Health Net®

Plan Overview

Platinum 90 PPO (BPZ)

Benefit description	*Insured person(s) responsibility*	
Unlimited lifetime maximum.	**In-network**[1,2]	**Out-of-network**[1,3]
Plan maximums Calendar year deductible[4]	$0 single / $0 family	$0 single / $0 family
Out-of-pocket maximum[5]	$4,000 single / $8,000 family	$8,000 single / $16,000 family
Professional services Office visit	$20	50%
Specialist consultation	$40	50%
Preventive care services[6]	$0	Not covered
X-ray / Laboratory procedures	$40 / $20	50%
Rehabilitation and habilitation therapy	$20	Not covered
Hospital services Inpatient hospital facility services (includes maternity)	10%	50%
Outpatient surgery (hospital or outpatient surgery center charges only)	10%	50%
Skilled nursing facility	10%	50%
Emergency services Emergency room (copayment waived if admitted)	$150	$150
Urgent care	$40	50%
Ambulance services (ground and air)	$150	$150
Behavioral services Mental health / Chemical dependency rehabilitation (inpatient)	10%	50%
Mental health / Chemical dependency rehabilitation (outpatient office visit)	$20	50%
Home health care services (100 visits/year, in- and out-of-network combined)	10%	50%
Other services Durable medical equipment	10%	Not covered
Acupuncture (medically necessary)	$20	Not covered
Chiropractic services	Not covered	Not covered
Prescription drug coverage Brand-name calendar year deductible (per insured)	$0 single / $0 family	Not covered
Prescription drugs (up to a 30-day supply)[7]	$5 / $15 / $25	Not covered
Specialty drugs (including most self-injectables)[8]	10%	Not covered
Pediatric vision[9] Routine eye exam	0%	Not covered
Glasses	1 pair per year	Not covered

(continued)

[1]Certain services require prior certification from Health Net. Without prior certification, an additional $250 is applied. Refer to the COI for details.

[2]Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

[3]Please refer to the COI for out-of-network reimbursement methodology.

[4]Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers.

[5]Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers and coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.

[6]Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information on generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.

[7]The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to the COI for complete information on prescription drugs. Plans will cover most female prescription contraceptives at $0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your COI and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The COI is a legal, binding document. If the information in this brochure differs from the information in the COI, the COI controls.

Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

[8]Specialty drugs include high cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

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

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