

# 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 <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
Unlimited lifetime maximum.		
<b>Plan maximums</b>		
Calendar year deductible <sup>4</sup>	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family
Out-of-pocket maximum <sup>5</sup>	\$6,500 single / \$13,000 family	\$13,000 single / \$26,000 family
<b>Professional services</b>		
Office visit	\$45 (deductible waived)	50%
Specialist consultation	\$70 (deductible waived)	50%
Preventive care services <sup>6</sup>	\$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
<b>Hospital services</b>		
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%
<b>Emergency services</b>		
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
<b>Behavioral services</b>		
Mental health / Chemical dependency rehabilitation (inpatient)	20%	50%
Mental health / Chemical dependency rehabilitation (outpatient office visit)	\$45 (deductible waived)	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% (deductible waived)	Not covered
Acupuncture (medically necessary)	\$45 (deductible waived)	Not covered
Chiropractic services	Not covered	Not covered
<b>Prescription drug coverage</b>		
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) <sup>7</sup>	\$15 / \$55 / \$75	Not covered
Tier 4 drugs (including most self-injectables) <sup>8,9</sup>	20% (\$250 max)	Not covered
<b>Pediatric dental</b> <sup>10</sup>		
Diagnostic and preventive services	\$0 (deductible waived)	\$0 (deductible waived)
<b>Pediatric vision</b> <sup>11</sup>		
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.

<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.

<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.

<sup>9</sup>Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply.

<sup>10</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 *Certificate of Insurance* for details.

<sup>11</sup>Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.