

Gold 80 Value PPO 750/15

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Certificate of Insurance (COI) should be consulted for a detailed description of coverage benefits and limitations.

Unless otherwise noted, the deductible applies.

Benefit description	Insured person(s) responsibility	
	IN-NETWORK ^{1,2}	OUT-OF-NETWORK ^{1,3}
Unlimited lifetime maximum.	✓	✓
Plan maximums		
Calendar year deductible ⁴	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-pocket maximum (single / family) ⁶	\$7,600 / \$15,200	\$15,200 / \$30,400
Professional services		
Office visit ⁷	\$15 (ded. waived)	50%
Specialist visit	\$30	50%
Telehealth services through Teladoc ⁸	\$0 (ded. waived)	Not covered
Rehabilitation and habilitation therapy	\$15 (ded. waived)	50%
X-ray/Laboratory procedures	\$25 / \$25	50% / 50%
Complex radiology services (MRI, CT, PET)	\$150	50%
Outpatient services		
Outpatient surgery (ambulatory surgery center / hospital)	30% / 30%	50% / 50%
Hospital services		
Inpatient hospital	30%	50%
Skilled nursing facility	30%	50%
Emergency services		
Emergency room (copay waived if admitted)	\$250	\$250
Urgent care	\$30	50%
Mental/Behavioral health / Substance use disorder services⁹		
Mental/Behavioral health / Substance use disorder (inpatient)	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15 (ded. waived)	50%
Other services		
Durable medical equipment	30%	50%
Acupuncture (medically necessary) ¹¹	\$15 (ded. waived)	50%
Chiropractic care	\$25 (ded. waived) 12 visits max per year	50%
Prescription drug coverage^{13,14}		
Prescription drug deductible (single / family)	\$750 / \$1,500 Integrated med/Rx ded. Applies to tiers 2-4	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ¹² (up to a 30-day supply obtained through a participating pharmacy)	\$15 (ded. waived) / \$40 / \$70	Not covered
Tier 4 Specialty drugs ¹⁵	30%	Not covered
Pediatric dental¹⁶		
Diagnostic and preventive services	\$0	10%
Pediatric vision¹⁷		
Routine eye exam	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered

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PPO

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the *Certificate of Insurance* (COI) for terms and conditions of coverage.

- ¹Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied. Refer to the COI for details.
- ²Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.
- ³Please refer to the COI for out-of-network reimbursement methodology.
- ⁴Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers. Unless otherwise specified, deductible applies to all services.
- ⁵(Silver HDHP only) For single coverage, the deductible is \$1,400. For family coverage, the deductible is \$2,800, and there is no per member deductible accumulation/accrual. It is a single comprehensive family deductible.
- ⁶Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers, and copayments or coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.
- ⁷Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information about generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.
- ⁸Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- ⁹Benefits are administered by MHN Services, an affiliated behavioral health administrative services company, which provides behavioral services.
- ¹⁰(Bronze non-HDHP plan only) Visits 1-3 (combined between office visits, urgent care, prenatal and postnatal visits): The calendar year deductible is waived. Visits 4-unlimited: The calendar year deductible applies.
- ¹¹Acupuncture care is underwritten by Health Net Life Insurance Company for PPO plans.
- ¹²The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to the COI for complete information on prescription drugs. Plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your COI and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The COI is a legal, binding document. If the information in this brochure differs from the information in the COI, the COI controls. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.
- ¹³Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration (FDA) are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ¹⁴(Platinum, Gold, and Silver only) Tiers 1-4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply or \$750 for a 90 day supply prescription through mail order, after any applicable deductible has been met. (Bronze) Tiers 1-4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply or \$1,500 for a 90 day supply prescription through mail order, after any applicable deductible has been met.
- ¹⁵Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.
- ¹⁶Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Administrative Services (DBP). DBP is not affiliated with Health Net. See the plan's COI for details.
- ¹⁷Pediatric vision benefits are provided by Health Net Life Insurance Company. Health Net Life Insurance Company contracts with Envolve Vision Inc., to administer vision benefits.