

# CALIFORNIA CHOICE – PPO 4500 (HSA COMPATIBLE)

## KEY BENEFITS<sup>1</sup>

	PPO 4500 (HSA COMPATIBLE) 3V5	
	PPO <sup>2</sup>	OUT-OF-NETWORK <sup>3</sup>
<b>PLAN MAXIMUMS</b>		
Calendar year deductible	\$4,500 single (Employee only coverage)/\$9,000 family (Employee and dependent coverage) For family coverage, the enrolled employee and dependents must collectively pay the family amount before Health Net begins to pay.	
Out-of-pocket maximum	\$5,600 single (Employee only coverage)/\$11,200 family (Employee and dependent coverage) (includes deductible)	
Lifetime medical benefit maximum	\$5,000,000 combined with PPO and OON	
<b>PROFESSIONAL SERVICES</b>		
Office visit (including specialist consultation)	\$45 copayment (deductible not waived)	50%
Preventive care services	\$45 copayment (deductible waived)	Not covered
Annual routine physical examination (age 17 and older)	\$45 copayment (deductible waived, \$250 per calendar year maximum payable)	Not covered
X-ray and laboratory procedures <sup>4</sup>	40%	50%
Rehabilitation therapy	40%	50% (12 visits per calendar year combined with PPO and OON)
Self-injectable drugs	40%	50%
<b>HOSPITAL SERVICES<sup>4</sup></b>		
Inpatient hospital facility services (includes maternity)	40%	50% (\$600 maximum allowable per day) (\$250 deductible per calendar year combined with PPO and OON) <sup>7</sup>
Outpatient facility services (other than surgery)	40%	50% (50% maximum allowable)
Outpatient surgery (hospital or outpatient surgery center charges only)	40%	50% (50% maximum allowable) (\$250 deductible per calendar year combined with PPO and OON) <sup>8</sup>
Skilled nursing facility	40%	50% (\$250 maximum allowable per day) (90 days per calendar year combined with PPO and OON; \$250 deductible per calendar year combined with PPO and OON) <sup>7</sup>
<b>EMERGENCY SERVICES</b>		
Professional services	\$45 copayment (deductible not waived)	
Emergency room facility (waived if admitted)	\$100 copayment + 40%	
Urgent care facility	\$50 copayment + 40%	
Ambulance services (ground and air) <sup>4</sup>	\$50 copayment + 40%	\$50 copayment + 50%
<b>BEHAVIORAL HEALTH SERVICES</b>		
Non-severe mental health (outpatient/inpatient) <sup>5</sup>	40% (\$25 max payable per visit combined with PPO and OON) 40% (\$250 max allowable per day combined with PPO and OON)	50% (\$25 max payable per visit combined with PPO and OON) 50% (\$250 max allowable per day combined with PPO and OON)
Chemical dependency rehabilitation (outpatient/inpatient) <sup>5</sup>	40% (\$25 max payable per visit combined with PPO and OON) 40% (\$250 max allowable per day combined with PPO and OON)	50% (\$25 max payable per visit combined with PPO and OON) 50% (\$250 max allowable per day combined with PPO and OON)
Acute care detoxification	40%	50% (3 day maximum per calendar year, \$250 maximum amount allowable per day)
<b>OTHER SERVICES</b>		
Durable medical equipment <sup>4</sup>	40%	50% (\$1,000 maximum per calendar year combined with PPO and OON)
Orthotics and prosthetics <sup>4</sup>	40%	50%
Diabetic equipment	40%	50%
Chiropractic Services	\$45 copayment (deductible not waived, 12 visits per calendar year)	Not covered
Acupuncture	40%	50% (12 visits per calendar year, \$25 maximum payable combined with PPO and OON)
<b>PRESCRIPTION DRUG COVERAGE<sup>6</sup></b>		
Calendar year deductible (per member)	Subject to annual deductible	
Prescription drugs (up to a 30-day supply)	\$15/\$30/\$50	50%

**Please note:** Footnotes on page 27.