

# INTRODUCING THE GUARDIAN AND HEALTH NET HEALTHCARE SOLUTIONS NEW YORK HSA PROGRAM

## Become acquainted with a New Approach

Guardian and Health Net Healthcare Solutions' new HSA Program offers an exciting new alternative to escalating health care premiums for employers while giving members the tools and resources to make confident health care decisions.

HSA plans are a way to slow down the rising cost of premiums and can offer up to 40 percent lower premiums than traditional plans. Such savings require new roles and more active involvement by all participants. With Guardian and Health Net Healthcare Solutions as your partner, we give you and your employees the tools and resources necessary to embrace your roles with confidence.

- **Plans run on a plan year basis for benefit maximums and/or limitations. Benefit maximums and/or limitations are not based on the calendar year.**

- **Deductible expenses are applied to the annual out-of-pocket maximum.**

## GUARDIAN AND HEALTH NET HEALTHCARE SOLUTIONS HSA-COMPATIBLE PLANS OFFER:

### FOR EMPLOYERS

- A fully integrated approach by partnering with Wells Fargo, a world class bank institution. This highly integrated and automated program reduces administrative burdens and the need for paper claim filing.
- Multiple plan designs with deductibles ranging from \$1,100 to \$2,500 (In-Network).
- Ability to offer dual and triple options.
- Additional tax savings with HSA contributions.
- Reduced spending on health care costs.

### FOR MEMBERS

- HSA POS plans offer open access coverage to our extensive HMO Platinum Advantage Network, and the ability to visit any licensed health care professional.
- Preventive care covered at 100 percent in-network.
- Access to preferred discounts for in-network services.
- The ability to grow investments tax-free with lifetime ownership of HSA funds for future health care needs.
- Tools that empower confident consumer decision-making such as **Decision Power<sup>SM</sup>**, a decision-support program providing members with tools and resources to work more effectively with their doctors and confidently make health care decisions that are right for them.



**GUARDIAN<sup>®</sup>**

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**Health Net<sup>®</sup>**  
A Better Decision

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The Guardian and Health Net Healthcare Solutions products provide a wide range of covered services. These products, however, generally exclude coverage for certain services. For example: physical exams for employment insurance, school, premarital requirements or summer camp (unless substituted for a normal physical exam); eyeglasses and contact lenses; routine foot care; some transplant procedures; cosmetic or reconstructive surgery unless specifically provided for in the plan; custodial services; marriage counseling; or long term psychiatric services. See plan documents for details.

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## SAMPLE BENEFITS FOR NEW YORK

| Benefits                             | In-Network                          | Out-of-Network                      | In-Network                          | Out-of-Network                      | In-Network                          | Out-of-Network                      |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                      | <b>1NYHSA</b>                       |                                     | <b>2NYHSA</b>                       |                                     | <b>3NYHSA</b>                       |                                     |
| Deductible                           | \$1,100/\$2,200                     | \$2,200/\$4,400                     | \$1,100/\$2,200                     | \$2,200/\$4,400                     | \$1,100/\$2,200                     | \$2,200/\$4,400                     |
| Out-of-pocket maximum*               | \$1,600/\$3,200                     | \$3,600/\$7,200                     | \$2,600/\$5,200                     | \$5,100/\$10,200                    | \$4,100/\$8,200                     | \$6,600/\$13,200                    |
| Coinsurance level (after deductible) | 100%                                | 80%                                 | 90%                                 | 70%                                 | 80%                                 | 60%                                 |
| Physician office visit               | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Routine specialist visit             | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| In-patient hospital                  | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Rx drug coverage                     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     |
|                                      | <b>4NYHSA</b>                       |                                     | <b>5NYHSA</b>                       |                                     | <b>6NYHSA</b>                       |                                     |
| Deductible                           | \$1,500/\$3,000                     | \$2,500/\$5,000                     | \$1,500/\$3,000                     | \$2,500/\$5,000                     | \$1,500/\$3,000                     | \$2,500/\$5,000                     |
| Out-of-pocket maximum*               | \$2,000/\$4,000                     | \$4,000/\$8,000                     | \$3,000/\$6,000                     | \$5,500/\$11,000                    | \$4,500/\$9,000                     | \$7,000/\$14,000                    |
| Coinsurance level (after deductible) | 100%                                | 80%                                 | 90%                                 | 70%                                 | 80%                                 | 60%                                 |
| Physician office visit               | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Routine specialist visit             | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| In-patient hospital                  | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Rx drug coverage                     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     |
|                                      | <b>7NYHSA</b>                       |                                     | <b>8NYHSA</b>                       |                                     | <b>9NYHSA</b>                       |                                     |
| Deductible                           | \$2,000/\$4,000                     | \$3,000/\$6,000                     | \$2,000/\$4,000                     | \$3,000/\$6,000                     | \$2,000/\$4,000                     | \$3,000/\$6,000                     |
| Out-of-pocket maximum*               | \$2,500/\$5,000                     | \$4,500/\$9,000                     | \$3,500/\$7,000                     | \$6,000/\$12,000                    | \$5,000/\$10,000                    | \$7,500/\$15,000                    |
| Coinsurance level (after deductible) | 100%                                | 80%                                 | 90%                                 | 70%                                 | 80%                                 | 60%                                 |
| Physician office visit               | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Routine specialist visit             | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| In-patient hospital                  | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Rx drug coverage                     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     |
|                                      | <b>10NYHSA</b>                      |                                     | <b>11NYHSA</b>                      |                                     | <b>12NYHSA</b>                      |                                     |
| Deductible                           | \$2,500/\$5,000                     | \$3,500/\$7,000                     | \$2,500/\$5,000                     | \$3,500/\$7,000                     | \$2,500/\$5,000                     | \$3,500/\$7,000                     |
| Out-of-pocket maximum*               | \$3,000/\$6,000                     | \$5,000/\$10,000                    | \$4,000/\$8,000                     | \$6,500/\$13,000                    | \$5,000/\$10,000                    | \$8,000/\$16,000                    |
| Coinsurance level (after deductible) | 100%                                | 80%                                 | 90%                                 | 70%                                 | 80%                                 | 60%                                 |
| Physician office visit               | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Routine specialist visit             | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| In-patient hospital                  | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Rx drug coverage                     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     | \$10/\$25/\$40 after deductible     |

\*Out-of-pocket maximum does not include charges in excess of allowed amount or non-covered benefits.