

Plan Overview

PPO Advantage - A25-1500-2-4500

Benefits	Member pays	
	In-network	Out-of-network
Deductible per calendar year	\$1,500 single / \$3,000 family in-network and out-of-network combined	
Out-of-pocket maximum includes deductible	\$4,500 single / \$9,000 family in-network and out-of-network combined	
Office visits		
Physician - includes family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	\$25 copay/visit (deductible waived)	40% MAA
Specialist physician – providers in specialties other than those listed above	\$25 copay/visit (deductible waived)	40% MAA
Maternity delivery care (professional services only)	20% of contract rate	40% MAA
Preventive care – includes but is not limited to: preventive office visit, women's and men's health care, pap test, mammogram, pelvic exam, prostate screening (PSA) and digital rectal exam	\$0 copay (deductible waived)	40% MAA (deductible waived)
Alternative care <i>administered by American Specialty Health (ASH)</i>		
Chiropractic (spinal manipulation)	\$15 copay/visit (deductible waived)	not covered
Acupuncture care	\$15 copay/visit (deductible waived)	not covered
Naturopathic care	\$25 copay/visit (deductible waived)	not covered
Massage therapy– maximum 18 visits per year	\$25 copay/visit (deductible waived)	not covered
Maximum benefit for chiropractic/ acupuncture/naturopathy/massage therapy per calendar year	\$1,000 (all services combined)	
Emergency and urgent care services		
Emergency room	\$150 copay/visit, then 20% of contract rate (deductible waived / copay waived if admitted)	\$150 copay/visit, then 20% (deductible waived / copay waived if admitted)
Urgent care - physician services	\$50 copay/visit (deductible waived)	\$50 copay/visit MAA (deductible waived)
Ground ambulance – maximum 3 trips per year	20%	20%
Air ambulance – maximum 1 trip per year	20%	20%
Hospital services		
Inpatient hospital	20% of contract rate	40% MAA
Outpatient at hospital-based facility	20% of contract rate	40% MAA
Outpatient at ambulatory surgery center	15% of contract rate	40% MAA
Rehabilitative services		
Inpatient – maximum 30 days per year	20% of contract rate	40% MAA
Outpatient – maximum 30 days per year	20% of contract rate	40% MAA

(continued)

PPO Advantage - A25-1500-2-4500

Benefits	Member pays	
	In-network	Out-of-network
Skilled nursing facility – maximum 60 days per year	20% of contract rate	40% MAA
Diagnostic lab and X-ray, EKG, ultrasound	20% of contract rate (deductible waived)	40% MAA
Imaging and testing services CT/MRI/MRA/PET/SPECT/EEG/Holter Monitor/stress test	20% of contract rate	40% MAA
Allergy and therapeutic injections	20% of contract rate	40% MAA
Durable medical equipment (DME)	20% of contract rate	40% MAA
Home health visits	20% of contract rate	40% MAA
Hospice services	20% of contract rate	40% MAA
Behavioral Health <i>administered by MHN</i>		
Mental health and Chemical dependency		
Inpatient	20% of contract rate	40% MAA
Outpatient, office visits	\$25 copay/visit (deductible waived)	40% MAA
Outpatient, other	20% of contract rate	40% MAA

The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims

The annual out-of-pocket maximum includes your annual deductible, copays and coinsurance. After you reach the out-of-pocket maximum in a calendar year, we will pay your covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of maximum allowable amount (MAA) for out-of-network (OON) services. You are still responsible for OON billed charges that exceed MAA

If a newborn patient requires admission to an intermediate or intensive care nursery, the deductible and coinsurance for these services will accumulate under the newborn's coverage, not under the mother's coverage

The outpatient emergency room copay is waived if you are admitted

For Mental Health or Chemical Dependency services, call 800-977-8216

For Alternative Care benefits, call American Specialty Health (ASH) at 800-678-9133

Certain services require prior authorization or must be performed by a specialty care provider

This *Plan Overview* is intended to be used for marketing purposes only and presents general information. Please refer to your *Benefit Schedule and Agreement* for details, limitations, exclusions and other terms and conditions of coverage

Medical services provided by a Naturopath do not apply to the alternative care calendar year benefit limit

Health Net Pharmacy Benefits

NMSL15-30-50-2000

The following is a brief description of your Health Net Pharmacy benefits.

Kim Aung
Health Net

Benefit level	In pharmacy (per fill, up to a 30-day supply) ¹	Mail order (per fill, up to a 90-day supply)
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$50	\$100
Specialty pharmacy	10% to a maximum of \$150	Mail order not available
Orally administered anticancer medications	10% to a maximum of \$150	Mail order not available
Preventive pharmacy, tobacco cessation and women's contraception methods	No copay and/or coinsurance	No copay and/or coinsurance
Out-of-pocket maximum per calendar year	\$2,000 single / \$4,000 family combined both in pharmacy and mail order (separate from medical out-of-pocket maximum)	

¹ If certain requirements are met, you may be eligible for a 90-day supply when filled in a pharmacy (with three times the retail copay).

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. For complete information, log on as a Health Net member at www.healthnet.com > My Prescriptions > Order by mail.

Essentials Drug List

A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Drug List (EDL). Log on as a Health Net member at www.healthnet.com > My Health Plan > Pharmacy Coverage > View My Drug List > 2016 Essential Health Benefit Drug Lists > OR Essential RX Drug List or Preventive Drug List.

Specialty Pharmacy

Certain drugs identified on the Essential Drug List are classified as Specialty Pharmacy drugs under your plan. Specialty Pharmacy drugs are high cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and having significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.

Preventive Pharmacy

Preventive Pharmacy medications require a prescription and are limited to prescription drugs and over-the-counter medications that are determined to be preventive. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug with no generic class drug available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

Women's Contraception

Generic class Food and Drug Administration (FDA) approved contraceptive methods, patient education and counseling for all women with reproductive capacity are covered. FDA approved, over-the-counter contraceptive methods for women require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

Tobacco Cessation

Food and Drug Administration (FDA) approved prescription drugs classified as smoking cessation medications are covered when dispensed by a participating provider pharmacy. FDA approved, over-the-counter tobacco cessation medications require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

Participating Pharmacies

Participating Provider pharmacy must be used when filling all prescriptions under your plan. The plan does not cover prescriptions filled at a Non-Participating pharmacy.

What if I am on a medication that was covered by my previous health insurance?

Under the Continuity of Care Policy, within the first 90 days of Health Net coverage, you will receive authorization for any existing medication requiring prior authorization that was covered under your previous health insurance company. The health plan will require verification that the medication was covered by the previous insurance company. This policy excludes the following: injectables, compounded medications, pharmacy benefit exclusions, and overrides on quantity or dosage limits.

This pharmacy plan provides Creditable Coverage for Medicare Part D

This is a brief description of your Health Net Pharmacy benefits and is intended for marketing purposes only and presents general information. Please refer to your *Prescription Supplemental Benefit Schedule* to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.