



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.healthnet.com/cardinalcare or call 1-800-250-5226. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or www.healthnet.com or you can call 1-800-250-5226 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$100 each member (EPO Tier 1)/\$500 each member (EPO Tier 2) per plan year. EPO Tier 1 and EPO Tier 2 deductibles cross accumulate.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes. Preventive care, physician office visits, diagnostic tests, imaging, prescription drugs, emergency room, emergency medical transportation, urgent care, outpatient mental/behavioral health and substance abuse services, childbirth/delivery professional services, home health care, rehabilitation & habilitation services, durable medical equipment, hospice services, pediatric dental and vision care are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,000 each member (EPO Tier 1) / \$4,000 each member (EPO Tier 2) per plan year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums , balance billing charges, penalties for non-certification and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. For a list of preferred providers , see www.healthnet.com/cardinalcare or call 1-800-250-5226.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes. Requires referral from Vaden for Tier 1. Tier 2 allows you to see any PPO provider without referral.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO Tier 1 (Access to Vaden Health Center and referral to SUMC and Menlo Clinic)	EPO Tier 2 (Access to HNCA PPO and First Health Networks)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit Deductible does not apply	\$25/visit Deductible does not apply	Copay not required if primary care physician visit is performed at Vaden Health Center.
	Specialist visit	\$35/visit Deductible does not apply	30% co-ins	—————none—————
	Preventive care/screening/immunization	No charge Deductible does not apply	No charge Deductible does not apply	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge Deductible does not apply	30% co-ins	Preventive lab and x-ray covered at 100%.
	Imaging (CT/PET scans, MRIs)	\$50/procedure Deductible does not apply	30% co-ins	Requires prior certification.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.healthnet.com/cardinalcare	Generic drugs	\$10/retail order Deductible does not apply	\$10/retail order Deductible does not apply	Supply/order: up to 30 day (retail); except where quantity limits apply. Prior authorization is required for select drugs. If prior authorization is not obtained a penalty of 50% of the average wholesale price will apply, except for emergency or urgently needed care.
	Brand drugs	\$35/retail order Deductible does not apply	\$35/retail order Deductible does not apply	
	Non-preferred brand or generic drugs	\$50/retail order Deductible does not apply	\$50/retail order Deductible does not apply	
	Specialty drugs	\$50/order Deductible does not apply	\$50/order Deductible does not apply	Supply/order up to a 30 day supply from specialty pharmacy except where quantity limits apply. Prior authorization is required for select drugs. If prior authorization is not obtained a penalty of 50% of the average wholesale price will apply, except for emergency or urgently needed care.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/procedure	30% co-ins	Requires prior certification. A \$100 penalty is required for each uncertified outpatient admission.
	Physician/surgeon fees	No charge	30% co-ins	—————none—————

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO Tier 1 (Access to Vaden Health Center and referral to SUMC and Menlo Clinic)	EPO Tier 2 (Access to HNCA PPO and First Health Networks)	
		Deductible does not apply		
If you need immediate medical attention	Emergency room care	\$100/visit Deductible does not apply	\$100/visit Deductible does not apply	Copay waived if admitted into the hospital.
	Emergency medical transportation	No charge Deductible does not apply	No charge	Deductible applies through Tier 2.
	Urgent care	\$50/visit Deductible does not apply	\$50/visit Deductible does not apply	Copay waived if admitted into the hospital.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500/stay	30% co-ins	Requires prior certification. A \$500 penalty is required for each uncertified inpatient admission.
	Physician/surgeon fees	No charge Deductible does not apply	30% co-ins	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office-\$25-Individual therapy \$12.50-Group therapy Other than office- No charge Deductible does not apply	Not covered	May require prior authorization. Must use MHN network of providers.
	Inpatient services	\$500/stay	Not covered	Non-emergency services require prior certification. A \$500 penalty is required for each uncertified inpatient admission. Must use MHN network of providers.
If you are pregnant	Office visits	No charge Deductible does not apply	No charge Deductible does not apply	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Childbirth/delivery professional services	No charge Deductible does not apply	30% co-ins	—————none—————
	Childbirth/delivery facility services	\$500/stay	30% co-ins	—————none—————

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		EPO Tier 1 (Access to Vaden Health Center and referral to SUMC and Menlo Clinic)	EPO Tier 2 (Access to HNCA PPO and First Health Networks)	
If you need help recovering or have other special health needs	Home health care	\$25/visit Deductible does not apply	30% co-ins	Combined limit of 100 visits each plan year. Requires prior certification.
	Rehabilitation services	\$35/visit Deductible does not apply	\$40/visit	—————none—————
	Habilitation services	\$35/visit Deductible does not apply	\$40/visit	—————none—————
	Skilled nursing care	\$500/stay	30% co-ins	Requires prior certification.
	Durable medical equipment	No charge Deductible does not apply	30% co-ins	Requires prior certification.
	Hospice services	No charge Deductible does not apply	30% co-ins	Requires prior certification.
If your child needs dental or eye care	Children's eye exam	No charge Deductible does not apply	No charge Deductible does not apply	Through age 18. Limited to 1 visit per plan year.
	Children's glasses	No charge Deductible does not apply	No charge Deductible does not apply	Through age 18. Provider selected frames; 1 per plan year.
	Children's dental check-up	No charge Deductible does not apply	10% coinsurance Deductible does not apply	Limited to 1 check-up in a 6 month period.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care (Adult)
- Glasses (Adult)
- Hearing aids
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Health Net's Customer Contact Center at 1-800-250-5226, submit a grievance form through www.healthnet.com/cardinalcare, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444 (EBSA (3272) or www.dol.gov/ebsa/healthreform. If you have a grievance against Health Net, you can also contact the California Department of Insurance, Consumer Communications Bureau Health Unit, 300 South Spring Street, South Tower, Los Angeles, CA 90013 or at 1-800-927-HELP (4357), 1-800 482-4833 TDD or at www.insurance.ca.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the California Department of Insurance at the contact information provided above.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-250-5226.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-250-5226.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-250-5226.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-250-5226.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$100
■ Specialist copayment	\$35
■ Hospital (facility) copayment	\$500
■ Other copayment	\$500

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$100
Copayments	\$700
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$860

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$100
■ Specialist copayment	\$35
■ Hospital (facility) copayment	\$500
■ Other copayment	\$500

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,060

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$100
■ Specialist copayment	\$35
■ Hospital (facility) copayment	\$500
■ Other copayment	\$500

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,500
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$800