

Plan Overview

Health Net Silver 70 PPO 1500/45

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 ^{1,2}	Out-of-network ^{1,3}
Unlimited lifetime maximum.		
Plan maximums		
Calendar year deductible ⁴	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family
Out-of-pocket maximum ⁵	\$6,500 single / \$13,000 family	\$13,000 single / \$26,000 family
Professional services		
Office visit	\$45 (deductible waived)	50%
Specialist consultation	\$70 (deductible waived)	50%
Preventive care services ⁶	\$0 (deductible waived)	Not covered
X-ray / Laboratory procedures	\$65 (deductible waived) / \$35 (deductible waived)	50%
Rehabilitation and habilitation therapy	\$45 (deductible waived)	Not covered
Hospital services		
Inpatient hospital facility services (includes maternity)	20%	50%
Outpatient surgery (hospital or outpatient surgery center charges only)	20% (deductible waived)	50%
Skilled nursing facility	20%	50%
Emergency services		
Emergency room facility (waived if admitted)	\$250	\$250
Emergency room professional fee (waived if admitted)	\$50	\$50
Urgent care	\$90 (deductible waived)	50%
Ambulance services (ground and air)	\$250	\$250
Behavioral services		
Mental health / Chemical dependency rehabilitation (inpatient)	20%	50%
Mental health / Chemical dependency rehabilitation (outpatient office visit)	\$45 (deductible waived)	50%
Home health care services (100 visits/calendar year, in- and out-of-network combined)	20%	50%
Other services		
Durable medical equipment	20% (deductible waived)	Not covered
Acupuncture (medically necessary)	\$45 (deductible waived)	Not covered
Chiropractic services	Not covered	Not covered
Prescription drug coverage		
Brand-name calendar year deductible (per insured)	\$250 single / \$500 family	Not covered
Prescription drugs Tier 1/ Tier 2/ Tier 3 (up to a 30-day supply) ⁷	\$15 / \$55 / \$75	Not covered
Tier 4 drugs (including most self-injectables) ^{8,9}	20% (\$250 max)	Not covered
Pediatric vision¹⁰		
Routine eye exam	0% (deductible waived)	Not covered
Glasses	1 pair per year	Not covered

(continued)

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

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

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

⁴Any 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.

⁵Copayments 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.

⁶Covered 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.

⁷The 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.

⁸Tier 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.

⁹Tier 4 Drugs will have a Copayment and Coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply.

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

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