

PLAN OVERVIEW NG

Value HSA 4500 1FK

	INSURED PERSON(S) RESPONSIBILITY	
	PPO ¹	OUT-OF-NETWORK ²
PLAN MAXIMUMS		
Calendar year deductible (For family coverage, the enrolled employee and dependents must collectively pay the family amount before Health Net begins to pay.)	\$4,500 single (Employee-only coverage) / \$9,000 family (Employee and dependent coverage)	
Out-of-pocket maximum (includes calendar year deductible)	\$5,950 single (Employee-only coverage) / \$11,900 family (Employee and dependent coverage)	\$10,000 single (Employee-only coverage) / \$20,000 family (Employee and dependent coverage)
Lifetime benefit maximum	No maximum	
PROFESSIONAL SERVICES		
Office visit (including specialist consultation)	\$40 copayment (deductible not waived)	50%
Preventive care services ³	Covered in full	Not covered
X-ray and laboratory procedures ⁴	50%	50%
Rehabilitation therapy ⁵	50%	50% (12 visits per calendar year combined with PPO and OON)
HOSPITAL SERVICES⁴		
Inpatient hospital facility services (includes maternity)	50%	50% (\$600 maximum allowable per day) (\$500 deductible per calendar year combined with PPO and OON) ⁶
Outpatient facility services (other than surgery)	50%	50% (50% maximum allowable)
Outpatient surgery (hospital or outpatient surgery center charges only)	50% (\$250 deductible per calendar year combined with PPO and OON) ⁷	50% (50% maximum allowable)
Skilled nursing facility	50%	50% (\$250 maximum allowable per day) (\$500 deductible per calendar year combined with PPO and OON) ⁶
EMERGENCY SERVICES		
Professional services	\$40 copayment (deductible not waived)	
Emergency room facility (copayment waived if admitted)	\$100 copayment + 50%	
Urgent care facility	\$50 copayment + 50%	
Ambulance services (ground and air) ⁴	\$50 copayment + 50%	
BEHAVIORAL MENTAL HEALTH⁴		
Severe mental health (outpatient/inpatient)	\$40 copayment / 50%	50% / 50% (\$600 maximum allowable per day) (\$500 deductible per calendar year combined with PPO and OON) ⁶
Non-severe mental health (outpatient/inpatient) ⁸	50%	50%
Chemical dependency rehabilitation (outpatient/inpatient) ⁸	50%	50%
Acute care detoxification	50%	50% (\$250 maximum amount allowable per day)
OTHER SERVICES		
Durable medical equipment ⁴	50% (\$1,000 maximum per calendar year combined with PPO and OON)	50%
Orthotics and prosthetics ⁴	50%	50%
Diabetic equipment	50%	50%
Acupuncture	50% (12 visits per calendar year combined with PPO and OON, \$25 maximum payable per visit)	50%
Chiropractic services	\$40 copayment (deductible not waived, 12 visits per calendar year)	Not covered
PRESCRIPTION DRUG COVERAGE⁹		
Calendar year deductible (per insured)	Subject to annual deductible	
Prescription drugs (up to a 30-day supply) ¹⁰	\$15/\$30/\$50	50%
Specialty drugs (most self-injectables)	30%	Not covered

(continued)

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Certificate of Insurance for terms and conditions of coverage. PPO and Flex Net insurance plans underwritten by Health Net Life Insurance Company.

- ¹ Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.
- ² Please refer to the Certificate of Insurance (COI) for out-of-network reimbursement methodology.
- ³ Includes annual preventive physical, newborn and well child care, well woman exams, preventive lab and X-ray services.
- ⁴ These services require prior certification. If prior certification is not acquired, benefits are reduced to 50%.
- ⁵ Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.
- ⁶ This deductible is only required for the first inpatient hospital or skilled nursing facility admission each calendar year. The deductible does not apply to inpatient detoxification or to inpatient care for non-severe mental illness. Once the deductible is satisfied, no deductible is required for subsequent admissions in the same calendar year. This deductible is in addition to the plan calendar year deductible and applies to the out-of-pocket maximum (OOPM).
- ⁷ Once the outpatient surgery deductible is satisfied, no deductible is required for subsequent outpatient surgeries in the same calendar year. This deductible is in addition to the plan calendar year deductible and applies to the OOPM.
- ⁸ Inpatient care for non-severe mental illness and inpatient chemical dependency rehabilitation is limited to a maximum allowable of \$250 each day. Outpatient care for non-severe mental illness and outpatient chemical dependency rehabilitation has a maximum amount payable of \$25 per visit.
- ⁹ Prescription drugs filled through mail order (up to a 90-day supply). For details regarding a specific drug, go to www.healthnet.com.
- ¹⁰ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.