

Plan Overview

Value EOA 10 – C6Q (C76)¹

<i>Benefit description</i>	<i>Member responsibility</i>
Plan maximums	
Out-of-pocket maximum	HMO: \$2,000 single / \$4,000 family PPO: \$4,500 single / \$9,000 family
Lifetime benefit maximum	No maximum
Professional services²	
Office visit (including specialist consultation) ³	HMO: \$10 copay; PPO: \$25 copay
Preventive care services ^{3,4}	Covered in full
X-ray and laboratory procedures ^{3,5} / Complex radiology ⁶	Covered in full / \$100 copay
Specialty Drugs (medical self injectables and Rx oral specialty drugs)	30%
Hospital services⁷	
Inpatient care (includes maternity)	10%
Outpatient facility services (other than surgery)	10%
Outpatient surgery (hospital or surgery center charges only) ⁶	10%
Emergency services	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$100 copay
Urgent care facility (copayment waived if admitted)	\$50 copay
Behavioral services⁸	
Severe mental health (outpatient office visit / inpatient)	\$10 copay / 10%
Non-severe mental health (outpatient office visit / inpatient)	\$10 copay / 10%
Chemical dependency rehabilitation (outpatient office visit / inpatient)	\$10 copay / 10%
Inpatient acute care detoxification	10%
Other services	
Diabetic equipment ⁷	20%
Acupuncture and chiropractic services ⁹	Optional rider available
Prescription drug coverage	
Brand name calendar year deductible (per member)	\$100
Prescription drugs (up to a 30-day supply) ^{10,11}	\$10 / \$25 / \$50

¹ The plan codes listed are: Full network; ExcelCare Network.

² For the PPO level, self-referral to a PPO network physician.

³ Preventive care services for women also includes: female contraceptive services, devices and supplies, female family planning, female preventive sterilizations, screening for gestational diabetes, domestic violence and HIV, breast feeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives and breastfeeding support.

⁴ Includes annual preventive physical, preventive vision/hearing screenings, newborn and well-child care, well-woman exams, preventive lab, and X-ray services.

⁵ Under Elect Open Access, radiographic X-ray and laboratory services will be covered only when provided or coordinated by your Primary Care Physician and approved by the PPG/IPA, except when provided at a PPO physician's office or contracted PPO lab or facility.

⁶ Complex radiology includes CT under HMO and PPO. MRI, MUGA, PET and SPECT services are not covered through PPO level.

⁷ Under Elect Open Access, inpatient hospital and professional services, durable medical equipment, and orthotics and prosthetics are covered when provided or coordinated by the Primary Care Physician only and approved by the PPG/IPA. Inpatient care and outpatient services are not covered on the PPO level.

⁸ All mental health and chemical dependency services are administered by MHN Services on behalf of Health Net. The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa and serious emotional disturbances of children (SED).

⁹ Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the EOA plan shown above. Features of Health Net's chiropractic coverage include a \$10 per visit copayment and up to 20 visits per calendar year.

¹⁰ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

¹¹ Some 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 plan documents and Health Net's Recommended Drug List (RDL) for coverage, cost share and tier information.