

Overview of Individual & Family coverage options

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage matrix in the Individual & Family Coverage guide.

PPO VALUE BASIC PLANS

PPO VALUE PLANS

Benefit	HMO 15	HMO 40	PPO Value Basic 1500 ¹		PPO Value Basic 1000		PPO Value Basic 35 ¹		PPO Value Basic 40		PPO Value Basic 500		PPO Value Basic 2500		PPO Value 30		PPO Value 25		
			In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	
Deductibles ^{5,15}	\$1,000 per calendar year for inpatient hospital services only (prescription deductible applies) ¹	\$1,500 per calendar year for inpatient hospital services only (prescription deductible applies) ¹	\$1,500 per calendar year/ (available as a Subscriber Only contract)		\$1,000 per calendar year/ 2 per family		\$750 per calendar year/ (available as a Subscriber Only contract)		\$4,000 per calendar year/ 2 per family		\$500 per calendar year/ 2 per family		\$2,500 per calendar year/ 2 per family		\$2,500 per calendar year/ 2 per family		\$1,000 per calendar year/ 2 per family		
Lifetime maximums ^{5,15}	Unlimited	Unlimited	\$6,000,000		\$6,000,000		\$6,000,000		\$6,000,000		\$6,000,000		\$6,000,000		\$6,000,000		\$6,000,000		
Out-of-pocket maximum ^{5,15}	\$3,000 single \$6,000 family (includes deductible)	\$3,000 single \$6,000 family (includes deductible)	\$4,000 combined in-and out-of-network (includes deductible)		\$3,000 combined in-and out-of-network (includes deductible)		\$3,500 combined in-and out-of-network (includes deductible)		\$4,000 calendar year deductible only/2 per family		\$3,500 single/2 per family combined in- and out-of-network (includes deductible)		\$2,500 calendar year deductible only/2 per family		\$4,500 single/ 2 per family (includes deductible)	\$10,000 single/ 2 per family	\$4,000 single/ 2 per family (includes deductible)	\$10,000 single/ 2 per family	
Professional services ^{5,15} Visit to physician (including specialist consultations)	\$15	\$40	Negotiated fee until out-of-pocket maximum met, then covered in full		Negotiated fee until out-of-pocket maximum met, then covered in full		35%	50%	\$40 ⁴	50%	\$30 ⁴	50% Office visit maximum of 2 visits per year for adults and 4 office visits per year for children ¹⁰	Negotiated fee until deductible is met, then covered in full	50%	\$30 ⁴	50%	\$25 ⁴	50%	
Yearly OB/GYN exam (breast and pelvic exams, cervical cancer screening & mammography)	\$15 ²	\$40 ²	25% ¹¹	Not covered	25% ¹¹	Not covered	35% ¹¹	Not covered	\$40 ^{4,11}	Not covered	\$30 ^{4,11}	Office visit maximum applies, see footnote 10.	Not covered	Negotiated fee until deductible is met, then covered in full	Not covered	30% ^{4,11}	Not covered	\$25 ^{4,11}	Not covered
X-ray and laboratory procedures	Covered in full	Covered in full	Negotiated fee until out-of-pocket maximum met, then covered in full		Negotiated fee until out-of-pocket maximum met, then covered in full		Negotiated fee until out-of-pocket maximum met, then covered in full		Negotiated fee until deductible is met, then covered in full	50%	Negotiated fee until out-of-pocket maximum met, then covered in full		Negotiated fee until deductible is met, then covered in full	50%	30%	50%	25%	50%	
Outpatient services ^{5,15} Outpatient surgery (hospital or outpatient surgery center charges only)	\$250	\$250	25% ⁸	50% ^{8,9}	25% ⁸	50% ^{8,9}	35% ⁸	50% ^{8,9}	Negotiated fee until deductible is met, then covered in full ⁸	50% ^{8,9}	20% ⁸	50% ^{8,9}	Negotiated fee until deductible is met, then covered in full ⁸	50% ^{8,9}	30% ⁸	50% ^{8,9}	25% ⁸	50% ^{8,9}	
Outpatient facility services (other than surgery)	Covered in full	Covered in full	25% ⁸	50% ⁸	25% ⁸	50% ⁸	35%	50%	Negotiated fee until deductible is met, then covered in full ⁸	50% ⁸	20% ⁸	50% ⁸	Negotiated fee until deductible is met, then covered in full ⁸	50% ⁸	30% ⁸	50% ⁸	25% ⁸	50% ⁸	
Maternity care ^{5,15}	Covered in full after inpatient hospital services deductible is met	Covered in full after inpatient hospital services deductible is met	Not covered		25%	50%	Not covered		Negotiated fee until deductible is met, then covered in full	50% ⁹	Not covered		Negotiated fee until deductible is met, then covered in full	50% ⁹	30%	50% ⁹	Not covered		
Hospitalization services ^{5,15} Semiprivate hospital room or intensive care unit with ancillary services (unlimited, except for non-severe mental health and chemical dependency treatment)	\$1,000 deductible applies per calendar year for inpatient services	\$1,500 deductible applies per calendar year for inpatient services	25% ⁸	50% ^{8,9}	25% ⁸	50% ^{8,9}	\$350 + 35%	\$350 + 50% ^{8,9}	Negotiated fee until deductible is met, then covered in full ⁸	50% ^{8,9}	20% ⁸	50% ^{8,9}	Negotiated fee until deductible is met, then covered in full ⁸	50% ^{8,9}	30% ⁸	50% ^{8,9}	25% ⁸	50% ^{8,9}	
Surgeon or assistant surgeon and anesthetics services (inpatient hospital setting)	Covered in full	Covered in full	25%	50%	25%	50%	Negotiated fee until out-of-pocket maximum met, then covered in full		Negotiated fee until deductible is met, then covered in full	50%	Negotiated fee until out-of-pocket maximum met, then covered in full		Negotiated fee until deductible is met, then covered in full	50%	30%	50%	25%	50%	
Emergency health coverage ^{5,15} Emergency room (professional and facility charges)	\$75 (waived if admitted to hospital)	\$100 (waived if admitted to hospital)	25%	25%	25%	25%	\$100 copayment plus 35% ⁷		Negotiated fee until deductible is met, then covered in full		\$60 copayment plus 20% ⁷		Negotiated fee until deductible is met, then covered in full		\$60 copayment plus 30% ^{7,12}		\$50 copayment plus 30% ^{7,12}		
Prescription drug coverage ^{5,15} Prescription drugs filled at a participating pharmacy (up to a 30-day supply) Prescription drugs filled through mail order (up to a 90-day supply) is twice the level copayment.	\$100 deductible, then \$15 Level I (primarily generic); \$25 Level II (primarily brand name); \$50 Level III (drugs not on the list) ³	\$100 deductible, then \$15 Level I (primarily generic); \$25 Level II (primarily brand name); \$50 Level III (drugs not on the list) ³	\$15 Level I (generic)		\$500 calendar year maximum, 100 deductible, then \$15 Level I (generic); \$35 Level II (brand); \$50 Level III (non-formulary) ⁶	Not covered		\$15 Level I (generic)		\$1,000 calendar year maximum \$100 deductible, then \$15 Level I (generic); \$35 Level II (brand); \$50 Level III (non-formulary) ⁶	Not covered		\$1,000 calendar year maximum \$100 deductible, then \$15 Level I (generic); \$35 Level II (brand); \$50 Level III (non-formulary) ⁶	Not covered		\$100 deductible, then \$15 Level I (generic); \$35 Level II (brand); \$50 Level III (non-formulary) ⁶	Not covered		\$100 deductible, then \$15 Level I (generic); \$35 Level II (brand); \$50 Level III (non-formulary) ⁶
Dental benefits	Optional – Included with purchase of HMO 15 Plus ⁴	Optional – Included with purchase of HMO 40 Plus ⁴	Optional – Included with purchase of PPO Value 1500 Plus ¹³		Optional – Included with purchase of PPO Value 1000 Plus ¹³		Optional – Included with purchase of PPO Value 35 Plus ¹³		Optional – Included with purchase of PPO Value 40 Plus ¹³		Optional – Included with purchase of PPO Value 500 Plus ¹³		Optional – Included with purchase of PPO Value 2500 Plus ¹³		Optional – Included with purchase of PPO Value 30 Plus ¹³		Optional – Included with purchase of PPO Value 25 Plus ¹³		
Vision benefits	Optional – Included with purchase of HMO 15 Plus ⁴	Optional – Included with purchase of HMO 40 Plus ⁴	Optional – Included with purchase of PPO Value 1500 Plus ¹⁴		Optional – Included with purchase of PPO Value 1000 Plus ¹⁴		Optional – Included with purchase of PPO Value 35 Plus ¹⁴		Optional – Included with purchase of PPO Value 40 Plus ¹⁴		Optional – Included with purchase of PPO Value 500 Plus ¹⁴		Optional – Included with purchase of PPO Value 2500 Plus ¹⁴		Optional – Included with purchase of PPO Value 30 Plus ¹⁴		Optional – Included with purchase of PPO Value 25 Plus ¹⁴		

This is a summary only and not intended for enrollment purposes. Please contact Health Net or your authorized Health Net agent for more information or visit our website at www.healthnet.com.

HMO

¹Does not apply to the out-of-pocket maximum.

²Women may obtain OB/GYN physician services in their Primary Care Physician's physician group for OB/GYN preventive care, pregnancy and gynecological ailments without first contacting their Primary Care Physician. Mammograms are covered at the following intervals: one for ages 35–39, one every 24 months for ages 40–49, and one every year for age 50 and older.

³The Health Net Recommended Drug List is the approved list of medications covered for illnesses and conditions. It is prepared by Health Net and distributed to Health Net contracted physicians and participating pharmacies. Some drugs on the List (previously known as non-Formulary) are not excluded from coverage, but do require prior authorization from Health Net. Urgent requests from physicians are handled in a timely fashion, not to exceed 72 hours, as appropriate and medically necessary, for the nature of the member's condition after Health Net's receipt of the information reasonably necessary and requested by Health Net to make the determination. Routine requests from physicians are processed in a timely fashion, not to exceed 5 days, as appropriate and medically necessary, for the nature of the member's condition after Health Net's receipt of the information reasonably necessary and requested by Health Net to make the determination. For a copy of the Recommended Drug List, call Member Services at the number listed on your ID card or visit our website at www.healthnet.com.

⁴Dental and vision benefits underwritten by Health Net of California, Inc. and administered by SafeGuard Health Plans, Inc.

⁵Refer to the applicable Evidence of Coverage/Policy for a detailed description of benefits and limitations.

PPO VALUE BASIC AND PPO VALUE

¹PPO Value Basic 1500 and PPO Value Basic 35 are available for subscribers only.

²Of negotiated rate, the rate the participating or preferred provider has agreed to accept for providing a covered service.

³Percentage is a portion of the covered expense based on customary and reasonable (C&R) charges. You are also responsible for any charges in excess of the covered expense.

⁴Medical calendar year deductible waived.

⁵The inpatient/outpatient copayment applies to the out-of-pocket (OOP) accumulation and continues to apply once the out-of-pocket maximum is met.

⁶Pharmacy deductible separate from medical deductible. The Recommended Drug List is a list of the prescription drugs that are covered by this plan. It is prepared by Health Net and given to member physicians and participating pharmacies. Some drugs require prior authorization from Health Net. If your condition requires the use of a drug that is not on the Recommended Drug List, your physician may request the drug through the prior authorization process. Urgent prior authorization requests are handled within 72 hours. For a copy of the Recommended Drug List, call Health Net Member Services at the number listed on your ID card or visit our website. Prescription drug charges do not apply to your maximum out-of-pocket limit. The prescription drug calendar year deductible (per member) must be paid for prescription drug covered services before Health Net begins to pay. Prescription drug covered expenses are the lesser of Health Net's contracted pharmacy rate or the pharmacy's usual and customary charge for covered prescription drugs.

⁷The emergency room and urgent care copayments are waived if admitted to the hospital for an emergency. The emergency room and urgent care copayments are per visit and do not apply to the out-of-pocket maximum. The calendar year deductible applies to emergency room visits.

⁸Certain services require prior certification from Health Net. Without prior certification, benefit is reduced by 50 percent.

⁹Maximum allowable charges are \$600 per day.

¹⁰Two office visits maximum per year for adults and four office visits maximum per calendar year for children. Visit maximums are combined in- and out-of-network with physician office visits, specialist consultations and mental health care. Once visit maximums are satisfied, no additional benefit payments will be paid for the remainder of the benefit period. In addition, benefits exceeding the visit limitations will not apply to the out-of-pocket-maximum.

¹¹Mammograms are covered at the following intervals: one for ages 35–39, one every 24 months for ages 40–49, and one every year for age 50 and older.

¹²For PPO Value Plans only, the calendar year deductible will be waived for an accidental injury. "Accidental injury" is defined as physical harm or disability, which is the result of a specific, unexpected or unintentional incident caused by an outside force. The physical harm or disability must have occurred at an identifiable time and place. Accidental injury does not include illness and must be treated in an emergency room (ER) or urgent care facility. The calendar year deductible will be waived only for that day's treatment in the ER or urgent care facility; the ER or urgent care copay will still apply, and follow-up treatment will be subject to the calendar year deductible. A completed Accident Waiver form must be submitted within 60 days of the accident and is required in order for the claim to be reviewed. Once approved, the calendar year deductible will be waived. The member will continue to pay any charges billed in excess of covered expenses.

¹³Dental benefits underwritten by Health Net Life Insurance Company and administered by SafeGuard Health Plans, Inc.

¹⁴Vision benefits underwritten by Health Net Life Insurance Company and administered by EyeMed Vision Care.

¹⁵Refer to the applicable Evidence of Coverage/Policy for a detailed description of benefits and limitations.

ABOVE AND BEYOND...

HEALTH NET GIVES YOU MORE REASONS THAN EVER TO ENROLL NOW!



ONE FAMILY, MULTIPLE PLANS

Health Net lets you **customize your coverage choices** to meet the health plan needs of **each family member**.

COUNT ON HEALTH NET COVERAGE WHEREVER YOU ARE

All Health Net members can get emergency care worldwide. PPO members also have access to Health Net's nationwide PPO network of physicians to receive care, including prescription coverage, just about anywhere in the U.S.

HERE'S GOOD NEWS IF YOU'RE SELF-EMPLOYED

Your health insurance premiums may qualify for a tax deduction. In 2004, you may be able to deduct 100 percent of your health care premiums as a gross income adjustment. Check with your tax advisor.

Individual Term Life insurance coverage is also available through Health Net Life Insurance Company. Call today to learn more!

HMO is offered by Health Net of California, Inc. PPO is underwritten by Health Net Life Insurance Company.

INDIVIDUAL & FAMILY PLANS

BENEFIT OVERVIEW



Effective October 1, 2004

Health Net Individual & Family Plans
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an Individual & Family Plans
Broker Sales Representative:
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