

# Plan Overview

## High Deductible Health Plan – HDE26008060 & HDE52008060

Benefits	Member pays	
	In-network	Out-of-network
<b>Deductible</b> per calendar year	\$2,600 single / \$5,200 family	\$5,200 single / \$10,400 family
<b>Out-of-pocket maximum</b> includes deductible	\$5,200 single / \$10,400 family	\$15,600 single / \$31,200 family
<b>Office visits</b> Physician - includes family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology Specialist physician – providers in specialties other than those listed above Maternity delivery care (professional services only)	20% of contract rate 20% of contract rate 20% of contract rate	40% MAA 40% MAA 40% MAA
<b>Preventive care</b> – includes but is not limited to: preventive office visit, women’s and men’s health care, pap test, mammogram, pelvic exam, prostate screening (PSA) and digital rectal exam	\$0 copay (deductible waived)	40% MAA (deductible waived)
<b>Alternative care</b> <i>administered by American Specialty Health (ASH)</i> Chiropractic (spinal manipulation) Acupuncture care Naturopathic care Massage therapy– maximum 18 visits per year Maximum benefit for chiropractic/ acupuncture/naturopathy/massage therapy per calendar year	20% of contract rate 20% of contract rate 20% of contract rate 20% of contract rate \$1,000 (all services combined)	not covered not covered not covered not covered
<b>Emergency and urgent care services</b> Emergency room Urgent care - physician services Ground ambulance – maximum 3 trips per year Air ambulance – maximum 1 trip per year	20% of contract rate 20% of contract rate 20% 20%	20% 20% MAA 20% 20%
<b>Hospital services</b> Inpatient hospital Outpatient at hospital-based facility Outpatient at ambulatory surgery center	20% of contract rate 20% of contract rate 15% of contract rate	40% MAA 40% MAA 40% MAA
<b>Rehabilitative services</b> Inpatient – maximum 30 days per year Outpatient – maximum 30 days per year	20% of contract rate 20% of contract rate	40% MAA 40% MAA

(continued)

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<i>Benefits</i>	<i>Member pays</i>	
	<b>In-network</b>	<b>Out-of-network</b>
<b>Skilled nursing facility</b> – maximum 60 days per year	20% of contract rate	40% MAA
<b>Diagnostic lab and X-ray, EKG, ultrasound</b>	20% of contract rate	40% MAA
<b>Imaging and testing services</b> CT/MRI/MRA/PET/SPECT/EEG/Holter Monitor/stress test	20% of contract rate	40% MAA
<b>Allergy and therapeutic injections</b>	20% of contract rate	40% MAA
<b>Durable medical equipment (DME)</b>	20% of contract rate	40% MAA
<b>Home health visits</b>	20% of contract rate	40% MAA
<b>Hospice services</b>	20% of contract rate	40% MAA
<b>Behavioral Health</b> <i>administered by MHN</i>		
<b>Mental health and Chemical dependency</b>		
Inpatient	20% of contract rate	40% MAA
Outpatient, office visits	20% of contract rate	40% MAA
Outpatient, other	20% of contract rate	40% MAA

**The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims**

**The annual out-of-pocket maximum includes your annual deductible, copays and coinsurance. After you reach the out-of-pocket maximum in a calendar year, we will pay your covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of maximum allowable amount (MAA) for out-of-network (OON) services. You are still responsible for OON billed charges that exceed MAA**

**If a newborn patient requires admission to an intermediate or intensive care nursery, the deductible and coinsurance for these services will accumulate under the newborn's coverage, not under the mother's coverage**

**For Mental Health or Chemical Dependency services, call 800-977-8216  
For Alternative Care benefits, call American Specialty Health (ASH) at 800-678-9133**

**Certain services require prior authorization or must be performed by a specialty care provider**

**This *Plan Overview* is intended to be used for marketing purposes only and presents general information. Please refer to your *Benefit Schedule and Agreement* for details, limitations, exclusions and other terms and conditions of coverage**

**Medical services provided by a Naturopath do not apply to the alternative care calendar year benefit limit**



Kim Aung  
Health Net

# Health Net Pharmacy Benefits

NMSLHD80

The following is a brief description of your Health Net Pharmacy benefits.

<i>Benefit level</i>	<i>In pharmacy (per fill, up to a 90-day supply)</i>	<i>Mail order (per fill, up to a 90-day supply)</i>
Tier 1	20%	20%
Tier 2	20%	20%
Tier 3	20%	20%
Specialty pharmacy	20%	Mail order not available
Orally administered anticancer medications	20%	Mail order not available
Preventive pharmacy, tobacco cessation and women's contraception methods	No copay and/or coinsurance	No copay and/or coinsurance
Out-of-pocket maximum per calendar year	Refer to your Medical plan Deductible/OOPM. Specialty pharmacy services, and orally-administered anticancer medications apply toward your Medical plan Deductible and Out-of-Pocket maximum	

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > My Prescriptions > Order by mail.

### Essentials Drug List

A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Drug List (EDL). Log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > My Health Plan > Pharmacy Coverage > View My Drug List > 2016 Essential Health Benefit Drug Lists > OR Essential RX Drug List or Preventive Drug List.

### Specialty Pharmacy

Certain drugs identified on the Essential Drug List are classified as Specialty Pharmacy drugs under your plan. Specialty Pharmacy drugs are high cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and having significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.

### Preventive Pharmacy

Preventive Pharmacy medications require a prescription and are limited to prescription drugs and over-the-counter medications that are determined to be preventive. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug with no generic class drug available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Women's Contraception*

Generic class Food and Drug Administration (FDA) approved contraceptive methods, patient education and counseling for all women with reproductive capacity are covered. FDA approved, over-the-counter contraceptive methods for women require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Tobacco Cessation*

Food and Drug Administration (FDA) approved prescription drugs classified as smoking cessation medications are covered when dispensed by a participating provider pharmacy. FDA approved, over-the-counter tobacco cessation medications require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Participating Pharmacies*

Participating Provider pharmacy must be used when filling all prescriptions under your plan. The plan does not cover prescriptions filled at a Non-Participating pharmacy.

### *What if I am on a medication that was covered by my previous health insurance?*

Under the Continuity of Care Policy, within the first 90 days of Health Net coverage, you will receive authorization for any existing medication requiring prior authorization that was covered under your previous health insurance company. The health plan will require verification that the medication was covered by the previous insurance company. This policy excludes the following: injectables, compounded medications, pharmacy benefit exclusions, and overrides on quantity or dosage limits.

This pharmacy plan provides Creditable Coverage for Medicare Part D if you are not currently enrolled in Medicare. If you are currently enrolled in Medicare, please call our Customer Contact Center to find out if your specific plan provides creditable coverage.

**This is a brief description of your Health Net Pharmacy benefits and is intended for marketing purposes only and presents general information. Please refer to your *Prescription Supplemental Benefit Schedule* to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.**