverage <sup>1</sup>	only available as optional rider coverage <sup>1</sup>
<b>Infertility services and supplies</b>	50%	not covered	not covered	not covered
<b>Prescription drugs (including birth control pills)</b>	\$15 Level I \$25 Level II \$35 Level III	\$15 Level I \$25 Level II \$50 Level III	\$15 Level I \$25 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$30 Level I \$50 Level II \$70 Level III	\$30 Level I \$50 Level II \$100 Level III	\$30 Level I \$50 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III

This is a summary of plan benefits. Refer to Plan documents for details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> Chiropractic rider coverage is available as an optional benefit with all HMO plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

<sup>2</sup> All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive

disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>3</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>4</sup> Outpatient surgery at a freestanding facility copay amount is \$100.

\*Available only in Southern California.

<b>Benefit</b>	<b>ELECT OPEN ACCESS 10 (QKA)</b>	<b>ELECT OPEN ACCESS 20 (289)</b>	<b>ELECT OPEN ACCESS 30 (50B)</b>
<b>Lifetime maximum</b>	none	none	none
<b>Annual deductible</b>	none	none	none
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single/ \$3,000 two party/ \$4,000 family	\$1,500 single/ \$3,000 two party/ \$4,000 family	\$2,000 single/ \$4,000 two party/ \$5,000 family
<b>Office visit</b>	\$10 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation	\$20 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation	\$30 HMO or \$40 PPO (self-referral to network specialist), including specialist consultation and evaluation
<b>Periodic health evaluation</b>	\$10 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation <sup>6</sup>	\$20 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation <sup>6</sup>	\$30 HMO or \$40 PPO (self-referral to network physician), including specialist consultation and evaluation <sup>6</sup>
<b>Vision and hearing exam</b>	\$10 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation	\$20 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation	\$30 HMO or \$40 PPO (self-referral to network physician), including specialist consultation and evaluation
<b>X-ray and laboratory procedures (including mammograms)</b>	no charge <sup>2</sup>	no charge <sup>2</sup>	no charge <sup>2</sup>
<b>Outpatient services (professional/institutional)</b>	no charge <sup>1,2</sup> /no charge <sup>2</sup>	no charge <sup>1,2</sup> /no charge <sup>2</sup>	no charge <sup>1,2</sup> /no charge <sup>2</sup>
<b>Outpatient surgery (professional/institutional)</b>	no charge <sup>1,2</sup> /no charge <sup>2</sup>	no charge <sup>1,2</sup> /\$250 copayment <sup>2</sup>	no charge <sup>1,2</sup> /\$1,000 copayment <sup>2</sup>
<b>Inpatient care (professional/institutional)</b>	no charge <sup>1,2</sup> /no charge <sup>1</sup>	no charge <sup>1,2</sup> / \$250 per admission <sup>1</sup>	no charge <sup>1,2</sup> / \$1,000 per admission <sup>1</sup>
<b>Well-baby care</b>	no charge or \$30 PPO	no charge or \$30 PPO	no charge or \$40 PPO
<b>Emergency room</b>	\$50 copayment (waived if admitted to hospital)	\$75 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>	\$10/no charge <sup>4</sup>	\$20/\$250 per admission <sup>4</sup>	\$30/\$1,000 per admission <sup>4</sup>
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	\$30 copayment (20 visits per calendar year maximum)/no charge (30 days) <sup>4</sup>	\$30 copayment (20 visits per calendar year maximum)/\$250 (30 days) <sup>4</sup>	\$30 copayment (20 visits per calendar year maximum)/ \$1,000 (30 days) <sup>4</sup>
<b>Acute care detoxification (inpatient)</b>	no charge <sup>4</sup>	no charge <sup>4</sup>	\$500 <sup>4</sup>
<b>Durable medical equipment</b>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>
<b>Diabetic equipment</b>	20% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>
<b>Chiropractic care</b>	only available as optional rider coverage <sup>3</sup>	only available as optional rider coverage <sup>3</sup>	only available as optional rider coverage <sup>3</sup>
<b>Infertility services and supplies</b>	50%	50%	50%
<b>Prescription drugs (including birth control pills)</b>	\$10 Level I \$20 Level II \$35 Level III	\$15 Level I \$25 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$20 Level I \$40 Level II \$70 Level III	\$30 Level I \$50 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III

This is a summary of plan benefits. Please refer to Plan documents for more details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> Under ELECT Open Access, inpatient hospital and professional services and durable medical equipment are covered when provided or coordinated by the Primary Care Physician only and approved by the PPG/IPA. Inpatient care and outpatient services are not covered on the PPO level.

<sup>2</sup> Under ELECT Open Access, radiographic X-ray, laboratory and surgery services will be covered only when provided or coordinated by your Primary Care Physician and approved by the PPG/IPA, except when provided at a PPO physician's office or PPO laboratory.

<sup>3</sup> Chiropractic rider coverage is available as an optional benefit with all ELECT Open Access plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

<sup>4</sup> All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>5</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>6</sup> Age 18 and older.

**SELECT Premier 3-Tier POS 10 (50C) 100/90/70**

<b>Benefit</b>	<b>HMO</b>	<b>PPO</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Customary & Reasonable)
<b>Lifetime maximum</b>	none	\$5,000,000	
<b>Annual deductible</b>	none	\$200 member / \$600 family	
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single/ \$3,000 two party/ \$4,500 family	\$3,000 single/ \$6,000 two party/ \$9,000 family	\$5,000 single/ \$10,000 two party/ \$15,000 family
<b>Office visit</b>	\$10 copayment	\$20 copayment (deductible waived)	30%
<b>Periodic health evaluation</b>	\$10 copayment <sup>5</sup>	\$20 copayment <sup>5</sup>	not covered
<b>Vision and hearing exam</b>	\$10 copayment	not covered	not covered
<b>X-ray and laboratory procedures (including mammograms)</b>	no charge	10% (deductible waived)	30%
<b>Outpatient services (professional/institutional)</b>	no charge/no charge	10%/10%	30%/30%
<b>Outpatient surgery (professional/institutional)</b>	no charge/no charge	10%/10%	30%/30%
<b>Inpatient care (professional/institutional)</b>	no charge/no charge	10%/10%	30%/30%
<b>Well-baby care</b>	\$10 copayment	\$20 copayment (deductible waived)	30%
<b>Emergency room</b>	\$50 copayment	\$75 copayment/10% <sup>3</sup>	30% <sup>3</sup>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>		\$10 copayment / no charge covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>		\$30 copayment (20 visits per calendar year maximum)/ no charge (30 days) covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Acute care detoxification (inpatient)</b>		no charge covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Durable medical equipment</b>	no charge	10% (limited to \$2,000 per calendar year, combined with out-of-network)	30% (limited to \$2,000 per calendar year, combined with PPO)
<b>Diabetic equipment</b>	no charge <sup>4</sup>	10% <sup>4</sup>	30% <sup>4</sup>
<b>Chiropractic care</b>	\$10 copayment; also available as optional rider coverage <sup>1</sup>	30%/15 visits combined with OON; also available as optional rider coverage <sup>1</sup>	30%/15 visits combined with OON; also available as optional rider coverage <sup>1</sup>
<b>Infertility services and supplies</b>	50%	not covered	not covered
<b>Prescription drugs (based on participating pharmacy)</b>	\$10 Level I \$20 Level II \$35 Level III	\$10 Level I \$20 Level II \$35 Level III	\$100 deductible per member per calendar year/50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$20 Level I \$40 Level II \$70 Level III	\$20 Level I \$40 Level II \$70 Level III	N/A

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<sup>1</sup> Chiropractic rider coverage is available as an optional benefit with all SELECT plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

<sup>2</sup> All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive

disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>3</sup> Care for true emergency is \$50.

<sup>4</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>5</sup> Age 18 and older.

**SELECT 3-Tier POS 15 (50D) 100/80/60**

<b>Benefit</b>	<b>HMO</b>	<b>PPO</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Customary & Reasonable).
<b>Lifetime maximum</b>	none		\$5,000,000
<b>Annual deductible</b>	none	\$200 member/\$600 family	\$400 member/\$1,200 family
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single/ \$3,000 two party/ \$4,500 family	\$3,000 single/ \$6,000 two party/ \$9,000 family	\$5,000 single/ \$10,000 two party/ \$15,000 family
<b>Office visit</b>	\$15 copayment	\$30 copayment (deductible waived)	40%
<b>Periodic health evaluation</b>	\$15 copayment <sup>5</sup>	\$30 copayment <sup>5</sup>	not covered
<b>Vision and hearing exam</b>	\$15 copayment	not covered	not covered
<b>X-ray and laboratory procedures (including mammograms)</b>	no charge	20%	40%
<b>Outpatient services (professional/institutional)</b>	no charge/no charge	20%/20%	40%/40%
<b>Outpatient surgery (professional/institutional)</b>	no charge/\$100	20%/20%	40%/40%
<b>Inpatient care (professional/institutional)</b>	no charge/ \$100 per admission	20%/20%	40%/40%
<b>Well-baby care</b>	\$15 copayment	\$30 copayment (deductible waived)	40%
<b>Emergency room</b>	\$75 copayment	\$100 copayment/20% <sup>3</sup>	40% <sup>3</sup>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>		\$15 copayment / no charge covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>		\$30 copayment (20 visits per calendar year maximum)/ no charge (30 days) covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Acute care detoxification (inpatient)</b>		no charge covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Durable medical equipment</b>	no charge	20% (limited to \$2,000 per calendar year, combined with out-of-network)	40% (limited to \$2,000 per calendar year, combined with PPO)
<b>Diabetic equipment</b>	no charge <sup>4</sup>	20% <sup>4</sup>	40% <sup>4</sup>
<b>Chiropractic care</b>	\$15 copayment; also available as optional rider coverage <sup>1</sup>	20%/15 visits combined with OON; also available as optional rider coverage <sup>1</sup>	40%/15 visits combined with PPO; also available as optional rider coverage <sup>1</sup>
<b>Infertility services and supplies</b>	50%	not covered	not covered
<b>Prescription drugs (based on participating pharmacy)</b>	\$10 Level I \$25 Level II \$35 Level III	\$10 Level I \$25 Level II \$35 Level III	\$100 deductible per member per calendar year/50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$20 Level I \$50 Level II \$70 Level III	\$20 Level I \$50 Level II \$70 Level III	N/A

This is a summary of plan benefits. Please refer to Plan documents for more details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> Chiropractic rider coverage is available as an optional benefit with all SELECT plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

<sup>2</sup> All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>3</sup> Care for true emergency is \$75.

<sup>4</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>5</sup> Age 18 and older.



**SELECT 3-Tier POS 20 (50E) 100/70/50**

<b>Benefit</b>	<b>HMO</b>	<b>PPO</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Customary & Reasonable)
<b>Lifetime maximum</b>	none		\$5,000,000
<b>Annual deductible</b>	none	\$300 member/\$900 family	\$500 member/\$1,500 family
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single/ \$3,000 two party/ \$4,500 family	\$4,500 single/ \$9,000 two party/ \$13,500 family	\$6,000 single/ \$12,000 two party/ \$18,000 family
<b>Office visit</b>	\$20 copayment	\$30 copayment (deductible waived)	50%
<b>Periodic health evaluation</b>	\$20 copayment <sup>5</sup>	\$30 copayment <sup>5</sup>	not covered
<b>Vision and hearing exam</b>	\$20 copayment	not covered	not covered
<b>X-ray and laboratory procedures (including mammograms)</b>	no charge	30%	50%
<b>Outpatient services (professional/institutional)</b>	no charge/no charge	30%/30%	50%/50%
<b>Outpatient surgery (professional/institutional)</b>	no charge/\$500 copayment	30%/30%	50%/50%
<b>Inpatient care (professional/institutional)</b>	no charge/ \$500 per admission	30%/30%	50%/50%
<b>Well-baby care</b>	\$20 copayment	\$30 copayment (deductible waived)	50%
<b>Emergency room</b>	\$100 copayment	\$100 copayment/30% <sup>3</sup>	50% <sup>3</sup>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>		\$20 copayment/no charge covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>		\$30 copayment (20 visits per calendar year maximum)/no charge (30 days) covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Acute care detoxification (inpatient)</b>		no charge covered through Managed Health Network (MHN) only <sup>2</sup>	
<b>Durable medical equipment</b>	no charge	30% (limited to \$2,000 per calendar year, combined with out-of-network)	50% (limited to \$2,000 per calendar year, combined with PPO)
<b>Diabetic equipment</b>	no charge <sup>4</sup>	30% <sup>4</sup>	50% <sup>4</sup>
<b>Chiropractic care</b>	\$20 copayment; also available as optional rider coverage <sup>1</sup>	30%/15 visits combined with OON; also available as optional rider coverage <sup>1</sup>	50%/15 visits combined with PPO; also available as optional rider coverage <sup>1</sup>
<b>Infertility services and supplies</b>	50%	not covered	not covered
<b>Prescription drugs (based on participating pharmacy)</b>	\$15 Level I \$30 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible per member per calendar year/50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$30 Level I \$60 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III	N/A

This is a summary of plan benefits. Please refer to Plan documents for more details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> Chiropractic rider coverage is available as an optional benefit with all HMO, ELECT Open Access, ELECT and SELECT plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

<sup>2</sup> All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive

disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>3</sup> Care for true emergency is \$100.

<sup>4</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>5</sup> Age 18 and older.

<b>PPO Optimum 10 (10E) 90/70</b>		
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Customary & Reasonable)
<b>Lifetime maximum</b>		\$5,000,000
<b>Annual deductible</b>	none	\$250 member/two per family
<b>Maximum annual out-of-pocket costs</b>	\$2,000 single/two per family	\$4,000 single/two per family
<b>Office visit</b>	\$10 copayment	30%
<b>Periodic health evaluation</b>	10% copayment <sup>5</sup>	covered as in-network benefit only
<b>Vision and hearing exam</b>	\$10 copayment <sup>2</sup>	covered as in-network benefit only
<b>X-ray and laboratory procedures (including mammograms)</b>	10%	30%
<b>Outpatient services (professional/institutional)</b>	10%/10%	30%/30%
<b>Outpatient surgery (professional/institutional)</b>	10%/10%	30%/30%
<b>Inpatient care (professional/institutional)</b>	10%/10%	30%/30%
<b>Well-baby care</b>	\$10 copayment	covered as in-network benefit only
<b>Emergency room</b>	10%	10%
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>	\$10 copayment/10% <sup>1</sup>	30%/30% <sup>1</sup>
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	10%/10%	30%/30% member pays all charges in excess of \$25 per visit (30 visits per calendar year maximum)/ \$250 maximum allowable per day (30 days per calendar year) <sup>1,3</sup>
<b>Acute care detoxification (inpatient)</b>	10%	30% \$250 maximum allowable per day <sup>1,3</sup>
<b>Durable medical equipment</b>	10% (\$3,000 combined with Out-of-Network calendar year maximum)	30% (\$3,000 combined with PPO calendar year maximum)
<b>Diabetic equipment</b>	10% <sup>4</sup>	30% <sup>4</sup>
<b>Chiropractic care</b>	\$10 copayment (12 visits per calendar year maximum)	covered as in-network benefit only
<b>Infertility services and supplies</b>	10%	30% \$500 deductible per lifetime/\$2,000 lifetime maximum
<b>Prescription drugs (based on participating pharmacy)</b>	\$10 Level I \$15 Level II 50% Level III	\$100 deductible per member per calendar year/50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$20 Level I \$30 Level II 50% Level III	N/A

This is a summary of plan benefits. Please refer to Plan documents for more details. Health Net PPO is underwritten by Health Net Life Insurance. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>2</sup> Newborns up to age 17.

<sup>3</sup> Inpatient care for non-severe mental illness, inpatient chemical dependency rehabilitation and inpatient detoxification is limited to 30 days per calendar year through PPO and OON combined.

<sup>4</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>5</sup> Age 17 and older.

<b>PPO Preferred 10 (50F) 90/50</b>		
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Limited Fee Schedule)
<b>Lifetime maximum</b>		\$5,000,000
<b>Annual deductible</b>	none	\$250 member/two per family
<b>Maximum annual out-of-pocket costs</b>	\$2,500 single/two per family	\$5,000 single/two per family
<b>Office visit</b>	\$10 copayment	50%
<b>Periodic health evaluation (age 17 and older)</b>	10%	covered as in-network benefit only
<b>Vision and hearing exam</b>	\$10 copayment <sup>2</sup>	covered as in-network benefit only
<b>X-ray and laboratory procedures (including mammograms)</b>	10%	50%
<b>Outpatient services (professional/institutional)</b>	10%/10%	50%/50%
<b>Outpatient surgery (professional/institutional)</b>	10%/10%	50%/50%
<b>Inpatient care (professional/institutional)</b>	10%/10%	50%/50% (\$600 max. allowable per day)
<b>Well-baby care</b>	\$10 copayment	covered as in-network benefit only
<b>Emergency room</b>	10%	10%
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>	\$10 copayment/10% <sup>1</sup>	50%/50% (\$600 maximum allowable per day) <sup>1</sup>
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	10%/10%	50%/50% member pays all charges in excess of \$25 per visit (30 visits per calendar year maximum)/ \$250 maximum allowable per day (30 days per calendar year) <sup>1,3</sup>
<b>Acute care detoxification (inpatient)</b>	10%	50% \$250 maximum allowable per day <sup>1,3</sup>
<b>Durable medical equipment</b>	10% (\$3,000 combined with Out-of-Network calendar year maximum)	50% (\$3,000 combined with PPO calendar year maximum)
<b>Diabetic equipment<sup>4</sup></b>	10% <sup>4</sup>	50% <sup>4</sup>
<b>Chiropractic care</b>	\$10 copayment (12 visits per calendar year maximum)	covered as in-network benefit only
<b>Infertility services and supplies</b>	10%	50% \$500 deductible per lifetime/\$2,000 lifetime maximum
<b>Prescription drugs (based on participating pharmacy)</b>	\$10 Level I \$20 Level II 50% Level III	\$100 deductible (per member per calendar year)/50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$20 Level I \$40 Level II 50% Level III	N/A

This is a summary of plan benefits. Please refer to Plan documents for more details. All forms, brochures and current standard rates are available online for print. Health Net PPO is underwritten by Health Net Life Insurance.

<sup>1</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>2</sup> Newborns up to age 17.

<sup>3</sup> Inpatient care for non-severe mental illness, inpatient chemical dependency rehabilitation and inpatient detoxification is limited to 30 days per calendar year through PPO and OON combined.

<sup>4</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<b>PPO Advantage 15 (5XA) 80/60</b>		
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Limited Fee Schedule)
<b>Lifetime maximum</b>		\$5,000,000
<b>Annual deductible</b>	none	\$500 member/two per family
<b>Maximum annual out-of-pocket costs</b>	\$3,000 single/two per family	\$5,000 single/two per family
<b>Office visit</b>	\$15 copayment	40%
<b>Periodic health evaluation</b>	20% copayment <sup>7</sup>	covered as in-network benefit only
<b>Vision and hearing exam</b>	\$15 copayment <sup>1</sup>	covered as in-network benefit only
<b>X-ray and laboratory procedures (including mammograms)</b>	20%	40%
<b>Outpatient services (professional/institutional)</b>	20%/20%	40%/40%
<b>Outpatient surgery (professional/institutional)</b>		\$250 per calendar year <sup>2,3</sup>
	20%/20%	40%/40%
<b>Inpatient care (professional/institutional)</b>		\$250 per calendar year <sup>2,3</sup>
	20%/20%	40%/40% (\$600 max. allowable per day)
<b>Well-baby care</b>	\$15 copayment	covered as in-network benefit only
<b>Emergency room</b>	\$50 deductible/20%	\$50 deductible/20%
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>		\$250 per calendar year <sup>4,6</sup>
	\$15 copayment/20% <sup>4,6</sup>	40%/40% (\$600 max. allowable per day)
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	20%/20%	40%/40%
	Member pays all charges in excess of \$25 per visit (20 visits per cal. yr. max.)/\$175 max. allowable per day (30 days per cal. yr.)	
<b>Acute care detoxification (inpatient)</b>		20 days per calendar year maximum (\$175 max. allowable per day)
	20%	40%
<b>Durable medical equipment</b>	20% (\$2,000 combined calendar year maximum)	40% (\$2,000 combined calendar year maximum)
<b>Diabetic equipment</b>	20% <sup>5</sup>	40% <sup>5</sup>
<b>Chiropractic care</b>	\$15 copayment (12 visits per calendar year maximum)	covered as in-network benefit only
<b>Infertility services and supplies</b>	20%	40%
	\$500 deductible per lifetime/\$2,000 lifetime maximum	
<b>Prescription drugs (based on participating pharmacy)</b>	\$15 Level I \$25 Level II 50% Level III	\$100 deductible (per member per calendar year)/50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$30 Level I \$50 Level II 50% Level III	N/A

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<sup>1</sup> Newborns up to age 17.

<sup>2</sup> Inpatient: A \$250 deductible is required only for the first inpatient or skilled nursing facility admission each calendar year. Outpatient: A \$250 calendar-year outpatient surgery deductible is required. Once the deductible is satisfied, no deductible is required for subsequent outpatient services in the same calendar year.

<sup>3</sup> Once the deductible is satisfied, no deductible is required for subsequent outpatient services in the same calendar year.

<sup>4</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder

or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>5</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>6</sup> Inpatient hospital admission (PPO/OON combined): A \$250 deductible is required only for the first inpatient hospital or skilled nursing facility admission per calendar year, with the exception of inpatient detox and inpatient mental health or substance abuse admissions.

<sup>7</sup> Age 17 and older.

<b>PPO First Advantage (50) 80/50</b>		
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Customary & Reasonable) <sup>6</sup>
<b>First dollar benefit</b>	\$500 <sup>1</sup>	not applicable
<b>Lifetime maximum</b>		\$5,000,000
<b>Annual deductible</b>	\$750	\$1,000
<b>Maximum annual out-of-pocket costs</b>	\$4,000	\$6,000
<b>Office visit</b>	20%	50%
<b>Periodic health evaluation</b>	20% <sup>8</sup>	not covered
<b>Vision and hearing exam</b>	20% <sup>2</sup>	not covered
<b>X-ray and laboratory procedures (including mammograms)</b>	20%	50%
<b>Outpatient services (professional/institutional)</b>	20%/20%	50%/50%
<b>Outpatient surgery (professional/institutional)</b>	20%/20% <sup>3</sup>	\$250 per calendar year <sup>3</sup> 50%/50% <sup>3</sup>
<b>Inpatient care (professional/institutional)</b>	20%/20%	\$250 per calendar year <sup>3</sup> 50%/50%/out-of-network \$600 maximum allowable per day
<b>Well-baby care</b>	20%	not covered
<b>Emergency room</b>	\$100 deductible/20%	\$100 deductible/20%
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>3,4</sup></b>	20%/20% <sup>4,7</sup>	\$250 per calendar year 50%/50%/ \$600 maximum allowable per day <sup>4,7</sup>
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	20%/20% Member pays all charges in excess of \$25 per visit/20 visits per calendar year/ \$175 maximum allowable per day (30 days per calendar year)	50%/50%
<b>Acute care detoxification (inpatient)</b>	20%	\$250 per calendar year (3 day maximum per year) <sup>3</sup> 50%/\$600 maximum allowable per day
<b>Durable medical equipment</b>	20%	\$1,000 maximum per calendar year 50%
<b>Diabetic equipment</b>	20% <sup>5</sup>	50% <sup>5</sup>
<b>Chiropractic care</b>	not covered	not covered
<b>Infertility services and supplies</b>	20%	50% \$500 deductible per lifetime/\$2,000 lifetime maximum
<b>Prescription drugs (based on participating pharmacy)</b>	\$15 Level I \$30 Level II 50% Level III	\$100 deductible/50%
<b>Prescriptions by mail (up to 90-consecutive-calendar-day supply of maintenance medications)</b>	\$30 Level I \$60 Level II 50% Level III	N/A

This is a summary of plan benefits. Please refer to Plan documents for more details. Health Net PPO is underwritten by Health Net Life Insurance. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> First dollar benefits apply to all in-network eligible services before a member meets his or her deductible. After the first dollar benefits reach their maximum level, the member must meet the plan deductible before any other plan benefits apply. **Please note:** The maximum payable and allowable amounts are waived until the first dollar benefit is exhausted.

<sup>2</sup> Newborns up to age 16.

<sup>3</sup> Inpatient: A \$250 deductible is required only for the first inpatient or skilled nursing facility admission each calendar year. Outpatient: A \$250 calendar-year outpatient surgery deductible is required. Once the deductible is satisfied, no deductible is required for subsequent outpatient surgeries in the same calendar year.

<sup>4</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>5</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>6</sup> Customary & Reasonable reimbursement is at the 50th percentile.

<sup>7</sup> Inpatient hospital admissions (PPO/OON combined): A \$250 deductible is required only for the first inpatient hospital or skilled nursing facility admission per calendar year, with the exception of inpatient detox and inpatient mental health or substance abuse admissions.

<sup>8</sup> Age 17 and older.

<b>PPO Value 30 (50H) 80/50</b>		
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Limited Fee Schedule)
<b>Lifetime maximum</b>	\$5,000,000	
<b>Annual deductible</b>	\$500 member/three per family (combined for PPO/OON)	
<b>Maximum annual out-of-pocket costs</b>	\$3,000 per member	\$6,000 per member
<b>Office visit</b>	\$30 copayment (deductible waived)	50%
<b>Periodic health evaluation (age 17 and older)</b>	20%	covered as in-network benefit only
<b>Vision and hearing exam</b>	\$30 copayment (deductible waived) <sup>1</sup>	covered as in-network benefit only
<b>X-ray and laboratory procedures (including mammograms)</b>	20%	50%
<b>Outpatient services (professional/institutional)</b>	20%/20%	50%/50%
<b>Outpatient surgery (professional/institutional)</b>	20%/20%	50%/50% \$250 per calendar year <sup>2,3</sup>
<b>Inpatient care (professional/institutional)</b>	20%/20%	\$250 per calendar year <sup>2</sup> 50%/50% (\$600 max. allowable per day)
<b>Well-baby care</b>	\$30 copayment (deductible waived)	covered as in-network benefit only
<b>Emergency room</b>	\$75 deductible/20%	\$75 deductible/20%
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>	\$30 copayment/20%	\$250 per calendar year <sup>2,3,4</sup> 50%/50% (\$600 max. allowable per day)
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	20%/20%	50%/50% member pays all charges in excess of \$25 per visit 20 visits per calendar year max. /\$175 max. allowable per day (30 days per calendar year)
<b>Acute care detoxification (inpatient)</b>	20%	\$250 per calendar year <sup>2,3</sup> 50% (\$600 max. allowable per day)
<b>Durable medical equipment</b>	20% (\$1,000 combined calendar year maximum)	50% (\$1,000 combined calendar year maximum)
<b>Diabetic equipment</b>	20% <sup>5</sup>	50% <sup>5</sup>
<b>Chiropractic care</b>	not covered	not covered
<b>Infertility services and supplies</b>	20%	50% \$500 deductible per lifetime/\$2,000 lifetime maximum
<b>Prescription drugs (based on participating pharmacy)</b>	\$15 Level I \$30 Level II 50% Level III	\$100 deductible (per member per calendar year)/50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$30 Level I \$60 Level II 50% Level III	N/A

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<sup>1</sup> Newborns up to age 17.

<sup>2</sup> \$250 per calendar year deductible applies for the first hospital or skilled nursing facility admission.

<sup>3</sup> Once the deductible is satisfied, no deductible is required for subsequent outpatient services in the same calendar year.

<sup>4</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic

disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>5</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

	<b>PPO Value 35* (45Z) 60/50</b>		<b>Effective Date: 10/1/03</b>
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Customary and Reasonable charges) <sup>6</sup>	
<b>Lifetime maximum</b>	\$5,000,000		
<b>Annual deductible</b>	no deductible	no deductible	
<b>Maximum annual out-of-pocket costs</b>	\$4,000 per member	\$8,000 per member	
<b>Office visit</b>	\$35 <sup>7</sup>	50%	
<b>Periodic health evaluation (age 17 and older)</b>	\$35	not covered	
<b>Vision and hearing exam</b>	35% <sup>2</sup>	not covered	
<b>X-ray and laboratory procedures (including mammograms)</b>	40%	50%	
<b>Outpatient services (professional/institutional)</b>	40%/40%	50%/50%	
<b>Outpatient surgery (professional/institutional)</b>	40%/40% \$350 deductible <sup>4</sup>	50%/50% \$350 deductible <sup>4</sup>	
<b>Inpatient care (professional/institutional)</b>	40%/40% \$500 deductible <sup>5</sup>	50%/50% – \$500 deductible <sup>5</sup> (\$600 maximum allowable per day)	
<b>Well-baby care</b>	\$35	not covered	
<b>Emergency room</b>	\$75 copayment/40%	\$75 copayment/40%	
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>	\$35/40%	\$500 per admission <sup>1</sup> 50%/50% (\$600 maximum allowable per day)	
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)<sup>1</sup></b>	not covered	not covered	
<b>Acute care detoxification (inpatient; three-day maximum per year)</b>	40%	\$500 per admission 50%/\$600 maximum allowable per day	
<b>Durable medical equipment</b>	40%	\$1,000 calendar year maximum (PPO/OON combined) 50%	
<b>Diabetic equipment</b>	20% <sup>3</sup>	50% <sup>3</sup>	
<b>Chiropractic care</b>	not covered	not covered	
<b>Infertility services and supplies</b>	not covered	not covered	
<b>Prescription drugs (based on participating pharmacy)</b>	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible/50%	
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$30 Level I \$60 Level II \$100 Level III	N/A	

This is a summary of plan benefits. Please refer to Plan documents for more details. Health Net PPO is underwritten by Health Net Life Insurance. All forms, brochures and current standard rates are available online for print.

**\* This plan is pending regulatory approval.**

<sup>1</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>2</sup> Newborns up to age 17.

<sup>3</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>4</sup> \$350 outpatient surgery applies to each surgery.

<sup>5</sup> \$500 inpatient deductible applies to each admission.

<sup>6</sup> Customary and Reasonable reimbursement is at the 50th percentile.

<sup>7</sup> A visit to a physician, physician's assistant or nurse practitioner is a \$35 copay on the PPO level. A specialist consultation is 40% of the contracted rate.

	<b>PPO Value 40*</b> (45Y) 50/50		<b>Effective Date: 10/1/03</b>
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Customary and Reasonable charges) <sup>6</sup>	
<b>Lifetime maximum</b>		\$5,000,000	
<b>Annual deductible</b>	no deductible	no deductible	
<b>Maximum annual out-of-pocket costs</b>	\$5,000 per member	\$10,000 per member	
<b>Office visit</b>	\$40 <sup>7</sup>	50%	
<b>Periodic health evaluation</b>	\$40 <sup>8</sup>	not covered	
<b>Vision and hearing exam</b>	\$40 <sup>2</sup>	not covered	
<b>X-ray and laboratory procedures (including mammograms)</b>	50%	50%	
<b>Outpatient services (professional/institutional)</b>	50%/50%	50%/50%	
<b>Outpatient surgery (professional/institutional)</b>	50%/50% \$350 deductible <sup>4</sup>	50%/50% \$350 deductible <sup>4</sup>	
<b>Inpatient care (professional/institutional)</b>	50%/50% \$500 deductible <sup>5</sup>	50%/50% – \$500 deductible <sup>5</sup> (\$600 maximum allowable per day)	
<b>Well-baby care</b>	\$40	not covered	
<b>Emergency room</b>	\$75 deductible/50%	\$75 deductible/50%	
<b>Mental health services for severe mental illness and serious emotional disturbances (outpatient/inpatient)</b>	\$40/50%	\$500 per admission 50%/50% (\$600 maximum allowable per day)	
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	not covered	not covered	
<b>Acute care detoxification (inpatient; three-day maximum per year)</b>	50%	\$500 per admission 50%/\$600 maximum allowable per day	
<b>Durable medical equipment</b>	50%	\$1,000 calendar year maximum (PPO/OON combined) 50%	
<b>Diabetic equipment</b>	20% <sup>3</sup>	50% <sup>3</sup>	
<b>Chiropractic care</b>	not covered	not covered	
<b>Infertility services and supplies</b>	not covered	not covered	
<b>Prescription drugs (based on participating pharmacy)</b>	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible/50%	
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$30 Level I \$60 Level II \$100 Level III	N/A	

This is a summary of plan benefits. Please refer to Plan documents for more details. Health Net PPO is underwritten by Health Net Life Insurance. All forms, brochures and current standard rates are available online for print.

**\* This plan is pending regulatory approval.**

<sup>1</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>2</sup> Newborns up to age 16.

<sup>3</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>4</sup> \$350 outpatient surgery applies for each outpatient surgery.

<sup>5</sup> \$500 inpatient deductible applies to each admission.

<sup>6</sup> Customary and Reasonable reimbursement is at the 50th percentile.

<sup>7</sup> A visit to a physician, physician's assistant or nurse practitioner is a \$40 copay on the PPO level. A specialist consultation is 40% of the contracted rate.

<sup>8</sup> Age 17 and older.



<b>PPO Catastrophic Saver<sup>1</sup> (50K) 70/50</b>		
<b>Benefit</b>	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Limited Fee Schedule)
<b>Lifetime maximum</b>	\$5,000,000	
<b>Annual deductible</b>	\$500 member/two per family (combined for PPO/OON)	
<b>Maximum annual out-of-pocket costs</b>	\$5,000 per member combined in-and out-of-network (includes annual deductible)	
<b>Office visit</b>	\$40 copayment (deductible waived) 4 visits subscriber and spouse; 8 visits dependent per calendar year	50% (deductible waived)
<b>Periodic health evaluation</b>	\$40 (deductible waived)	not covered
<b>Vision and hearing exam</b>	\$40 (deductible waived) <sup>9</sup>	not covered
<b>X-ray and laboratory procedures (including mammograms)</b>	30% (deductible waived) <sup>1</sup>	50% (deductible waived) <sup>1</sup>
<b>Outpatient services (professional/institutional)</b>	30%/1/30%	50%/1/50% (\$600 max. allowable per day)
<b>Outpatient surgery (professional/institutional)</b>	30%/30%	50%/1/50% (\$600 max. allowable per day)
<b>Inpatient care (professional/institutional)</b>	30% (deductible waived) <sup>1/</sup> \$500 per calendar year, <sup>2,3</sup> 30%	50% (deductible waived) <sup>1/</sup> \$500 per calendar year, <sup>2,3</sup> 50% (\$600 max. allowable per day)
<b>Well-baby care</b>	\$40 copayment (deductible waived)	not covered
<b>Emergency room</b>	\$100 deductible/30% <sup>4</sup>	\$100 deductible/30% <sup>4</sup>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)</b>	\$40 copayment (deductible waived) <sup>1,10/</sup> \$500 year, <sup>1,2,3</sup> 30% <sup>5,6</sup>	50% (deductible waived) <sup>1,10/</sup> per calendar year, <sup>1,3</sup> 50% <sup>2,5,6</sup> (\$600 max. allowable per day)
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)</b>	\$25 maximum payable per visit \$40 copayment (deductible waived) <sup>6/</sup> \$500 per calendar year, <sup>2,3</sup> 30%	\$25 maximum payable per visit 50% (deductible waived) <sup>6/</sup> \$500 per calendar year, <sup>2,3</sup> 50%
<b>Acute care detoxification (inpatient)</b>	30% <sup>4</sup>	\$500 per calendar year <sup>1,3</sup> 50% <sup>4</sup> (\$600 max. allowable per day)
<b>Durable medical equipment</b>	30%	\$1,000 calendar year maximum (PPO/OON combined) 50%
<b>Diabetic equipment</b>	30% <sup>7</sup>	not covered
<b>Chiropractic care</b>	not covered	not covered
<b>Infertility services and supplies</b>	not covered	not covered
<b>Prescription drugs (based on participating pharmacy)</b>	30% \$1,000 annual maximum combined in-and out-of-network (Recommended Drug List only)	50%
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	N/A	N/A

This is a summary of plan benefits. Please refer to Plan documents for more details. Health Net PPO is underwritten by Health Net Life Insurance. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> The following professional services are subject to the In-Network coinsurance of 30 percent and Out-of-Network (OON) coinsurance of 50 percent and are limited to a combined maximum payment of \$500 per calendar year: physician visit to hospital or skilled nursing facility, surgeon, assistant surgeon, anesthesiologist, chemotherapy, nuclear medicine, X-ray and laboratory procedures, normal delivery, cesarean section (includes newborn inpatient professional care), complication of pregnancy including medically necessary abortions, elective abortion, genetic testing of fetus, circumcision of newborn, fitting of contraceptive devices, sterilization and allergy testing. After Health Net Life has paid \$500 for these services (combined between In-Network and OON) in a calendar year, no additional payments will be made for the remainder of the year, until the member's out-of-pocket maximum has been met. Even though services are not payable by HNL, the member's coinsurance (30 percent In-Network, 50 percent OON) will continue to apply toward the out-of-pocket maximum.

<sup>2</sup> \$500 deductible is required only for the first inpatient hospital admission per calendar year. Deductibles also apply for inpatient detox and inpatient mental health admission for severe and non-severe illnesses.

<sup>3</sup> Once the deductible is satisfied, no deductible is required for subsequent admission in the same calendar year.

<sup>4</sup> Care for true emergency is \$100.

<sup>5</sup> The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>6</sup> Four visits subscriber and spouse, eight visits dependent, per calendar year.

<sup>7</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

<sup>8</sup> Age 17 and older.

<sup>9</sup> Through age 16 only.

<sup>10</sup> Calendar year visit maximum (PPO/OON combined) four visits for subscriber and spouse. Eight visits dependent children. The visit limitation applies to a physician, specialist consultation, including surgical second opinion, and to outpatient mental health visits for severe and non-severe mental illnesses.

# Flex Net fee-for-service<sup>†</sup>

(Also available to Pacific Health Advantage)



Benefit	Flex Net (22A)
<b>Lifetime maximum</b>	(Coinsurance is percentage of Customary & Reasonable) \$1,000,000/person
<b>Annual deductible</b>	\$300/person; \$900/family
<b>Maximum annual out-of-pocket</b>	\$1,500 single/\$4,500 family
<b>Coinsurance</b>	20%
<b>Office visit</b>	20% coinsurance
<b>Periodic health evaluation (age 18 and older)</b>	20% coinsurance
<b>X-ray and lab procedures</b>	20% coinsurance
<b>Inpatient hospital charges (including maternity)<sup>1</sup></b>	20% coinsurance
<b>Inpatient &amp; outpatient surgery<sup>1</sup></b>	20% coinsurance
<b>Emergency room</b>	20% coinsurance
<b>Mental health services for severe conditions (unlimited visits)<sup>2</sup></b>	20% outpatient/20% inpatient
<b>Outpatient mental health consultation<sup>3</sup></b>	50% up to \$50/visit, maximum of 20 visits/calendar year
<b>Inpatient mental health charges<sup>4</sup></b>	50% up to 30 days per calendar year
<b>Acute care detoxification</b>	50% up to 3 days per calendar year
<b>Durable medical equipment</b>	20% coinsurance
<b>Diabetic equipment<sup>5</sup></b>	20% coinsurance
<b>Infertility services and supplies</b>	not covered
<b>Prescription drugs (including birth control pills and devices)</b>	20% coinsurance after \$75 prescription deductible is met
<b>Rx by mail</b>	

<sup>†</sup> This is a summary of plan benefits. Please refer to Plan documents for more details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> If preauthorized.

<sup>2</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>3</sup> Combines outpatient mental health consultation and outpatient substance abuse benefits.

<sup>4</sup> Combines inpatient mental health and inpatient substance abuse benefits.

<sup>5</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

Flex Net is underwritten by Health Net Life Insurance Company.

Plans underwritten by Health Net Life Insurance exclude benefits for pre-existing conditions during the first six months of coverage. In accordance with state and federal law, members may be entitled to "creditable coverage" that will offset the time pre-existing conditions are excluded under this plan. Creditable coverage is prior coverage under which the member was covered within 63 days before becoming enrolled in Health Net's Small Business Plan coverage. If prior creditable coverage is lost due to loss of job or cancellation of employer coverage, the member may be entitled to creditable coverage if enrolled in Health Net's Small Business Plan coverage within 180 days. Please refer to the Plan Documents for more details.

# Now available – Health Net’s *new* **Choice Advantage** flexible health plans designed to fit small businesses

We heard your feedback, and now we’re rolling out an exciting new plan: For companies with a minimum of 10 enrolled employees, Health Net offers two new defined-contribution packages that deliver what employers and employees are both looking for: **choice, access and flexibility.**

## Choice

With Choice Advantage, small business health coverage options are bigger than ever. Your small business customers can choose a defined contribution level – \$80, \$100 or 50 percent of the employee-only premium – and various Health Net Small Business Group plans.

### **CHOICE ADVANTAGE 80**

Choose from 6 plans

HMO 15

EOA 20

EOA 30

PPO Value 30

PPO Saver\*

Flex Net\*

### **CHOICE ADVANTAGE 100**

Choose from 5 plans

EOA 10

EOA 20

PPO First Advantage

PPO Advantage 15

Flex Net\*

## Access

In addition to giving employees easy access to physicians and specialists, Choice Advantage includes Health Net–exclusive online advantages. Plus, there’s optional Health Net Dental and Vision coverage and Health Net Life Insurance. And Pre-Tax Solutions\*\* helps employers increase employee take-home pay, while reducing their FICA contribution.

## Flexibility

From automatic payroll deductions to Pre-Tax Solutions,\*\* Health Net and Choice Advantage offer your small business customers the flexibility to choose the plans, pricing and payment formulas that best fit their individual situations.

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\*Flex Net is only available to OOA subscribers, subject to standard OOA guidelines. Health Net must be the sole carrier.

\*\*Pre-Tax Solutions, Premium-Only Plans (POP) and Full-Flex Plans (Sections 125 and 132 of IRS code) are offered through Legal Systems Marketing Corporation.



# Salud con Health Net – health care without borders

*Salud con Health Net* is a family of products that offers access to health care in both California and Mexico. We have a complete series of member materials in both English and Spanish and Member Service help lines with Spanish-speaking representatives.

**Salud con Health Net HMO plan.** To use our HMO plan, members can select a primary care doctor in the *Salud con Health Net* Network in California or they can see a doctor in Mexico in the SIMNSA Network.

- **In the *Salud con Health Net* service area.** Your client's employees and eligible dependents can select a doctor in the *Salud con Health Net* Network to provide and coordinate their care. If they choose a doctor in California, they are not covered in Mexico, except for emergency care.
- **In Mexico.** Your client's eligible dependents can select a doctor in the SIMNSA Network. These doctors can provide preventive care and treatment at an affordable cost. Likewise, if they choose a doctor in Mexico, they are not covered in California, except for emergency care.

## **Salud con Health Net EPO Salud Primero plan.**

With this plan, your clients are not limited to a single Primary Care Physician and may seek care in California or in Mexico.

- **In the *Salud con Health Net* service area.** Your clients can select any doctor in the *Salud con Health Net* Network to coordinate their care. This plan provides a wide range of benefits including preventive, medical and hospital services.
- Except for emergency care, members must receive care within the network to be covered, and they are free to see participating doctors on both sides of the border.
- **In Mexico.** Your clients can choose the SIMNSA Network and its primary care doctors to coordinate their care. These doctors can provide preventive care and treatment, all at an affordable cost.

**Salud con Health Net PPO plan.** With our plan, your clients have flexibility. They have the option to go out-of-network and seek care from providers who are not contracted *Salud con Health Net* providers.

- **In the *Salud con Health Net* service area.** Your clients can choose the *Salud con Health Net* Network and its doctors to provide or coordinate their care. These doctors can treat many conditions and provide preventive care services.
- **Out-of-Network.** In the U.S., your clients can go to any physician or specialist who is not part of the *Salud con Health Net* Network – without a referral. Their costs will be highest with this option.
- **In Mexico.** Your clients can choose the SIMNSA Network and its primary care doctors to coordinate their care. These doctors can provide preventive care and treatment, all at an affordable cost.

**Salud con Health Net – Salud Mexico.** With this plan, your clients are able to receive health care in Mexico in the SIMNSA Network.

- To receive care, employers with employees (and enrolled dependents) must reside in the San Diego area, within a 50-mile radius of the California/Mexico border.
- Employees may select physicians in the SIMNSA Network, with provider locations in Tijuana, Rosarito, Mexicali and Tecate.
- SIMNSA is a Mexican provider network licensed to provide care for employees of California businesses and their enrolled dependents.
- More than 140 network physicians within the Mexican service area.

Spanish Member Services: **1-800-331-1777**

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Subscribers interested in applying for enrollment in *Salud con Health Net* should know that enrollment eligibility is limited to subscribers either working or living in the *Salud con Health Net* service area only. The network of providers for *Salud con Health Net* members is limited, and more restricted, than networks for other Health Net offerings. *Salud con Health Net – Salud Mexico* offers subscribers in the San Diego area the opportunity to seek care in Mexico.

	<b>HMO</b>	
	In Mexico (SIMNSA Network)	In California ( <i>Salud con Health Net</i> Network)
<b>Benefit</b>		
<b>Lifetime maximum</b>	none	none
<b>Annual deductible</b>	none	none
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single / \$3,000 two party / \$4,500 family	
<b>Office visit</b>	\$5 copayment	\$15 copayment
<b>Periodic health evaluation (18 and older)</b>	no charge	\$15 copayment
<b>Vision and hearing exam</b>		
<b>Birth through age 17</b>	\$5 copayment	\$15 copayment
<b>Adult (age 18 and older)</b>	\$5 copayment	not covered
<b>X-ray &amp; lab procedures (including mammograms)</b>	no charge	no charge
<b>Outpatient services (professional/institutional)</b>	no charge	20%
<b>Outpatient surgery<sup>1</sup> (professional/institutional fees)</b>	no charge/no charge	no charge/20%
<b>Inpatient hospital care (facility)</b>	no charge	\$250 copayment
<b>OB/GYN self-referral office visit</b>	\$5 copayment	\$15 copayment
<b>Maternity services (normal delivery or cesarean section)</b>		
• Professional fees	no charge	no charge
• Inpatient	no charge	\$250 copayment
<b>Well baby care</b>	no charge	no charge
<b>Preventive care (newborn through age 17)</b>	no charge	no charge
<b>Emergency room<sup>2</sup></b>	\$10 copayment (waived if admitted to hospital)	\$50 copayment (waived if admitted to hospital)
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>3</sup></b>		
• Inpatient hospital care	no charge	no charge <sup>3</sup>
• Physician mental health	no charge	no charge <sup>3</sup>
• Outpatient consultation	\$5 copayment	\$15 copayment <sup>3</sup>
<b>Mental health services for non-severe mental disorders<sup>3</sup></b>		
• Inpatient hospital care	no charge	no charge <sup>3</sup>
• Outpatient consultation	20 days each calendar year \$5 copayment	\$15 copayment <sup>3</sup> 20 visit maximum per calendar year
<b>Acute care detoxification (inpatient)<sup>3</sup></b>	20%	no charge
<b>Durable medical equipment</b>	no charge	no charge
<b>Diabetic equipment</b>	no charge	no charge
<b>Chiropractic care</b>	only available as optional rider coverage <sup>4</sup>	
<b>Infertility services and supplies</b>	50%	50%
<b>Prescription drugs (including birth control pills)</b>		
<b>Non-formulary</b>		
<b>Prescriptions by mail (up to 90-consecutive-calendar-day supply of maintenance medications)</b>	\$5 Level I \$5 Level II not covered	\$5 Level I \$15 Level II \$35
	\$10 Level I \$10 Level II \$70 Level III	\$10 Level I \$30 Level II \$70 Level III

This is a summary of plan benefits. Refer to Plan documents for details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> If preauthorized.

<sup>2</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>3</sup> Administered through Managed Health Network (MHN) under the Los Angeles network. The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>4</sup> Chiropractic rider coverage is available as an optional benefit with all HMO plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

Subscribers interested in applying for enrollment in *Salud con Health Net* should know that enrollment is limited to members in the *Salud con Health Net* service area only. The network of providers for *Salud con Health Net* members is different, and more restricted, than networks for other Health Net offerings.

# Salud con Health Net EPO<sup>†</sup> (46C\*)

## Salud Primero



Benefit
<b>Annual deductible</b>
<b>Lifetime maximum</b>
<b>Office visit</b>
<b>Inpatient &amp; outpatient surgery<sup>1</sup> (professional fees)</b>
<b>Inpatient hospital care (facility)<sup>1</sup></b>
<b>Preventive care (newborn through age 17)</b>
<b>Well baby care</b>
<b>OB/GYN self-referral office visit</b>
<b>Maternity services (normal delivery or cesarean section)</b>
<ul style="list-style-type: none"> <li>• Professional fees</li> <li>• Inpatient</li> </ul>
<b>X-ray &amp; lab procedures (including mammograms)</b>
<b>Prescription drugs (including birth control pills)</b>
<b>Non-formulary prescription drugs</b>
<b>Emergency room<sup>2</sup></b>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>3</sup></b>
<ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Physician mental health</li> <li>• Outpatient consultation</li> </ul>
<b>Maximum annual out-of-pocket costs</b>

HMO	Effective Date: 10/1/03
In Mexico (SIMNSA Network)	In California <i>Salud con Health Net</i> Network
none	none
	\$5,000,000
\$5 copayment	\$15 or \$35 copayment <sup>4</sup>
no charge	no charge
no charge	\$250 per admission
no charge	no charge
no charge	no charge
\$5 copayment	\$15 copayment
no charge	no charge
no charge	\$250 per admission
no charge	no charge
\$5 Level I	\$10 Level I
\$5 Level II	\$35 Level II
not covered	50%
\$10 copayment	\$100 copayment
no charge <sup>5</sup>	\$250 per admission <sup>5</sup>
no charge	10% of contracted rate
\$5 copayment <sup>6</sup>	\$15 copayment <sup>6</sup>
N/A	\$1,500 single \$4,500 family

### \*This plan is pending regulatory approval.

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> If prior certification is not acquired, benefits are reduced to 50%. For uncertified outpatient services, a \$50 deductible is required for each visit. For uncertified inpatient admissions, a \$250 deductible is required for each inpatient admission.

<sup>2</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>3</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>4</sup> For each office visit to a Primary Care Physician (general practitioner, internal medicine practitioner, family practitioner, obstetrician/gynecologist [OB/GYN] or pediatrician) there is a \$15 copayment. For each office visit to any other physician (any physician who is not a Primary Care Physician) there is a \$35 copayment.

<sup>5</sup> Maximum of 20 days per calendar year, combined for SIMNSA and *Salud con Health Net* Networks.

<sup>6</sup> Maximum of 20 visits per calendar year, combined for SIMNSA and *Salud con Health Net* Networks.

Subscribers interested in applying for enrollment in *Salud con Health Net* should know that enrollment is limited to members in the Los Angeles and Ventura County areas only. The network of providers for *Salud con Health Net* members is different, and more restricted, than networks for other Health Net offerings.

Health Net EPO is underwritten by Health Net Life Insurance Company

# Salud con Health Net PPO<sup>†</sup> (11D)



Benefit	In Mexico <sup>1</sup> (SIMNSA Network) (Coinsurance is percentage of contracted rate)	In California ( <i>Salud con Health Net</i> Network) (Coinsurance is percentage of contracted rate)	Out-of-Network <sup>1</sup> (Coinsurance is percentage of Limited Fee Schedule)
<b>Lifetime maximum</b>		\$5,000,000	
<b>Annual deductible</b>	N/A	\$100 member/ \$200 family	\$1,000 member / \$2,000 family
<b>Office visit</b>	\$5 copayment	\$15 copayment (deductible waived)	50%
<b>Inpatient and outpatient surgery<sup>2</sup> (professional fees)</b>	10%	20%	50%
<b>Inpatient hospital care<sup>2</sup></b>	10%	\$250/20% deductible	\$250 deductible/50% (\$380 maximum allowable per day)
<b>Well baby care</b>	\$5 copayment	\$15 copayment (deductible waived)	50%
<b>OB/GYN self-referral office visit</b>	\$5 copayment	\$15 copayment (deductible waived)	50%
<b>Maternity services (normal delivery or cesarean section)</b>			
• Professional fees	10%	20%	50%
• Inpatient	no charge	\$250/20% deductible	\$250 /50% deductible/ \$380 maximum allowable
<b>Preventive care (newborn through age 17)</b>	\$5 copayment	\$15 copayment (deductible waived)	50%
<b>X-ray &amp; laboratory procedures (including mammograms)</b>	10%	20%	50%
<b>Prescription drugs (including birth control pills)</b>	\$10 Level I \$10 Level II	\$10 Level I \$35 Level II	\$10 Level I \$35 Level II
<b>Non-formulary prescription drugs</b>	not covered	50% drug not on list	50% drug not on list
<b>Emergency room<sup>3</sup></b>	\$25/10% deductible	\$50/20% deductible	\$100/50% deductible
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>4</sup></b>			
• Inpatient hospital care	10%	\$250/20% deductible	\$250/50% deductible/ \$380 maximum
• Physician mental health	10%	20%	50%
• Outpatient consultation	\$5 copayment	\$15 copayment (deductible waived)	50%
<b>Maximum annual out-of-pocket costs</b>	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family	\$10,000

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> Out-of-Network providers, facilities or pharmacies in Mexico are not covered by this plan.

<sup>2</sup> If preauthorized.

<sup>3</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>4</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive

disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

Subscribers interested in applying for enrollment in *Salud con Health Net* should know that enrollment is limited to members in the California *Salud con Health Net* service area only. The network of providers for *Salud con Health Net* members is different, and more restricted, than networks for other Health Net offerings.

Health Net PPO is underwritten by Health Net Life Insurance Company.

Benefit	HMO
<b>Annual deductible</b>	<b>SIMNSA Network only*</b>
<b>Lifetime maximum</b>	none
<b>Office visit</b>	unlimited
<b>Inpatient &amp; outpatient surgery<sup>1</sup> (professional fees)</b>	\$5 copayment
<b>Inpatient hospital care (facility)<sup>1</sup></b>	no charge
<b>Preventive care (newborn through age 17)</b>	no charge
<b>Well baby care</b>	no charge
<b>OB/GYN self-referral office visit</b>	\$5 copayment
<b>Maternity services (normal delivery or cesarean section)</b>	
• Professional fees	no charge
• Inpatient	no charge
<b>X-ray &amp; lab procedures (including mammograms)</b>	no charge
<b>Prescription drugs (including birth control pills)</b>	\$5 Level I; \$5 Level II
<b>Non-formulary prescription drugs</b>	not covered
<b>Emergency room<sup>2</sup></b>	\$10 (\$50 in United States and outside of Mexico)
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>3</sup></b>	
• Inpatient hospital care	no charge
• Physician mental health	no charge
• Outpatient consultation	\$5 copayment
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single \$3,000 2-party contract \$4,500 family

See next page for approved ZIP codes.

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> If preauthorized.

<sup>2</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>3</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

Subscribers interested in applying for enrollment in *Salud con Health Net Salud México* should know that enrollment is limited to members in the San Diego area only. Under the *Salud con Health Net Salud México* plan, members must access providers within the SIMNSA network in Mexico.

\*Members **must** access the SIMNSA network under this plan, otherwise benefits will not be covered.



Approved ZIP codes of 50-mile radius area of California border

ZIP CODE	CITY	ZIP CODE	CITY	ZIP CODE	CITY	ZIP CODE	CITY
91901	ALPINE	92018	CARLSBAD	92075	SOLANA BEACH	92143	SAN DIEGO
91902	BONITA	92019	EL CAJON	92077	SPRING VALLEY	92144	SAN DIEGO
91903	ALPINE	92020	EL CAJON	92078	SPRING VALLEY	92145	SAN DIEGO
91905	BOULEVARD	92021	EL CAJON	92079	SUNNYSIDE	92146	SAN DIEGO
91906	CAMPO	92022	EL CAJON	92080	TECATE	92147	SAN DIEGO
91908	BONITA	92023	SAN DIEGO	92082	VALLEY CENTER	92148	SAN DIEGO
91909	CHULA VISTA	92024	ENCINITAS	92083	VISTA	92149	SAN DIEGO
91910	CHULA VISTA	92025	ESCONDIDO	92084	VISTA	92150	SAN DIEGO
91911	CHULA VISTA	92026	ESCONDIDO	92085	VISTA	92151	SAN DIEGO
91912	CHULA VISTA	92027	ESCONDIDO	92086	WARNER SPRINGS	92152	SAN DIEGO
91913	CHULA VISTA	92028	FALLBROOK	92088	FALLBROOK	92153	SAN DIEGO
91914	CHULA VISTA	92029	ESCONDIDO	92091	SAN DIEGO	92154	SAN DIEGO
91915	CHULA VISTA	92030	ESCONDIDO	92092	LA MESA	92155	SAN DIEGO
91916	DESCANSO	92031	GUATAY	92093	LA JOLLA	92156	SAN DIEGO
91917	DULZURA	92032	IMPERIAL BEACH	92100	SAN DIEGO	92157	SAN DIEGO
91921	CHULA VISTA	92033	SAN DIEGO	92101	SAN DIEGO	92158	SAN DIEGO
91931	IMPERIAL BEACH	92034	JACUMBA	92102	SAN DIEGO	92159	SAN DIEGO
91932	IMPERIAL BEACH	92035	JAMUL	92103	SAN DIEGO	92160	SAN DIEGO
91933	IMPERIAL BEACH	92036	JULIAN	92104	SAN DIEGO	92161	SAN DIEGO
91934	JACUMBA	92037	LA JOLLA	92105	SAN DIEGO	92162	SAN DIEGO
91935	JAMUL	92038	LA JOLLA	92106	SAN DIEGO	92163	SAN DIEGO
91941	LA MESA	92039	SAN DIEGO	92107	SAN DIEGO	92164	SAN DIEGO
91942	LA MESA	92040	LAKESIDE	92108	SAN DIEGO	92165	SAN DIEGO
91943	LA MESA	92041	LA MESA	92109	SAN DIEGO	92166	SAN DIEGO
91944	LA MESA	92042	LA MESA	92110	SAN DIEGO	92167	SAN DIEGO
91945	LEMON GROVE	92043	SAN DIEGO	92111	SAN DIEGO	92168	SAN DIEGO
91946	LEMON GROVE	92044	LA MESA	92112	SAN DIEGO	92169	SAN DIEGO
91947	LINCOLN ACRES	92045	LEMON GROVE	92113	SAN DIEGO	92170	SAN DIEGO
91948	MT. LAGUNA	92046	ESCONDIDO	92114	SAN DIEGO	92171	SAN DIEGO
91950	NATIONAL CITY	92047	NATIONAL CITY	92115	SAN DIEGO	92172	SAN DIEGO
91951	NATIONAL CITY	92048	MOUNT LAGUNA	92116	SAN DIEGO	92173	SAN YSIDRO
91962	PINE VALLEY	92049	OCEANSIDE	92117	SAN DIEGO	92174	SAN DIEGO
91963	PETRERO	92050	NATIONAL CITY	92118	CORONADO	92175	SAN DIEGO
91976	SPRING VALLEY	92051	OCEANSIDE	92119	SAN DIEGO	92176	SAN DIEGO
91977	SPRING VALLEY	92052	OCEANSIDE	92120	SAN DIEGO	92177	SAN DIEGO
91978	SPRING VALLEY	92053	NESTOR	92121	SAN DIEGO	92178	SAN DIEGO
91979	SPRING VALLEY	92054	OCEANSIDE	92122	SAN DIEGO	92179	SAN DIEGO
91980	TECATE	92055	OCEANSIDE	92123	SAN DIEGO	92180	SAN DIEGO
91990	TECATE	92056	OCEANSIDE	92124	SAN DIEGO	92181	SAN DIEGO
91991	TECATE	92057	SAN DIEGO	92125	SAN DIEGO	92182	SAN DIEGO
91994	TECATE	92058	OCEANSIDE	92126	SAN DIEGO	92183	SAN DIEGO
92001	ALPINE	92059	PALA	92127	SAN DIEGO	92184	SAN DIEGO
92002	BONITA	92060	PALOMAR	92128	SAN DIEGO	92185	SAN DIEGO
92003	BONSALL		MOUNTAIN	92129	SAN DIEGO	92186	SAN DIEGO
92004	BORREGO SPRINGS	92061	PAUMA VALLEY	92130	SAN DIEGO	92187	SAN DIEGO
92005	BOULEVARD	92062	PINE VALLEY	92131	SAN DIEGO	92188	SAN DIEGO
92006	CAMPO	92063	POTRERO	92132	SAN DIEGO	92189	SAN DIEGO
92007	CARDIFF BY THE SEA	92064	POWAY	92133	SAN DIEGO	92190	SAN DIEGO
92008	CARLSBAD	92065	RAMONA	92134	SAN DIEGO	92191	SAN DIEGO
92009	CARLSBAD	92066	RANCHITA	92135	SAN DIEGO	92192	SAN DIEGO
92010	CHULA VISTA	92067	RANCHO SANTA FE	92136	SAN DIEGO	92193	SAN DIEGO
92011	CHULA VISTA	92068	SAN LUIS REY	92137	SAN DIEGO	92194	SAN DIEGO
92012	CHULA VISTA	92069	SAN MARCOS	92138	SAN DIEGO	92195	SAN DIEGO
92013	SAN DIEGO	92070	SANTA YSABEL	92139	SAN DIEGO	92196	SAN DIEGO
92014	DEL MAR	92071	SANTEE	92140	SAN DIEGO	92197	SAN DIEGO
92016	DESCANSO	92072	SANTEE	92141	SAN DIEGO	92198	SAN DIEGO
92017	DULZURA	92073	SAN DIEGO	92142	SAN DIEGO	92199	SAN DIEGO
		92074	SAN DIEGO				

# Health Net Pacific Health Advantage HMO



Benefit	Standard (60E)	Plus (60F)	Preferred (60D)
Office visit	\$30 copayment	\$20 copayment	\$10 copayment
Inpatient surgery	\$1,000 per admission	\$500 copayment	\$100 copayment
Outpatient surgery	\$300 per admission	\$150 per admission	\$100 copayment
Inpatient hospital care	\$1,000 per admission	\$500 copayment	\$100 copayment
Vision & hearing exams for children through age 17	\$30 copayment	\$20 copayment	\$10 copayment
OB/GYN self-referral visit	\$30 copayment	\$20 copayment	\$10 copayment
Prenatal and pediatric visits (to age 2)	\$5 copayment	\$5 copayment	\$5 copayment
X-ray & lab procedures (including mammograms)	no charge	no charge	no charge
Prescription drugs (including birth control pills) up to 31 days (two copayments apply for mail order for 90-day supply)	Recommended drug list \$15 Level I \$30 Level II \$50 Level III	Recommended drug list \$15 Level I \$25 Level II \$35 Level III	Recommended drug list \$10 Level I \$20 Level II \$35 Level III
Emergency room	\$100 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient) <sup>†</sup>	\$30 outpatient/ \$1,000 per admission inpatient	\$20 outpatient/ \$500 per admission inpatient	\$10 outpatient/ \$100 per admission inpatient
Outpatient non-severe mental health consultation (up to a maximum of 20 visits per calendar year)	\$30 copayment	\$30 copayment	\$30 copayment
Inpatient hospital care for mental disorders (limited to 30 days per calendar year)	\$1,000 per admission	\$500 per admission	\$100 per admission
Acute care detoxification	\$750 per incident	\$500 per admission	\$100 per admission
Durable medical equipment	50%	20%	20%
Maximum annual out-of-pocket costs	\$2,500 single/ \$5,000 family	\$2,500 single/ \$5,000 family	\$2,000 single/ \$4,000 family

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

If you would like to receive a formal quote from Pacific Health Advantage, please contact the department directly at **1-877-472-2238**.

# Health Net Pacific Health Advantage ELECT<sup>SM</sup> Open Access 20<sup>+</sup> (42Q)



<b>Benefit</b>	<b>ELECT OPEN ACCESS 20</b>
<b>Lifetime maximum</b>	none
<b>Annual deductible</b>	none
<b>Maximum annual out-of-pocket costs</b>	\$2,500 single/ \$5,000 two party/ \$5,000 family
<b>Office visit</b>	\$20 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation
<b>Periodic health evaluation (age 18 and older)</b>	\$20 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation
<b>Vision and hearing exam (birth through age 17)</b>	\$20 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation
<b>(ages 18 and older)</b>	not covered
<b>X-ray and laboratory procedures (including mammograms)</b>	no charge <sup>2</sup>
<b>Outpatient services (professional/institutional)</b>	no charge <sup>2</sup> /no charge <sup>2</sup>
<b>Outpatient surgery (professional/institutional)</b>	no charge/\$150
<b>Inpatient care (professional/institutional)</b>	no charge <sup>1</sup> /\$500 per admission
<b>Well-baby care</b>	\$5 HMO or \$30 PPO
<b>Emergency room</b>	\$100 copayment (waived if admitted to hospital)
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>4</sup></b>	\$20 HMO/no charge \$500 per admission
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)<sup>4</sup></b>	\$30 copayment/\$500 inpatient (20 visits per calendar year maximum)/no charge (30 days)
<b>Acute care detoxification (inpatient)<sup>4</sup></b>	no charge
<b>Durable medical equipment</b>	20% <sup>1</sup>
<b>Diabetic equipment<sup>5</sup></b>	no charge
<b>Chiropractic care</b>	only available as optional rider coverage <sup>3</sup>
<b>Infertility services and supplies</b>	50%
<b>Prescription drugs (including birth control pills)</b>	\$15 Level I \$25 Level II \$35 Level III
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>	\$30 Level I \$50 Level II \$70 Level III

This is a summary of plan benefits. Please refer to Plan documents for more details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> Under ELECT Open Access, inpatient hospital and professional services and durable medical equipment are covered when provided or coordinated by the Primary Care Physician only

<sup>2</sup> Under ELECT Open Access, radiographic X-ray, laboratory and surgery services will be covered only when provided or coordinated by your Primary Care Physician, except when provided at a PPO physician's office or PPO laboratory. PPO: X-ray and laboratory services that require prior authorization and are not a covered benefit through PPO. The list of services include: MRI, MUGA, PET and SPECT. However, when provided through HMO, these services are a covered benefit.

<sup>3</sup> Chiropractic rider coverage is available as an optional benefit with all ELECT Open Access plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20

visits per calendar year.

<sup>4</sup> All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

<sup>5</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

# Health Net Pacific Health Advantage POS<sup>†</sup> (60G)



	<b>SELECT 1</b>	<b>SELECT 2</b>	<b>SELECT 3</b>
	<b>HMO</b>	<b>PPO</b> (Coinsurance is percentage of of contracted rate)	<b>Out-of-Network</b> (Coinsurance is percentage Customary & Reasonable)
<b>Benefit</b>			
<b>Office visit</b>	\$20	\$30	30%
<b>Annual deductible</b>	N/A	N/A	\$1,000 member
<b>Maximum annual out-of-pocket costs<sup>1</sup></b>	\$2,500 single/ \$5,000 family	\$2,500 single/ \$5,000 family	\$5,000 single/ \$10,000 family <sup>1</sup>
<b>Outpatient surgery (facility/professional)</b>	\$150/no charge	\$300/30%	30%/30%
<b>Inpatient hospital care (facility/professional)</b>	\$500/no charge	30%/30%	30%/30%
<b>Vision and hearing exams (birth through age 17)</b>	\$20	\$30	30%
<b>Well baby care</b>	\$5	\$5	30%
<b>Preventive care from age 2 to 18</b>	\$20	\$30	30%
<b>X-ray &amp; laboratory procedures (including mammograms)</b>	no charge	30%	30%
<b>Emergency room</b>	\$100	\$100	\$100
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>2</sup></b>	\$20 outpatient/\$500 inpatient Administered through Managed Health Network (MHN) only		
<b>Mental health services for non-severe mental disorders (outpatient/inpatient)<sup>3</sup></b>	\$30 copayment (20 visits per calendar year maximum) / \$500 (30 days) Administered through Managed Health Network (MHN) only		
<b>Acute care detoxification</b>	\$500 3 days per calendar year	30%	30%
<b>Durable medical equipment</b>	20%	not covered	not covered
<b>Prescription drugs</b>	\$15 Level I \$30 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III	not covered

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> Each member must satisfy an individual out-of-pocket maximum.

<sup>2</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>3</sup> Mental health and chemical dependency services are coordinated by MHN. The Primary Care Physician does not have to authorize this service.

If you would like to receive a formal quote from Pacific Health Advantage, please contact the department directly at **1-877-472-2238**.

# Health Net Pacific Health Advantage PPO Standard<sup>†</sup> (60H)



Benefit	<b>PPO Standard</b>	
	<b>In-Network</b> (Coinsurance is percentage of contracted rate)	<b>Out-of-Network</b> (Coinsurance is based on Limited Fee Schedule)
<b>Lifetime maximum</b>	\$5,000,000	
<b>Annual deductible</b>	\$500 per member/two per family (combined for PPO/OON) <sup>1</sup>	
<b>Maximum annual out-of-pocket costs</b>	\$2,500 per member combined In-Network and Out-of-Network (includes annual deductible)	
<b>Office visit (2 visits for subscriber and spouse, 4 visits for dependent per calendar year)</b>	\$20 copayment (deductible waived)	50% (deductible waived)
<b>Preventive care office visit (up to age 16) (2 visits for subscriber and spouse, 4 visits for dependent per calendar year)</b>	\$20 copayment (deductible waived)	covered as In-Network benefit only
<b>X-ray &amp; lab procedures (including mammograms)<sup>2,3</sup></b>	20% (deductible waived)	50% (deductible waived)
<b>Outpatient care (professional/institutional)<sup>2,3</sup></b>	20%/20%	50%/50%
<b>Inpatient care (professional/institutional)<sup>2</sup></b>	20% (deductible waived) <sup>3</sup> / \$500 deductible, <sup>4</sup> 20%	50% (deductible waived) <sup>3</sup> / \$500 deductible, <sup>4</sup> 50% (\$600 max. allowable per day)
<b>Emergency room</b>	\$100 deductible/20% <sup>5</sup>	\$100 deductible/20% <sup>5</sup>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>6</sup></b>	\$20 copayment (deductible waived)/ (2 visits for subscriber and spouse, 4 visits for dependent per calendar year) \$500 deductible, <sup>4</sup> 20%	50% (deductible waived) (2 visits for subscriber and spouse, 4 visits for dependent per calendar year) \$500 deductible, <sup>4</sup> 50% (\$600 max. allowable per day)
<b>Prescription drugs</b>	Recommended drug list only 20% (\$500 annual maximum combined In-Network and Out-of-Network)	Recommended drug list only 50% (\$500 annual maximum combined In-Network and Out-of-Network)

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> Two family members must satisfy individual amounts to meet family total.

<sup>2</sup> If preauthorized.

<sup>3</sup> All professional services are subject to the \$500 calendar year maximum on: physician visit to hospital or skilled nursing facility (excluding care for mental disorders); allergy testing; surgeon/assistant surgeon; administration of anesthetics; X-ray and lab services; dental services; normal delivery, cesarean section (includes newborn inpatient professional care); complications of pregnancy including medically necessary abortions; elective abortions; genetic testing of fetus; circumcision of newborns; contraceptive devices; sterilization of females; sterilization of males; medical social services; nuclear medicine; chemotherapy.

<sup>4</sup> A \$500 deductible is required only for the first inpatient hospital admission each calendar-year. Once the deductible is satisfied, no deductible is required for subsequent admissions in the same calendar-year.

<sup>5</sup> Care for a true emergency is 20 percent. Non-emergency use of an emergency room or urgent care center requires a 50 percent coinsurance.

<sup>6</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

Health Net PPO is underwritten by  
Health Net Life Insurance Company.

This plan excludes benefits for pre-existing conditions during the first six months of coverage. In accordance with state and federal law, members may be entitled to "creditable coverage" that will offset the time pre-existing conditions are excluded under this plan. Creditable coverage is prior coverage under which the member was covered within 63 days before becoming enrolled in Health Net's Small Business Plan coverage. If prior creditable coverage is lost due to loss of job or cancellation of employer coverage, the member may be entitled to creditable coverage if enrolled in Health Net's Small Business Plan coverage within 180 days. Please refer to the Plan Documents for more details.

# Health Net Pacific Health Advantage PPO Preferred<sup>†</sup> (60J) 80/50



Benefit	In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network (Coinsurance is based on Limited Fee Schedule)
<b>Lifetime maximum</b>		\$5,000,000
<b>Annual deductible (combined In-Network and Out-of-Network)</b>		\$1000 per member/ 3 per family <sup>1</sup>
<b>Maximum annual out-of-pocket costs<sup>1,2</sup></b>	\$3,000 per member	\$6,000 per member
<b>Office visit</b>	\$30 copayment (deductible waived)	50%
<b>Preventive care office visit (up to age 16)</b>	\$30 copayment (deductible waived)	covered as In-Network benefit only
<b>X-ray &amp; lab procedures (including mammograms)<sup>3</sup></b>	20%	50%
<b>Outpatient care (professional/institutional)<sup>3</sup></b>	20%/20% <sup>4</sup> \$250 deductible <sup>4</sup>	50%/50% <sup>4</sup> \$250 deductible <sup>4</sup>
<b>Inpatient care (professional/institutional)<sup>3</sup></b>	20%/20% <sup>4</sup> \$250 per calendar year	50%/50% <sup>4</sup> \$250 per calendar year (\$600 max. allowable per day)
<b>Emergency room</b>	\$100 copayment	\$100 copayment/20% <sup>5</sup>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>6</sup></b>	\$30 copayment \$250 per calendar year <sup>4</sup>	50% \$250 per calendar year (600 max. allowable per day) <sup>4</sup>
<b>Durable medical equipment (\$1,000 combined calendar year maximum)<sup>3</sup></b>	20%	50%
<b>Chiropractic care</b>	not covered	not covered
<b>Acupuncture</b>	not covered	not covered
<b>Prescription drugs</b>	\$20 Level I \$30 Level II 50% Level III	All levels 50% after separate \$100 deductible is met per member per calendar year

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> Three family members must satisfy individual amounts to meet family total.

<sup>2</sup> Any copayments or coinsurance you pay for a covered service you receive under the In-Network (Tier 2) level of services will apply toward the out-of-pocket maximums for both In-Network (Tier 2) and Out-of-Network (Tier 3). The same is true for copayments or coinsurance you pay for covered services you receive under the Out-of-Network level: these amounts will apply to both In-Network and Out-of-Network out-of-pocket maximums.

<sup>3</sup> If preauthorized.

<sup>4</sup> Inpatient: A \$250 deductible is required only for the first inpatient or skilled nursing facility admission each calendar year. Outpatient: A \$250 calendar year outpatient surgery deductible is required. Once the deductible is satisfied, no deductible is required for subsequent outpatient surgeries in the same calendar year.

<sup>5</sup> Care for a true emergency is 20 percent. Non-emergency use of an emergency room or urgent care center requires a 50 percent coinsurance.

<sup>6</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

# Health Net Pacific Health Advantage PPO Plus (42J)



**PacAdvantage**  
Choice • Simplicity • Affordability

Benefit
Lifetime maximum
Annual deductible
Maximum annual out-of-pocket costs
Office visit
Preventive care office visit
X-ray & lab procedures (including mammograms) <sup>1</sup>
Outpatient care (professional/institutional) <sup>1</sup>
Inpatient care (professional/institutional) <sup>1</sup>
Emergency room
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient) <sup>4</sup> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>
Prescription drugs

## PPO Plus

In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network (Coinsurance is based on Limited Fee Schedule)
	\$5,000,000
	\$2,000 member/2 per family
\$4,000 single	\$6,000 single 3 per family
\$40 (deductible waived)	50% of C&R
70% of negotiated rate	Not covered
70% of negotiated rate	50% of C&R
70% of negotiated rate <sup>2</sup>	50% of covered expenses
\$250 deductible <sup>2</sup> 70% of negotiated rate	50% of maximum allowed \$600 maximum per day
70% of negotiated rate <sup>3</sup>	50% of C&R <sup>3</sup>
70% of negotiated rate	50% of covered expenses
	\$250 <sup>5</sup>
\$40 (deductible waived)	50% of C&R
	\$2,000 annual maximum combined in- and out-of-network
	\$10 Level I
	\$30 Level II

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> If preauthorized.

<sup>2</sup> A \$250 deductible is required only for the first inpatient hospital admission each calendar-year. Once the deductible is satisfied, no deductible is required for subsequent admissions in the same calendar-year.

<sup>3</sup> Care for a true emergency is 30 percent. Non-emergency use of an emergency room or urgent care center requires a 50 percent coinsurance.

<sup>4</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>5</sup> Inpatient hospital admissions (PPO/OON combined): A \$250 deductible is required only for the first inpatient hospital or skilled nursing facility admission each calendar year. The deductible does not apply to inpatient detoxification or to inpatient care for non-severe mental illness. Once the deductible is satisfied, no deductible is required for subsequent admissions in the same calendar-year.

Health Net PPO is underwritten by  
Health Net Life Insurance Company.

This plan excludes benefits for pre-existing conditions during the first six months of coverage. In accordance with state and federal law, members may be entitled to "creditable coverage" that will offset the time pre-existing conditions are excluded under this plan. Creditable coverage is prior coverage under which the member was covered within 63 days before becoming enrolled in Health Net's Small Business Plan coverage. If prior creditable coverage is lost due to loss of job or cancellation of employer coverage, the member may be entitled to creditable coverage if enrolled in Health Net's Small Business Plan coverage within 180 days. Please refer to the Plan Documents for more details.

# Health Net Pacific Health

## *Salud con Health Net* HMO<sup>†</sup> (420)



Benefit	HMO	
Annual deductible	In Mexico (SIMNSA Network)	In California ( <i>Salud con Health Net</i> Network)
Lifetime maximum	none	none
Office visit	\$5 copayment	\$5 (birth through 24 months) \$20 (age 2 and older)
Outpatient surgery <sup>1</sup> (professional/institutional fees)	no charge/no charge	\$150
Inpatient hospital care (facility) <sup>1</sup>	no charge	\$500 copayment
Preventive care (newborn through age 17)	no charge	\$5 (birth through 24 months) \$5 (newborn care office visit, infant through 30 days of life) \$20 (age 2 and older)
Well baby care	no charge	\$5 (birth through 24 months) \$5 (newborn care office visit, infant through 30 days of life) \$20 (age 2 and older)
OB/GYN self-referral office visit	\$5 copayment	\$20 copayment
Maternity services (normal delivery or cesarean section)	no charge	\$5 prenatal
• Professional fees	no charge	\$20 postnatal
• Inpatient	no charge	\$500 copayment
X-ray & lab procedures (including mammograms)	no charge	no charge
Prescription drugs (including birth control pills)	\$5 Level I	\$15 Level I
Non-formulary prescription drugs	\$5 Level II	\$25 Level II
Emergency room <sup>2</sup>	not covered	\$35
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	\$10 copayment	\$100 copayment
• Inpatient hospital care	no charge <sup>4</sup>	\$500 <sup>3</sup>
• Physician mental health	no charge <sup>4</sup>	no charge <sup>3</sup>
• Outpatient consultation	\$5 copayment <sup>4</sup>	\$20 copayment <sup>3</sup>
Maximum annual out-of-pocket costs	\$1,500 single	\$2,500 single
	\$3,000 two party	\$5,000 family
	\$4,500 (3 or more members)	

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> If preauthorized.

<sup>2</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>3</sup> Administered through Managed Health Network (MHN) under the Los Angeles network. The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>4</sup> Mental health and substance abuse services must be provided by a SIMNSA provider.

Subscribers interested in applying for enrollment in *Salud con Health Net* should know that enrollment is limited to members in the California *Salud con Health Net* service area only. The network of providers for *Salud con Health Net* members is different, and more restricted, than networks for other Health Net offerings.



# Health Net Pacific Health

## Salud México<sup>SM</sup> (37K)



Benefit	HMO
<b>Annual deductible</b>	none
<b>Lifetime maximum</b>	unlimited
<b>Office visit</b>	\$5 copayment
<b>Inpatient &amp; outpatient surgery<sup>1</sup> (professional fees)</b>	no charge
<b>Inpatient hospital care (facility)<sup>1</sup></b>	no charge
<b>Preventive care (newborn through age 17)</b>	no charge
<b>Well baby care</b>	no charge
<b>OB/GYN self-referral office visit</b>	\$5 copayment
<b>Maternity services (normal delivery or cesarean section)</b>	
<ul style="list-style-type: none"> <li>• Professional fees</li> <li>• Inpatient</li> </ul>	no charge
<b>X-ray &amp; lab procedures (including mammograms)</b>	no charge
<b>Prescription drugs (including birth control pills)</b>	\$5 Level I; \$5 Level II
<b>Non-formulary prescription drugs</b>	not covered
<b>Emergency room<sup>2</sup></b>	\$10 (\$50 in United States and outside of Mexico)
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>3</sup></b>	
<ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Physician mental health</li> <li>• Outpatient consultation</li> </ul>	no charge <sup>4</sup>
	no charge <sup>4</sup>
	\$5 copayment <sup>4</sup>
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single \$3,000 2-party contract \$4,500 family

See page 25 for approved ZIP codes.

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> If preauthorized.

<sup>2</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>3</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>4</sup> Mental health and substance abuse services must be provided by a SIMNSA provider.

Subscribers interested in applying for enrollment in *Salud con Health Net Salud México* should know that enrollment is limited to members in the San Diego area only. Under the *Salud con Health Net Salud México* plan, members must access providers within the SIMNSA network in Mexico.

\*Members **must** access the SIMNSA network under this plan, otherwise benefits will not be covered.

# California Choice HMO Plus<sup>†</sup>



Benefit	CalChoice 5 (31V)	CalChoice 10 (31W)	CalChoice 25 (31X)
<b>Lifetime maximum</b>	unlimited	unlimited	unlimited
<b>Annual deductible</b>	n/a	n/a	n/a
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single/ \$3,000 family	\$2,000 single/ \$4,000 family	\$2,500 single/ \$5,000 family
<b>Office visit</b>	\$5 copayment	\$10 copayment	\$25 copayment
<b>Periodic health evaluation (age 18 and older)</b>	\$5	\$10	\$25
<b>Vision and hearing exam</b>	\$5	\$10	\$25
<b>X-ray and laboratory procedures (including mammograms)</b>	no charge	no charge	no charge
<b>Outpatient services (professional/institutional)</b>	no charge	no charge	no charge
<b>Outpatient surgery (facility)</b>	\$50 copayment	\$100 copayment	\$300 copayment
<b>Inpatient hospital charges</b>	no charge	\$300 copayment per admission	\$500 copay per day; \$1,000 max. per admission <sup>2</sup>
<b>Well-baby care</b>	\$5 copayment	\$10 copayment	\$25 copayment
<b>Emergency room (professional services)</b>	\$5	\$10 copayment	\$25 copayment
<b>Emergency room (facility only)</b>	\$50 copayment	\$50 copayment	\$100 copayment
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient/unlimited visits<sup>1</sup>)</b>	\$5 outpatient/no charge inpatient	\$10 outpatient/\$300 copayment per admission inpatient	\$25 outpatient/\$500 copayment per day; \$1,000 maximum per admission <sup>2</sup>
<b>Outpatient mental health consultation for other than severe conditions (maximum of 20 visits per calendar year)<sup>2</sup></b>	\$20 copayment	\$30 copayment	\$40 copayment
<b>Inpatient hospital care for other than severe mental illness</b>	not covered	not covered	not covered
<b>Acute care detoxification</b>	no charge	\$300 copayment per admission	\$500 copay per day; \$1,000 max. per admission <sup>2</sup>
<b>Durable medical equipment (covered when medically necessary as determined by your Health Care Service plan)</b>	no charge/ \$2,500 maximum per calendar year	10% of allowed charges/ \$2,500 maximum per calendar year	30% of allowed charges/ \$2,500 maximum per calendar year
<b>Diabetic equipment</b>	no charge	10%	20%
<b>Infertility services and supplies</b>	50% (infertility drugs lifetime max. of \$1,500)	50% (infertility drugs lifetime max. of \$1,500)	50% (infertility drugs lifetime max. of \$1,500)
<b>Prescription drugs (including birth control pills and devices) up to 30 days; two copayments apply for mail order for 90-day supply</b>	\$5 Level I \$15 Level II \$35 Level III	\$10 Level I \$20 Level II \$35 Level III	\$15 Level I \$25 Level II \$50 Level III

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>2</sup> Members have a \$500 copayment per day with a \$1,000 maximum per admission (covered at 100 percent thereafter).

If you would like to receive a formal quote from California Choice, please contact the department directly at **1-800-542-4218**.

# California Choice

## ELECT<sup>SM</sup> Open Access<sup>†</sup> (13D)



<b>Benefit</b>
<b>Lifetime maximum</b>
<b>Annual deductible</b>
<b>Maximum annual out-of-pocket costs</b>
<b>Office visit</b>
<b>Periodic health evaluation (age 18 and older)</b>
<b>Vision &amp; hearing exams</b>
<b>X-ray &amp; laboratory procedures (including mammograms)</b>
<b>Outpatient services (professional/institutional)</b>
<b>Outpatient surgery (professional/institutional)</b>
<b>Inpatient care (professional/institutional)</b>
<b>Well-baby care</b>
<b>Emergency room</b>
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>4</sup></b>
<b>Mental health consultation non-severe mental disorders (outpatient/inpatient)<sup>4</sup></b>
<b>Acute care detoxification (inpatient)<sup>4</sup></b>
<b>Durable medical equipment</b>
<b>Diabetic equipment<sup>5</sup></b>
<b>Chiropractic care</b>
<b>Infertility services and supplies</b>
<b>Prescription drugs (including birth control pills)</b>
<b>Prescriptions by mail (up to 90 consecutive calendar-day supply of maintenance medications)</b>

## ELECT Open Access 10 (13D)

none
none
\$2,000 single/\$4,000 two party/\$4,000 family
\$10 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation
\$10 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation
\$10 HMO or \$30 PPO (self-referral to network physician), including specialist consultation and evaluation
no charge <sup>2</sup>
no charge <sup>2</sup> /no charge <sup>2</sup>
\$100 HMO/no coverage PPO
\$300 HMO/no coverage PPO
\$10 HMO or \$30 PPO
\$50 copayment (waived if admitted to hospital)
\$10/no charge
\$30 copayment (20 visits per calendar year maximum)/no charge (30 days)
no charge
10%
10%
only available as optional rider coverage <sup>3</sup>
50%
\$10 Level I
\$20 Level II
\$35 Level III
\$20 Level I
\$40 Level II
\$70 Level III

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details. All forms, brochures and current standard rates are available online for print.

<sup>1</sup> Under ELECT Open Access, inpatient hospital and professional services and durable medical equipment are covered when provided or coordinated by the Primary Care Physician only.

<sup>2</sup> Under ELECT Open Access, radiographic X-ray, laboratory and surgery services will be covered only when provided or coordinated by your Primary Care Physician, except when provided at a PPO physician's office or PPO laboratory.

<sup>3</sup> Chiropractic rider coverage is available as an optional benefit with all ELECT Open Access plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

<sup>4</sup> All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered server mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your plan Documents for other mental health services.

<sup>5</sup> Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices. See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

# California Choice

## Salud con Health Net HMO<sup>†</sup> (182)



Benefit	HMO	
Annual deductible	In Mexico (SIMNSA Network)	In California (Salud con Health Net Network)
Office visit	none	none
Outpatient surgery <sup>1</sup>	\$5 copayment	\$20 copayment
Inpatient hospital care (facility) <sup>1</sup>	no charge	\$250 copayment
Preventive care (newborn through age 17)	no charge	30% of contracted rate
Well baby care	no charge	\$20 copayment
OB/GYN self-referral office visit	no charge	\$20 copayment
Maternity services (normal delivery or cesarean section)	\$5 copayment	\$20 copayment
• Professional fees	no charge	no charge
• Inpatient	no charge	30% of contracted rate
X-ray & lab procedures (including mammograms)	no charge	no charge
Prescription drugs (including birth control pills)	\$5 Level I	\$15 Level I
• Non-formulary prescription drugs	\$5 Level II	\$25 Level II
Emergency room <sup>2</sup>	not covered – Level III	\$35 – Level III
Mental health services for severe conditions <sup>3</sup>	\$10 copayment	\$75 copayment <sup>6</sup>
• Inpatient hospital care	no charge <sup>4</sup>	no charge <sup>5</sup>
• Physician mental health	no charge <sup>4</sup>	no charge <sup>5</sup>
• Outpatient consultation	\$5 copayment <sup>4</sup>	\$20 copayment <sup>5</sup>
Maximum annual out-of-pocket costs	\$1,500 single \$3,000 2-party \$4,500 family	\$2,500 single \$5,000 family

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> If preauthorized.

<sup>2</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>3</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>4</sup> Mental health substance abuse services must be provided by a SIMNSA provider.

<sup>5</sup> Administered through MHN for Health Net Salud Network.

Subscribers interested in applying for enrollment in *Salud con Health Net* should know that enrollment is limited to members in the California *Salud con Health Net* service area only. The network of providers for *Salud con Health Net* members is different, and more restricted, than networks for other Health Net offerings.

Benefit	HMO
<b>Annual deductible</b>	<b>SIMNSA Network only*</b>
<b>Lifetime maximum</b>	none
<b>Office visit</b>	unlimited
<b>Inpatient &amp; outpatient surgery<sup>1</sup> (professional fees)</b>	\$5 copayment
<b>Inpatient hospital care (facility)<sup>1</sup></b>	no charge
<b>Preventive care (newborn through age 17)</b>	no charge
<b>Well baby care</b>	no charge
<b>OB/GYN self-referral office visit</b>	\$5 copayment
<b>Maternity services (normal delivery or cesarean section)</b>	
• Professional fees	no charge
• Inpatient	no charge
<b>X-ray &amp; lab procedures (including mammograms)</b>	no charge
<b>Prescription drugs (including birth control pills)</b>	\$5 Level I; \$5 Level II
<b>Non-formulary prescription drugs</b>	not covered
<b>Emergency room<sup>2</sup></b>	\$10 (\$50 in United States and outside of Mexico)
<b>Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)<sup>3</sup></b>	
• Inpatient hospital care	no charge <sup>4</sup>
• Physician mental health	no charge <sup>4</sup>
• Outpatient consultation	\$5 copayment <sup>4</sup>
<b>Maximum annual out-of-pocket costs</b>	\$1,500 single \$3,000 2-party contract \$4,500 family

See page 25 for approved ZIP codes.

<sup>†</sup> This is a summary of plan benefits. Please refer to the Plan Documents for more details.

<sup>1</sup> If preauthorized.

<sup>2</sup> The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

<sup>3</sup> The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa,

serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

<sup>4</sup> Mental health substance abuse services must be provided by a SIMNSA provider.

Subscribers interested in applying for enrollment in *Salud con Health Net Salud México* should know that enrollment is limited to members in the San Diego area only. Under the *Salud con Health Net Salud México* plan, members must access providers within the SIMNSA network in Mexico.

\*Members **must** access the SIMNSA network under this plan, otherwise benefits will not be covered.

# Group Term Life and AD&D insurance



For many small businesses, an attractive employee benefits package includes Group Term Life and Accidental Death & Dismemberment (AD&D) insurance offering desirable benefit levels. This allows a small business employer to:

- increase the attractiveness of the company's benefit package to employees
- offer employees life insurance benefits at economical rates

One way employers can enhance their benefits package and minimize administrative costs is to consolidate health and life insurance carriers. Carrier consolidation offers the convenience of dealing with one marketing representative and eliminates unnecessary administrative costs related to managing an employee benefits package.

Health Net Life Insurance Company now offers small businesses the opportunity to realize this advantage through our Health Net Life product.

Other advantages of Group Term Life insurance include:

- financial protection for employees and their families during a time of need
- coverage that is competitively desirable, since many employers offer it
- employer premiums that are tax deductible as a business expense

## ACCELERATED LIFE BENEFIT & SEAT BELT BENEFIT

### Accelerated death benefit payment for terminally ill insureds

- Provides financial protection to members in time of need, and at the same time protects the interests of the beneficiary. This election is allowed only once in the member's lifetime and is subject to certain conditions.

### Seat belt benefit

- Subject to the terms of the policy, the plan will pay an additional 50 percent to a maximum of \$50,000 of the basic AD&D benefit, as shown in the *Insured Data – Schedule of Benefits* if the member sustains an accidental bodily injury that causes a loss of life while the member is an operator or a passenger in a private passenger car and is wearing a properly fastened, factory-installed seatbelt.

## BASIC LIFE AND AD&D RATES

Age	Monthly rate per \$1,000 coverage
0–29	0.19
30–34	0.21
35–39	0.25
40–44	0.33
45–49	0.46
50–54	0.74
55–59	1.15
60–64	2.30
65–69	3.82
70–74	6.25
75–79	9.75
80–84	14.16
85+	29.24

## DEPENDENT LIFE MONTHLY RATES

<b>Option 1 rate</b>	\$2.65 per family unit*
Spouse coverage	\$5,000
Child coverage	
6 months to 19 years**	\$2,000
14 days to 6 months	\$200
<b>Option 2 rate</b>	\$1.10 per family unit*
Spouse coverage	\$2,000
Child coverage	
6 months to 19 years**	\$1,000
14 days to 6 months	\$100

\*If an employer chooses to offer dependent coverage, an employee electing dependent coverage would pay \$2.65 for Option 1 or \$1.10 for Option 2, regardless of the number of eligible dependents covered.

\*\*Or to age 23 if a full-time student.

# Small Business Group Life underwriting guidelines



## GENERAL GUIDELINES FOR GROUPS OF 2–50

- Employees must meet the Actively-at-Work Requirement on order to be eligible. Additionally, they must be working full-time at the employer's regular place of business at least 20 hours per week to be eligible. Note: The number of hours must coincide with Health Net medical eligibility guidelines; part-time employees, seasonal employees, and 1099s are not eligible.
- Retiree life is not available.
- Composite rates available for groups of 15 or more.
- Dependent Life:
  - » Two options available for all groups:
    1. High: \$5,000 Spouse, \$1,000 Child, \$200 Infant (6 months, 14 days).
    2. Low: \$2,000 Spouse, \$1,000 Child, \$100 Infant (6 months, 14 days).
  - » Not available on a stand-alone basis.
- Job classifications:
  - » Class I – Officers, Managers, Supervisors; and Class II – All other employees.
  - » Class I – Salary; and Class II – Hourly.
  - » There must be at least one person in the top class when rating a group by job classification and at least two or more people in all other classes.
- Medical Evidence of Insurability is necessary:
  - » For amounts in excess of Guaranteed Issue.
  - » If coverage is applied for later than 31 days from the date of eligibility.
- Subject to underwriting approval:
  - » Medical conditions reported on the EOI.
  - » Coverage requiring EOI will not become effective until approved in writing by Health Net Life.
- Some SIC classifications are excluded

## GROUPS OF 2–9 ELIGIBLE EMPLOYEES

- Life benefit of \$15,000.
- Employer contribution and participation must be 100%.
- “Flat” benefit schedules only.
- No more than 25% of employees may be 60 or older.

## GROUPS OF 10–14 ELIGIBLE EMPLOYEES

- Stand-alone life available.
- Life benefit of \$15,000–\$25,000 (increments of \$5,000)
- Minimum of 25% employer contribution.
- Minimum participation:
  - » 75% if contributory.
  - » 100% if non-contributory.
- Job classification benefits:
  - » Class I = \$25,000.
  - » Class II = \$15,000.
- Salary classifications are not available.

## GROUPS OF 15–24 ELIGIBLE EMPLOYEES

- Stand-alone life available.
- Life benefit of \$15,000–\$50,000 (increments of \$5,000)
- Minimum of 25 percent employer contribution.
- Minimum participation:
  - » 75 percent if contributory.
  - » 100 percent if non-contributory.
- Job classification benefits (Employer selects)
  - » Class I = \$25,000, Class II = \$15,000.
  - » Class I = \$50,000, Class II = \$25,000.
- Salary option benefits:
  - » Group selects 1x or 2x salary.
  - » Group accepts \$50,000 maximum amount.

## GROUPS OF 25–50 ELIGIBLE EMPLOYEES

- Stand-alone life available.
- Life benefit of \$15,000–\$100,000 (increments of \$5,000).
- Minimum of 25% employer contribution.
- Minimum participation:
  - » 75% if contributory.
  - » 100% if non-contributory.
- No more than 50% of the total amount of basic term life volume can be on the five employees with the highest amount of volume.
- Job classification benefits (Employer selects):
  - » Class I = \$25,000, Class II = \$15,000.
  - » Class I = \$50,000, Class II = \$25,000.
  - » Class I = \$100,000, Class II = \$50,000.
- Salary option benefits:
  - » Group selects either 1x, 1.5x, or 2x salary.
  - » Group selects \$50,000 or \$100,000 maximum amount.

# Small Business Group Standard underwriting guidelines



## ELIGIBILITY

- 2–50 eligible employees with over 50 percent of the total group located in California, subject to out-of-area requirements below.
- *Out-of-area requirements*
  - » A maximum of 49 percent of the total eligible population may be out of California’s service area, subject to the following rules.
  - » Those employees who are out of the California service area but are in the out-of-state PPO service area may be written on a PPO plan.
  - » Those employees who are not in the California service area or out-of-state PPO service area may be written on a Flex Net plan as long as no more than 10 percent reside in any given state.
- Probationary period for new hires must be no less than the first of the month following the date of hire and no longer than the first of the month following six months.
- Eligible employees can be defined as employees working at least 20 or 30 hours per week.
- If the group can demonstrate a 1099 has been affiliated with the employer for three or more years and can meet the definition of a full-time employee, he or she may be considered eligible.
  - » With the exception of owners or 1099 employees, all employees must be covered by workers’ compensation.

## CONTRIBUTION/PARTICIPATION

- A minimum of 50 percent employer contribution to employee rate is required.
- If the employer contributes 100 percent of the employee premium, then 100 percent of the employees must enroll.
  - » Employees waiving coverage due to group coverage through another employer (i.e., spousal coverage) will not be counted as eligible.

## RATE INFORMATION

- 12-month rate guarantee.
- Rating is based on employee residence.
- Composite rates are available for HMO, ELECT Open Access, SELECT POS and Salud plans with 10 or more enrollees per plan.
- Age rates only available for PPO and Flex Net.
- Two points will be added to the RAF for dual choice groups. *Note:* Salud and Flex Net products are not included in the number of plans when calculating the number of plans for rating purposes.

## DUAL CHOICE

- No two products from the same family may be written on a dual-choice basis.
- Health Net’s HMO, ELECT Open Access, and SELECT POS products may not be written alongside each other.
- A Health Net Salud and/or Flex Net product may be added to a single- or dual-choice offering.

## SUBMISSION

- Submission must be made by the 5th of the month for which coverage is to be effective.
- For groups effective on the 15th, cases must be submitted by the 20th of the month for which coverage is to be effective. *Note:* This option is available for groups losing coverage mid-month only.

## ENROLLMENT

- *Groups of 2–9 enrolling*
  - » Health Net must be the sole carrier.
  - » Single- and dual-choice plan selections are available.
  - » A minimum of 75 percent participation is required.
  - » Individual Employee Health Statements are required. *Note:* Groups of 2–5 enrolling employees are exempt from this requirement unless they are eligible for an industry discount.
- *Groups of 10–50 enrolling – sole carrier*
  - » Single- and dual-choice plan selections available.
  - » A minimum of 75 percent participation is required.
  - » Group-level Health Questionnaire.
- *Groups of 10–50 enrolling – alongside another carrier*
  - » A minimum of 10 subscribers must enroll with Health Net.
  - » A Health Net HMO or ELECT Open Access plan may be written alongside any other carrier as long as Health Net’s participation is 50 percent.
  - » A Health Net PPO product may be written alongside any other carrier as long as Health Net’s participation is 75 percent. *Note:* Health Net’s PPO Optimum 10 and Preferred PPO 10 are excluded from this offering.



- » A Health Net HMO or ELECT Open Access plan may be written on a dual-choice basis with a PPO plan as long as Health Net's participation is 75 percent. *Note:* Health Net's PPO Optimum 10 and Preferred PPO 10 are excluded from this offering and no fewer than three must enroll on a given plan excluding Salud and Flex Net. Those groups with fewer than three enrollees on a given plan will be subject to a three-point increase in the RAF.
- » Group-level Health Questionnaire.

### **CARVE-OUT PLANS**

- Health Net must be the sole carrier offered to the carve-out population.
- Individual Health Statements are required.
- Non-Guarantee Issue (unless coverage is offered to 100 percent of the eligible employees in 1672 groups).

### **SALUD MEXICO**

- A minimum of two enrollees is required when Health Net is alongside another carrier.

## Small Business Group Choice Advantage underwriting guidelines

### **ELIGIBILITY**

- 10–50 eligible employees with over 50 percent of the total group located in California, subject to out-of-area requirements below.
- *Out-of-area requirements*
  - » A maximum of 49 percent of the total eligible population may be out of California's service area, subject to the following rules.
  - » Those employees who are out of the California service area but are in the out-of-state PPO service area may be written on a PPO plan.
  - » Those employees who are not in the California service area or out-of-state PPO service area may be written on a Flex Net plan as long as no more than 10 percent reside in any given state.
- Probationary period for new hires must be no less than the first of the month following the date of hire and no longer than the first of the month following six months.
- Eligible employees can be defined as employees working at least 20 or 30 hours per week.

- If the group can demonstrate a 1099 has been affiliated with the employer for three or more years and can meet the definition of a full-time employee, he or she may be considered eligible.
- With the exception of owners or 1099 employees, all employees must be covered by workers' compensation.

### **PARTICIPATION**

- A minimum participation of 80 percent is required.
- If the employer contributes 100 percent of the employee premium, then 100 percent of the employees must enroll.
- Employees waiving coverage due to group coverage through another employer (i.e., spousal coverage) will not be counted as eligible.

### **RATE INFORMATION**

- 12-month rate guarantee for new and renewing business.
- Rating is based on employee residence.
- Two points will be added to the RAF for Choice Advantage groups.
- Age-banded rates only.

### **SUBMISSION**

- Submission must be made by the 5th of the month for which coverage is to be effective.
- For groups effective on the 15th, cases must be submitted by the 20th of the month for which coverage is to be effective. *Note:* This option is available for groups losing coverage mid-month only.

### **CHOICES**

- Choice Advantage 100
  - » Products include: EOA 10, EOA 20, PPO First Advantage, PPO Advantage 15 and Flex Net\*
  - » Health Net must be sole carrier.
  - » A minimum of 10 enrolled subscribers is required.
  - » Group-level Health Questionnaire.
  - » A minimum of \$100 or 50 percent employer contribution to the employee rate.
  - » *Note:* If the employer contributes 100 percent of the employee premium, then 100 percent of the employees must enroll.

\*Flex Net is available to out-of-area subscribers only and subject to the out-of-area requirements.

- Choice Advantage 80
  - » Products include: EOA 20, EOA 30, HMO 15, PPO Value 30, PPO Saver and Flex Net\*
  - » Health Net must be sole carrier.

- » A minimum of 10 enrolled subscribers is required.
- » Group-level Health Questionnaire.
- » A minimum of \$80 or 50 percent employer contribution to the employee rate. However, if the employer contributes 100 percent of the employee premium, then 100 percent of the employees must enroll.

\*Flex Net is available to out-of-area subscribers only and subject to the out-of-area requirements.

### CARVE-OUT PLANS

- Health Net must be the sole carrier offered to the carve-out population.
- Individual Health Statements are required.
- Non-Guarantee Issue (unless coverage is offered to 100 percent of the eligible employees in 1672 groups).

## Risk adjustment factors

In accordance with requirements under California's Assembly Bill AB1672 of 1993 and pursuant to Section 1357.12 of the California Health and Safety Code; Health Net Small Business Group Plans rates for non-purchasing pool plans may be adjusted for a given group, within specified bounds, by certain risk adjustment factors. Accordingly, Health Net rates small group employers by applying risk adjustment factors (within minimum and maximum ranges) of .90 and 1.10 (in .01 increments) to its standard risk rates.

The following four criteria are used to calculate the risk adjustment factor (RAF).

### 1. GROUP SIZE

A risk adjustment factor will be assigned according to the number of full-time enrolled employees within the group as follows:

1–5	enrolled employees start at 1.10
6–9	enrolled employees start at .95
10+	enrolled employees start at .90

### 2. STANDARD INDUSTRY CODE (SIC)

The following table indicates the percentage to be added/subtracted to the Starting RAF based on industry:

Industry	SIC Codes	RAF Adjustment
Health services	8000–8099	+0.15
Legal corporations	8100–8199	+0.15
Municipalities	9100–9199	+0.15
Schools	8200–8299	+0.10
Entertainment	7800–7929	+0.07
Hair salons	7230–7249	+0.07
Hotels/motels	7000–7099	+0.07
Restaurants	5800–5899	+0.07
Banks	6000–6098	-0.10
Business services (computer related)	7371–7379	-0.10
Electronic components (includes semiconductors)	3670–3679	-0.10
Engineers and other professional groups	8730–8734	-0.10
Industry machine (computer related)	3570–3579	-0.10
Measurement instruments	3800–3899	-0.10
All others		0.00

As required by law, groups with risk calculations higher than 1.10 default to a 1.10 RAF. Groups that default to 1.10 RAF will not be eligible for discounts.

### 3. COBRA

Groups with 20 percent or more COBRA enrollees will be rated with a maximum RAF of 1.1 regardless of size or industry.

### 4. MEDICAL CONDITIONS

Individual employee health questionnaires must be completed for each employee and his or her dependents in:

- groups of 2–5 enrolled employees that fall into any of the discounted SIC codes
- all groups of 6–9 enrolled
- groups of all sizes requesting a carve-out offering

Employer level health questionnaires can be used for groups of 10 or more enrolled employees.

Please note that if there are changes in the information or medical conditions present upon final enrollment, it is likely that the quote will change. The final premium will reflect the information provided on the completed employee questionnaires and enrollment forms.

# Small Business Group submission checklist



- A signed original application for Group Service Agreement (GSA).
- A complete employee application for each eligible employee enrolling/waiving coverage.
- A Health Questionnaire is required for:
  - » All groups of 6–9 employees enrolling.
  - » Groups of 1–5 enrolling employees that are eligible for an industry discount.
  - » Any employee referenced on the GSA with a known medical condition.
  - » All carve-out groups
- The latest quarter DE-6, reconciled.
  - » If the group has not been in business long enough to have a DE-6, six weeks of payroll, including withholdings, may be submitted.

To reconcile the DE6, please indicate next to each employee's name the following:

- T–Terminated (include date)
- E–Eligible and enrolling, indicate titles
- W–Eligible and waiving coverage (include date of hire for those in waiting period)
- IE–Ineligible

- Ownership paperwork (required if owner/partners' names do not appear on the DE-6 or payroll records).

Documentation may include:

- » For Sole Proprietor:
  - Business License
  - Fictitious Business Name Statement
  - Schedule K Tax Form
- » For Partnership:
  - Business License
  - Fictitious Business Name Statement (showing both names)
  - Schedule C
  - Partnership agreement

- » For Corporation:
  - Corporation Documents
  - Articles of Incorporation
- Prior carrier bills for the previous six months (for pre-existing credit – PPO/Flex Net).
  - » If a prior carrier bill is not available, ID cards may be submitted.
- A check for the first month's premium drawn from the group's account.
- Domestic Partner Affidavits, if applicable.
- Broker paperwork – Agreements/License.
- For carve-out requests, please attach a letter on company letterhead to include:
  - » Nature of carve-out plan (e.g., management vs. non-management).
  - » Employee names, social security numbers and titles for those eligible under the carve-out.
  - » Information on the competing plans offered to employees outside carve-out.
  - » Attestation that employees in the carve-out will not be offered coverage under a competing plan.
- 1099 enrollees must provide three years of 1099 tax returns. Employer must attest to the full-time status of 1099 employees.

# Quote checklist

## WHAT WE NEED TO KNOW ABOUT EACH EMPLOYEE

- Name (optional)
- Age
- Home ZIP code
- Type of coverage each employee wants – choose from the following categories:
  - » Employee
  - » Employee and spouse
  - » Employee and child(ren)
  - » Family
  - » Life-only coverage

## WHAT WE ALSO NEED TO KNOW TO PROVIDE THE MOST ACCURATE QUOTE

- Standard Industry Classification (SIC) of company
- Any medical condition information available

## FOR A QUOTE ON SMALL BUSINESS GROUP LIFE INSURANCE, THE FOLLOWING ADDITIONAL INFORMATION IS NEEDED

- Salaries, if life benefit is salary-based
- Job classifications and the number of employees in each class, if life benefit is job classification-based
- Amount of insurance requested for flat schedules

## WE ALSO WILL NEED TO KNOW

- If dependent life is being offered, which option will be offered?
  - » Option 1
  - » Option 2

# How to receive a quote

If you would like to receive a formal quote from Health Net Small Business Group, please contact Health Net Small Business Group Sales and Service Administration at **1-800-447-8812, option 1**, or contact your General Agency representative.