

# Plan Overview

## Health Net Bronze 60 HSA PPO 4750/15 Alternate

**This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Certificate of Insurance (COI) for terms and conditions of coverage.**

Benefit description	Insured person(s) responsibility	
	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
Unlimited lifetime maximum.		
<b>Plan maximums</b>		
Calendar year deductible <sup>4</sup>	\$4,750 single / \$9,500 family	\$9,500 single / \$19,000 family
Out-of-pocket maximum <sup>5,11</sup>	\$6,550 single / \$13,100 family	\$13,100 single / \$26,200 family
<b>Professional services</b>		
Office visit	\$15 (deductible applies)	50%
Specialist consultation	\$30 (deductible applies)	50%
Preventive care services <sup>6</sup>	\$0 (deductible waived)	Not covered
X-ray / Laboratory procedures	20%	50%
Rehabilitation and habilitation therapy	\$15 (deductible applies)	Not covered
<b>Hospital services</b>		
Inpatient hospital facility services (includes maternity)	20%	50%
Outpatient surgery (hospital or outpatient surgery center charges only)	20%	50%
Skilled nursing facility	20%	50%
<b>Emergency services</b>		
Emergency room facility	20%	20%
Emergency room professional fee	20%	20%
Urgent care	\$50	50%
Ambulance services (ground and air)	20%	20%
<b>Behavioral services</b>		
Mental health / Chemical dependency rehabilitation (inpatient)	20%	50%
Mental health / Chemical dependency rehabilitation (outpatient office visit)	\$15 (deductible applies)	50%
<b>Home health care services</b> (100 visits/calendar year, in- and out-of-network combined)	20%	50%
<b>Other services</b>		
Durable medical equipment	20%	Not covered
Acupuncture (medically necessary)	\$15 (deductible applies)	Not covered
Chiropractic services	Not covered	Not covered
<b>Prescription drug coverage<sup>6</sup></b>		
Brand-name calendar year deductible (per insured)	Calendar year deductible applies	Not covered
Prescription drugs Tier 1/ Tier 2/ Tier 3(up to a 30-day supply) <sup>7</sup>	\$5 / \$15 / \$40	Not covered
Tier 4 drugs (including most self-injectables) <sup>8</sup>	20% (\$250 max) <sup>6</sup>	Not covered
<b>Pediatric dental<sup>9</sup></b>		
Diagnostic and preventive services	\$0 (deductible waived)	\$0 (deductible waived)
<b>Pediatric vision<sup>10</sup></b>		
Routine eye exam	0% (deductible waived)	Not covered
Glasses	1 pair per year	Not covered

(continued)

<sup>1</sup>Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied. Refer to the COI for details.

<sup>2</sup>Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

<sup>3</sup>Please refer to the COI for out-of-network reimbursement methodology.

<sup>4</sup>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.

For family coverage, there is an embedded per member deductible accrual. If a member satisfies the embedded individual deductible amount, additional services incurred in the same calendar year will be covered even if the family deductible has not been satisfied. The family deductible is satisfied when two or more members collectively satisfy the family deductible amount.

<sup>5</sup>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.

For family coverage, there is an embedded per-member OOPM accrual. If a member satisfies the embedded individual OOPM amount, additional services incurred in the same calendar year will be covered with no member cost share, even if the family OOPM has not been satisfied. The family OOPM is satisfied when two or more members collectively satisfy the family OOPM amount. <sup>6</sup>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](http://www.healthcare.gov). The applicable cost-sharing for preventive care will apply to these services.

<sup>6</sup>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](http://www.healthcare.gov). The applicable cost-sharing for preventive care will apply to these services.

<sup>7</sup>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.

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](http://www.healthnet.com).

<sup>8</sup>Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600.

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.

Tier 4 prescription drugs will have a copayment or coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply after the deductible has been met.

<sup>9</sup>Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Administrative Services (DBP). DBP is not affiliated with Health Net. See the plan's COI for details.

<sup>10</sup>Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.