

Summary *of* Benefits

PPO • Insurance Plan EBH



DELIVERING CHOICES

When you need health care, it's nice to have options. That's why Health Net Life* offers a Preferred Provider Organization (PPO) insurance plan (called "Health Net PPO") — an insurance plan that offers you flexibility and choice. This SB answers basic questions about Health Net PPO. Please contact the Customer Contact Center at the telephone number listed on the back cover and talk to one of our friendly, knowledgeable representatives if you have additional questions.

If you have further questions, contact us:



By phone at 1-800-250-5226,



**Or write to: Health Net Life Insurance Company
P.O. Box 10348
Van Nuys, CA 91410-0348**

**This insurance plan is underwritten by Health Net Life Insurance Company and administered by Health Net of California, Inc. (Health Net).*

This *Summary of benefits* (SB) is only a summary of your health insurance plan. Your *Benefit Handbook*, which you will receive after you enroll, contains the exact terms and conditions of your Health Net Life coverage. You should also consult the *Health Net PPO Blanket Student Accidental and Sickness Insurance Policy (the Policy)* (issued to the educational organization) to determine governing contractual provisions. It is important for you to carefully read this SB and your *Benefit Handbook* thoroughly once received, especially those sections that apply to those with special health care needs. This SB includes a matrix of benefits in the section titled "Schedule of Benefits and Coverage" In case of conflict, the *Benefit Handbook* will control. State mandated benefits may apply depending upon your state of residence.

Table of contents

HOW THE INSURANCE PLAN WORKS.....	3
SCHEDULE OF BENEFITS AND COVERAGE	4
LIMITS OF COVERAGE.....	14
NOTICE OF NONDISCRIMINATION.....	17
NOTICE OF LANGUAGE SERVICES	19

How the insurance plan works

Please read the following information so you will know from whom or what group of providers health care may be obtained.

SELECTION OF PHYSICIANS

This insurance plan allows you to:

- Choose your own doctors and hospitals for all your health care needs; and
- Take advantage of significant cost savings when you use doctors contracted with our PPO.

Like most PPO insurance plans, Health Net PPO offers two different ways to access care:

- In-network, meaning you choose a doctor (or hospital) contracted with our PPO.
- Out-of-network, meaning you choose a doctor (or hospital) not contracted with our PPO.

Your choice of doctors and hospitals may determine which services will be covered, as well as how much you will pay. In many instances, certification is required for full benefits (see "Schedule of benefits and coverage" section of this brochure). Preferred providers are listed on the HNL website at www.healthnet.com/cardinalcare or you can contact the Customer Contact Center at the telephone number listed on the back cover to obtain a copy of the Preferred Provider Directory at no cost.

WHEN YOU USE AN OUT-OF-NETWORK PROVIDER, BENEFITS ARE SUBSTANTIALLY REDUCED AND YOU WILL INCUR A SIGNIFICANTLY HIGHER OUT-OF-POCKET EXPENSE. TO MAXIMIZE THE BENEFITS RECEIVED UNDER THIS HEALTH NET PPO INSURANCE PLAN, YOU MUST USE PREFERRED PROVIDERS.

HOW TO ENROLL

The Student must be enrolled in the Cardinal Care Student Plan in order for his or her dependent(s) to be enrolled in this Plan. Cardinal Care will require an application in a form and manner satisfactory to the School and HNL. The coverage Effective Date under this Plan is in conjunction with the enrolled Student's coverage Effective Date under their Plan. The School will maintain records of all students registered in each academic quarter. The eligible dependents of the student can enroll when the student first matriculates at Stanford. This is the one and only time during their entire academic career at Stanford when they can purchase the plan for their dependents unless there is a qualifying life event.

Some hospitals and other providers do not provide one or more of the following services that may be covered under your *Blanket Student Accidental and Sickness Insurance Policy* and that you or your dependents might need:

- **Family planning;**
- **Contraceptive services; including emergency contraception;**
- **Sterilization, including tubal ligation at the time of labor;**
- **Infertility treatments; or**
- **Abortion.**

You should obtain more information before you enroll. Call your prospective doctor, participating or preferred provider or clinic, or call the Customer Contact Center at the telephone number listed on the back cover to ensure that you can obtain the health care services that you need.

Schedule of Benefits and Coverage

The services covered and amount you pay depend upon the doctor or hospital you choose when you need health care. The following charts summarize what is covered and what you pay with Health Net Life PPO.

Principal Benefits and Coverage matrix

Benefit levels	PPO	OON (out-of network)
<i>Features</i>	<p>(Preferred providers) Care provided by doctors and hospitals contracted with our PPO</p> <hr/> <ul style="list-style-type: none"> • Lower out-of-pocket costs • Great freedom of choice • Certification from Health Net Life required for certain services • Claim forms usually not required for reimbursement • Must meet annual deductible and coinsurance • Coverage for preventive care services available at no cost 	<p>(All other providers) Care provided by licensed doctors and hospitals not contracted with our PPO</p> <hr/> <ul style="list-style-type: none"> • Higher out-of-pocket costs • Greatest freedom of choice • Certification from Health Net Life required for certain services • Claim forms required for reimbursement • Must meet annual deductible and coinsurance



For the PPO level of benefits, the percentages that appear in this chart are based on contracted rates with providers.

For the Out-of-Network level of benefits, the percentages that appear in this chart are based the maximum allowable amount. The covered person is responsible for charges in excess of this amount in addition to the coinsurance shown.

Deductibles	PPO	OON (out-of network)
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You must pay this amount for covered services before HNL begins to pay. However, PPO services to which a copayment applies are not subject to the plan year deductible.

Plan year deductible

Any amount applied toward the deductible for covered services provided by a PPO provider will apply toward the OON deductible; any amount applied toward the deductible for covered services provided by an OON provider will apply to the PPO deductible.

For each covered person[Ⓐ] \$300..... \$500

For a family (the number of covered persons in a family that must satisfy their individual deductible to satisfy the family deductible) 3..... 3

² Combined for PPO and out-of-network.

Insurance Plan maximums	PPO	OON (out-of network)
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Yearly Out-of-pocket maximum (OOPM)



Once your payment of copayments or coinsurance (combined for PPO and Out-of-Network) equals the amount shown below in any one plan year, no additional copayments or coinsurance for covered services are required for the remainder of that year. Payments for services not covered by this insurance plan will not be applied to this yearly out-of-pocket maximum.

For each covered person \$6000..... \$8000

For a family (three members or more)..... \$12000..... \$24000

Type of services, benefit maximums & what you pay		
Professional services	PPO	OON

Professional services	PPO	OON
Visit to physician	\$35	40%
Specialist consultations	\$35	40%
Prenatal office visits*	Covered in full	40%
Postnatal office visits*	20%	40%
Normal delivery, cesarean section, newborn inpatient professional care*	20%	40%
Treatment of complications of pregnancy*	See note below**	See note below**
Physician visit to hospital or skilled nursing facility	20%	40%
Physician visit to Covered Person's home	20%	40%
Surgeon or assistant surgeon services (excluding bariatric surgery) [▲] *	20%	40%
Surgeon or assistant surgeon services (for bariatric surgery) [▲] *	50%	Not covered
Administration of anesthetics (excluding bariatric surgery) *	20%	40%
Administration of anesthetics (for bariatric surgery) *	50%	Not covered
Rehabilitative therapy (including physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy) *	20%	40%

Habilitative services (including ABA therapy/services).....	20%	40%
Organ and stem cell transplants (nonexperimental and noninvestigational) *	20%	Not covered
Chemotherapy	20%	40%
Radiation therapy*	20%	40%
Vision and hearing examinations (for diagnosis or treatment, including refractive eye examinations birth through age 16).....	\$35	40%
Vision and hearing examinations (for diagnosis or treatment, including refractive eye examinations) (age 17 and older).....	\$35	Not covered

*These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visit.

*Prenatal, postnatal and newborn care office visits for preventive care are covered in full for preferred providers. If the primary purpose of the office visit is unrelated to a preventive service or if other non-preventive services are received during the same office visit, the above copayment or coinsurance will apply for the non-preventive services.

** Applicable deductible, copayment or coinsurance requirements apply to any services and supplies required for the treatment of an illness or condition, including but not limited to, complications of pregnancy. For example, if the complication requires an office visit, then the office visit copayment or coinsurance will apply.

▲ Surgery includes surgical reconstruction of a breast incident to mastectomy, including surgery to restore symmetry; also includes prosthesis and treatment of physical complications at all stages of mastectomy, including lymphedema.

Allergy treatment and other injections (except for infertility injection)	PPO	OON
Allergy testing.....	20%	40%
Allergy serum.....	20%	40%
Allergy injection services.....	20%	40%
Injections (except for infertility injection)		
Injectable drugs administered by a physician*	20%	40%
Self-injectable drugs*	Refer to Pharmacy benefits	Refer to Pharmacy benefits

*These services may require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but

not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Certain injectable drugs which are considered self-administered are covered on the specialty drug tier under the pharmacy benefit. Specialty drugs are not covered under the medical benefits even if they are administered in a physician's office. If you need to have the provider administer the specialty drug, you will need to obtain the specialty drug through the Specialty Pharmacy Vendor and bring it with you to the provider office. Alternatively, you can coordinate delivery of the specialty drug directly to the provider office through the Specialty Pharmacy Vendor. Please refer to the "Specialty Pharmacy Vendor" portion of this "Schedule of benefits and coverage" section for the applicable copayment or coinsurance.

Outpatient services	PPO	OON
Outpatient facility services (other than surgery except bariatric services) *	20%	40%
Outpatient facility services (other than surgery for bariatric services) *	50%	Not covered
Outpatient surgery (hospital or outpatient surgery center charges only except bariatric surgery) *	20%	40%
Outpatient surgery (hospital or outpatient surgery center charges for bariatric surgery) *	50%	Not covered

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Hospital services	PPO	OON
Semi-private hospital room or intensive care unit with ancillary services, including delivery and maternity care (unlimited days) *	20%	40%
Skilled nursing facility stay*	20%	40%
Confinement for bariatric (weight loss) surgery	50%	Not covered

*These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Radiological services	PPO	OON
Laboratory procedures and diagnostic imaging (including x-ray) *	20%	40%

*These services may require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Preventive Care

PPO

OON

The following benefits are not subject to the calendar year deductible.

Preventive care services for children (through age 16).....	Covered in full	40%
Preventive care services for adults (age 17 and older).....	Covered in full	40%

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&B recommendations, the Advisory Committee on Immunization Practices that have been adopted by the Center for Disease Control and Prevention, 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 covered person. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it. Breast pumps can be obtained by calling the Customer Contact Center at the phone number listed on the back cover of this booklet.

Emergency health coverage

PPO

OON

Emergency room (facility and professional services)	20%	20%
Urgent care center (facility and professional services)	20%	20%

Emergency health coverage–Non-emergent services

PPO

OON

Emergency room (facility and professional services)	20%	40%
Urgent care center (facility and professional services)	20%	40%



The coinsurance shown for PPO emergency health care services will be applied for all emergency care, regardless of whether or not the health care provider is a PPO or noncontracting provider. The coinsurance shown for PPO and Out-of-Network providers are applicable only if non-emergency care is provided at an emergency room or urgent care center.

Covered benefits for emergency care outside of the United States will be covered at in network. International claims will not require prior authorization

For Emergency and Urgent care received outside of the United States, the maximum allowable amount will be based on billed charges.

Ambulance services

PPO

OON

Ground ambulance*	20%	40%
Air ambulance *	20%	40%

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Outpatient prescription drug plan

Prescription drugs

Participating pharmacy

Nonparticipating pharmacy

Retail pharmacy (up to a 30-day supply)

Tier I drugs listed on the Essential Rx Drug List (primarily generic)	\$20	Not Covered
Tier II drugs listed on the Essential Rx Drug List (primarily brand name) and diabetic supplies (including insulin) ♦	\$40	Not Covered
Tier III drugs listed on the Essential Rx Drug List (or non-preferred drugs not listed on the Essential Rx Drug List) ♦	\$40	Not Covered
Preventive drugs, including smoking cessation drugs and women's contraceptives*	Covered in full	Not Covered

Specialty Pharmacy Vendor

Specialty Pharmacy

Specialty Drugs when listed on the Essential Rx Drug List.....	\$50
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Mail-order program (up to a 90-day supply of maintenance drugs)

Tier I drugs listed on the Essential Rx Drug List (primarily generic)	\$40	Not Covered
Tier II drugs listed on the Essential Rx Drug List (primarily brand name) and diabetic supplies (including insulin) ♦	\$80	Not Covered
Tier III drugs listed on the Essential Rx Drug List (or non-preferred drugs not listed on the Essential Rx Drug List) ♦	\$80	Not Covered
Preventive drugs, including smoking cessation drugs and women's contraceptives*	Covered in full	Not Covered

Orally administered anti-cancer drugs will have a copayment maximum of \$200 for an individual prescription of up to a 30-day supply.

♦ Generic drugs will be dispensed when a generic drug equivalent is available. We will cover brand name drugs that have generic equivalents only when the brand name drug is medically necessary and the physician obtains prior au-

thorization from HNL. Covered brand name drugs are subject to the applicable copayment for Tier II drugs or Tier III drugs.


A Physician must obtain HNL's Prior Authorization for coverage of Brand Name Drugs that have generic equivalents.

* Preventive drugs, including smoking cessation drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the covered person. 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. 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 Life, then the brand name drug will be dispensed at no charge.

Medical supplies	PPO	OON
Durable medical equipment *♦	20%	40%
Diabetes education	20%	40%
Orthotics (such as bracing, supports and casts) *	20%	40%
Corrective footwear*	20%	40%
Diabetic equipment (See the "Prescription Drug Program" section of this SB for diabetic supplies benefit information)	20%	40%
Diabetic footwear	20%	40%
Prostheses*	20%	40%

♦Durable medical equipment includes coverage for up to two medically necessary contact lenses per eye (including fitting and dispensing) in any 12-month period to treat conditions of aniridia (missing iris).


Breastfeeding devices and supplies, as supported by HRSA guidelines, are covered under "Preventive care" in this section.

 Diabetic equipment covered under the medical benefit (through "Diabetic equipment") includes blood glucose monitors designed for the visually impaired, insulin pumps and related supplies, and corrective footwear. Diabetic equipment and supplies covered under the prescription drug benefit include insulin, specific brands of blood glucose monitors and testing strips, Ketone urine testing strips, lancets and lancet puncture devices, specific brands of pen delivery systems for the administration of insulin (including pen needles) and insulin syringes.

In addition, the following supplies are covered under the medical benefit as specified: visual aids (excluding eyewear) to assist the visually impaired with the proper dosing of insulin are provided through the prosthesis benefit; Glucagon is provided through the self-injectable benefit. Self-management training, education and medical nutrition therapy will be covered only when provided by licensed health care professionals with expertise in the management or treatment of diabetes (provided through the patient education benefit).

*These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Mental disorders and chemical dependency benefits	PPO	OON
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 *Severe mental illness includes schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorders, pervasive developmental disorder (including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified to include Atypical Autism, in accordance with the most recent edition the Diagnostic and Statistical Manual for Mental Disorders), autism, anorexia nervosa and bulimia nervosa.*

Serious emotional disturbances of a child is when a child under the age of 18 has one or more mental disorders identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary chemical dependency disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. In addition, the child must meet one of the following: (a) as a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self care, school functioning, family relationships or ability to function in the community; and either (i) the child is at risk of removal from home or has already been removed from the home or (ii) the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year; (b) the child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder; and/or (c) the child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

Severe Mental Illness and Serious Emotional Disturbances of a Child

Outpatient office visits (psychological evaluation or therapeutic session in an office or other outpatient setting, including individual and group therapy sessions, medication management and drug therapy monitoring)	\$35	40%
Outpatient services other than office visits (psychological and neuropsychological testing, intensive outpatient care program, day treatment, partial hospitalization and other outpatient procedures including behavioral health treatment for pervasive developmental disorder or autism)	Covered in full	40%
Physician visit to hospital, participating behavioral health facility or residential treatment center	20%	40%
Inpatient facility *	20%	40%

Other Mental Disorders

Outpatient office visits (psychological evaluation or therapeutic session in an office or other outpatient setting, including individual and group therapy sessions, medication management and drug therapy monitoring)	\$35	40%
Outpatient services other than office visits (psychological and neuropsychological testing, intensive outpatient care and program, day treatment, partial hospitalization and other outpatient services).....	Covered in full	40%
Physician visit to hospital, participating behavioral health facility or residential treatment center	20%	40%
Inpatient facility *	20%	40%

Chemical Dependency

Outpatient office visits (psychological evaluation or therapeutic session in an office or other outpatient setting, including individual and group therapy sessions, medication management and drug therapy monitoring) [■]	\$35	40%
Outpatient services other than office visits (psychological and neuropsychological testing, intensive outpatient care and program, day treatment, partial hospitalization, medical treatment for withdrawal symptoms, and other outpatient services).....	Covered in full	40%
Inpatient facility *	20%	40%
Acute detoxification*	20%	40%

[■]Includes methadone maintenance treatment during pregnancy and two months after delivery.

* These services require certification for coverage. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Home Health Services	PPO	OON
Home health visits.....	20%	40%

Other services	PPO	OON
Sterilization - Vasectomy	20%	40%
Sterilization - Tubal ligation	Covered in full	40%

Blood, blood plasma, blood derivatives and blood factors (except for drugs used to treat hemophilia, including blood factors) * **	20%	20%
Drugs used to treat hemophilia, including blood factors**	Refer to Pharmacy benefits	Refer to Pharmacy benefits
Renal dialysis	20%	40%
Hospice services*	20%	40%
Infusion Therapy (home or physician's office) *	20%	40%

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, a \$500 penalty will be charged for inpatient admissions and a \$50 penalty for outpatient visits.

** Drugs used to treat hemophilia, including blood factors, are covered under the pharmacy benefit. Specialty Drugs are not covered under the medical benefit even if they are administered in a Physician's office. Alternatively, you may be able to coordinate delivery of the Specialty Drug directly to the provider's office through the Specialty Pharmacy Vendor.

Infertility services and supplies are described below in the "Infertility services" section.

Sterilization of females and women's contraception methods and counseling, as supported by HRSA guidelines, are covered under "Preventive Care Services" in this section.

Infertility services	PPO	OON
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Infertility services and supplies (all covered services that diagnose, evaluate or treat infertility).....	Not Covered.....	Not Covered
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Acupuncture care	PPO	OON
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Office visits.....	\$35	Not Covered
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Pediatric Dental Services (birth through the end of the month in which the Covered Person turns 19 years of age)

We provide toll-free access to our Customer Service Associates to assist the Covered Person with benefit coverage questions, resolving problems or changing their dental office. Customer Service can be reached Monday through Friday at **1-866-249-2382** from 5:00 a.m. to 8:00 p.m. Pacific Standard Time. Automated service is also provided after hours for eligibility verification and dental office transfers.

Pediatric Vision Plan Benefits (birth through the end of the month in which the Covered Person turns 19 years of age)

We provide toll-free access to our Customer Service Associates to assist the Covered Person with benefit coverage questions, resolving problems or changing their vision office. Customer Service can be reached Monday through Friday at **1-866-392-6058** from 5:00 a.m. to 8:00 p.m. Pacific Standard Time. Automated service is also provided after hours for eligibility verification and vision office transfers.

The vision services benefits are provided by HNL. HNL contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the vision services benefits.

Limits of coverage

WHAT'S NOT COVERED (EXCLUSIONS AND LIMITATIONS)

- Air or ground ambulance and paramedic services that are not emergency care or which do not result in a patient's transportation will not be covered unless certification is obtained and services are medically necessary.
- Artificial insemination;
- Care for mental health care as a condition of parole or probation, or court-ordered treatment and testing for mental disorders, except when such services are medically necessary;
- Charges in excess of rate negotiated between any organization and the physician, hospital or other provider;
- Chiropractic care;
- Conception by medical procedures (IVF, GIFT and ZIFT);
- Conditions resulting from the release of nuclear energy when government funds are available;
- Corrective footwear and foot orthotic devices, except when incorporated into a cast, splint, brace or strapping of the foot or when medically necessary for the treatment of diabetes, or as provided under the corrective footwear benefit;
- Cosmetic services or supplies;
- Custodial or live-in care;
- Dental (except for Pediatric Dental Services). However, Medically Necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures are covered. Cleft palate includes cleft palate, cleft lip or other craniofacial anomalies associated with cleft palate;
- Disposable supplies for home use;
- Experimental or investigational procedures, except as set out under the "Clinical trials" and "If you have a disagreement with our insurance plan" sections of this SB;
- Genetic testing is not covered except when determined by Health Net Life to be medically necessary. The prescribing physician must request prior authorization for coverage;
- Hearing aids;
- Hearing examination (age 17 and older);
- Hypnosis;
- Infertility services;
- Marriage counseling, except when rendered in connection with services provided for a treatable mental disorder;
- Non-eligible institutions. This insurance plan only covers services or supplies provided by a legally operated hospital, Medicare-approved skilled nursing facility or other properly licensed facility as specified in the *Benefit Handbook*. Any institution, regardless of how it is designated, is not an eligible institution. Services or supplies provided by such institutions are not covered;
- Nontreatable disorders;
- Orthoptics (eye exercises);
- Outpatient prescriptions drugs or medications (except as noted under "Prescription drug program");
- Personal or comfort items;
- Physician self-treatment;
- Physician treating immediate family members;
- Private rooms when hospitalized, unless medically necessary;
- Private-duty nursing;
- Refractive eye surgery unless medically necessary, recommended by the covered person's treating physician and authorized by Health Net Life;
- Reversal of surgical sterilization;

- Routine foot care for treatment of corns, calluses and cutting of nails, unless prescribed for the treatment of diabetes;
- Routine physical examinations (including psychological examinations or drug screening) for insurance, licensing, employment, school, camp or other nonpreventive purposes;
- Services and supplies determined not to be medically necessary as defined in the *Benefit Handbook*;
- Services and supplies not specifically listed in the covered person's *Benefit Handbook* as covered expenses;
- Services and supplies that do not require payment in the absence of insurance;
- Services for an injury incurred in the commission (or attempted commission) of a crime unless the condition was an injury resulting from an act of domestic violence or an injury resulting from a medical condition;
- Services for conditions of pregnancy for a surrogate pregnancy are covered when the surrogate parent is the covered person under this HNL plan. However, when compensation is obtained for the surrogacy, Health Net Life shall have a lien on such compensation to recover its medical expense. A surrogate parent is a woman who agrees to become pregnant with the intent of surrendering custody of the child to another person;
- Services not related to a covered illness or injury, except as provided under preventive care and annual routine exams;
- Services received before effective date or after termination of coverage, except as specifically stated in the "Extension of Benefits" section of the covered person's *Benefit Handbook*;
- Services related to educational and professional purposes, except for behavioral health treatment for pervasive developmental disorder or autism;
- State hospital treatment, except as the result of an emergency or urgently needed care;
- Stress, except when rendered in connection with services provided for a treatable mental disorder;
- Treatment of jaw joint disorders or surgical procedures to reduce or realign the jaw, unless medically necessary;
- Treatment of obesity, weight reduction, weight management, or bariatric services, except for treatment of morbid obesity;
- Vision examination (except for Pediatric Vision) (age 17 and older).

The above is a partial list of the principal exclusions and limitations applicable to the medical portion of your Health Net PPO insurance plan. The *Benefit Handbook*, which you will receive if you enroll in this insurance plan, will contain the full list.

Notice of Nondiscrimination

Health Net Life Insurance Company (“Health Net”) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

On Exchange/Covered California 1-888-926-4988 (TTY: 711)

Off Exchange 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you. You can also file a grievance by mail, fax or online at:

Health Net Life Insurance Company

P.O. Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: healthnet.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of language services

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711).

If you bought coverage through the California marketplace call 1-888-926-4988 (TTY: 711). For more help:

If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية أو اتصل على مركز الاتصال التجاري في 1-800-522-0088 (TTY: 711). في حال قمت بشراء التغطية من سوق كاليفورنيا، اتصل على الرقم 1-888-926-4988 (TTY: 711) وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من شركة التأمين على الحياة Health Net Life Insurance Company، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Եթե սպասնովագրում եք գնել Կալիֆորնիայի շուկայական հրապարակի վիճոցով, զանգահարեք 1-888-926-4988 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար, եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO սպասնովագրությանը, զանգահարեք Կալիֆորնիայի Սպասնովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության գիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。如果您是透過加州健康保險交易市場購買承保，請致電 1-888-926-4988 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

Hindi

बिना लागत वाली भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711) पर कॉल करें। यदि आपने कैलिफोर्निया मार्केट प्लेस के माध्यम से कवरेज खरीदा है तो 1-888-926-4988 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company पीपीओ PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc. के एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएससी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Kev pab, hu rau peb ntawm tus xov tooj teev nyob rau hauv koj daim ID card los yog hu rau 1-800-522-0088 (TTY: 711). Yog tias koj yuav kev pov hwm ntawm California marketplace hu 1-888-926-4988 (TTY: 711). Xav tau kev pab ntawm: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

Japanese

無料の言語サービス。通訳をご利用いただけます。日本語で文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088、(TTY: 711) までお電話ください。カリフォルニア州のマーケットプレイス（保険購入サイト）を通じて保険を購入された方は、1-888-926-4988 (TTY: 711) までお電話ください。さらに援助が必要な場合: Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMOまたはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បើសិនអ្នកបានទិញការធានារ៉ាប់រងតាមរយៈ ទីផ្សារនៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទូរសព្ទទៅលេខ 1-888-926-4988 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO ពីក្រុមហ៊ុនធានារ៉ាប់រងជីវិត Health Net Life Insurance Company សូមទាក់ទងទៅនាយកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net of California, Inc. នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스를 통해 보험을 구입하셨으면 1-888-926-4988 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

Navajo

Saad Bee Áká E'eyeed T'áá Jíik'e. Ata' halne'ígíí hóllq. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shiká a'doowoł nínízingo naaltsoos bee néiho'dólzínígíí bikáa'gi béésh bee hane'í bikáa' áajj' hodíilnih éi doodaii' 1-800-522-0088 (TTY: 711). California marketplace hoolyéhíjí béeso ách'ááq'á naanilí ats'íis baa áháyá biniyé nahini'nii'go éi kojí' hólné' 1-888-926-4988 (TTY: 711). Shiká anáa'doowoł jinízingo: PPO éi doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'ááq'á naanil biniyé hwe'iina' bik'é'ésti'go éi CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éi doodaii' HSPqjí Health Net of California, Inc.qjí béeso ách'ááq'á naanil biniyé hats'íis bik'é'ésti'go éi kojí' hojilnih DMHC Helpline 1-888-HMO-2219.

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. اگر پوشش بیمه را از طریق بازارگاه کالیفرنیا خریداری کردید با شماره 1-888-926-4988 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Panjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਬਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਕੈਲੀਫੋਰਨੀਆਂ ਮਾਰਕਿਟ ਪਲੇਸ ਦੇ ਰਾਹੀਂ ਬੀਮਾ ਕਵਰੇਜ਼ ਖਰੀਦੀ ਹੈ ਤਾਂ 1-888-926-4988 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ ਤੁਸੀਂ Health Net Life Insurance Company ਪੀਪੀਓ PPO ਜਾਂ ਈਓਪੀਏ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆਂ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ Health Net of California, Inc. ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੇਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711). Если свою страховку вы приобрели на едином сайте по продаже медицинских страховок в штате Калифорния, звоните по телефону 1-888-926-4988 (TTY: 711).
Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния (CA Dept. of Insurance), телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания DMHC, телефон 1-888-HMO-2219.

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Si adquirió la cobertura a través del mercado de California, llame al 1-888-926-4988 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711). Kung bumili kayo ng pagsakop sa pamamagitan ng California marketplace tawagan ang 1-888-926-4988 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) หากคุณซื้อความคุ้มครองผ่านทาง California marketplace โทร 1-888-926-4988 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711). Nếu quý vị mua khoản bảo trả thông qua thị trường California 1-888-926-4988 (TTY: 711). Để nhận thêm trợ giúp: Nếu quý vị đăng ký hợp đồng bảo hiểm PPO hoặc EPO từ Health Net Life Insurance Company, vui lòng gọi Sở Y Tế CA theo số 1-800-927-4357. Nếu quý vị đăng ký vào chương trình HMO hoặc HSP từ Health Net of California, Inc., vui lòng gọi Đường Dây Trợ Giúp DMHC theo số 1-888-HMO-2219.

Contact Us

Health Net PPO
Post Office Box 10348
Van Nuys, California 91410-0348

Customer Contact Center

Large Group:

1-800-250-5226 (California PPO Covered Person)

1-800-861-7214 (Out-of-State (non-California) PPO Covered Persons)

1-800-331-1777 (Spanish)

1-877-891-9053 (Mandarin)

1-877-891-9050 (Cantonese)

1-877-339-8596 (Korean)

1-877-891-9051 (Tagalog)

1-877-339-8621 (Vietnamese)

Telecommunications Device for the Hearing and Speech Impaired:

1-800-995-0852

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