

# PLAN OVERVIEW NG

## *Flex Net (1KL)*

	INSURED PERSON(S) RESPONSIBILITY
<b>PLAN MAXIMUMS</b>	
Calendar year deductible	\$300 single / \$900 family
Out-of-pocket maximum	\$1,500 single / \$4,500 family
Lifetime benefit maximum	No maximum
<b>PROFESSIONAL SERVICES</b>	
Office visit (including specialist consultation)	20%
Preventive care services <sup>3</sup>	Covered in full
X-ray and laboratory procedures <sup>4</sup>	20%
Rehabilitation therapy <sup>5</sup>	20% (60 visits per calendar year)
<b>HOSPITAL SERVICES<sup>4</sup></b>	
Inpatient hospital facility services (includes maternity)	20%
Outpatient facility services (other than surgery)	20%
Outpatient surgery (hospital or outpatient surgery center charges only)	20%
Skilled nursing facility	20% (60 days per calendar year)
<b>EMERGENCY SERVICES</b>	
Professional services	20%
Emergency room facility	20%
Urgent care facility	20%
Ambulance services (ground and air)	20% (ground: maximum distance 75 miles/incident; air: \$750 maximum/incident)
<b>BEHAVIORAL MENTAL HEALTH<sup>4</sup></b>	
Severe mental health (outpatient/inpatient)	20% / 20%
Non-severe mental health (outpatient/inpatient) <sup>6</sup>	50% / 50%
Chemical dependency rehabilitation (outpatient/inpatient) <sup>6</sup>	50% / 50%
Acute care detoxification	50% (3 days per calendar year)
<b>OTHER SERVICES</b>	
Durable medical equipment <sup>4</sup>	20%
Orthotics and prosthetics <sup>4</sup>	20%
Diabetic equipment	20%
Acupuncture	Not covered
Chiropractic services	20% (15 visits per calendar year, \$25 maximum payable per visit)
<b>PRESCRIPTION DRUG COVERAGE</b>	
Calendar year deductible (per insured)	\$75 brand name deductible
Prescription drugs (up to a 30-day supply)	20%
Specialty drugs (most self-injectables)	20% (\$250 copayment maximum per prescription)

<sup>1</sup> Flex Net is only available to OOA subscribers, subject to standard OOA guidelines. Health Net must be the sole carrier.

<sup>2</sup> Please refer to the Certificate of Insurance (COI) for out-of-network reimbursement methodology.

<sup>3</sup> Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab and X-ray services.

<sup>4</sup> Some services require prior certification. If prior certification is not acquired, the benefits are reduced to 50%.

<sup>5</sup> Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>6</sup> Inpatient mental health and inpatient chemical dependency rehabilitation are limited to a combined maximum of 30 days for each member in a calendar year.

Outpatient mental health and outpatient chemical dependency rehabilitation has a maximum amount payable of \$50 per visit.

**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.**