

A BETTER DECISION STARTS WITH A CLEAR UNDERSTANDING

Small Business Group
PPO 30
(65T)



Health Net[®]
A Better Decision

When is the best time to know what your health plan covers? Now. Before you enroll, and well before you need care.

At Health Net, we keep things simple, so that you can make your health care decisions with confidence.

WHAT IS A PPO?

A PPO (Preferred Provider Organization) health plan gives you the freedom to visit any licensed professional and be eligible for benefit coverage. You are responsible for understanding what is and what is not covered under your benefit plan.

When you choose to visit a provider within the Health Net PPO network, you may be eligible for *significant savings*. The savings may come from:

- **Lower coinsurance** – Coinsurance is the percentage of a doctor's allowed charges that is your responsibility. This percentage is usually lower when you visit a doctor within the Health Net PPO network.
- **Negotiated rates** – A PPO network physician can only accept a negotiated rate for covered services. A non-network physician may bill you for additional charges that exceed the amounts covered under the plan.

HOW MUCH WILL YOU OWE?

There are three types of expenses that may be your responsibility:

- 1) **Deductible** – This is the amount you must pay for services *before* the plan begins covering them. This amount *may not* apply to routine and preventive care visits.
- 2) **Copayments** – These are the set dollar amounts you pay, usually for office visits.
- 3) **Coinsurance**¹ – This is the percentage that you must pay for *most* covered services under your plan.

A better decision means looking carefully at the benefit details that follow, so that you have a clear understanding of what is covered, at what expense, *before* you enroll.

¹Example: If the plan allows \$100 for a service, and your coinsurance is 20%, you pay \$20 and Health Net pays \$80.

HOW TO ACCESS CARE

Your personal doctor plays a key role in helping you stay healthy. A good decision is to find a doctor with whom you are comfortable, and be sure to visit that doctor on a regular basis for the routine care he or she recommends.

With a PPO plan, visits to specialists and facilities can be made without a referral from your personal doctor.

TIP: Be sure to bring your Health Net ID card to all medical visits, so the medical office can bill us directly for the care received.

To see the most current listing of PPO network professionals, visit www.healthnet.com, and click on *Search Our Doctor Network*. Once you do:

- 1) Click on *California*.
- 2) Select your plan type under *Small Group*.
- 3) Select the type of physician, and then choose your search options – by physician name, details or location.
- 4) Click on the physician name for additional information.

EMERGENCY CARE

If you feel that you are in an emergency, call 911 or go immediately to the nearest hospital emergency room. Emergency visits are covered at the same rate, regardless of whether or not the hospital is in the Health Net PPO network. What's more, you are covered for emergency visits anywhere in the world.

BENEFITS THROUGHOUT THE U.S.

One of the advantages of enrolling in a Health Net PPO plan is knowing you are eligible for plan coverage at in-network rates throughout the U.S., through the First Health Network. If you need urgent or follow-up care when traveling in the U.S., all you need to do is call the *National Provider Access* number on your Health Net ID card to locate a nearby First Health Network provider.

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KEY FEATURES**PPO 30 IN-NETWORK**
(Coinsurance is percentage of contracted rate)**PPO 30 OUT-OF-NETWORK**
(Coinsurance is based on Limited Fee Schedule)³

Lifetime maximum	\$5,000,000 combined	\$5,000,000 combined
Annual deductible	\$500 single/3 per family	\$1,000 single/3 per family
Maximum annual out-of-pocket costs	\$4,000 per member	\$8,000 per member
Office visit (includes office visits for maternity)	\$30 copayment	50%
Well-child care (up to age 17, includes immunizations)	\$30 copayment	Not covered
Periodic Health Evaluation (age 17 and older)	20%	Not covered
Vision and Hearing exams (up to age 17)	\$30 copayment	Not covered
X-rays & Laboratory procedures (including mammograms)	20%	50%
Outpatient services	20%	50%
Outpatient surgery (professional/institutional)	20%/\$250 deductible per calendar year + 20%	50%/\$250 deductible per calendar year + 50%
Inpatient care (professional/institutional)	20%/\$250 deductible per calendar year + 20%	50%/\$250 deductible per calendar year + 50% (\$600 maximum allowable per day)
Emergency room (professional/institutional, copayment waived if admitted to hospital)	20%/\$100 copayment	50%/\$100 copayment
Mental health services for severe mental disorders (outpatient/inpatient)	\$30 copayment/\$250 deductible per calendar year + 20%	50%/\$250 deductible per calendar year + 50% (\$600 maximum allowable per day)
Mental health services for non-severe mental disorders (outpatient/inpatient)	20%/20% (25 maximum payable per visit, 20 visits maximum per calendar year)/ (30 days per calendar year, \$175 maximum allowable per day)	50%/50%
Acute care detoxification	20%	50% (\$600 maximum allowable per day) (3 days per calendar year)
Skilled nursing facilities	20% (60 days per calendar year combined with OON)	50% (60 days per calendar year combined with PPO, \$250 maximum allowable per day)
Home health services	20% (60 days maximum per calendar year combined with OON, \$110 maximum per day)	50% (60 days maximum per calendar year combined with PPO, \$110 maximum per day)
Rehabilitation therapy (includes physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy)	20% (12 visits per calendar year combined with OON)	50% (12 visits per calendar year combined with PPO)
Durable medical equipment	20% (\$1,000 maximum per calendar year combined with OON)	50% (\$1,000 maximum per calendar year combined with PPO)
Diabetic equipment (blood glucose monitors, insulin pumps and podiatric devices)	20%	50%
Chiropractic care	Not covered	Not covered
Self-injectible drugs	30%	50%
Retail pharmacy (up to a 30-day supply including birth control pills) ²	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible per member per calendar year + 50%
Brand name deductible	\$150 (combined with prescriptions by mail)	Not applicable
Prescriptions by mail (up to a 90 consecutive calendar-day supply of maintenance medications) ²	\$30 Level I \$60 Level II \$100 Level III	Not applicable
Brand name deductible	\$150 (combined with retail pharmacy)	Not applicable

This is a summary of your benefits. It does not include all services, limitations or exclusions. Please refer to the Evidence of Coverage for terms and conditions of coverage.

²For details regarding a specific drug, go to www.healthnet.com.

³Limited Fee Schedule reimbursement is at the 75th percentile of RBRVS. The covered person is responsible for charges in excess of allowed amount in addition to the coinsurance shown.

WHAT ELSE DO YOU GET?

DECISION POWERSM

If you face a significant medical condition or procedure, you may ask: How do I learn more? What are my options? Maybe you'll be too panicked to get this far.

Decision Power puts you in touch with professional Health Coaches, 24 hours a day, seven days a week. Whether you are facing an upcoming surgery or an ongoing health concern, a Health Coach is there to support you, each step of the way. The goal is to help you maintain optimal health, and work closely with your doctor in making health care decisions with confidence.

Of those who have used Decision Power – 80% have more confidence in dealing with their health and medical concerns. 80% say talking with a Health Coach helped them to improve their condition. 95% would recommend the service to a friend.⁴

HEALTHGATE[®] EBM SOLUTIONS

Better health care decisions begin with learning about your condition. But, where can you find information that is trustworthy and easy to understand?

Once enrolled in a Health Net plan, you can log in at www.healthnet.com to access HealthGate EBM Solutions. Here you will be able to research health improvement tips, treatment options and other important information. You can search by symptoms or diagnosed condition.

HOSPITAL COMPARISON REPORT

Not all hospitals provide the same outcomes for the same procedures. In addition, not all hospitals have the same services and experience.

If your PCP has admitting privileges to more than one hospital, log in at www.healthnet.com to access our Hospital Comparison Report. The report lets you compare our network hospitals based on experience with the procedure, patient volume, ICU staffing and more.

WELL REWARDS

We give you the credit you deserve for taking charge of your health. Rewards include exclusive member discounts for health-related products and services.

MHN, INC. – WITH A MIND ON YOUR FUTURE

Good health is not always wrapped up in physical wellbeing. It extends to the emotional and behavioral concerns that we sometimes don't see, or are afraid to address. That is why your benefit plan includes emotional and behavioral health coverage from MHN, Inc.

Maybe you are undergoing major changes in your life. Perhaps you are feeling run down, or that something is just not right. Sometimes, the answer lies in knowing you have support.

When you call MHN, you can speak with a specialist who will listen to your concerns with sensitivity, while fully respecting your privacy. If appropriate, you will be referred to a clinician who can further evaluate your situation and recommend a treatment plan. Either way, the decisions are yours to make. We're here to provide an easy and confidential first step.

⁴Health Dialog Services Corporation member survey



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You have access to Decision PowerSM through your current enrollment with any of the following Health Net companies: Health Net of Arizona, Inc.; Health Net of California, Inc.; Health Net of Connecticut, Inc.; Health Net of New Jersey, Inc.; Health Net of New York, Inc.; Health Net Health Plan of Oregon, Inc.; Health Net Insurance of Connecticut, Inc.; Health Net Insurance of New York, Inc.; Health Net Life Insurance Company.

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