Plan Overview

Full HMO Gold $30 (C9T)

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* (EOC) SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Benefit description	*Member(s) responsibility*
Unlimited lifetime maximum	
Plan maximums	
Out-of-pocket maximum	$6,000 single / $12,000 family
Professional services	
Office visit copay	$30
Specialist visit	$50
Preventive care services[1]	$0
MinuteClinic physician visit[2]	$30
X-ray / Laboratory procedures	$40 / $40
Rehabilitation and habilitation therapy	$30
Outpatient services	
Outpatient surgery (includes facility fee and physician/surgeon fees)	$400 hospital / $160 ASC
Hospital services	
Inpatient hospital stay (includes maternity)	$600/admission
Skilled nursing facility	$25/day
Emergency services	
Emergency room (copay waived if admitted)	$300
Urgent care	$100
Ambulance services (ground and air)	$300
Mental/Behavioral health / Substance use disorder services[3]	
Mental/Behavioral health / Substance use disorder (inpatient)	$600/admission
Mental/Behavioral health / Substance use disorder office visit (outpatient)	$30
Home health care services	$30 (100 visit max)
Other services	
Durable medical equipment	30%
Acupuncture (medically necessary)	$10
Chiropractic services (medically necessary)	Not covered
Self-injectables[4] (other than insulin)	30%
Prescription drug coverage[5,6]	
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)[5]	$15 / $50 / $70
Specialty drugs[7]	30% / $500 max out-of-pocket cost per 30-day script
Pediatric dental[8]	
Diagnostic and preventive services	$0
Pediatric vision[9]	
Routine eye exam	$0
Glasses (limitations apply)	1 pair per year

(continued)

[1]Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

[2]MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.

[3]Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.

[4]Self-injectable drugs (other than insulin) are considered specialty drugs, which require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Please refer to the plan's EOC for additional information.

[5] The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.

[6]Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

[7]Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

[8]Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

[9]Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. and Managed Health Network, Inc. (MHN) are subsidiaries of Health Net, Inc. The MHN family of companies includes Managed Health Network, MHN Services and MHN Government Services. Health Net and Managed Health Network are registered service marks of Health Net, Inc. or its affiliates. All other identified trademarks/service marks remain the property of their respective companies.

FLY004258EL00 (1/16)