

# H<sup>n</sup> Health Net® Small Group Portfolio

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net)

Available through Health Net and Covered California™

January 2016

Plan name	Member(s) responsibility									
	Office visit	Deductible (single / family)	Coinsurance	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room facility	Pharmacy		
								Rx deductible	Rx drug Tier I / II / III	Rx drug Tier IV
<b>PPO<sup>1</sup></b>										
Health Net Platinum 90 PPO 0/20	\$20	None	10% / 50%	10%	10%	\$4,000 / \$8,000	\$150	None	\$5 / \$15 / \$25	10% <sup>7</sup>
Health Net Gold 80 PPO 0/35	\$35	None	20% / 50%	20%	20%	\$6,200 / \$12,400	\$250	None	\$15 / \$50 / \$70	20% <sup>7</sup>
Health Net Silver 70 PPO 1500/45	\$45 <sup>2</sup>	\$1,500 / \$3,000	20% / 50%	20%	20% <sup>3</sup>	\$6,500 / \$13,000	\$250	\$250 single / \$500 family	\$15 <sup>2</sup> / \$55 / \$75	20% <sup>7</sup>
Health Net Bronze 60 PPO 6000/70	\$70 <sup>3</sup>	\$6,000 / \$12,000	100% <sup>4</sup> / 50%	100% <sup>4</sup>	100% <sup>4</sup>	\$6,500 / \$13,000	100% <sup>4</sup>	\$500 single / \$1,000 family	100% <sup>5</sup>	100% <sup>5</sup>
<b>PureCare One EPO<sup>1</sup></b>										
Health Net Gold 80 EPO 1000/20 Alternate	\$20 <sup>2</sup>	\$1,000 / \$2,000	20%	20%	20%	\$4,500 / \$9,000	\$175 <sup>2</sup>	\$250 single / \$500 family	\$5 / \$15 / \$20 <sup>6</sup>	20% <sup>7</sup>
Health Net Silver 70 EPO 1800/30 Alternate	\$30 <sup>2</sup>	\$1,800 / \$3,600	50%	50%	50%	\$6,500 / \$13,000	\$300 <sup>2</sup>	\$350 single / \$700 family	\$10 / \$55 / 50% <sup>6</sup>	50% <sup>7</sup>

Infertility benefits are available on all plans at an additional cost.

<sup>1</sup>Counties available:

**PPO:** Available in all counties.

**PureCare One EPO:** All or parts of Alameda, Contra Costa, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo counties.

<sup>2</sup>Deductible waived.

<sup>3</sup>Deductible waived for first three visits.

<sup>4</sup>After the medical deductible has been reached, the member is responsible for 100% of the eligible charges until the out-of-pocket maximum limit is met.

<sup>5</sup>After the pharmacy deductible has been met, you pay 100% of the cost for all Tier I, Tier II, Tier III, and Tier IV drugs. Maximum after deductible of \$500 for an individual prescription of up to a 30-day supply.

<sup>6</sup>Maximum copay after deductible of \$250 for an individual prescription of up to a 30-day supply on Tier III drugs.

<sup>7</sup>Maximum after deductible (if any) of \$250 for an individual prescription of up to a 30-day supply on Tier IV drugs.

## Enhanced Choice

### Two packages that offer multiple plans

Enhanced Choice A	Enhanced Choice B
Full Network HMO	WholeCare
CommunityCare	SmartCare
PPO	Salud HMO y Más
PureCare One EPO	CommunityCare
PureCare HSP	PPO
	PureCare One EPO
	PureCare HSP



## Enhanced Choice Program How it works

1–5 eligible employees



66% employee participation minimum

Employer pays minimum of 50% of base plan monthly

6–100 eligible employees



50% employee participation minimum



or

Employer pays a minimum of \$100 per employee toward the employee-only rate

HSP, HMO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. EPO and PPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. Covered California is a registered trademark of the State of California. All rights reserved.

Available through Health Net

Plan name	Member(s) responsibility							Pharmacy		
	Office visit	Deductible (single / family)	Inpatient hospital	Outpatient surgery (hospital / ASC)	Out-of-pocket maximum (single / family)	Emergency room	Rx brand deductible	Rx drug Tier I / II / III	Rx drug Tier IV	
These 5 HMO plans are available with Full HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más <sup>1</sup>										
Platinum \$10	\$10	None	\$300/admission	\$100 / \$40	\$3,000 / \$6,000	\$100	\$0	\$5 / \$30 / \$50	30% <sup>7</sup>	
Platinum \$20	\$20	None	\$500/admission	\$300 / \$120	\$4,250 / \$8,500	\$150	\$0	\$5 / \$30 / \$50	30% <sup>7</sup>	
Gold \$30	\$30	None	\$600/admission	\$400 / \$160	\$6,000 / \$12,000	\$300	\$0	\$15 / \$50 / \$70	30% <sup>7</sup>	
Gold \$40	\$40	None	\$800/admission	\$600 / \$240	\$6,500 / \$13,000	\$300	\$0	\$15 / \$50 / \$70	30% <sup>7</sup>	
Gold \$50	\$50	None	\$1,200/admission	\$900 / \$360	\$6,850 / \$13,700	\$300	\$0	\$20 / \$50 / \$70	30% <sup>7</sup>	
<b>CommunityCare HMO<sup>1</sup></b>										
Gold \$5	1st visit \$0 <sup>2</sup> / Visit 2+ \$5 <sup>2</sup>	\$1,500 / \$3,000	20%	20% / 20%	\$6,000 / \$12,000	\$150	\$0	\$5 / \$40 / \$60	30% <sup>7</sup>	
Silver \$20	1st visit \$0 <sup>2</sup> / Visit 2+ \$20 <sup>2</sup>	\$2,000 / \$4,000	30%	30% / 30%	\$6,500 / \$13,000	\$300	\$150	\$5 / \$40 / \$60	30% <sup>7</sup>	

Plan name	Member(s) responsibility							Pharmacy		
	Office visit	Deductible (single / family)	Coinsurance	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room	Rx deductible	Rx drug Tier I / II / III	Rx drug Tier IV
<b>PureCare HSP<sup>1</sup></b>										
Health Net Platinum 90 HSP 0/20	\$20	None	10%	10%	10%	\$4,000 / \$8,000	\$150	None	\$5 / \$15 / \$25	10% <sup>8</sup>
Health Net Gold 80 HSP 0/35	\$35	None	20%	20%	20%	\$6,200 / \$12,400	\$250	None	\$15 / \$50 / \$70	20% <sup>8</sup>
Health Net Silver 70 HSP 1500/45	\$45 <sup>2</sup>	\$1,500 / \$3,000	20%	20%	20% <sup>2</sup>	\$6,500 / \$13,000	\$250	\$250 single / \$500 family	\$15 <sup>2</sup> / \$55 / \$75	20% <sup>8</sup>
Health Net Bronze 60 HSP 6000/70	\$70 <sup>3</sup>	\$6,000 / \$12,000	100% <sup>4</sup>	100% <sup>4</sup>	100% <sup>4</sup>	\$6,500 / \$13,000	100% <sup>4</sup>	\$500 single / \$1,000 family	100% <sup>5</sup>	100% <sup>5</sup>

Plan name	Member(s) responsibility							Pharmacy		
	Office visit	Deductible (single / family)	Coinsurance	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room facility	Rx deductible	Rx drug Tier I / II / III	Rx drug Tier IV
<b>PPO<sup>1</sup></b>										
Health Net Bronze 60 HSA PPO 4750/15 Alternate <sup>6</sup>	\$15	\$4,750 / \$9,500	20% / 50%	20%	20%	\$6,550 / \$13,100	20%	Subject to annual ded.	\$5 / \$15 / \$40	20% <sup>8</sup>

Infertility benefits are available on all plans at an additional cost.

<sup>1</sup>Counties available:

**Full HMO, WholeCare HMO, PureCare HSP:** All or parts of Alameda, Contra Costa, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo counties.

**SmartCare HMO:** All or parts of Los Angeles, Orange, Riverside, San Diego, San Bernardino, Santa Clara, and Santa Cruz counties.

**Salud HMO y Más:** All or parts of Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties.

**CommunityCare:** Los Angeles and Orange counties.

<sup>2</sup>Deductible waived.

<sup>3</sup>Deductible waived for first three visits.

<sup>4</sup>After the medical deductible has been reached, the member is responsible for 100% of the eligible charges until the out-of-pocket maximum limit is met.

<sup>5</sup>After the pharmacy deductible has been met, you pay 100% of the cost for all Tier I, Tier II, Tier III, and Tier IV drugs. Maximum after deductible of \$500 for an individual prescription of up to a 30-day supply.

<sup>6</sup>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. For family coverage, there is an embedded per member OOPM accrual.

<sup>7</sup>Maximum after deductible (if any) of \$500 for an individual prescription of up to a 30-day supply on Tier IV drugs.

<sup>8</sup>Maximum after deductible (if any) of \$250 for an individual prescription of up to a 30-day supply on Tier IV drugs.