

Enrollment Guide



For Employees

Hsa California[®]
Health. Wellness. Savings.



HSA

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Welcome to HSA California[®]!

With HSA California, you and your family choose outstanding health coverage from three of California's most respected health plans. And to give you more control over what you spend on healthcare, your HSA California benefit plan can help you **reduce** what you pay for insurance, **lower** your taxes and let you **save** money for future medical expenses and even retirement – **tax-free** – all in a Health Savings Account.

In addition to helping you and your family stay healthy and save money on healthcare, HSA California offers you these great benefits:

- 7 high deductible health plans to choose from
- FREE access to wellness360™ – an online health program that pays you CASH for staying healthy
- Discounts on prescription drugs – up to 75%!
- Discount vision services
- Prepaid dental plans
- Free hearing program

Three Great Health Plans to Choose From

Your HSA California plan is powered by three of California's most respected health plans: Health Net, Kaiser Permanente & Western Health Advantage.



Selecting the Right Plan

After reviewing and comparing the benefits and costs of each plan, you can select either an HMO (Health Maintenance Organization) plan from Kaiser Permanente and Western Health Advantage or a PPO (Preferred Provider Organization) plan from Health Net.

HMO – Kaiser Permanente and Western Health Advantage provide medical services through contracted physicians and hospitals. All healthcare services are managed in-network through your Primary Care Physician (PCP). Your PCP oversees all of your healthcare needs and provides referrals/authorizations if specialty care is needed. If you do not choose a PCP, one will be assigned to you at a location closest to your home.

- You pay low copays for office visits
- No paperwork or claim forms

PPO – Health Net provides benefits through the health plan's network of contracted physicians. You may select any physician through their network, or you can see a physician outside of the PPO network at a higher cost.

- Freedom to see any physician at any time
- No referrals or authorizations needed to see specialists
- PPOs do not require that you select a PCP

If you have any questions regarding coverage through HSA California®, please call the HSA California Customer Service Center at (866) 251-4718 or visit www.hsacalifornia.com.

How HDHPs Can Save You Money

High Deductible Health Plans Offer:

- Lower premiums than traditional plans.
- More control over how your healthcare money is spent – you only pay for services you use during the year.
- Preventive health and healthy choices are rewarded. The healthier you are, the more you save.
- You get the peace of mind knowing that once your deductible is met, your healthcare expenses will be fully covered.

In an HDHP, you pay for your health expenses up to your deductible amount before your health plan begins to pay for benefits. Once you meet your plan deductible in a calendar year, the healthcare benefits included under your plan are fully covered.

How do I Save Money?

HDHPs offer lower premiums than traditional health plans, saving you a considerable amount each month.

The IRS even rewards members who enroll in HDHPs by allowing them to invest money into a Health Savings Account (HSA). HSA contributions are **tax-deductible** – earn interest **tax-free** – can be withdrawn **tax-free** for qualified medical expenses – and even supplement retirement. And, unlike a Flexible Spending Account, HSA funds roll over year-to-year.

Only those people who are enrolled in an HSA-Qualified HDHP can take advantage of the tax benefits of an HSA. The great news is that every HSA California® plan is HSA-Qualified under IRS guidelines, so you *don't have to worry about whether your plan qualifies*.

HSA

It Pays to Stay Healthy

With HSA California®, we know there's more to great health than just your insurance. That's why we offer you two great ways to help keep you and your family healthier every day. And the best news of all is they're FREE!

wellness360™

wellness360 is a great way to learn more about your health, stay healthy – and **earn cash**. That's right – wellness360 pays you for visiting the wellness360 website through www.hsacalifornia.com, updating their health profile, visiting sponsor links and reaching health improvement goals like losing weight or lowering blood pressure.

The California Rx Card® Program

To help offset prescription costs, you have access to the California Rx Card Program, a benefit that offers members savings of up to 75 % on prescription drugs. And, the California Rx Card is accepted at major pharmacies throughout the state including CVS/pharmacy, Walgreens and Rite Aid.

Managing Healthcare Has Never Been So Easy

You have the power to choose the health plan you want, save for future medical expenses, stay healthy and save for the future.

ENROLL

in the **HSA California** plan that works best for you.

STAY HEALTHY

& earn cash with **wellness360**.

FUND

& manage your HSA through **Bancorp**.

SAVE \$\$

Watch your HSA **savings grow** – tax-free!

How do HSAs Work?

What is a Health Savings Account?

Health Savings Accounts – or HSAs – were established by the federal government in 2004 to give consumers a way to lower their health insurance premiums and to save for future healthcare expenses – tax-free.

Your HSA contributions are **tax-deductible** – earn interest **tax-free** – can be withdrawn **tax-free** for qualified medical expenses – and even supplement retirement. And after age 65, if you wish to use HSA funds to pay for non-medical expenses, you will be taxed at your current income tax rate.

Here are some examples of qualified out-of-pocket medical expenses like:

- Medications
- Doctor Visits
- Hospital Stays
- Weight-Loss Programs
- Eyeglasses

Many expenses that qualify for payment from your HSA funds are not covered under most traditional insurance plans. To see which expenses qualify, take a look at the list on page 13.

HSA

HSA Advantages

Security: Your High Deductible Health Plan (HDHP) and the money you save in your HSA can protect you against high or unexpected medical bills. And since your funds roll over year-after-year tax-free, it's easy to save for medical expenses that may occur in the future.

Control: An HSA, combined with your HDHP, puts the control of your family's health where it belongs – with you. Your HSA is owned by you, not your employer. You make all the decisions about how much money to put into your HSA, which expenses to pay from the account and which company should hold your HSA.

Portability: HSAs are completely portable. The money you or your employer contribute to your HSA is yours even if you switch jobs, change medical coverage, become unemployed or even move to another state. And unlike some other savings vehicles, there is no “use it or lose it” clause.

Tax Advantages: HSAs are great savings vehicles because of the tax savings they provide. Your HSA contributions are federally **tax-deductible** and you earn interest or investment dividends tax-free as well. And the money you use to pay for your qualified medical expenses is also withdrawn tax-free – **your money is tax-deductible going in and tax-free coming out.**

Who can start a Health Savings Account?

Anyone can put money into an account to save for medical expenses. But in order to take advantage of the special tax benefits of an HSA, you must meet the following criteria:

- Have coverage under an HSA-qualified HDHP such as those offered by HSA California[®],
- Have no other first-dollar medical coverage – even through your spouse. However, other types of insurance like accident insurance, disability, dental care, vision care or long-term care insurance are okay,
- Are not enrolled in Medicare,
- Cannot be claimed as a dependent on someone else's tax return.

The great news is that every plan offered by HSA California is HSA-Qualified under IRS guidelines so you never have to worry if your plan is the right plan for you.

How does money get into an HSA?

Both you and your employer may contribute funds into your HSA. We recommend using some of the money you save on lower monthly premiums to help jump-start your savings.

There is a limit to the amount of money that can be contributed – tax-free – into your account each year. These limits are adjusted annually for inflation, so always check with your financial advisor or employer representative for information.

HSA Contribution Maximums: 2009 & 2010

Calendar year 2009: \$3,000 for an individual with self-only coverage under a high deductible health plan and \$5,950 for an individual with family coverage.

Calendar year 2010: \$3,050 for an individual with self-only coverage under a high deductible health plan and \$6,150 for an individual with family coverage.

How do I set up my HSA?

In 2008, the federal government reported that individuals that did not open an HSA were far more likely to put off paying for necessary healthcare expenses – and as a result, had poorer health.

By partnering with The Bancorp Bank financial center, your HSA set-up is not only tax-free, it's worry-free! While you have the option to set up your HSA with any bank you choose, Bancorp is there to let you easily establish and manage your account online – at your convenience. The Bancorp Bank HSA features:

- Zero application fees
- Zero account set-up fees
- Zero maintenance fees
- A FREE Visa debit card
- Personalized checks to access your funds
- Competitive interest rates
- Hundreds of investment options
- 24/7 online account access



Save Thousands

Depending on how much you contribute, the investment options you select, and how much interest is earned over the life of the HSA, you have the ability to save thousands of dollars to help pay for routine or unexpected medical expenses, long term care and even retirement. And, your deposits are tax-deductible for the year they're made.

CONTRIBUTIONS	SAVINGS IN YEARS			
Single Coverage	5yrs	10yrs	15yrs	20yrs
Contributes \$50/month	\$3,405	\$7,750	\$13,295	\$20,373
Contributes \$125/month	\$8,511	\$19,374	\$33,238	\$50,932
Contributes maximum amount: \$2,900/year	\$16,410	\$37,353	\$64,083	\$98,197

CONTRIBUTIONS	SAVINGS IN YEARS			
Family Coverage	5yrs	10yrs	15yrs	20yrs
Contributes \$100/month	\$6,809	\$15,499	\$26,590	\$40,746
Contributes \$250/month	\$17,023	\$38,748	\$66,476	\$101,864
Contributes maximum amount: \$5,800/year	\$32,887	\$74,861	\$128,431	\$196,802

The examples above assume a 5% rate of return. Use our Savings Calculator at www.hsacalifornia.com to calculate your potential savings.

What can I use my HSA money for?

You can use the money in your account to pay for any qualified medical expenses **(see next page for a complete list)** permitted under federal tax law, including:

- Items not covered under your HDHP like over-the-counter prescriptions and Lasik surgery.
- Medical expenses incurred by your spouse or your dependent children even if they're not covered by your plan.
- Supplementing your retirement and long-term care.

Are there any restrictions on how I use my HSA money?

You generally cannot use the money in your HSA to pay for health insurance premiums unless you have lost or left your job and are receiving unemployment benefits, or are purchasing COBRA continuation coverage. However, HSA funds may be used to pay for Medicare premiums and copays for Medicare parts A and B.

Any money taken from your HSA to pay expenses that are not “qualified medical expenses” are taxable as income and subject to an additional 10 percent tax penalty. This includes medical expenses which are not qualified such as cosmetic surgery and expenses that are not health-related.

After you turn 65 – or if you become disabled or enroll in Medicare – you can use money from your HSA to pay other expenses without being subjected to the 10 percent tax penalty. And, you will only be taxed on those funds at your current tax rate.

HSA

HSA-Qualified Medical Expenses

- Acupuncture
- Alcoholism
- Ambulance
- Artificial Limbs
- Birth Control Pills
- Blind Persons Services
- Braces
- Car Equipment to accommodate wheelchairs or handicapped controls
- Childbirth Classes
- Chiropractors
- Christian Science Treatment
- Contact Lenses – replacement insurance
- Crutches
- Deaf Persons – hearing aids/batteries, hearing aid animal care, reading expenses, special education, modified telephone
- Dental Fees
- Dentures
- Diagnostic Fees
- Diapers – adult disposable for severe neurological disease
- Doctor's Fees
- Domestic Aid rendered by nurse
- Drug Addiction Recovery
- Drugs – both prescription and over-the-counter
- Dyslexia Language Training
- Elevator for alleviation of cardiac condition
- Eyeglasses and eye examination fees
- Fluoride device on dentist's advice
- Halfway House for adjustment from mental health hospital
- Healing Services Fees
- Hearing Aids
- Hospital Care
- Insulin
- Laboratory Fees
- Laetrile – by prescription
- Lead Paint Removal
- Laser eye surgery
- Lodging expenses related to treatment (up to \$50 per person)
- Medical conference fees (relating to chronic illness; no lodging or meals)
- Medicare Parts A and B
- Legal Expenses to authorize the treatment of mental illness
- Lifetime Medical Care – prepaid, retirement home
- Mattress prescribed to alleviate arthritis
- Membership Fees in association furnishing medical services, hospitalization and clinical care
- Mentally Challenged Children and Adults – costs for special homes
- Nursing Home for medical reasons
- Nursing Services – board and Social Security paid by taxpayers
- Obstetrical Expenses
- Operations – legal
- Optometrists
- Orthodontia
- Orthopedic Shoes – excess costs
- Oxygen and oxygen equipment
- Prosthesis
- Psychiatric Care
- Psychologists
- Psychotherapists
- Reclining chair for cardiac patients
- Remedial Reading
- Retirement Home – lifetime medical care
- Sanitarium Rest Home – medical, educational and rehabilitative services
- Schools – special needs or relief
- Sexual Dysfunction Treatment
- Sterilization
- Swimming Pool for the treatment of polio or arthritis
- Teeth – artificial
- Television Closed Caption Decoder
- Therapy Treatments prescribed by a physician
- Transportation essentially and primarily for medical care
- Weight Loss Programs for the treatment of obesity
- Wheelchair
- X-rays
- Mileage
- Stop Smoking Programs
- Vasectomy
- Vision Correction

This list is provided to offer basic guidance on the types of expenses that are HSA-qualified. For more information on specific medical expenses, you should consult your financial advisor, attorney or the IRS. For more information you can also visit www.irs.gov.

Available HMOs & PPOs

HMO Plans

Medical Benefits Participating Health Plans	HMO 2200 Kaiser Permanente	HMO 2600 Kaiser Permanente	HMO 1800 Western Health Advantage	HMO 2800B Western Health Advantage
Calendar Year Deductible Ind/Family ¹	\$2,200/\$4,400	\$2,600/\$5,200	\$1,800/\$3,600	\$2,800/\$5,600
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
DR. OFFICE VISITS	\$20 copay [†]	\$30 copay [†]	100% [†]	\$40 copay [†]
MRI, CT, and PET	\$50 copay [†]	\$50 copay [†]	100% [†]	100% [†]
Lab And X-Ray	\$10 copay [†]	\$10 copay [†]	100% [†]	100% [†]
Annual Physical Exam	\$20 (not subject to deductible)	\$30 (not subject to deductible)	100% (not subject to the deductible)	\$40 copay (not subject to the deductible)
HOSPITAL SERVICES	75% [†]	70% [†]	100% [†]	\$500 per day [†]
In-Patient Physician Fees	75% [†]	70% [†]	100% [†]	100% [†]
Maternity	Covered as Any Illness	Covered as Any Illness	Covered as Any Illness	Covered as Any Illness
Emergency Room	75% [†]	70% [†]	100% [†]	\$100 copay [†] (waived if admitted)
Ambulance	\$100 per trip [†]	\$100 per trip [†]	100% [†]	100% [†]
Rx BENEFIT³				
Generic	\$10 [†]	\$10 [†]	100% [†]	\$10 copay [†]
Brand Name	\$20 [†]	\$30 [†]	100% [†]	\$30 copay [†]
Durable Medical Equipment	75% [†]	70% [†]	100% [†]	80% [†]
Physical, Occupational, Speech Therapy	\$20 copay [†]	\$30 copay [†]	100% [†]	\$40 copay [†]
Mental / Nervous Non-Severe^{4,5}				
Out-Patient - Severe	\$20 [†]	\$30 [†]	100% [†]	\$40 copay [†]
Out-Patient - Non-Severe (max 20 visits)	\$20 [†]	\$30 [†]	100% [†]	\$40 copay [†]
In-Patient - Severe	75% [†]	70% [†]	100% [†]	\$500 per day [†]
In-Patient - Non-Severe	75% [†] (30 day max)	70% [†] (30 day max)	100% [†] (20 day max)	\$500 copay per day [†] (20 day max)
Alcohol/Substance Abuse				
Out-Patient (max 20 visits)	\$20 [†]	\$30 [†]	Combined Benefit with Mental & Nervous	Combined Benefit with Mental & Nervous
In-Patient (acute detox only)	75% [†]	70% [†]	100% [†]	\$500 per day [†]
Hospice				
Routine Home Care	100% [†]	100% [†]	100% [†]	100% [†]
24 HR Continuous Care	100% [†]	100% [†]	100% [†]	100% [†]
Chiropractic Services	Not Covered	Not Covered	Not Covered	Not Covered
Out-of-Pocket Maximum (Ind/Fam) ²	\$4,500/\$9,000 (includes deductible)	\$5,600/\$11,200 (includes deductible)	\$1,800/\$3,600 (includes deductible)	\$4,000/\$5,600 (includes deductible)

Note: Kaiser Permanente and Western Health Advantage plans do not include a pre-existing condition clause.

[†] All services are subject to the Calendar Year deductible unless otherwise noted.

1 Employees enrolling for individual coverage must satisfy the individual deductible. For employees enrolling with dependent coverage, the family deductible must be met before any member receives benefits. For HMO 2600 & 2800B, the family deductible contains an embedded individual deductible, meaning any member of the family never satisfies more than the individual deductible.

2 The annual out-of-pocket maximum is the total amount that an individual or family pays for covered services during any calendar year. For HMO 2600 & 2800B, each family member in the Family unit must meet the Individual amount before not having to pay any more copayments or deductibles, unless the family meets the Family amount first. Please refer to the Evidence of Coverage for detailed information.

3 Prescription drugs are covered in accord with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copayments; please refer to the *Evidence of Coverage* for detailed information about prescription drug copayments.

4 Visit or day limits do not apply to serious emotional disturbances and severe mental illnesses as described in the *Evidence of Coverage*.

5 Health Plans that provide hospital, medical or surgical coverage must provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and serious emotional disturbances of a child, as specified, under the same terms and conditions applied to other medical conditions.

These benefits will include in-patient, partial hospitalization and out-patient services and prescription drugs, if the plan includes drug coverage.

The mental health benefits must be applied the same as any other medical benefit including, but not limited to, maximum lifetime benefits, copayments and individual and family deductibles.

"Severe Mental Illness" includes: schizophrenia, schizophrenic disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia and bulimia nervosa.

Please refer to the HSA California[®] brochure for more detailed plan benefit information.

PPO Plans

Medical Benefits Participating Health Plans	PPO 2500 Health Net		PPO 3500 Health Net		PPO 4500 Health Net	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Ind/Family ¹	\$2,500/\$5,000		\$3,500/\$7,000		\$4,500/\$9,000	
Lifetime Maximum	\$5,000,000		\$5,000,000		\$5,000,000	
DR. OFFICE VISITS	\$25 copay [†]	50% [†]	\$35 copay [†]	50% [†]	\$45 copay [†]	50% [†]
MRI, CT, and PET	70% [†]	50% [†]	70% [†]	50% [†]	60% [†]	50% [†]
Lab And X-Ray	70% [†]	50% [†]	70% [†]	50% [†]	60% [†]	50% [†]
Annual Physical Exam	\$25 ² copay (\$250 max per calendar year) not subject to deductible	Not Covered	\$35 ² copay (\$250 max per calendar year) not subject to deductible	Not Covered	\$45 ² copay (\$250 max per calendar year) not subject to deductible	Not Covered
HOSPITAL SERVICES	70% [†] Additional \$250 deductible applies	50% - Max \$600 per day ³	70% [†] Additional \$250 deductible applies	50% - Max \$600 per day ³	60% [†] Additional \$250 deductible applies	50% - Max \$600 per day ³
In-Patient Physician Fees	70% [†]	50% [†]	70% [†]	50% [†]	60% [†]	50% [†]
Maternity	Same as any other illness		Same as any other illness		Same as any other illness	
Emergency Room	70% [†] Additional \$100 deductible applies if not admitted to inpatient facility	70% [†]	70% [†] Additional \$100 deductible applies if not admitted to inpatient facility	70% [†]	60% [†] Additional \$100 deductible applies if not admitted to inpatient facility	60% [†]
Ambulance	70% [†] +addl. \$50 ded.	50% [†] +addl. \$50 ded.	70% [†] +addl. \$50 ded.	50% [†] +addl. \$50 ded.	60% [†] +addl. \$50 ded.	50% [†] +addl. \$50 ded.
Rx BENEFIT						
Generic	\$15 copay [†]	\$15 copay ^{†4}	\$15 copay [†]	\$15 copay ^{†4}	\$15 copay [†]	\$15 copay ^{†4}
Brand Name	\$30 copay [†]	\$30 copay ^{†4}	\$30 copay [†]	\$30 copay ^{†4}	\$30 copay [†]	\$30 copay ^{†4}
Durable Medical Equipment	70% [†] – Max \$2,000	50% [†] – Max \$2,000	70% [†] – Max \$2,000	50% [†] – Max \$2,000	60% [†] – Max \$1,000	50% [†] – Max \$1,000
Physical, Occupational, Speech Therapy	70% [†] 12 combined max visits per calendar year	50% ^{†0}	70% [†] 12 combined max visits per calendar year	50% [†]	60% [†] 12 combined max visits per calendar year	50% [†]
Mental & Nervous Benefits						
Out-Patient - Severe	\$25 copay [†]	50% [†]	\$35 copay [†]	50% [†]	\$45 copay [†]	50% [†]
Out-Patient - Non-Severe	70% [†] 30 visit max (combined with Chemical Dependency) \$25 max allowable per visit	50% [†]	70% [†] 30 visit max (combined with Chemical Dependency) \$25 max allowable per visit	50% [†]	60% [†] 30 visit max (combined with Chemical Dependency) \$25 max allowable per visit	50% [†]
In-Patient - Severe	70% [†] Additional \$250 deductible applies	50% - Max \$600 per day ³	70% [†] Additional \$250 deductible applies	50% - Max \$600 per day ³	60% [†] Additional \$250 deductible applies	50% - Max \$600 per day ³
In-Patient - Non-Severe	70% [†] 30 day max (combined with Chemical Dependency) \$250 max allowable per day	50% [†]	70% [†] 30 day max (combined with Chemical Dependency) \$250 max allowable per day	50% [†]	60% [†] 30 day max (combined with Chemical Dependency) \$250 max allowable per day	50% [†]
Alcohol/Substance Abuse						
Out-Patient	70% [†] 30 visit max combined benefit with Non-Severe Mental Health. \$25 max allowable per visit	50% [†]	70% [†] 30 visit max combined benefit with Non-Severe Mental Health. \$25 max allowable per visit	50% [†]	60% [†] 30 visit max combined benefit with Non-Severe Mental Health. \$25 max allowable per visit	50% [†]
In-Patient	70% [†] 3 day max visit per calendar year. Acute Detox Only	50% [†]	70% [†] 3 day max visit per calendar year. Acute Detox Only	50% [†]	60% [†] 3 day max visit per calendar year. Acute Detox Only	50% [†]
Hospice						
Routine Home Care	70% [†]	50% - if authorized [†] \$10,000 lifetime max	70% [†]	50% - if authorized [†] \$10,000 lifetime max	60% [†]	50% - if authorized [†] \$10,000 lifetime max
24 HR Continuous Care	70% [†]	50% if authorized [†]	70% [†]	50% if authorized [†]	60% [†]	50% if authorized [†]
Chiropractic Services	\$25 copay [†] 12 visits max per year	Not Covered	\$35 copay [†] 12 visits max per year	Not Covered	\$45 copay [†] 12 visits max per year	Not Covered
Out-of-Pocket Maximum (Ind/Fam)	\$5,000/\$10,000 (includes deductible)		\$5,000/\$10,000 (includes deductible)		\$5,600/\$11,200 (includes deductible)	

† All services are subject to the Calendar Year deductible unless otherwise noted.

1 Employees enrolling for individual coverage must satisfy the individual deductible. For employees enrolling with dependent coverage, the family deductible must be met before any member receives benefits. The deductible includes In-Network and Out-of-Network expenses combined.

2 The office visit is subject to the copay but there are no additional charges for the office visit. Other covered services received during or in connection with the office visits, such as lab tests and x-rays, are subject to the applicable copays, deductibles and coinsurance.

3 The maximum allowed charge for non-emergency hospital services received from an Out-of-Network hospital is \$600 per day. Members are responsible for their 50% share of the coinsurance times the allowed charge up to \$600 plus all charges, if any, in excess of the \$600. Physician Services are covered separately at the coinsurance amount times the allowed charge.

4 Out-of-Network provider, In-Network pharmacy.

Please refer to the HSA California® brochure for more detailed plan benefit information.

Out-of-State Employees

Flex Net This plan is available for out-of-state employees only and is not HSA-compatible. It is not available if you are eligible for the PPO plans.

Medical Benefits Participating Health Plan	Flex Net Health Net
Calendar Year Deductibles Ind/Family	\$300 / \$900
Lifetime Maximum	\$1,000,000
PHYSICIAN SERVICES — Outpatient	
Office visit/consultations (not including routine exams)	80%
Specialist visits and consultations	80%
Laboratory, X-ray & diagnostic	80% ¹
PHYSICIAN SERVICES — INPATIENT	
Inpatient visits and consultations	80% ¹
Surgeons, assistants, anesthesiologists, pathologists, radiologists	80% ¹
PREVENTIVE BENEFITS	
Annual Physical Exam	Not Covered
Immunizations, eye/ear screening (up to age 18)	80%
Adult Preventive Care (age 18+)	80%
HOSPITAL SERVICES — OUTPATIENT Outpatient surgery • Renal dialysis	80% ¹
HOSPITAL SERVICES — INPATIENT Semi-private room and board, medically necessary services and supplies, including subacute care	80% ¹
Pregnancy & Maternity Care	
Prenatal and postnatal care	80%
All necessary inpatient hospital services	80% ¹
Emergency Services	80%
Ambulance	80%
Outpatient Prescription Drugs (Subject to plan deductible, includes oral contraceptives)	80% (after a separate \$75 per individual deductible)
Durable Medical Equipment	80%
Physical, Occupational, Speech Therapy	80% 60 combined max visits per calendar year
Mental Health Services	
Outpatient - severe	80% ²
Outpatient - non-severe (max. 20 visits – combined with alcohol / substance abuse)	50% (max \$50 per visit) ³
Inpatient - severe	80% ^{1,2}
Inpatient - non-severe	50% (up to 30 days per calendar year) ^{1,4}
Alcohol / Substance Abuse	
Outpatient therapy (max. 20 visits – combined with Outpatient non-severe mental health services)	50% (max \$50 per visit) ³
Inpatient rehabilitation	50% (up to 30 days per calendar year) ^{1,4}
Inpatient (medical acute detox. only)	50% (up to 3 days maximum per calendar year) ¹
Hospice	80% (max \$150 per day) ¹
Chiropractic Services (15 visits per calendar year)	80% (max \$25 per visit)
Out-of-Pocket Maximum (Individual/Family)	\$1,500 / \$4,500

NOTE: This matrix is intended to be used to help you compare certain coverage benefits and is a summary only. The certificate should be consulted for a detailed description of coverage benefits and limitations.

1 These services require prior certification before being rendered or received. If prior certification is not acquired, a \$500 deductible is required for each uncertified inpatient admission.

2 The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disorders of children under age 18. Refer to the plan document for other mental health services.

3 Combines outpatient non-severe and outpatient substance abuse benefits.

4 Combines inpatient non-severe and inpatient substance abuse benefits.

*Underwritten by Health Net Life Insurance Company.

Choosing Your Benefits

It's easy to choose the right benefits with HSA California® because we lay it out all for you; from how much your employer is contributing to your benefits, to how much each benefit is for you and/or your dependents to enroll.

The Tools You'll Need to Enroll

1. Personalized Worksheet

2. Enrollment Application

Look up your doctor

Before you decide on which plan works best for you, check to see if your current doctor is in our network.

- Go to www.hsacalifornia.com
- Click on Provider / Rx Search
- Type in the last name of your doctor

If your doctor is not available, we make it easy for you to quickly find a new doctor in your area.



Complete Your Application

Personalized Worksheet

Your Personalized Worksheet is a great tool because it shows you all of your benefit options, and the cost associated with each option after your employer's contribution has been removed. This means what you see on your worksheet is exactly what you'll pay each pay period.

You can also see the costs associated with adding a spouse and/or dependents to your coverage.

Use your Personalized Worksheet to:

- Review your benefit options; you have both HMO and PPO plans to choose from
- Compare health plan costs

Your cost for the plan of your choice appears here — Your employer's contribution has already been subtracted

Having a birthday? Rates are guaranteed for 12 months unless your birthday moves you to a new age band

Hsa California
Health. Wellness. Savings.

EMPLOYEE ENROLLMENT WORKSHEET

Effective Date: 01/01/09
Quote #: 00000
Employer Zip Code: 92868
Residence Zip Code: 94512

ABC COMPANY
DOE, JOHN

All eligible HMO benefits are covered In-Network only.

Participating Health Plans	Western Health Advantage	HMO Permanente	Kaiser Permanente	Western Health Advantage
In-Network	HMO 1800	HMO 2200	HMO 2600	HMO 2800E
HMO Network Required	Yes	Yes	Yes	Yes
Deductible Ind/Family	\$1,800/\$3,600	\$2,200/\$4,400	\$2,600/\$5,200	\$2,800/\$5,600
Dr. Office Visits	100% (after deductible)	100% (after deductible)	75% (after deductible)	100% (after deductible)
Hospital Services	100% (after deductible)	\$20 copay (after deductible)	\$30 copay (after deductible)	\$40 copay (after deductible)
Rx Benefit (Generic Formulary)	100% (after deductible)	\$10 (after deductible)	\$10 (after deductible)	\$500 per day (after deductible)
Rx Benefit (Brand Formulary)	100% (after deductible)	\$30 (after deductible)	\$30 (after deductible)	\$10 copay (after deductible)
Out-Of-Pocket Maximum	\$1,800/\$3,600 (includes deductible)	\$4,500/\$9,000 (includes deductible)	\$5,600/\$11,200 (includes deductible)	\$30 copay (after deductible)
				\$4,000/\$8,000 (includes deductible)
PPO Plans	Health Net	Health Net	Health Net	Health Net
In-Network	PPO 2500	PPO 3500	PPO 3500	PPO 4500
Network Required	No	No	No	No
Deductible Ind/Family	\$2,500/\$5,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000
Dr. Office Visits	\$25 copay (after deductible)	\$35 copay (after deductible)	70% (after deductible)	60% (after deductible)
Hospital Services	70% (after deductible)	Additional \$250 deductible applies	Additional \$250 deductible applies	Additional \$250 deductible applies
Rx Benefit (Generic Formulary)	\$15 (after deductible)	\$15 (after deductible)	\$15 (after deductible)	\$15 (after deductible)
Rx Benefit (Brand Formulary)	\$30 (after deductible)	\$30 (after deductible)	\$30 (after deductible)	\$30 (after deductible)
Out-Of-Pocket Maximum	\$5,000/\$10,000 (includes deductible)	\$5,000/\$10,000 (includes deductible)	\$5,000/\$10,000 (includes deductible)	\$5,600/\$11,200 (includes deductible)
Out-Of-Network	Deductible Ind/Family	Deductible Ind/Family	Deductible Ind/Family	Deductible Ind/Family
Dr. Office Visits	\$2,500/\$5,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000
Hospital Services	50% - Max \$600 per day (after deductible)	50% (after deductible)	50% - Max \$600 per day (after deductible)	60% - Max \$600 per day (after deductible)
Rx Benefit (Generic Formulary)	Additional \$250 deductible applies	Additional \$250 deductible applies	Additional \$250 deductible applies	Additional \$250 deductible applies
Rx Benefit (Brand Formulary)	\$15 (after deductible)	\$15 (after deductible)	\$15 (after deductible)	\$15 (after deductible)
Out-Of-Pocket Maximum	\$30 (after deductible)	\$30 (after deductible)	\$30 (after deductible)	\$30 (after deductible)
	\$5,000/\$10,000 (includes deductible)	\$5,000/\$10,000 (includes deductible)	\$5,000/\$10,000 (includes deductible)	\$5,600/\$11,200 (includes deductible)

Note: All services are subject to the Calendar Year deductible unless otherwise noted.
 1 Employees enrolling for individual coverage must satisfy the individual deductible. For employees enrolling with dependent coverage, the family deductible must be met before any member receives benefits. For HMO 2600 and HMO 2800E, the family deductible contains an embedded individual deductible, meaning any member of the family never satisfies more than the individual deductible. The deductible includes In-Network and Out-Of-Network expenses combined.
 2 The annual out-of-pocket maximum is the total amount that an individual or family pays for covered services during any calendar year. For HMO 2600 and HMO 2800E, each family member in the Family unit must meet the individual amount before not having to pay any more copayments or deductibles, unless the family meets the Family amount first. Please refer to the Evidence of Coverage for detailed information.
 3 The maximum allowed charge for non-emergency hospital services received from an Out-Of-Network hospital is \$600 per day. Members are responsible for their 50% share of the coinsurance times the allowed charge up to \$600 plus all charges, if any, in excess of the \$600. Physician Services are covered separately at the coinsurance amount times the allowed charge.

The following premiums illustrate the cost to you after your employer has made their contribution. All family members must enroll with the same Participating Plan.

Have we correctly listed your Age and Residence Zip Code above? Yes No

Your Employer has agreed to contribute: 100% of the Rate for HMO Health Plan 2600
0% of the Dependent Rate for Same Plan as Above

THESE ARE YOUR COSTS PER PAYCHECK BASED ON (24) PAYCHECKS PER YEAR.

Plan	Employee Only	Additional cost for Spouse Only	Additional cost for Children Only	Additional cost for Family
HMO Plans				
Kaiser Permanente				
HMO 2200	\$ 1.67	\$ 105.99	\$ 77.03	\$ 142.20
HMO 2600	\$ 0.00	\$ 103.08	\$ 74.92	\$ 136.35
Western Health				
HMO 1800	\$ 33.26	\$ 154.53	\$ 107.02	\$ 233.42
HMO 2800E	\$ 17.48	\$ 128.17	\$ 88.77	\$ 193.61
PPO Plans				
Health Net				
PPO 2500	\$ 37.00	\$ 95.80	\$ 9.62	\$ 172.42
PPO 3500	\$ 14.32	\$ 81.80	\$ 65.44	\$ 141.74
PPO 4500	\$ 1.67	\$ 78.28	\$ 61.04	\$ 132.15

Note: Rates are guaranteed for 12 months unless you have an address or an age change during the year that moves you to a new age band and (i.e. changing to age 30, 40, 50, 55, 60, or 65). Final rates for employees age 65+ are subject to change and will be determined by total employee count and employee Medicare coverage. We assume no liability for rate or benefit discrepancies. See Evidence of Coverage for detailed benefits.

Your employer's contribution appears here

Add the dependent column to the "Employee Only" column for the total premium

Enrollment Application

Your enrollment application will only take you a few minutes to complete. We recommend that once your application is completed that you go over it one last time to make sure all of the required fields are completed.

HSA California Medical / Dental / Life / Vision Enrollment Application

Please select one: New Hire Enrollment New Personal Enrollment New COBRA Enrollment

A. PERSONAL INFORMATION Application must be COMPLETED, FULL, SIGNED and DATED for processing

Name of Company: _____ Employee Phone #: _____ Employee Job Title: _____ Full-Time Employment Date: _____

Employee Last Name: _____ Employee Social Security Number: _____

Sex: M F Other Marital Single Divorced Widowed Domestic Partner Other (Please specify on reverse side of this application)

Employee First Name: _____ Date of Birth: _____ Group Number: _____

Residence Address (required): _____ Apt # _____ Date: _____ Zip Code: _____

Home Telephone: _____ Email Address: _____ Mailing Address (if different from above): _____

B. MEDICAL BENEFIT (select one plan only)

HMO (Preferred Provider) **PPO** (Preferred Health Net) **PPO** (Health Net) **Indemnity** (Health Net)

C. OPTIONAL BENEFITS — All your health plan administrator(s) if any of the optional benefits below are being offered by your employer

Life Insurance Yes No Other (Specify): _____

Dental Coverage Dental Plan 1000 Dental Plan 3000 Voluntary Dental 3000 Check if dental chosen is current provider Dental Plan 4000 Dental Plan 5000 Check if you would like a dental assignment

Vision Coverage Vision (choose plan) Voluntary Vision (additional charge) Premium Only Plan (ROP) I would like to purchase optional vision insurance premiums paid on a pre-tax basis

D. ENROLLMENT INFORMATION — For additional dependent enrollment, complete sections A & D on a separate application.

Complete this section ONLY if you are electing medical, dental and/or vision for yourself and dependents

Last Name	Gender	DOB	SSN	CHI#	Child	Child
First Name	Relationship to Employee	Social Security No.	Gender	Date of Birth	Physician File # City	Current Patient of PCP?

Enrolling For? Med Dent Vision Med Dent Vision Med Dent Vision Med Dent Vision

PLEASE SIGN AND DATE APPLICABLE SECTIONS ON THE REVERSE SIDE OF FORM HC 0310 7/2009

Select Marital Status

Include date of hire

Include Social Security Numbers for dependents

E. YOUR LEGAL ACKNOWLEDGEMENT (Initial, sign and date where indicated)

By submitting this signed application, I agree and understand that the health plan I have chosen through the HSA California program shall automatically have a lien on any payment of medical benefits payable for services rendered in connection with an injury caused by the acts or omissions of a third party.

I agree for myself and my dependents to be bound by the benefits, claims, deductibles, exclusions, limitations and other terms of the health plan's small group contract.

I warrant my qualifications, healthcare provider, health care or other medical-related facility to which my, or my dependents, provided health information, including medical records, to the health plan. I have chosen through the HSA California program or its authorized agents for the purpose of review, investigation, or evaluation of an application for claim, and to verify insurance and eligibility review. I warrant HSA California and the health plan I have chosen, and their agents, designees or representatives, to disclose to a health care provider or healthcare provider any protected health information if such disclosure is necessary to allow the performance of any of those activities. This authorization shall become effective immediately and shall remain in effect for up to 30 months from the date the authorization was signed. I understand that, as a person authorized to act on my behalf, I am entitled to receive a copy of this authorization form.

I have read and understand the information provided to me pertaining to the Premium Only Plans and the tax consequences.

I am either actively, permanently working for the employer and considered eligible by the health plan because I work over 20 or 30+ hours per week, or I am an eligible COBRA/ERISA beneficiary.

I am not a temporary, seasonal, part-time or a 1099 employee or insured by or eligible to be insured by the employer's union policy.

My children state their birth information. My children are unemancipated or not considered emancipated, and are financially dependent upon me per the IRS guidelines. My children are born to me or my spouse/domestic partner, or legally adopted and/or a non-temporary legal ward of me or my spouse/domestic partner.

I understand that the preceding statements are subject to audit at any time and agree to provide HSA California with any and all information necessary to prove the above statements.

I understand that false statements and/or failure to provide the information as requested will cause the termination of all HSA California benefits 15 days following the date of the notice of termination and I will be held responsible for all services and charges incurred through HSA California programs thereafter.

I understand that any persons, business or health plan that suffers a loss because of false declarations contained in this statement may take legal action against me to recover their losses.

The representations made on the basis upon which coverage may be issued.

If any material fact was omitted or misrepresented, the coverage may be considered in the employer's contract record.

I have READ, UNDERSTAND and ATTEST that myself and my dependents have met all of the eligibility requirements listed on page 4 of this application.

California law prohibits an HIV test from being required or used by health care service plans as a condition of obtaining coverage.

HEALTH NET ENROLLEES:

BINDING ARBITRATION AGREEMENT: Subject to the terms of the Plan Contract or Insurance Policy (which may prohibit mandatory arbitration of certain disputes if the Plan Contract or Insurance Policy is subject to ERISA, 29 U.S.C. section 1001, et seq.), I, the Employee, understand and agree that any and all disputes or disagreements between me (including any of my enrolled family members or heirs or personal representatives) and the Health Net Entities, the Safeguard Entities and/or the Fidelity Entities, regarding the construction, interpretation, performance or breach of the Plan Contract or Insurance Policy, or regarding other matters relating to or arising out of my Health Net membership, whether stated in fact, contract or otherwise, and whether or not other parties such as health care providers, or their agents or employees, are also involved, must be submitted to final and binding arbitration in lieu of a jury or court trial. I understand that, by agreeing to submit all disputes to final and binding arbitration, all parties, including the Health Net Entities, the Safeguard Entities and/or the Fidelity Entities, are giving up their constitutional right to have their dispute decided in a court of law before a jury. I also understand that disputes that may have with the Health Net Entities, the Safeguard Entities and/or the Fidelity Entities involving claims for medical malpractice are also subject to final and binding arbitration. A more detailed arbitration provision is included in the Plan Contract or Insurance Policy. My signature below indicates that I agree to submit any dispute to binding arbitration.

ERISA COBRA ENROLLEES:

ARBITRATION AGREEMENT: I understand that any and all disputes between myself (including any heirs or assigns) and Western Health Advantage, including claims of medical malpractice (that is to say whether any medical services rendered under the health plan were necessary or unnecessary or were improperly, negligently or incompetently rendered), except for Small Claims Court cases and claims subject to ERISA, shall be determined by submission to binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. The parties, including any heirs or assigns, to this agreement are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

My signature and date below both the applicable arbitration disclosure of the health plan I selected in Section B and my decision to enroll in the medical, dental, life or vision coverage that I selected in Section C.

Employee SIGN HERE FOR MEDICAL, DENTAL, LIFE OR VISION COVERAGE: _____ Print Name: _____ Date: _____

My signature and date below both the applicable arbitration disclosure of the health plan I selected in Section B and my decision to enroll in the medical, dental, life or vision coverage that I selected in Section C.

COBRA Applicants: Please check COBRA type: COBRA COBRA COBRA COBRA

State Qualifying Event: Child no longer eligible Medicare entitlement Discharge/leave of absence Death of employee

Date of Qualifying Event: _____

Employee/HSAs California Use Only New Group-enrollment New Hire Renewal Claims Date: _____

HC 0310A 7/2009

Sign Your Application
Sign here if you are accepting coverage

Frequently missed sections:

- Children's SSN
- Disabled dependent box
- Current Patient (if HMO)
- Dentist chosen (if DMO)
- Life beneficiary (if Life Insurance offered)
- Date of hire
- Marital status

Complete Your Application

Waiver Form (attached to enrollment form)

By filling out a waiver, you're telling us that either you or one of your family members would like to waive coverage.

F. FULL-TIME STUDENT VERIFICATION
If you wish to include a dependent between the ages of 19 and 24 under your medical and/or dental coverage, your dependent must meet the following eligibility requirements:
• Unmarried or not involved in a domestic partnership
• Financially dependent upon the Employee per IRS guidelines
• Enrolled as a full-time student (minimum 12 units) in a qualified college, university, vocational or secondary school
This form must be completed and signed by the employee. Failure to complete and submit this verification may result in the denial of enrollments submitted on behalf of the dependent.

Medical / Dental Waiver
Complete this form only if you do not want medical or dental coverage for yourself and/or your eligible dependents. **If offered by your employer, the life coverage benefit cannot be waived and you are required to complete an Enrollment Application.**

A. Personal Information
Name of Company _____ Employee Phone Number _____
Employee Last Name _____ Employee Social Security Number _____
Employee First Name _____ Group Number _____

B. Type of Waiver
I have been offered coverage by my employer, but at this time I wish to DECLINE coverage as follows:
1) Medical for: Myself and dependents Spouse/Domestic Partner Children
2) Dental for: Myself and dependents Spouse/Domestic Partner Children

C. Reason
Required only if employee waiving coverage—not required if waiving coverage for dependents only
1) Reason waiving Medical:
 Other group coverage Carrier Name: _____ Group # _____
 Medicare
 Medical
 Individual Policy
 Other Reason: _____ (explanation required)
2) Reason waiving Dental:
 Other group coverage Carrier Name: _____ Group # _____
 Medicare
 Medical
 Individual Policy
 Other Reason: _____ (explanation required)

D. Signature
I understand that by failing to elect coverage now, HSA CaliforniaSM can impose up to a 12 month period of exclusion should I request coverage at a later date.
I also understand that if my employer is offering life coverage, I CANNOT WAIVE LIFE COVERAGE.
This waiver provision will not apply if: 1) Court orders coverage of a spouse or child and the request for enrollment occurs within 30 days of the court order; or 2) Employee meets ALL of the following: A) Was covered under another employer-sponsored health plan at the time of initial eligibility; B) Lost coverage as a result of termination of employment, change in employment status, involuntary termination of other plan's coverage, cessation of employer's contribution, or death or divorce of spouse; C) Requests enrollment within 30 days of loss of coverage.
Employee SIGN HERE TO WAIVE COVERAGE: _____ Date: _____
(3 of 4) HC 0310B 7/2009

Sign here if you are waiving coverage for yourself or any dependents

Important things to remember when waiving coverage:

- If you waive coverage for medical and/or buy-up dental benefits, you will have to wait for your company's renewal period to be eligible again.
- If you choose to enroll in medical and/or buy-dental benefits, but you want to waive an eligible spouse or dependent child, a waiver needs to be filled out.
- Please be sure to check-off the correct reason for waiving coverage.

Family Coverage

Coverage for spouse and children

- If you are enrolled and have a spouse and/or children, they may also be eligible for coverage under your plan.

SPOUSE: Must be legally married to you in order to be eligible for coverage through the HSA California® Program.

CHILDREN: Eligible children include: children born to you, your stepchildren and your adopted children.

Unmarried financially dependent children under age 19*, or unmarried children under age 25* who are full-time students at a qualified college, university, vocational or secondary school and who are fully supported by you can be covered under these seven benefit designs.

Please note: A dependent child enrolled as a full-time student will not lose medical coverage because of a break in the school calendar or because he or she takes a medical leave of absence from school, for up to 12 months or until the date which the coverage is scheduled to terminate under the terms and conditions of the plan, whichever comes first. Physician Certification will be required and must be submitted within 30 days prior to the medical leave from school if the leave is foreseeable. If the leave is not foreseeable, the request must be submitted within 30 days of the medical leave from school.

* Dependents who are incapable of self-support because of a continuous mental or physical disability that existed before the age limit are eligible for coverage until the incapacity ends. Documentation of disability will be requested. Once the child reaches the age limit for coverage, re-verification of disability will be required annually.

- You are not required to extend coverage to either your spouse or your dependent children. If you do not wish to do so, you must check the appropriate boxes and sign the WAIVER Form, stating that you decline dependent coverage.
- Any family members enrolling for coverage through the HSA California Program must choose the same participating health plan and benefit design, although each is free to choose a different primary care physician.
- If you are in the middle of treatment AND your current physician is not contracted with the Health Plan you wish to select, please contact our Customer Service Center at 866.251.4718 for further information and assistance.

Domestic Partner Coverage

Requirements: The employee and partner must fall into all of the following categories:

- Share a common residence
- Neither is married under either statutory, common law, or part of another domestic partnership
- Employee and Partner are both 18 years of age or older
- Share an intimate and committed relationship
- Employee and Partner agree to be jointly responsible for each other's basic living expenses incurred during the domestic relationship
- Mentally competent
- Not be related by blood to a degree of closeness that would prohibit marriage in this state
- Employee and Partner agree to notify HSA California immediately upon termination of domestic partnership

Members who are in a same sex partnership or are over the age of 62 are required to submit a state-stamped Certificate of Registration of Domestic Partnership from a state or local government agency authorized to perform such registrations within 30 days of issue; all others must submit a signed Affidavit of Domestic Partnership. Formal proof of the required eligibility and existence of the relationship of the dependent to the Subscriber may be requested at the time of enrollment, service authorization request or claim submission.

Exclusions & Limitations

HSA California[®] HMO 1800, 2200, 2600 and 2800B

Summary of Benefit Exclusions & Limitations

Participating plans in the HSA California Program WILL NOT cover the following items and/or circumstances:

- Hearing Aids
- Chiropractic services
- All non-emergency service and treatment not appropriately authorized by your participating health plan's requirements and not deemed medically necessary for the maintenance or improvement of health
- Experimental medical, surgical or other healthcare procedures, products and medications which are classified by the U.S. Food and Drug Administration (FDA) except as required by the Knox-Keene Act regarding clinical trials for cancer, as experimental or restricted to investigative use. In the case of prescription drugs, a drug will be considered experimental if it has not been approved by the FDA or if the FDA has not approved the drug for specific indications, route of administration, or dosage involved.
- The purchase of eyeglasses or radial keratotomy
- Custodial or domiciliary care, extended care, homemaker services or convalescent care not requiring skilled nursing care (even if prescribed or recommended by your Primary Care Physician)
- Dental services, except to prepare the jaw / jawbone for radiation therapy of neoplastic disease and medically necessary surgical procedures for conditions affecting the upper or lower jawbone or associated bone joints
- Cosmetic surgery, except reconstructive to correct or repair abnormal structures of the body caused by congenital defects, development abnormalities, trauma, infection, tumors, or disease, if a healthcare service plan physician determines that it is necessary to improve function, or create a normal appearance, to the extent possible
- In vitro fertilization, conception by artificial means, surrogate maternity services, and surgery for sex changes or to reverse previous surgery for voluntary sterilization and artificial insemination
- Drug prescriptions from a non-participating pharmacy

See Evidence of Coverage for a complete list of exclusions & limitations

AB 88 Mental Health Parity

- Health Plans that provide hospital, medical or surgical coverage must provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child, as specified, under the same terms and conditions applied to other medical conditions
- These benefits will include inpatient, partial hospitalization and outpatient services and prescription drugs if the plan includes drug coverage
- The mental health benefits must be applied the same as any other medical benefit including, but not limited to, maximum lifetime benefits, copays and individual and family deductibles
- "Severe Mental Illness" includes: schizophrenic disorder, bipolar disorder (manic depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia nervosa and bulimia nervosa

PPO 2500, 3500 and 4500

Summary of Benefit Exclusions & Limitations

Unless specifically covered in the group's health service contract or as an optional benefit, no benefits are provided for:

- Artificial insemination
- Charges in excess of rate negotiated between any organization and the physician, hospital or other provider
- Conception by medical procedures (IVF, GIFT and ZIFT)
- Conditions resulting from the release of nuclear energy when government funds are available
- Corrective or support appliances or supplies
- Cosmetic services or supplies
- Custodial or live-in care
- Dental services
- 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 plan" sections of this SB/DF
- 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
- Hypnosis
- Non-eligible institutions. This 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 Certificate. Any institution that is primarily a place for the aged, a nursing home or similar institution, regardless of how it is designated, is not an eligible institution. Services or supplies provided by such institutions are not covered.
- Orthoptics (eye exercises)
- Orthotic items for the foot, except when incorporated into a cast, splint, brace or strapping of the foot or when medically necessary for the treatment of diabetes
- Personal or comfort items
- Physician self-treatment
- Physician treating immediate family members
- Pre-existing conditions that occur during the first six months of your coverage, except as stated elsewhere
- Private rooms when hospitalized, unless medically necessary
- Private-duty nursing
- Refractive eye surgery unless medically necessary, recommended by your treating physician and authorized by Health Net Life
- Reversal of surgical sterilization
- Routine physical examinations for insurance, licensing, employment, school, camp or other non preventive purposes
- Outpatient prescriptions drugs or medications (except as noted under "Prescription drug program")
- Services and supplies determined not to be medically necessary as defined in the Certificate
- Services and supplies not specifically listed in the Certificate 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 a surrogate pregnancy are covered. However, when compensation is obtained for the surrogacy, the Plan shall have a lien on such compensation to recover its medical expense.
- 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 Certificate
- Sex change services
- Treatment of jaw joint disorders or surgical procedures to reduce or realign the jaw, unless medically necessary
- Treatment of obesity, weight reduction or weight management, except for treatment of morbid obesity

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

Exclusions & Limitations

Flex Net

Summary of Benefit Exclusions & Limitations

Unless specifically covered in the group's health service contract or as an optional benefit, no benefits are provided for:

- Acupuncture
- Allergy desensitizing serum
- Conception by medical procedures (IVF, GIFT and ZIFT)
- Conditions resulting from an act of war, armed aggression or atomic explosion
- Corrective or support appliances and supplies
- Cosmetic services and supplies
- Custodial or live-in care
- Dental services
- Disposable supplies for home use
- Education or training
- Exercise equipment
- Experimental or investigational procedures as set out under the "Clinical trials" and "If you have a disagreement with our plan" sections of this SB/DF
- Eyeglasses or contact lenses
- 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 18 and older)
- Immunizations (age 18 and older)
- Immunizations for foreign travel and occupational purposes
- Infertility services and supplies
- Intentional self-inflicted injury
- Noneligible institutions. This 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 Certificate. Any institution that is primarily a place for the aged, a nursing home or similar institution, regardless of how it is designated, is not an eligible institution. Services or supplies provided by such institutions are not covered
- Norplant and Norplant kits, unless medically necessary
- Orthoptics (eye exercises)
- Orthotic items (body braces)
- Orthotic items for the foot, except when incorporated into a cast, splint, brace or strapping of the foot or when medically necessary for the treatment of diabetes
- Outpatient prescription drugs or medications (except as noted under "Prescription drug program")
- Physical examinations for nonpreventive purposes
- Personal or comfort items
- Physician self treatment
- Physician treating immediate family members
- Physician visit to your home
- Private rooms when hospitalized, unless medically necessary
- Private-duty nursing for hospital patients
- Refractive eye surgery unless medically necessary, recommended by your treating physician and authorized by Health Net Life
- Reversal of sterilization
- Routine physical examinations for insurance, licensing, employment, school, camp or other nonpreventive purposes
- Services covered by workers' compensation or Medicare
- Services for a surrogate pregnancy are covered. However, when compensation is obtained for the surrogacy, the Plan shall have a lien on such compensation to recover its medical expense
- Services or supplies that do not require payment in the absence of insurance
- Services received before effective date or after termination of your coverage, except as specifically stated in the "Extension of Benefits" section of the Certificate
- Sex change services
- Treatment of jaw joint disorders or surgical procedures to reduce or realign jaw, unless medically necessary
- Treatment of obesity, weight reduction or weight management, except for morbid obesity, Vision examination (age 18 and older)
- Vision exam (age 18 & older).

The above is a partial list of the principal exclusions and limitations applicable to the medical portion of your Health Net Life Insurance Company Flex Net Plan. The Certificate, which you will receive if you enroll in this plan, will contain the full list.

Contact Information

HSA

HSA California®

(866) 251-4718 English/Español

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Health Net

(800) 361-3366 English/Español

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Kaiser Permanente

(800) 464-4000 English

(800) 788-0616 Español

7 days a week 7:00 a.m. - 7:00 p.m.

Western Health Advantage

(888) 563-2250 English/Español

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