

# Plan Overview

PPO HSA Silver 30% / 30% / \$1,500

Benefits	Insured person(s) responsibility	
	In-network <sup>1,2</sup>	Out-of-network <sup>1,2</sup>
<b>Deductible</b> per calendar year. Aggregate deductible – For family policies, the family deductible must be met before this plan begins to pay for covered services.	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family
<b>Coinsurance</b>	30%	50%
<b>Out-of-pocket maximum</b> including all deductibles, copays, and coinsurance	\$6,350 single / \$12,700 family	\$12,700 single / \$25,400 family
<b>Maximum benefits</b> in-network and out-of-network combined	Unlimited	
<b>Professional services</b>		
Primary care physician (PCP)	30%, after deductible	50%, after deductible
Specialist physician	30%, after deductible	50%, after deductible
Preventive care <sup>3</sup>	\$0 copay / visit	50%, after deductible
Prenatal care and postpartum care	30%, after deductible	50%, after deductible
Hearing exam / hearing aid	One routine hearing exam / year. One hearing aid per ear / year.	50%, after deductible
<b>Laboratory services</b>		
Physician's Office or Independent Facility <sup>4</sup>	30%, after deductible	50%, after deductible
Hospital	30%, after deductible	50%, after deductible
<b>X-ray services</b>		
Physician's office or Independent facility <sup>4</sup>	30%, after deductible	50%, after deductible
Hospital	30%, after deductible	50%, after deductible
<b>Imaging and testing services (including but not limited to MRIs, MRAs, and PET/SPECT, ECT, and BEAM scans)</b>		
Physician's office or Independent facility <sup>4</sup>	30%, after deductible	50%, after deductible
Hospital	30%, after deductible	50%, after deductible
<b>Hospital services</b>		
Inpatient hospital services (including physician, facility, and surgery charges, plus maternity care)	30%, after deductible	50%, after deductible
Outpatient hospital / ambulatory surgical center services	30%, after deductible	50%, after deductible
Skilled nursing facility (100 days max / calendar year)	30%, after deductible	50%, after deductible
<b>Emergency and urgent care services</b>		
Emergency room services (copayment waived if admitted)	30%, after deductible	30%, after deductible
Urgent care services	30%, after deductible	50%, after deductible
Ambulance services (medical emergencies only)	30%, after deductible	30%, after deductible
In-store health care clinic	30%, after deductible	50%, after deductible
<b>Rehabilitative services</b>		
Inpatient	30%, after deductible	50%, after deductible
Outpatient (max 60 days/calendar year for all therapies combined – physical, occupational, speech and language, etc.)	30%, after deductible	50%, after deductible
<b>Habilitative services</b>		
Inpatient	30%, after deductible	50%, after deductible
Outpatient (max 60 days/calendar year)	30%, after deductible	50%, after deductible
<b>Outpatient prescription drugs<sup>5</sup></b>		
Brand name calendar year deductible (per insured)	Subject to integrated medical deductible	Subject to integrated medical deductible

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Prescription drugs (up to a 30-day supply) – generic / preferred brand / non-preferred	\$15 / \$35 / \$60 Subject to integrated medical deductible	50% / 50% / 50% Subject to integrated medical deductible
Specialty drugs (most self-injectables)	30% Subject to integrated medical deductible	50% Subject to integrated medical deductible
Mail order program (90-day supply) – generic / preferred brand / non-preferred	\$45 / \$105 / \$180 Subject to integrated medical deductible	50% / 50% / 50% Subject to integrated medical deductible
<b>Mental health / Substance abuse services</b>		
Inpatient	30%, after deductible	50%, after deductible
Outpatient	30%, after deductible	50%, after deductible
<b>Durable medical equipment (DME)</b>	30%, after deductible	50%, after deductible
<b>Home health care services</b> (Limited to part-time and intermittent care. Up to 60 days or longer when pre-certified. Limit in-network and out-of-network combined.)	30%, after deductible	50%, after deductible
<b>Hospice care services</b>	30%, after deductible	50%, after deductible
<b>Chiropractic services</b>	30%, after deductible	50%, after deductible
<b>Allergy testing / treatment</b>	30%, after deductible	50%, after deductible
<b>Pediatric dental</b> Pediatric dental services up to the age of 19 are covered when purchased through Health Net.	One exam every six months. Diagnostic and preventive services: 100%, after \$100 deductible. Basic and major services + medically necessary orthodontics: 50%, after \$100 deductible.	
<b>Pediatric vision services and (medically necessary supplies)</b>	Covered for children up to age 19. Includes: One routine eye exam and one pair of eyeglasses (lenses and frame) or contact lenses per year. Exclusions and limitations apply.	

**This is a summary of benefits. Please refer to your Schedule of Benefits and Evidence of Coverage for terms and conditions of coverage, visit Health Net's website at [www.healthnet.com](http://www.healthnet.com), or call Health Net at 1-888-463-4875.**

<sup>1</sup>In accordance with the Affordable Care Act, American Indians and Alaskan Natives, as determined eligible by the Exchange and regardless of income, have no cost sharing obligation under this Policy for items or services that are Essential Health Benefits if the items or services are provided by a provider of the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization, or through referral under contract health services, as defined by Federal law. Cost sharing means copayments, including coinsurance and deductibles.

<sup>2</sup>Certain services require pre-certification from Health Net. Without pre-certification, the benefit is reduced by 50%.

<sup>3</sup>Preventive care services: This plan provides all coverage as required under the ACA including evidence-based screening and counseling, routine immunizations, childhood preventive services, and preventive services for women, at no cost to members with an in-network provider. This coverage includes services such as preventive office visits, preventive lab and X-ray, Pap test and mammogram, prostate screening, immunizations, and colorectal cancer screening. You can find all the details on the government's website at [www.healthcare.gov](http://www.healthcare.gov). Click the menu tab that says Prevention & Wellness for preventive services recommended for coverage under the Affordable Care Act (ACA).

Women's preventive services include screening for gestational diabetes; human papillomavirus (HPV) DNA testing for women 30 years and older; sexually-transmitted infection counseling; and human immunodeficiency virus (HIV) screening and counseling. These services also include FDA-approved contraception methods and sterilization procedures, and contraceptive counseling for women with reproductive capacity; breastfeeding support, supplies and counseling; and interpersonal and domestic violence screening and counseling.

<sup>4</sup>Some facilities are affiliated with a hospital. You will be charged a higher copay for services at a hospital-affiliated facility. Contact the place of service for more information or the Customer Contact Center at the number on the back of your ID card.

<sup>5</sup>The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require pre-certification from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to your Schedule of Benefits and Evidence of coverage for complete information on prescription drugs. Plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Essential Rx Drug List for coverage, cost-share and tier information.

Prescription drugs can be filled through mail order (up to a 90-day supply).

#### **Exclusions and limitations**

The following cannot be used to satisfy the out-of-pocket maximum: limitations, exclusions, use of emergency room services for non-emergency care, any percentage of covered charges as a result of failure to obtain pre-certification, and charges in excess of eligible expenses.

The following services and/or procedures are either limited in coverage or excluded from coverage under this health plan:

#### **Altered gender characteristics**

- Any procedure or treatment designed to alter physical characteristics of the member from the member's biologically determined gender to those of another gender

#### **Alternative Therapies**

- Acupuncture, acupuncture, hypnotherapy, behavior training, educational, recreational, art, dance, sex, sleep, massage, biofeedback, and music therapy
- Chiropractic Care
  - Any treatments or services, including X-rays, determined to not be related to neuromusculoskeletal disorders
  - Preventive care, educational programs, non-medical self-care, self-help training, or any related diagnostic testing, except that which occurs during the normal course of covered chiropractic treatment

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- Prescription medications. Vitamins, nutritional supplements or related products
- Treatment primarily for purposes of obesity or weight control
- Vocational rehabilitation and long-term rehabilitation
- Adjunctive therapy not associated with spinal, muscle or joint manipulation
- Manipulation under anesthesia

#### **Bariatric Surgery**

- Jejunioleal bypass (jejuno-colic bypass), Loop Gastric Bypass (i.e., "Mini-Gastric Bypass"), Open sleeve gastrectomy, Gastric balloon, Gastric wrapping, Gastric Imbrication, Gastric pacing, and Fobi pouch

#### **Cosmetic Surgery or Reconstructive Surgery**

- Cosmetic or reconstructive surgery to alter an abnormal or normal structure solely to render it more esthetically pleasing where no significant anatomical functional impairment exists
- Reconstructive surgery to correct an abnormal structure resulting from trauma or disease when there is no restorative function expected

#### **Custodial Care**

- Service, supply, care or treatment for rest, domiciliary, convalescent or custodial care

#### **Diabetic Supplies, Equipment and Devices**

- Supplies, medication and equipment deemed experimental, unproved or investigational
- Any non-prescription or over-the-counter drug that can be purchased without a prescription or physician order
- Supplies, medication and equipment for other than FDA approved indications or not medically necessary
- Replacement prescriptions for any reason
- Take home medications, supplies and equipment after discharge from a hospital, nursing home, skilled nursing facility or other inpatient or outpatient facility

#### **Durable Medical Equipment/Prosthetics/Orthotics**

- Braces that are over-the-counter, prophylactic, and/or used primarily for sports activities
- Breast implants, including replacement and removal, except when related to mastectomy
- Hearing aid batteries (except those for cochlear implants) and chargers
- Exercise equipment, air purifiers, central or unit air conditioners, water purifiers, allergenic pillows, mattresses, or waterbeds, escalators or elevators, ramps, automobile modifications, safety bars, saunas, swimming pools, Jacuzzi or whirlpools, and hygienic equipment
- Equipment for a patient in an institution that is ordinarily provided by an institution, such as wheelchairs, hospital beds and oxygen tents
- More than one device designed to provide essentially the same function
- Deluxe, electric, model upgrades, specialized, duplicate or custom equipment, prosthetics or orthotics or other non-standard equipment
- Transcutaneous Electrical Nerve Stimulation (TENS) units
- Scooters and other power operated vehicles
- Warning devices, stethoscopes, blood pressure cuffs, or other types of apparatus used for diagnosis or monitoring
- Repair, replacement or routine maintenance of equipment or parts due to misuse or abuse
- Over-the-counter items, braces and other devices
- Prophylactic braces, braces used primarily for sports activities
- ThAIRapy® vests
- Communication devices (speech generating devices) and/or training to use such devices
- Foot orthotics, except when attached to a permanent brace or when prescribed for the treatment of diabetes
- Medical supplies: consumable, disposable or necessary to operate a non-covered prosthetic device or item of durable medical equipment
- Tube feeding supplies
- Oxygen when services are outside of the service area and non-emergent or urgent, or when used for convenience when traveling within or outside of the service area or when non-medically necessary

#### **Emergency Services**

- Use of emergency facilities or transportation for non-emergency purposes. Routine care, follow-up care or continuing care provided in an emergency facility.

#### **Family Planning and Maternity**

- Elective abortions
- Circumcisions: non-medically necessary after the newborn period, including cases of premature birth
- Genetic testing solely for the purpose of determining the gender of a fetus
- Home maternity services or supplies
- Treatment of impotence
- Treatment of infertility services, including but not limited to artificial insemination services, cost of donor sperm or sperm banking, foams and condoms, and medications used to treat infertility
- Paternity testing
- Penile implants
- Reversal of voluntary sterilization procedures

#### **Mental Health**

- Treatment for chronic or organic conditions, including Alzheimer's, dementia or delirium
- Ongoing treatment for mental disorders that are long-term or chronic in nature for which there is little or no reasonable expectation for improvement. These disorders include mental retardation, personality disorders, and organic brain disease.

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- Counseling, testing, evaluation, treatment or other services in connection with learning disorders and/or disabilities, disruptive behavior disorders, conduct disorders, eating disorders, psychosexual disorders or transsexualism, motor skill disorders, communication disorders, attention deficit disorders
- Psychological testing or evaluation specifically for ability, aptitude, intelligence, interest or competency
- Psychiatric evaluation, therapy, counseling or other services in connection with child custody, parole and/or probation, and other court-ordered related issues
- Treatment in a residential treatment center except when voluntary or court-ordered for chemical and alcohol dependency
- Therapy, counseling or other services related to relationship and/or communication issues
- Counseling for educational, social, occupational, religious, other maladjustments, marital counseling, behavior modification, biofeedback, or rest cures as treatment for mental disorders
- Sensitivity or stress-management training, self-help training, and/or residential treatment except as covered with chemical or alcohol dependency
- Applied Behavioral Health therapy that includes sensory integration, LOVAAS therapy and music therapy
- Psychiatric or psychological examinations, testing and/or other services in connection with obtaining or maintaining employment, insurance, type of license, medical research and competency issues
- Behavioral treatment or drug therapy for sexual dysfunction and sexual function disorders regardless of whether the cause of dysfunction is due to physical or psychological reasons

#### **Outpatient Prescription Drugs**

- Over-the-counter medications, except aspirin and smoking cessation medications
- Drugs obtained out of the service area
- Take home prescription drugs and medications from a facility
- Supplies, medications and equipment labeled "Caution - Limited by Federal Law to Investigational Use" and/or deemed experimental, unproved or investigational
- Drugs or dosage amounts to be ineffective, unproven or unsafe for the indication for which they have been prescribed
- Supplies, medications and equipment for other than FDA approved indications
- "Off label" use of medications, except for certain FDA approved drugs
- Replacement prescriptions for any reason
- Medications for sexual dysfunction or infertility
- Medications used for cosmetic purposes
- Vitamins, except those included on Health Net's Essential Rx Drug List
- Drugs, weight reduction programs and related supplies to treat obesity
- Human growth hormone, except with pre-certification
- Enteral nutrition in situations involving temporary impairments
- Enteral nutrition for Members with a functioning gastrointestinal tract whose need for enteral nutrition is due to anorexia, nausea associated with mood disorder, end-stage renal disease, or other impairments unrelated to the gastrointestinal tract
- Enteral nutrition when adequate nutrition is possible by dietary adjustment, counseling and/or oral supplements

#### **Pediatric Dental Services**

- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- Plaque control programs, oral hygiene instruction and dietary instruction
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth.
- Gold foil restorations
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners
- Sealants for teeth other than permanent molars
- Precision attachments, personalization, precious metal bases and other specialized techniques
- Replacement of dentures that have been lost, stolen or misplaced
- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Fabrication of athletic mouth guard
- Internal bleaching
- Nitrous oxide
- Oral sedation

#### **Pediatric Vision Services**

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic Lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures that is not covered within the medical plan benefit
- Any safety eyewear
- Plano (non-prescription) lenses and/or contact lenses, sunglasses
- Two pair of glasses in lieu of bifocals

#### **Private Duty Nursing**

- Private duty nursing (outpatient) and private rooms, non-skilled care, custodial care, or respite care.

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**Professional Services**

- Immunizations that are not medically necessary
- Routine foot care except for medically necessary treatment of diabetes.
- Physical health examinations in connection with obtaining or maintaining employment, school or camp attendance, sports participation, insurance qualification or at the request of a third party

**Rehabilitative and Habilitative Services**

- Maintenance and/or non-acute therapies, or therapies where a significant and measurable improvement of condition cannot be expected in a reasonable and generally predictable period of time. Rehabilitative and habilitative services related to 1) Developmental delay; 2) Maintaining physical condition; 3) Maintenance therapy for a chronic condition.
- Speech therapy for occupational or recreational voice strain that could be needed by professional or amateur voice users, including, but not limited to, public speakers, singers, cheerleaders

**Substance Abuse Services**

- Court-ordered testing and/or evaluation
- Treatment for chronic conditions

**Temporomandibular Joint Disorder**

- Dental prosthesis or any treatment on, or to, the teeth, gums, or jaw and other services customarily provided by a dentist or dental Specialist
- Treatment of pain or infection due to a dental cause, surgical correction of malocclusion prognathic surgery, orthodontia treatment, including hospital and related costs resulting from these services when determined to relate to malocclusion
- Services related to injuries caused by or arising out of the act of chewing

**Transplant Services**

- Services, supplies and medications provided to a donor where the recipient is not a Member covered under this health Plan
- Donor searches
- Non-human or artificial organs and the related implantation services
- VADs when used as an artificial heart

**Urgent Care Services**

- Use of urgent care facilities for non-urgent purposes. Routine care, follow-up or continuing care provided in an urgent care facility

**Other**

- Convenience items
- Employment counseling
- Exercise programs
- Experimental/investigational procedures and medications
- Fraudulent services
- Household equipment/fixtures
- Long-term rehabilitative services
- Lost wages
- Missed appointments
- Radial keratotomy
- Self-inflicted injuries
- Thermography
- Travel expenses
- Vocational programs
- Work-related injuries
- Riots, war, misdemeanor, or felony-related injuries or illnesses

Health Net Life Insurance Company has entered into an agreement with CMS to provide health insurance coverage through Qualified Health Plans on the Health Insurance Marketplace.

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