

# Plan Overview

PPO Essentials - E35-5000-2-5600

Benefits	Member pays	
	In-network	Out-of-network
<b>Deductible</b> per calendar year	\$5,000 single / \$10,000 family in-network and out-of-network combined	
<b>Out-of-pocket maximum</b> includes deductible	\$5,600 single / \$11,200 family in-network and out-of-network combined	
<b>Office visits</b>		
Physician - includes family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology, telemedicine services	\$35 copay/visit (deductible waived)	40% MAA
Specialist physician – providers in specialties other than those listed above	\$70 copay/visit (deductible waived)	40% MAA
Maternity delivery care (professional services only)	20% of contract rate	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
<b>Alternative care</b> <i>administered by American Specialty Health (ASH)</i>		
Chiropractic (spinal manipulation)	\$15 copay/visit (deductible waived)	not covered
Acupuncture care	\$15 copay/visit (deductible waived)	not covered
Naturopathic care	\$35 copay/visit (deductible waived)	not covered
Massage therapy– maximum 18 visits per year	\$25 copay/visit (deductible waived)	not covered
Maximum benefit for chiropractic/ acupuncture/naturopathy/massage therapy per calendar year	\$1,000 (all services combined)	
<b>Emergency and urgent care services</b>		
Emergency room	20% of contract rate	20%
Urgent care - physician services	\$50 copay/visit (deductible waived)	\$50 copay/visit MAA (deductible waived)
Ground ambulance – maximum 3 trips per year	20%	20%
Air ambulance – maximum 1 trip per year	20%	20%
<b>Hospital services</b>		
Inpatient hospital	20% of contract rate	40% MAA
Outpatient at hospital-based facility	20% of contract rate	40% MAA
Outpatient at ambulatory surgery center	15% of contract rate	40% MAA
<b>Rehabilitative services</b>		
Inpatient – maximum 30 days per year	20% of contract rate	40% MAA
Outpatient – maximum 30 days per year	20% of contract rate	40% MAA

(continued)

*PPO Essentials - E35-5000-2-5600*

<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	\$35 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