Health Net®

Plan Overview

PPO Platinum $20 / $0 – 9LY

Benefit description	*Insured person(s) responsibility*	
Unlimited lifetime maximum.	**In-network**[1,2]	**Out-of-network**[1,3]
Plan maximums		
Calendar year deductible	$0 single / $0 family	$0 single / $0 family
Out-of-pocket maximum[4]	$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[5]	$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)	$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	Not covered
Prescription drugs (up to a 30-day supply)[6]	$5 / $15 / $25	Not covered
Specialty drugs (most self-injectables)	10%	Not covered
Pediatric dental[7,8] ($60 deductible applies)		
Diagnostic and preventive services	0%	0%
Pediatric vision[7,9]		
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 Policy 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 Policy for out-of-network reimbursement methodology.

[4] 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.

[5] Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); 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.

[6] 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 Policy 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 Policy and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The Policy is a legal, binding document. If the information in this brochure differs from the information in the Policy, the Policy 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.

[7] Pediatric dental and vision are included on all plans.

[8] The pediatric dental benefits are underwritten by Unimerica Life Insurance Company and administered by Dental Benefit Administrative Services. Unimerica Life Insurance Company and Dental Benefit Administrative Services are not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's Certificate of Insurance for details.

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