

# Broker Portfolio Guide

*Welcome to Small Group 2.0 – the intersection of perfect fit coverage and price*

Effective January 1, 2016



Lisa Pasillas-Le,  
Health Net  
*We deliver performance  
as promised.*



Health Net®

Creating sustainable solutions that keep businesses growing is one inspiration behind our portfolio designs here at Health Net of California, Inc. and Health Net Life Insurance Company (Health Net). You are the other. We're here to help you preserve your block of business – and grow it.

That's why we created **Small Group 2.0**. Featuring all-time favorites and flexible combinations, Small Group 2.0 is the intersection of perfect-fit coverage and price.

There's never been a better time to come home to Health Net.



**Andre Hamil,**  
**Health Net**

*We partner with you to  
promote workforce health.*

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# Small Group 2.0

## Portfolio Overview

*Mix and match HMOs*

Now your clients have the flexibility of picking an HMO plan design, then pairing it with any of the networks we offer in their location. The plan design stays the same. **Simple.**

Step 1: Pick your plan design.	Step 2: Pair your plan with any of the networks we offer in your location.
 <ul style="list-style-type: none"><li>Platinum \$10</li><li>Platinum \$20</li><li>Gold \$30</li><li>Gold \$40</li><li>Gold \$50</li></ul>	 <ul style="list-style-type: none"><li>Full Network</li><li>WholeCare</li><li>SmartCare</li><li>Salud HMO y Más</li></ul>

### Updates for 2016

**Full Network HMO:** We brought our Full Network HMO back to give clients another network choice to pair with any of our Gold or Platinum HMO plans!

**SmartCare:** Our SmartCare plans are redesigned for consistency with our other HMOs. For example, chiropractic care is available as an optional rider and no longer an included benefit.



# Silver & Gold Is the Way to Go – CommunityCare HMO

Our newest tailored network delivers low-priced HMOs for L.A. and Orange counties

Small Group 2.0 brings CommunityCare HMO to employers in Los Angeles and Orange counties. Offered via Health Net of California, Inc., these HMO designs – one Gold, one Silver – come with our newest tailored network and the convenience of MinuteClinics (located in select CVS stores).

What's different is that there is no participating provider group (PPG) requirement. Members choose a primary care physician (PCP) from the CommunityCare network to coordinate their care. A PCP can refer to any specialist in the CommunityCare network.

Other health-boosting benefits include:

- A no-cost preventive care visit each year (like with all ACA-compliant health plans).
- \$0 copayment for the first doctor visit (for whatever reason). Cost-sharing applies for all services related to the first office visit.
- Low copayments and \$0 deductible for generic drugs.

**Plus!** CommunityCare's low-priced premiums give employers the opportunity to offer a robust Gold- or Silver-level plan – and save!



#### **Bonus!**

MinuteClinics are now a benefit with all of our HMOs, making it that much easier for members to get care for common illnesses, wellness screenings, vaccinations, and more.

## Beyond HMO – We've Got the Whole Alphabet

### *Our PPO, EPO and HSP choices*

We do more than HMO. For clients interested in PPO insurance plans, we have one in every metal level.

**Plus!** The EPO and HSP plans we introduced in 2015 are available again. The duo is the newest of our tailored network products. For groups interested in an HSA-compatible plan, the Health Net Bronze 60 HSA PPO 4750/15 Alternate is one to consider.

# Small Group 2.0

## By Plan Type

### January 2016 portfolio

Plan and network availability varies by county. See “Choices by Location” for plans by region.

**Small Group 2.0 –**  
It's the way health  
coverage works for  
business.

	Plan	
<b>HMOs</b>	All new tailored network HMO plan designs can be paired with a choice of the SmartCare HMO, WholeCare HMO or Salud HMO y Más networks. These plan designs are also available with Full Network HMO!	
	<ul style="list-style-type: none"> <li>Platinum \$10</li> <li>Platinum \$20</li> </ul>	<ul style="list-style-type: none"> <li>Gold \$30</li> <li>Gold \$40</li> <li>Gold \$50</li> </ul>
	CommunityCare HMO plans	
	<ul style="list-style-type: none"> <li>Gold \$5</li> </ul>	<ul style="list-style-type: none"> <li>Silver \$20</li> </ul>
<b>PPOs</b>	<ul style="list-style-type: none"> <li>Health Net Platinum 90 PPO 0/20</li> <li>Health Net Gold 80 PPO 0/35</li> <li>Health Net Silver 70 PPO 1500/45</li> </ul>	<ul style="list-style-type: none"> <li>Health Net Bronze 60 PPO 6000/70</li> <li>Health Net Bronze 60 HSA PPO 4750/15 Alternate</li> </ul>
<b>EPOs</b>	<ul style="list-style-type: none"> <li>Health Net Gold 80 EPO 1000/20 Alternate</li> </ul>	<ul style="list-style-type: none"> <li>Health Net Silver 70 EPO 1800/30 Alternate</li> </ul>
<b>HSPs</b>	<ul style="list-style-type: none"> <li>Health Net Platinum 90 HSP 0/20</li> <li>Health Net Gold 80 HSP 0/35</li> </ul>	<ul style="list-style-type: none"> <li>Health Net Silver 70 HSP 1500/45</li> <li>Health Net Bronze 60 HSP 6000/70</li> </ul>

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company.



# Health Net Coverage

## via Covered California™

Health Net Life Insurance Company offers a selection of our small business group plans through Covered California™ for Small Business. For 2016, employers who want to buy via Covered California have their choice of our:

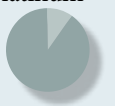



- Health Net Platinum 90 PPO 0/20
- Health Net Gold 80 PPO 0/35
- Health Net Silver 70 PPO 1500/45
- Health Net Bronze 80 PPO 6000/70
- Health Net Gold 80 EPO 1000/20 Alternate
- Health Net Silver 70 EPO 1800/30 Alternate

Small businesses that buy through Covered California may qualify for a tax credit of up to 50 percent of the business' share of employee premiums. To qualify:



- Employers must have no more than 25 full-time equivalent employees (FTEs).
- Average employee wages must be under \$50,000.
- Employers must contribute at least 50 percent of each employee's premium.

Small business employers can still deduct the rest of their premium costs not covered by the tax credit.

The premium tax credit applies only to small businesses participating in Covered California.

Category	Percentage of expenses	
	Paid by health plan	Paid by individual
Platinum 	90%	10%
Gold 	80%	20%
Silver 	70%	30%
Bronze 	60%	40%

Higher percentage of expenses paid by plan

Lower monthly premium payment

# Choices *by Location* – *Find the Fit*

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network...</i>
<b>Region 1</b> Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties	PPO	Platinum, Gold, Silver, and Bronze	PPO
Nevada County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 2</b> Marin, Napa, Solano, and Sonoma counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 3</b> Sacramento, Placer, El Dorado, and Yolo counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 4</b> San Francisco County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 5</b> Contra Costa County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO



<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network...</i>
<b>Region 6</b> Alameda County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 7</b> Santa Clara County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 8</b> San Mateo County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 9</b> Santa Cruz County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
Monterey and San Benito counties	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 10</b> Mariposa County	PPO	Platinum, Gold, Silver, and Bronze	PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network...</i>
<b>Region 10</b> San Joaquin, Stanislaus, Merced, and Tulare counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 11</b> Fresno, Kings and Madera counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 12</b> Santa Barbara and Ventura counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
San Luis Obispo County	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 13</b> Mono, Inyo and Imperial counties	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 14</b> Kern County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • Salud y Más
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 15</b> Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más
		Gold, Silver	CommunityCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 16</b> Los Angeles County: ZIP codes not in Region 15	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más
		Gold, Silver	CommunityCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network...</i>
<b>Region 17</b> San Bernardino and Riverside counties	HMO	Platinum, Gold	Your choice of: <ul style="list-style-type: none"> <li>• Full Network</li> <li>• SmartCare</li> <li>• WholeCare</li> <li>• Salud y Más</li> </ul>
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 18</b> Orange County	HMO	Platinum, Gold	Your choice of: <ul style="list-style-type: none"> <li>• Full Network</li> <li>• SmartCare</li> <li>• WholeCare</li> <li>• Salud y Más</li> </ul>
		Gold, Silver	CommunityCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO
<b>Region 19</b> San Diego County	HMO	Platinum, Gold	Your choice of: <ul style="list-style-type: none"> <li>• Full Network</li> <li>• SmartCare</li> <li>• WholeCare</li> <li>• Salud y Más</li> </ul>
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	PPO

# Enhanced Choice – A New Spin

*Two packages for offering multiple plans*



Health Net invites your clients to be choosy! Health Net’s package pairings give small business groups the option to offer multiple plans to their employees. It’s a new spin on Enhanced Choice.

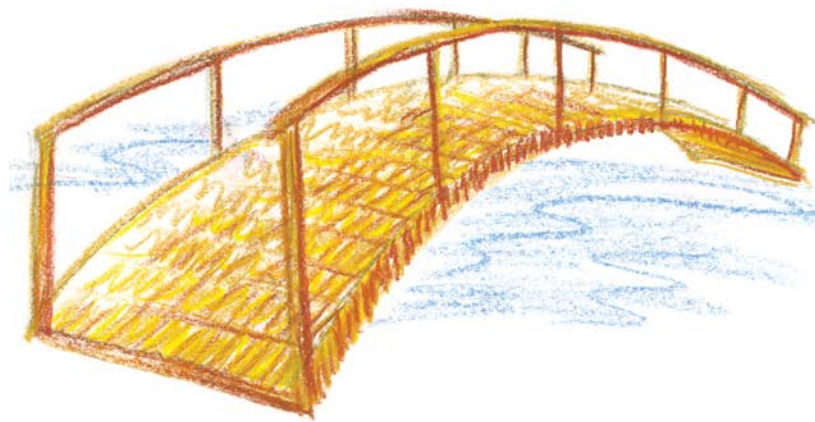
Your clients have their choice of Enhanced Choice A or Enhanced Choice B. Then they can offer any number or combination of plans which are within that package and available in their location.

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

Whether you go for Enhanced Choice A or Enhanced Choice B, the set-up works the same!

*Participation requirements*

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



# *Small Group 2.0 –* **Plan Benefit Grids**

Simplified. Sustainable. Small business-focused.

*We are your Health Net™.*

# Small Group 2.0 Plan Highlights Comparison

Available through Health Net and Covered California™

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</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>1</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>1</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>1</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</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>1</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>1</sup>

Available through Health Net

Plan name	Member(s) responsibility									
	Office visit	Deductible (single / family)	Inpatient hospital	Outpatient surgery (hospital / ASC)	Out-of-pocket maximum (single / family)	Emergency room	Pharmacy			
							Rx brand deductible	Rx drug Tier I / II / III	Rx drug Tier IV	
<b>These 5 HMO plans are available with Full HMO, WholeCare HMO, SmartCare HMO and Salud HMO y Más</b>										
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</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									
	Office visit	Deductible (single / family)	Coinsurance	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room	Pharmacy		
								Rx deductible	Rx drug Tier I / II / III	Rx drug Tier IV
<b>PureCare HSP</b>										
Health Net Platinum 90 HSP 0/20	\$20	None	10%	10%	10%	\$4,000 / \$8,000	\$150	None	\$5 / \$15 / \$25	10% <sup>1</sup>
Health Net Gold 80 HSP 0/35	\$35	None	20%	20%	20%	\$6,200 / \$12,400	\$250	None	\$15 / \$50 / \$70	20% <sup>1</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>1</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>
<b>PPO</b>										
Health Net Bronze 60 HSA PPO 4750/15 Alternate <sup>8</sup>	\$15	\$4,750 / \$9,500	20% / 50%	20%	20%	\$6,550 / \$13,100	20%	Subject to annual ded.	\$5 / \$15 / \$40	20% <sup>1</sup>



<sup>1</sup>Maximum after deductible (if any) of \$250 for an individual prescription of up to a 30-day supply on Tier IV drugs.

<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 \$500 for an individual prescription of up to a 30-day supply on Tier IV drugs.

<sup>8</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.

# HMO Favorites available through Health Net

Platinum \$10, Platinum \$20, Gold \$30, Gold \$40, and Gold \$50 plan designs are available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

<i>Benefit description</i>	<i>Platinum \$10</i>	<i>Platinum \$20</i>	<i>Gold \$30</i>
<b>Unlimited lifetime maximum</b>	✓	✓	✓
<b>Plan maximums</b>			
Out-of-pocket maximum (single / family)	\$3,000 / \$6,000	\$4,250 / \$8,500	\$6,000 / \$12,000
<b>Professional services</b>			
Office visit copay	\$10	\$20	\$30
Specialist visit	\$30	\$40	\$50
Preventive care services <sup>1</sup>	\$0	\$0	\$0
MinuteClinic physician visit <sup>2</sup>	\$10	\$20	\$30
X-ray/Laboratory procedures	\$20 / \$20	\$20 / \$20	\$40 / \$40
Rehabilitation and habilitation therapy	\$10	\$20	\$30
<b>Outpatient services</b>			
Outpatient surgery (includes facility fee and physician/surgeon fees)	\$100 hospital / \$40 ASC	\$300 hospital / \$120 ASC	\$400 hospital / \$160 ASC
<b>Hospital services</b>			
Inpatient hospital stay (includes maternity)	\$300/admission	\$500/admission	\$600/admission
Skilled nursing facility	\$25/day	\$25/day	\$25/day
<b>Emergency services</b>			
Emergency room (copay waived if admitted)	\$100	\$150	\$300
Urgent care	\$50	\$75	\$100
Ambulance services (ground and air)	\$100	\$150	\$300
<b>Mental/Behavioral health / Substance use disorder services<sup>3</sup></b>			
Mental/Behavioral health / Substance use disorder (inpatient)	\$300/admission	\$500/admission	\$600/admission
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$10	\$20	\$30
<b>Home health care services</b>	\$10 (100 visit max)	\$20 (100 visit max)	\$30 (100 visit max)
<b>Other services</b>			
Durable medical equipment	10%	20%	30%
Acupuncture (medically necessary) <sup>4</sup>	\$10	\$10	\$10
Chiropractic services	Not covered	Not covered	Not covered
<b>Prescription drug coverage<sup>5,6</sup></b>			
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$30 / \$50	\$5 / \$30 / \$50	\$15 / \$50 / \$70
Specialty drugs <sup>7</sup>	30% / \$500 max out-of-pocket cost per 30-day script	30% / \$500 max out-of-pocket cost per 30-day script	30% / \$500 max out-of-pocket cost per 30-day script
<b>Pediatric dental<sup>8</sup></b>			
Diagnostic and preventive services	\$0	\$0	\$0
<b>Pediatric vision<sup>9</sup></b>			
Routine eye exam	\$0	\$0	\$0
Glasses (limitations apply)	1 pair/year	1 pair/year	1 pair/year



Plan footnotes found on page 36.

<i>Gold \$40</i>	<i>Gold \$50</i>	<i>SIMNSA Network for Salud HMO y Más plans (Mexico members; self-referral for California members)<sup>10</sup></i>
✓	✓	✓
\$6,500 / \$13,000	\$6,850 / \$13,700	\$1,500 / \$4,500 <sup>11</sup>
\$40	\$50	\$5
\$60	\$70	\$5
\$0	\$0	\$0
\$30	\$30	N/A
\$40 / \$40	\$50 / \$40	\$0
\$40	\$50	\$5
\$600 hospital / \$240 ASC	\$900 hospital / \$360 ASC	\$0
\$800/admission	\$1,200/admission	\$0
\$25/day	\$25/day	\$0
\$300	\$300	\$10
\$100	\$100	\$10
\$300	\$300	\$0
\$800/admission	\$1,200/admission	\$0 <sup>12</sup>
\$40	\$50	\$5 <sup>12</sup>
\$40 (100 visit max)	\$50 (100 visit max)	Not covered
40%	50%	Not covered
\$10	\$10	Not covered
Not covered	Not covered	Not covered
\$15 / \$50 / \$70	\$20 / \$50 / \$70	\$0
30% / \$500 max out-of-pocket cost per 30-day script	30% / \$500 max out-of-pocket cost per 30-day script	\$5
\$0	\$0	Not covered
\$0	\$0	Not covered
1 pair/year	1 pair/year	Not covered

# CommunityCare HMO Portfolio

Available through Health Net

Plan footnotes found on page 37.

<i>Benefit description</i>	<i>CommunityCare HMO Gold \$5</i>	<i>CommunityCare HMO Silver \$20</i>
<b>Unlimited lifetime maximum</b>	✓	✓
<b>Plan maximums</b>		
Calendar year deductible (single / family)	\$1,500 / \$3,000	\$2,000 / \$4,000
<b>Plan maximums</b>		
Out-of-pocket maximum (single / family)	\$6,000 / \$12,000	\$6,500 / \$13,000
<b>Professional services</b>		
Office visit copay	1st visit \$0 (ded. waived) / visit 2+ \$5 (ded. waived)	1st visit \$0 (ded. waived) / visit 2+ \$20 (ded. waived)
Specialist visit	\$30 (ded. waived)	\$45 (ded. waived)
Preventive care services <sup>1</sup>	\$0 (ded. waived)	\$0 (ded. waived)
MinuteClinic physician visit <sup>2</sup>	\$5 (ded. waived)	\$20 (ded. waived)
X-ray / Laboratory procedures	\$10 (ded. waived) / \$10 (ded. waived)	\$50 / \$40
Rehabilitation and habilitation therapy	\$5 (ded. waived)	\$20 (ded. waived)
<b>Outpatient services</b>		
Outpatient surgery (includes facility fee and physician/surgeon fees)	20%	30%
<b>Hospital services</b>		
Inpatient hospital stay (includes maternity)	20%	30%
Skilled nursing facility	\$25/day	\$25/day
<b>Emergency services</b>		
Emergency room (copay waived if admitted)	\$150	\$300
Urgent care	\$75	\$75
Ambulance services (ground and air)	\$150	\$300
<b>Mental/Behavioral health / Substance use disorder services<sup>3</sup></b>		
Mental/Behavioral health / Substance use disorder (inpatient)	20%	30%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	1st visit \$0 (ded. waived) / visit 2+ \$5 (ded. waived)	1st visit \$0 (ded. waived) / visit 2+ \$20 (ded. waived)
<b>Home health care services</b>	\$5 (100 visit max per calendar year)	\$20 (100 visit max per calendar year)
<b>Other services</b>		
Durable medical equipment	20%	30%
Acupuncture (medically necessary)	\$10 (ded. waived)	\$10 (ded. waived)
Chiropractic services	Not covered	Not covered
<b>Prescription drug coverage<sup>4,5</sup></b>		
Brand-name calendar year deductible (per member)	\$0	\$150
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy) <sup>4</sup>	\$5 / \$40 / \$60	\$5 / \$40 / \$60
Specialty drugs <sup>6</sup>	30% / \$500 max out-of-pocket cost per 30-day script	30% / \$500 max out-of-pocket cost per 30-day script
<b>Pediatric dental<sup>7</sup></b>		
Diagnostic and preventive services	\$0	\$0
<b>Pediatric vision<sup>8</sup></b>		
Routine eye exam	\$0	\$0
Glasses (limitations apply)	1 pair/year	1 pair/year



**Karen Boyd,  
Health Net**  
*We translate expertise  
into innovation.*

# PureCare HSP Portfolio

Available through Health Net

HSP

Benefit description	Platinum 90 HSP 0/20	Gold 80 HSP 0/35
<b>Unlimited lifetime maximum</b>	✓	✓
<b>Plan maximums</b>		
Calendar year deductible (single / family)	\$0 / \$0	\$0 / \$0
Out-of-pocket maximum (single / family)	\$4,000 / \$8,000	\$6,200 / \$12,400
<b>Professional services</b>		
Office visit copay	\$20	\$35
Specialist visit	\$40	\$55
Preventive care services <sup>1</sup>	\$0	\$0
X-ray / Laboratory procedures	\$40 / \$20	\$50 / \$35
Rehabilitation and habilitation therapy	\$20	\$35
<b>Outpatient services</b>		
Outpatient surgery (includes facility fee and physician/surgeon fees)	10%	20%
<b>Hospital services</b>		
Inpatient hospital stay (includes maternity)	10%	20%
Skilled nursing facility	10%	20%
<b>Emergency services</b>		
Emergency room facility fee (waived if admitted)	\$150	\$250
Emergency room professional fee (waived if admitted)	10%	20%
Urgent care	\$40	\$60
Ambulance services (ground and air)	\$150	\$250
<b>Mental/Behavioral health / Substance use disorder services<sup>2</sup></b>		
Mental/Behavioral health / Substance use disorder (inpatient)	10%	20%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$20	\$35
<b>Home health care services</b> (100 visits per calendar year)	10%	20%
<b>Other services</b>		
Durable medical equipment	10%	20%
Acupuncture (medically necessary) <sup>3</sup>	\$20	\$35
Chiropractic services	Not covered	Not covered
<b>Prescription drug coverage<sup>4,5</sup></b>		
Brand-name calendar year deductible (single/family)	\$0	\$0
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy) <sup>4</sup>	\$5 / \$15 / \$25	\$15 / \$50 / \$70
Specialty drugs <sup>6</sup>	10% (\$250 max) <sup>9</sup>	20% (\$250 max) <sup>9</sup>
<b>Pediatric dental<sup>7</sup></b>		
Diagnostic and preventive services	\$0 (ded. waived)	\$0 (ded. waived)
<b>Pediatric vision<sup>8</sup></b>		
Routine eye exam	\$0 (ded. waived)	\$0 (ded. waived)
Glasses (limitations apply)	1 pair/year	1 pair/year

Plan footnotes found on page 37.

<i>Silver 70 HSP 1500/45</i>	<i>Bronze 60 HSP 6000/70</i>
✓	✓
\$1,500 / \$3,000	\$6,000 / \$12,000
\$6,500 / \$13,000	\$6,500 / \$13,000
\$45 (ded. waived)	\$70 (deductible waived for visits 1–3; deductible applies for visits 4+.)
\$70 (ded. waived)	\$90 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>10</sup>
\$0 (ded. waived)	\$0 (ded. waived) <sup>10</sup>
\$65 (ded. waived) / \$35 (ded. waived)	100% <sup>11</sup> / \$40 (ded. waived)
\$45 (ded. waived)	\$70 (ded. waived)
20% (ded. waived)	100% <sup>11</sup>
20%	100% <sup>11</sup>
20%	100% <sup>11</sup>
\$250	100% <sup>11</sup>
\$50	100% <sup>11</sup>
\$90 (ded. waived)	\$120 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>10</sup>
\$250	100% <sup>11</sup>
20%	100% <sup>11</sup>
\$45 (ded. waived)	\$70 (ded. waived)
20% (ded. waived)	100% <sup>11</sup>
20% (ded. waived)	100% <sup>11</sup>
\$45 (ded. waived)	\$70 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>10</sup>
Not covered	Not covered
\$250 / \$500	\$500 / \$1,000
\$15 / \$55 / \$75	100% (\$500 max) <sup>12</sup>
20% (\$250 max) <sup>9</sup>	100% (\$500 max) <sup>12</sup>
\$0 (ded. waived)	\$0 (ded. waived)
\$0 (ded. waived)	\$0 (ded. waived)
1 pair/year	1 pair/year

# PPO Portfolio

Available through Health Net and Covered California™

Bronze 60 HSA PPO 4750/15 Alternate available through Health Net only.

Benefit description <sup>1</sup>	Platinum 90 PPO 0/20		Gold 80 PPO 0/35	
	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
<b>Unlimited lifetime maximum</b>	✓	✓	✓	✓
<b>Plan maximums</b>				
Calendar year deductible (single / family) <sup>4</sup>	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Out-of-pocket maximum (single / family) <sup>5</sup>	\$4,000 / \$8,000	\$8,000 / \$16,000	\$6,200 / \$12,400	\$12,400 / \$24,800
<b>Professional services</b>				
Office visit	\$20	50%	\$35	50%
Specialist consultation	\$40	50%	\$55	50%
Preventive care services <sup>7</sup>	\$0	Not covered	\$0	Not covered
X-ray / Laboratory procedures	\$40 / \$20	50%	\$50 / \$35	50%
Rehabilitation and habilitation therapy	\$20	Not covered	\$35	Not covered
<b>Outpatient services</b>				
Outpatient surgery (includes facility fee and physician/surgeon fees)	10%	50%	20%	50%
<b>Hospital services</b>				
Inpatient hospital facility services (includes maternity)	10%	50%	20%	50%
Skilled nursing facility	10%	50%	20%	50%
<b>Emergency services</b>				
Emergency room facility fee (waived if admitted on non-HSA plans)	\$150	\$150	\$250	\$250
Emergency room professional fee (waived if admitted on non-HSA plans)	10%	10%	20%	20%
Urgent care	\$40	50%	\$60	50%
Ambulance services (ground and air)	\$150	\$150	\$250	\$250
<b>Mental/Behavioral health / Substance use disorder services</b>				
Mental/Behavioral health / Substance use disorder (inpatient)	10%	50%	20%	50%
Mental health / Chemical dependency rehabilitation (outpatient office visit)	\$20	50%	\$35	50%
<b>Home health care services</b> (100 visits/year, in- and out-of-network combined)	10%	50%	20%	50%
<b>Other services</b>				
Durable medical equipment	10%	Not covered	20%	Not covered
Acupuncture (medically necessary) <sup>8</sup>	\$20	Not covered	\$35	Not covered
Chiropractic services	Not covered	Not covered	Not covered	Not covered
<b>Prescription drug coverage</b>				
Brand-name calendar year deductible (single / family)	\$0	Not covered	\$0	Not covered
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy) <sup>9</sup>	\$5 / \$15 / \$25	Not covered	\$15 / \$50 / \$70	Not covered
Specialty drugs	10% (\$250 max) <sup>10</sup>	Not covered	20% (\$250 max) <sup>10</sup>	Not covered
<b>Pediatric dental</b> <sup>11,12</sup>				
Diagnostic and preventive services	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
<b>Pediatric vision</b> <sup>13</sup>				
Routine eye exam	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
Glasses	1 pair/year	Not covered	1 pair/year	Not covered

Silver 70 PPO 1500/45		Bronze 60 PPO 6000/70		Bronze 60 HSA PPO 4750/15 Alternate	
In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
✓	✓	✓	✓	✓	✓
\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$12,000 / \$24,000	\$4,750 / \$9,500	\$9,500 / \$19,000
\$6,500 / \$13,000	\$13,000 / \$26,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$6,550 / \$13,100	\$13,100 / \$26,200
\$45 (ded. waived)	50%	\$70 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>6</sup>	50%	\$15	50%
\$70 (ded. waived)	50%	\$90 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>6</sup>	50%	\$30	50%
\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
\$65 (ded. waived) / \$35 (ded. waived)	50%	100% <sup>14</sup> / \$40 (ded. waived)	100% / 50%	20%	50%
\$45 (ded. waived)	Not covered	\$70 (ded. waived)	Not covered	\$15	Not covered
20% (ded. waived)	50%	100% <sup>14</sup>	100%	20%	50%
20%	50%	100% <sup>14</sup>	100%	20%	50%
20%	50%	100% <sup>14</sup>	100%	20%	50%
\$250	\$250	100% <sup>14</sup>	100%	20%	20%
\$50	10%	100% <sup>14</sup>	100%	20%	20%
\$90 (ded. waived)	50%	\$120 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>6</sup>	50%	\$50	50%
\$250	\$250	100% <sup>14</sup>	100%	20%	20%
20%	50%	100% <sup>14</sup>	100%	20%	50%
\$45 (ded. waived)	50%	\$70 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>6</sup>	50%	\$15	50%
20% (ded. waived)	50%	100% <sup>14</sup>	100%	20%	50%
20% (ded. waived)	Not covered	100% <sup>14</sup>	Not covered	20%	Not covered
\$45 (ded. waived)	Not covered	\$70 (deductible waived for visits 1–3; deductible applies for visits 4+.) <sup>6</sup>	Not covered	\$15	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
\$250 / \$500	Not covered	\$500 / \$1,000	Not covered	Calendar year deductible applies	Not covered
\$15 / \$55 / \$75	Not covered	100% (\$500 max) <sup>15</sup>	Not covered	\$5 / \$15 / \$40	Not covered
20% (\$250 max) <sup>10</sup>	Not covered	100% (\$500 max) <sup>15</sup>	Not covered	20% (\$250 max) <sup>6</sup>	Not covered
\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
1 pair/year	Not covered	1 pair/year	Not covered	1 pair/year	Not covered



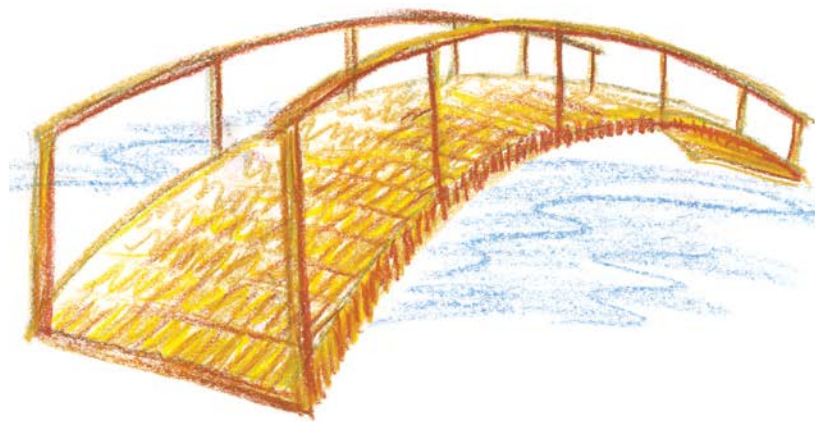
# PureCare One EPO *Portfolio*

*Available through Health Net and Covered California*

Plan footnotes found on page 38.

<i>Benefit description</i>	<i>Health Net Gold 80 EPO 1000/20 Alternate</i>	<i>Health Net Silver 70 EPO 1800/30 Alternate</i>
<b>Unlimited lifetime maximum</b>	✓	✓
<b>Plan maximums</b>		
Calendar year deductible (single / family)	\$1,000 / \$2,000	\$1,800 / \$3,600
Out-of-pocket maximum (single / family)	\$4,500 / \$9,000	\$6,500 / \$13,000
<b>Professional services</b>		
Office visit copay	\$20 (ded. waived)	\$30 (ded. waived)
Specialist visit	\$30 (ded. waived)	\$50 (ded. waived)
Preventive care services <sup>1</sup>	\$0 (ded. waived)	\$0 (ded. waived)
X-ray / Laboratory procedures	\$30 / \$20	\$60 / \$50
Rehabilitation and habilitation therapy	\$20 (ded. waived)	\$30 (ded. waived)
<b>Outpatient services</b>		
Outpatient surgery (includes facility fee and physician/surgeon fees)	20%	50%
<b>Hospital services</b>		
Inpatient hospital stay (includes maternity)	20%	50%
Skilled nursing facility	20%	50%
<b>Emergency services</b>		
Emergency room (copay waived if admitted)	\$175 (ded. waived)	\$300 (ded. waived)
Urgent care	\$60 (ded. waived)	\$100 (ded. waived)
Ambulance services (ground and air)	\$175 (ded. waived)	\$300 (ded. waived)
<b>Mental/Behavioral health / Substance use disorder services<sup>2</sup></b>		
Mental/Behavioral health / Substance use disorder (inpatient)	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$20 (ded. waived)	\$30 (ded. waived)
<b>Home health care services</b> (100 visits per calendar year)	20%	50%
<b>Other services</b>		
Durable medical equipment	20%	50%
Acupuncture (medically necessary) <sup>3</sup>	\$20 (ded. waived)	\$30 (ded. waived)
Chiropractic services	Not covered	Not Covered
<b>Prescription drug coverage<sup>4,5</sup></b>		
Brand-name calendar year deductible (single/family)	\$250 / \$500	\$350 / \$700
Prescription drugs Tiers 1/2/3 (up to a 30-day supply obtained through a participating pharmacy) <sup>4</sup>	\$5 / \$15 / 20% <sup>10</sup>	\$10 / \$55 / 50% <sup>10</sup>
Tier 4 drugs <sup>6</sup>	20% (\$250 max) <sup>10</sup>	50% (\$250 max) <sup>10</sup>
<b>Pediatric dental<sup>7,9</sup></b>		
Diagnostic and preventive services	\$0 (ded. waived)	\$0 (ded. waived)
<b>Pediatric vision<sup>8</sup></b>		
Routine eye exam	\$0 (ded. waived)	\$0 (ded. waived)
Glasses (limitations apply)	1 pair/year	1 pair/year





# Ancillary Programs

Health Net brings together dental, vision, chiropractic, life, and AD&D programs so you and your clients can design a well-rounded employee benefits package.

# Ancillary Products

## *Dental. Vision. Chiropractic. Life and AD&D.*

Designing a well-rounded benefits package is easy with Health Net. Complementing our collection of medical plans are the essentials that help employees reach their optimum health. These benefits help members lead a healthier lifestyle, so they can be more productive.

### Experts by the numbers

#### Ancillary statewide network:

- More than 2,100 Dental HMO providers in California
- More than 33,000 Dental PPO providers in California and over 180,600 DPPO providers nationwide
- More than 5,500 Vision providers in California and 45,000 Vision providers nationwide

#### Alternative medicine statewide network:

- More than 3,300 chiropractors
- More than 1,400 acupuncturists

## *Dental plans that make them smile*

Health Net offers a choice of HMO and PPO dental plan designs for family coverage, along with access to one of the largest dental networks in California. Health Net Dental HMO and Dental PPO plans include robust benefits covering most dental procedures. All of our family dental plans may be purchased on a standalone basis or in conjunction with a medical plan purchased directly through Health Net. Pediatric dental coverage (ages newborn through 18) is automatically included on all plans purchased through Health Net.

### Dental plan highlights

#### *Dental HMO*

Health Net Dental HMO (DHMO) plans<sup>1</sup> give members access to an extensive network of providers and the convenience of having a set copayment for many dental procedures. Two DHMO plans are available – HN Plus 150 and HN Plus 225. Among the covered benefits are:

- Additional cleanings and adult fluoride.
- Material upgrades, such as porcelain and semiprecious or precious metal molar crowns.
- General anesthesia, cosmetic and elective dentistry – procedures typically not covered under most other carriers' dental plans.

Health Net DHMO plans may be purchased separately or as a dual choice with Health Net Dental PPO plans.



## Dental PPO

Health Net offers a range of affordable, flexible Health Net Dental PPO plans (DPPO),<sup>2</sup> including the Health Net Classic Plan with a calendar year maximum rollover benefit and feature-packed Essential plans. Health Net DPPO plans include:

- Large statewide and national network of Dental PPO providers.
- Periodontics, endodontics and oral surgery are covered in general services on the Classic plan.
- Classic plan reimburses out-of-network benefits at Usual, Customary and Reasonable (UCR)<sup>3</sup> amounts.
- Essential plans reimburse out-of-network benefits on a limited fee schedule.
- No waiting periods.
- All Health Net DPPO plans offer pregnant women additional cleanings and periodontal maintenance when medically necessary (not subject to the deductible and does not apply to the calendar year maximum).
- Employees and dependents receive the full amount of the orthodontia lifetime maximum even if they have begun treatment under another carrier's dental PPO plan (applies only to DPPO plans with orthodontia coverage).

### DPPO plan features

#### Classic 4 1500

- This plan has a \$1,500 calendar year maximum.
- Classic 4 1500 offers full coverage for preventive services.

#### Classic 5 1500

- This plan has a \$1,500 calendar year maximum.



- Classic 5 1500 offers full coverage for preventive, general and major services.
- Classic 5 1500 covers orthodontia with a \$1,500 lifetime maximum.

#### Essential 2 1000

- This plan has a \$1,000 calendar year maximum.
- Essential 2 1000 reimburses out-of-network benefits on a limited-fee schedule.
- This plan offers full coverage for preventive, general and major services.

#### Essential 5 1500

- This plan has a \$1,500 calendar year maximum.
- Essential 5 1500 covers orthodontia with a \$1,500 lifetime maximum.

#### Essential 6 1500

- Same features as Essential 2 1000, with a \$1,500 calendar year maximum.

#### Underwriting highlights

- Dual option available – group may select 2 DPPO plans, 2 DHMO plans, or 1 DHMO and 1 DPPO plan. (Please see “Small Business Group Dental and Vision buy-up guidelines” to determine if the group qualifies for dual option.)
- Voluntary DPPO plans without orthodontia are available to groups with a minimum of 2 enrolled.
- Voluntary DPPO plans with orthodontia are available to groups of 10 or more enrolled employees.

	DPPO Classic 4 1500		DPPO Classic 5 1500	
	In-network	Out-of-network	In-network	Out-of-network
<b>Calendar year maximum</b>	\$1,500		\$1,500	
<b>Calendar year deductible</b>	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
<b>Preventive services</b> (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% deductible waived		100% deductible waived	80% deductible waived
<b>General services</b> (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible		80% after deductible	
<b>Major services</b> (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible	
<b>Orthodontia<sup>6</sup></b> (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum	

	DPPO Essential 2 1000		DPPO Essential 5 1500		DPPO Essential 6 1500	
	In-network	Out-of-network <sup>4</sup>	In-network	Out-of-network <sup>5</sup>	In-network	Out-of-network <sup>5</sup>
<b>Calendar year maximum</b>	\$1,000		\$1,500		\$1,500	
<b>Calendar year deductible</b>	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
<b>Preventive services</b> (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% deductible waived		100% deductible waived		100% deductible waived	
<b>General services</b> (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible		80% after deductible		80% after deductible	
<b>Major services</b> (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible		50% after deductible	
<b>Orthodontia<sup>6</sup></b> (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum		Not covered	

Health Net Dental plans may be purchased on a standalone basis or in conjunction with a Health Net medical plan. DPPO orthodontia is available as follows:

- For employer-paid groups of 10 or more enrolled employees or for groups of 2–9 enrolled employees with proof of immediately prior indemnity orthodontic coverage.
- For voluntary groups of 10 or more enrolled employees.

This is only a summary of benefits. Please refer to the *Certificate of Insurance* for terms and conditions of coverage, including which services are limited or excluded from coverage. Please see full exclusions and limitations.

Plan footnotes found on page 39.

### Limitations

Initial / routine oral exam	2 per consecutive 12 months
Teeth cleaning	2 per consecutive 12 months (additional services available for pregnant members)
Fluoride treatment	2 per consecutive 12 months, children under 16 years only
Sealants	1 per 36 months, children under 16 years on permanent molars only
Emergency treatment	For relief of pain only

Category	Procedure code	Description	Member copay	
			Plus DHMO 150	Plus DHMO 225
Diagnostic	D0150	Comprehensive oral evaluation	\$0	\$0
	D0210	Intraoral X-rays – complete series	\$0	\$0
	D9491	Office visit (including all fees for sterilization and infection control)	\$5	\$5
Preventive	D1110	Prophylaxis (cleaning) – adult	\$0	\$0
	D1110	Additional prophylaxis (up to 2 per year) – adult	\$20	\$35
	D1204	Topical application of fluoride – adult	\$0	\$0
Restorative	D2150	Amalgam (silver filling) – two surfaces	\$0	\$0
	D2331	Composite (white filling) – two surfaces anterior	\$0	\$0
	D2392	Composite (white filling) – two surfaces posterior	\$30	\$45
Crowns and pontics	D2751 <sup>7</sup>	Crown – porcelain fused to predominantly base metal	\$150	\$225
	D2960	Labial veneer (resin laminate) – chairside	\$250	\$250
	D2962	Labial veneer (porcelain laminate) – laboratory	\$350	\$350
Endodontics	D3320	Root canal – bicuspid (excluding final restoration)	\$95	\$125
	D3330	Root canal – molar (excluding final restoration)	\$125	\$210
Periodontics	D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$35	\$40
Prosthodontics	D5110	Complete denture – upper	\$175	\$260
Oral surgery	D7220	Removal of impacted tooth – soft tissue	\$35	\$45
Orthodontics	D8070–80	Comprehensive orthodontic treatment – adult or child	\$1,695	\$1,695
Other general services	D9230	Nitrous oxide, analgesia, anxiolysis (inhalation)	\$15 per half hour	\$15 per half hour
	D9972	External bleaching (teeth whitening) – per arch	\$125	\$125

This is only a summary of benefits. Please refer to the *Evidence of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage.



*Our vision plans have a clear advantage<sup>8</sup>*

Pediatric vision coverage (ages newborn through 18) is automatically included on all plans. We also offer adult Health Net PPO Vision insurance plans (ages 19 and older) which provide the convenience of a large national network, our hassle-free implementation, administrative processing, and:

- A diverse network of independent and retail providers, including LensCrafters.
- Low copayments.

- The option for employees and dependents to see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- 5–15% discounts on LASIK and PRK from U.S. Laser Network.<sup>9</sup>

The only difference between the full service plans, Preferred 1025-2 and 1025-3, is the replacement of lenses, contact lenses or frames either every 12 or 24 months. For materials only, Health Net offers the Preferred Value 10-2 plan.

<i>Schedule of benefits and coverage</i>	<i>Preferred Plan 1025-2</i>	<i>Preferred Plan 1025-3</i>	<i>Preferred Value Plan 10-2</i>
<b>Vision exam copay</b>	\$10	\$10	Not covered
<b>Lens copay</b>	\$25	\$25	\$10
<b>Frequency</b>			
Exam	Every 12 months	Every 12 months	Not covered
Eyeglass or contact lenses	Every 12 months	Every 24 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 24 months
<b>Retail frame allowance (in-network)</b>	\$100	\$100	\$100
<b>Contact lens allowance (in-network)</b>	\$90	\$90	\$90

Plan footnotes found on page 39.

<i>Health Net Vision plan benefits</i>	<i>In-network (member cost)</i>	<i>Out-of-network (maximum benefit allowed)</i>
<b>Vision exam</b> (Preferred 1025-2 and Preferred 1025-3 plans only) Exam (with dilation as necessary)	\$10	Up to \$40
Standard contact lens fit and follow-up exam	Up to \$55	Not covered
<b>Standard plastic lenses</b> Single vision	\$25 copay – Preferred 1025-2 and Preferred 1025-3 \$10 copay – Preferred 10-2	Up to \$40
Bifocal	\$25 copay – Preferred 1025-2 and Preferred 1025-3 \$10 copay – Preferred 10-2	Up to \$60
Trifocal	\$25 copay – Preferred 1025-2 and Preferred 1025-3 \$10 copay – Preferred 10-2	Up to \$80
Standard progressive (add-on to bifocal)	\$65 copay (in addition to lens copay)	\$60
Premium progressive (add-on to bifocal)	\$65 copay (in addition to lens copay), plus 80% of retail charge less \$120 allowance	\$60
<b>Lens options</b> (in-network only) UV coating	\$15 copay	Not covered
Tint (solid and gradient)	\$15 copay	Not covered
Standard scratch-resistant	\$15 copay	Not covered
Standard polycarbonate	\$40 copay	Not covered
Standard anti-reflective	\$45 copay	Not covered
Other add-ons and services	20% discount	Not covered
<b>Frames</b> (any frame available at a provider location)	Up to plan allowance, plus 20% discount off balance over allowance	Up to \$45
<b>Contact lenses</b> (materials only) Medically necessary	\$0	Up to \$210
Conventional	Up to plan allowance, plus 15% discount off balance over allowance	Up to \$105
Disposable	Up to plan allowance, plus balance over allowance	Up to \$105
<b>Laser vision correction</b> (in-network only) LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	Not covered
<b>Secondary purchase plan</b> (in-network only) Discounts on eyewear purchases after initial benefits	40% off retail	Not covered



Employees and dependents will receive a 20 percent discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services or to contact lenses. Retail prices vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time-use benefits; no remaining balance. Lost or broken materials are not covered.

**This is only a summary of benefits. Please refer to the Certificate of Insurance or Evidence of Coverage for terms and conditions of coverage, including which services are limited or excluded from coverage. Please see full exclusions and limitations.**

## Chiropractic coverage

Your clients can complement their HMO, PureCare HSP or PureCare One EPO medical benefits with Health Net's affordable quality chiropractic coverage. This service is provided through American Specialty Health Plans of California, Inc., a wholly owned subsidiary of American Specialty Health, Incorporated

(ASH).<sup>10</sup> Employers can add chiropractic coverage with their purchase of a small business group medical plan. This coverage does not come standalone.



	<i>Chiropractic coverage highlights</i>
<b>Office visits<sup>11</sup></b>	\$10 copay per visit
<b>Visits per calendar year</b>	Unlimited
<b>Lab tests</b>	Covered when medically necessary
<b>X-rays</b>	Covered for medically necessary chiropractic care
<b>Annual chiropractic appliance allowance</b>	\$50 toward the purchase of medically necessary items such as thoracic and lumbar supports, cervical collars and pillows, heel lifts, ice packs, lumbar cushions, orthotics, rib belts, and home traction units



**Carol Kim,  
Health Net**  
*We help make whole  
health possible.*



## Life and AD&D

For many small businesses, an attractive employee benefits package includes Group Term Life and Accidental Death & Dismemberment (AD&D) insurance offering desirable benefit levels. This allows a small business employer to:

- Increase the attractiveness of the company's benefit package to employees.
- Offer employees life insurance benefits at economical rates.

One way employers can enhance their benefits package and minimize administrative costs is to consolidate health and life insurance carriers. Carrier consolidation eliminates unnecessary administrative costs related to managing an employee benefits package.

Health Net Life Insurance Company underwrites Group Term Life Benefit Insurance, Accidental Death & Dismemberment and Dependent Life Insurance.<sup>12</sup>

## Group Term Life Insurance

### Life options

- **Option A** – \$15,000 flat amount for all employees.
- **Option B** – \$25,000 flat amount for all employees (15–100 employees).
- **Option C** – \$50,000 flat amount for all employees (25–100 employees).

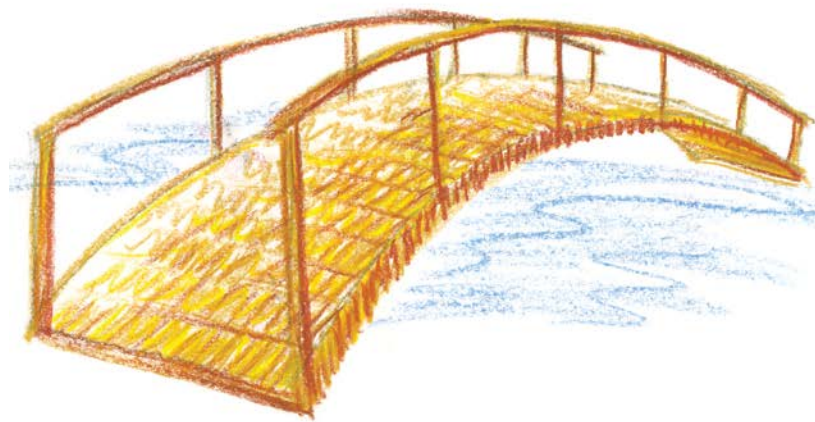
## Group Life plan features

- **Waiver of premium provision** – A life benefit can be extended during a period of total disability under terms specified in the group *Certificate of Insurance*.
- **Accelerated death benefit** – Provides financial protection to the insured in time of need, while also protecting the interest of the beneficiary. The accelerated benefit is a portion of the basic life insurance amount and is payable in a lump sum.
- **Conversion privilege** – A conversion privilege to whole life insurance is available to certain individuals whose coverage terminates due to reasons specified in the group policy.

## Accidental Death & Dismemberment (AD&D)

These benefits are usually included as part of the group life insurance policy. Health Net Life Insurance Company does not offer Accidental Death & Dismemberment benefits on a standalone basis.

- Benefit is payable as a result of an accident, loss of life or any of the physical losses specified in the group policy.
- The maximum benefit amount is equal to the basic life amount shown in the policy.
- This maximum benefit amount is payable for loss of life. It can also be payable for the loss of sight in both eyes, loss of both hands or both feet, or any two or more of these physical losses in the same accident.
- One-half of the maximum benefit amount is payable for loss of one hand, loss of one foot or the loss of sight in one eye.



*More* Helpful  
Information

# More *Than an* ID Card

At Health Net, we're about more than just health care coverage. Sure, comprehensive benefits are essential, but so is making it easy for people to take care of their health and get the most from their health plan.

## *Decision Power®: Health & Wellness*

Decision Power is an integrated program created to engage people in their health. With personalized tools and achievable goals, employees can feel confident in their ability to make positive and lasting behavioral changes.

Through Decision Power, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness:

- Get help with a specific health goal.
- Learn about treatment options.
- Try an online improvement program.
- Assess health risks with a Health Risk Questionnaire.
- Track diet, exercise or cholesterol.
- Better manage chronic illness.

## *Focus on early access and prevention*

Here at Health Net, we don't wait until people get sick to help out. Our job, always, is to connect your client's employees with the care they need – We want them to use their benefits!

That's why we're doing outreach – phone calls, mailings and more – to encourage our members to get their annual wellness exam. It costs \$0 out-of-pocket and is the best way for people to know their health status. And for Health Net to know how best to meet their health needs.





**Nicole daLomba,**  
**Health Net**  
*We offer education to help members make healthy choices.*

From there, we can connect people to the care and resources to help them be their healthiest. Our resources span the full spectrum of health from timesaving conveniences to in-depth support.

- Easy access MinuteClinics – a benefit with all HMOs, making it easy to get care for common illnesses, minor injuries (like a sprain) and vaccines.
- Nurse24<sup>SM</sup> for round-the-clock advice.
- Disease management for people living with ongoing health challenges like diabetes, asthma, COPD, heart disease, and heart failure.

Our outreach efforts elevate the core Decision Power priority – to help reduce high-cost service utilization and support workplace productivity by connecting employees with information, resources and support. Boosting health through prevention and early access to care is another way we're doing just that.

## *Support – online and on the go*

### **Self-service at [www.healthnet.com](http://www.healthnet.com)**

HealthNet.com guides your clients and their employees to the information they need with intuitive navigation and useful links. Bookmark [www.healthnet.com](http://www.healthnet.com) for fast and easy access to benefit information, wellness programs, ID cards, and more!

It's also the place to find network doctors, hospitals and other services. ProviderSearch at HealthNet.com delivers results by location, specialty or office hours. Plus, users can print or download search results.

### **On the go with Health Net Mobile**

Keeping track of the details – even critical details like health care information – can be daunting with our on-the-go, jam-packed lives. That's why we created the Health Net Mobile app.

All it takes is an iPhone, Android or other web-enabled smartphone, and Health Net members have everything they need to track their health plan details – no matter where they are or how busy.

**Note:** Health Net's 2014 ratios of premium costs to health services paid for Small Business DMHC and CDI health plans were 81.1% and 84.8% respectively.

# Footnotes *and Plan Codes*

## *All HMO/HSP/EPO/PPO plans*

The plan codes listed are in the order of without infertility/with infertility benefits. With the infertility rider, infertility benefits (including infertility injectables) are covered at 50%. Zift, in vitro fertilization and intrafallopian transfers are not covered.

Plan name	Plan code	
	Without infertility	With infertility
Full Network HMO Platinum \$10	C9R	C9W
Full Network HMO Platinum \$20	C9S	C9X
Full Network HMO Gold \$30	C9T	C9Y
Full Network HMO Gold \$40	C9U	C9Z
Full Network HMO Gold \$50	C9V	CA0
WholeCare HMO Platinum \$10	CAU	CAV
WholeCare HMO Platinum \$20	CAP	CAW
WholeCare HMO Gold \$30	CAR	CAX
WholeCare HMO Gold \$40	CAS	CAY
WholeCare HMO Gold \$50	CAT	CAZ
SmartCare HMO Platinum \$10	CAE	CAK
SmartCare HMO Platinum \$20	CAD	CAJ
SmartCare HMO Gold \$30	CAG	CAH
SmartCare HMO Gold \$40	CAC	CAN
SmartCare HMO Gold \$50	CAF	CAL
Salud HMO y Más HMO Platinum \$10	CA5	CA6
Salud HMO y Más HMO Platinum \$20	CA1	CA7
Salud HMO y Más HMO Gold \$30	CA2	CA8
Salud HMO y Más HMO Gold \$40	CA3	CA9
Salud HMO y Más HMO Gold \$50	CA4	CAB
Health Net Platinum 90 PPO 0/20	CC4	CC6
Health Net Gold 80 PPO 0/35	CC3	CC9
Health Net Silver 70 PPO 1500/45	CC5	CC7
Health Net Bronze 60 PPO 6000/70	CC2	CC8
Health Net Bronze 60 HSA PPO 4750/15 Alternate	CCN	CCM
Health Net Gold 80 EPO 1000/20 Alternate	BHN	BHM
Health Net Silver 70 EPO 1800/30 Alternate	CBD	CBC
Health Net Platinum 90 HSP 0/20	CBZ	CBY
Health Net Gold 80 HSP 0/35	CBX	CBW
Health Net Silver 70 HSP 1500/45	CC1	CC0
Health Net Bronze 60 HSP 6000/70	CBV	CBU

## Infertility Buy-Up Details

### For HMO/HSP plans only

- There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility.
- Infertility benefits do not apply to the calendar year out-of-pocket maximum on the following plans:
  - Platinum 90 HSP 0/20
  - Gold 80 HSP 0/35
  - Silver 70 HSP 1500/45
  - Bronze 60 HSP 6000/70

### For PPO Insurance plans only

- There is a \$2,000 lifetime maximum on infertility services and a separate \$2,000 lifetime limit on prescription medications for infertility.
- Infertility benefits do not apply to the calendar year out-of-pocket maximum.

### For EPO Insurance plans only

- There is a \$1,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility.
- Infertility benefits do not apply to the calendar year out-of-pocket maximum.

## Platinum \$10, Platinum \$20, Gold \$30, Gold \$40, and Gold \$50 Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más plans

<sup>1</sup> Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

<sup>2</sup> MinuteClinics are not located in all California counties. Refer to [www.minuteclinic.com](http://www.minuteclinic.com) for the most up-to-date locations.

<sup>3</sup> Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.

<sup>4</sup> Acupuncture care is offered by Health Net of California, Inc. for HMO plans. Acupuncture care is administered by American Specialty Health Plans of California, Inc, a subsidiary of American Specialty Health Incorporated (ASH).

<sup>5</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.

<sup>6</sup> Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

<sup>7</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 require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Self-injectable drugs (other than insulin) are considered specialty drugs. Please refer to the plan's EOC for additional information.

<sup>8</sup> Pediatric dental HMO plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. See the plan's EOC for details.

<sup>9</sup> Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

<sup>10</sup> In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA Network, except for emergency services.

<sup>11</sup> Any copayment or coinsurance paid for covered services in either the Salud Network or the SIMNSA Network will be credited to the individual OOPM of both networks.

<sup>12</sup> Mental health and substance abuse services must be provided by a SIMNSA provider.

## CommunityCare HMO

- <sup>1</sup> Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- <sup>2</sup> MinuteClinics are not located in all California counties. Refer to [www.minuteclinic.com](http://www.minuteclinic.com) for the most up-to-date locations.
- <sup>3</sup> Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.
- <sup>4</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 brand-name prescription drug deductible must be paid before Health Net begins to pay for brand-name prescription drugs.
- <sup>5</sup> Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- <sup>6</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 require prior authorization and must be obtained from a contracted specialty pharmacy vendor. The pharmacy deductible applies to brand-name specialty drugs. Self-injectable drugs (other than insulin) are considered specialty drugs. Please refer to the plan's EOC for additional information.
- <sup>7</sup> Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.
- <sup>8</sup> Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

## PureCare HSP

- <sup>1</sup> Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- <sup>2</sup> Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.
- <sup>3</sup> Acupuncture care is offered by Health Net of California, Inc. for HSP plans. Acupuncture care is administered by American Specialty Health Plans of California, Inc, a subsidiary of American Specialty Health Incorporated (ASH).
- <sup>4</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.
- <sup>5</sup> Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- <sup>6</sup> Tier 4 drugs included: 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 require prior authorization and must be obtained from a contracted specialty pharmacy vendor.
- <sup>7</sup> Pediatric dental HMO plans are provided by Health Net of California, Inc. and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. See the plan's EOC for details.
- <sup>8</sup> Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

- <sup>9</sup> Tier 4 specialty drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply.
- <sup>10</sup> Visits 1–3 (combined between office visits, urgent care, and prenatal and postnatal visits): The calendar year deductible is waived. Visits 4–unlimited: The calendar year deductible applies.
- <sup>11</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>12</sup> After the pharmacy deductible has been reached, the member will be responsible for 100% of the cost of all Tier 1, 2, 3, and 4 drugs. Tier 1, 2, 3, and 4 drugs will have a payment maximum after the deductible of \$500 for an individual prescription of up to a 30-day supply.

## PPO

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.

- <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 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> Visits 1–3 (combined between office visits, urgent care, prenatal and postnatal visits, outpatient mental health/substance abuse): The calendar year deductible is waived. Visits 4–unlimited: The calendar year deductible applies.
- <sup>7</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 about 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>8</sup> Acupuncture care is underwritten by Health Net Life Insurance Company for PPO plans. Acupuncture care is administered by American Specialty Health Plans of California, Inc, a subsidiary of American Specialty Health Incorporated (ASH).
- <sup>9</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 the 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>10</sup> Tier 4 drugs included: 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 require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 Specialty drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply.
- <sup>11</sup> Pediatric dental benefits are included on all off-marketplace plans only.
- <sup>12</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>13</sup> Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.
- <sup>14</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>15</sup> After the pharmacy deductible has been reached, the member will be responsible for 100% of the cost of all Tier 1, 2, 3, and 4 drugs. Tier 1, 2, 3, and 4 drugs will have a payment maximum after the deductible of \$500 for an individual prescription of up to a 30-day supply.

## PureCare One EPO

- <sup>1</sup> Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care



services for pregnancy, preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

<sup>2</sup>Benefits are administered by MHN Services, an affiliated behavioral health administrative services company which provides behavioral health services.

<sup>3</sup>Acupuncture care is underwritten by Health Net Life Insurance Company for EPO plans. Acupuncture care is administered by American Specialty Health Plans of California, Inc, a subsidiary of American Specialty Health Incorporated (ASH).

<sup>4</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.

<sup>5</sup>Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

<sup>6</sup>Tier 4 drugs included: 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>7</sup>Pediatric dental PPO plans are provided 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>8</sup>Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

<sup>9</sup>Pediatric dental benefits are included on all off-marketplace plans only.

<sup>10</sup>Tier 3 and 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. Tier 3 prescription drugs will have a maximum of \$500 for a 90-day supply prescription through mail order after the deductible has been met.

## Ancillary

<sup>1</sup>Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net.

<sup>2</sup>Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company. Unimerica Life Insurance Company is not affiliated with Health Net.

<sup>3</sup>Usual, Customary and Reasonable (UCR) is the maximum allowable amount for a dental care service, determined by FAIR Health, Inc. on the basis of the fee usually charged by the provider and data obtained by FAIR Health, Inc. regarding fees charged by providers of similar training and experience for the same service within the same geographic area.

<sup>4</sup>Out-of-network benefits for the Classic plan are reimbursed at the Usual, Customary and Reasonable (UCR) amounts as determined by FAIR Health, Inc.

<sup>5</sup>Out-of-network benefits for Essential plans are based on the allowable amount applicable for the same service that would have been rendered by a network provider.

<sup>6</sup>For employer-paid DPPO plans, orthodontia is available for groups with 2–9 enrollees with proof of immediately prior indemnity orthodontia coverage or for groups of 10 or more enrollees. For voluntary DPPO plans, orthodontia is available for groups of 10 or more enrolled employees.

<sup>7</sup>There is a maximum charge of \$150 in addition to the listed copayment if noble, high noble or titanium metal is used. Porcelain on molars is an additional charge of \$75.

<sup>8</sup>Vision plans, other than pediatric vision, are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC.

<sup>9</sup>Members receive a 15% discount on the retail price or 5% off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

<sup>10</sup>Chiropractic care is offered by Health Net of California, Inc. for HMO and HSP plans. Chiropractic care is underwritten by Health Net Life Insurance Company for PPO and EPO insurance plans. Chiropractic care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

<sup>11</sup>Includes emergencies and urgent care visits and referral visits to nonparticipating acupuncturists.

<sup>12</sup>Group Term Life, Supplemental Group Term Life and AD&D products are underwritten by Health Net Life Insurance Company, a subsidiary of Health Net, Inc.

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Health Net HSP, HMO and Salud con Health Net HMO y Más plans are offered by Health Net of California, Inc. EPO, PPO and Life/AD&D insurance plans are underwritten by Health Net Life Insurance Company. Vision plans, other than pediatric vision, are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC. Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company. Obligations of Fidelity Life Insurance Company, DBP and Unimerica Life Insurance Company are not the obligations of, or guaranteed by, Health Net, Inc. or its affiliates. Pediatric vision plans are provided by Health Net of California, Inc. Pediatric dental HMO plans are provided by Health Net of California, Inc. Pediatric dental PPO and indemnity 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 and Salud con Health Net are registered service marks of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. Covered California is a registered trademark of the State of California. All rights reserved.