

Plan Overview

PPO Advantage - A20-750-2-3750

Benefits	Member pays	
	In-network	Out-of-network
Deductible per calendar year	\$750 single / \$1,500 family in-network and out-of-network combined	
Out-of-pocket maximum includes deductible	\$3,750 single / \$7,500 family in-network and out-of-network combined	
Office visits 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 copay/visit (deductible waived) \$20 copay/visit (deductible waived) 20% of contract rate	40% MAA 40% MAA 40% MAA
Preventive care – 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)
Alternative care <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	\$15 copay/visit (deductible waived) \$15 copay/visit (deductible waived) \$20 copay/visit (deductible waived) \$25 copay/visit (deductible waived) \$1,000 (all services combined)	not covered not covered not covered not covered
Emergency and urgent care services Emergency room Urgent care - physician services Ground ambulance – maximum 3 trips per year Air ambulance – maximum 1 trip per year	\$150 copay/visit, then 20% of contract rate (deductible waived / copay waived if admitted) \$50 copay/visit (deductible waived) 20% 20%	\$150 copay/visit, then 20% (deductible waived / copay waived if admitted) \$50 copay/visit MAA (deductible waived) 20% 20%
Hospital services 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
Rehabilitative services 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>	
	In-network	Out-of-network
Skilled nursing facility – maximum 60 days per year	20% of contract rate	40% MAA
Diagnostic lab and X-ray, EKG, ultrasound	20% of contract rate (deductible waived)	40% MAA
Imaging and testing services CT/MRI/MRA/PET/SPECT/EEG/Holter Monitor/stress test	20% of contract rate	40% MAA
Allergy and therapeutic injections	20% of contract rate	40% MAA
Durable medical equipment (DME)	20% of contract rate	40% MAA
Home health visits	20% of contract rate	40% MAA
Hospice services	20% of contract rate	40% MAA
Behavioral Health <i>administered by MHN</i>		
Mental health and Chemical dependency		
Inpatient	20% of contract rate	40% MAA
Outpatient, office visits	\$20 copay/visit (deductible waived)	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

The outpatient emergency room copay is waived if you are admitted

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