

Plan Overview

CFB PPO HSA 4500 (25V) and 6000 (266)

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Certificate of Insurance should be consulted for a detailed description of coverage benefits and limitations. In case of conflict, the Certificate of Insurance controls. Benefits are subject to deductibles unless noted.

Benefit description	Insured person(s) responsibility	
	In-network ¹	Out-of-network ²
Lifetime maximum	Unlimited	
Calendar year deductible All benefits including pharmacy are subject to the deductible except preventive care. Health Net will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible.	\$4,500 single / \$9,000 family \$6,000 single / \$12,000 family	
Calendar year out-of-pocket maximum (OOPM) Includes calendar year deductible. Payments for services not covered by this plan will not apply to this calendar year out-of-pocket maximum.	\$4,500 single / \$9,000 family \$6,000 single / \$12,000 family	\$9,500 single / \$19,000 family \$11,000 single / \$22,000 family
Professional services Visit to physician (including specialist consultations and visits to a CVS MinuteClinic ³)	0%	50%
X-ray and laboratory procedures ⁴	0%	50%
Preventive care services (adult and child) Routine preventive services and immunizations (including preventive services obtained at a CVS MinuteClinic ^{3,5})	Covered in full (deductible waived)	Not covered
Emergency health coverage Emergency room – professional and facility charges		0%
Urgent care center – facility charges		0%
Ambulance (ground and air)		0%
Outpatient services⁴ Outpatient surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Outpatient facility services ⁴	0%	50%
Hospitalization services⁴ Inpatient, semiprivate hospital room or intensive care unit with ancillary services – includes maternity care (unlimited, except for non-severe mental health and substance abuse treatment. Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	0%	50%
Other services Outpatient rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy). 12 visits maximum per calendar year. ⁶	0%	50%
Chiropractic care / acupuncture (12 visits max/year combined)	0%	50%
Mental health for non-severe conditions ^{4,7}	Inpatient / Outpatient: 0%	Inpatient: 50% Outpatient: Not covered

(continued)

CFB PPO HSA 4500 (25V) and 6000 (266) (continued)

Benefit description	Insured person(s) responsibility	
	In-network ¹	Out-of-network ²
Diabetic equipment	0%	Not covered
Durable medical equipment – including foot orthotics (\$2,000 maximum payable per calendar year)	0%	Not covered
Outpatient prescription drugs^{8,9} (Medical deductible applies. Filled at participating pharmacy or through participating mail order; not covered at nonparticipating pharmacies.)	0%	Not covered

¹Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

²Please refer to the Certificate of Insurance for out-of-network reimbursement methodology.

³CVS MinuteClinics are only available in select locations in the following counties of California: Orange, Riverside, San Diego and Los Angeles. For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

⁴Certain services require prior certification from Health Net. Without prior certification, the benefit is reduced by 50%. Refer to the Certificate of Insurance for details.

⁵Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); and comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents.

⁶Additional visits payable if precertified as medically necessary following neurological and orthopedic surgery, cerebral/cardiovascular accident, third degree burns, head trauma, and spinal cord injuries.

⁷Inpatient: Maximum allowable per day is \$300. Outpatient: Maximum amount payable per visit is \$30.

⁸The Recommended Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Recommended Drug List, go to Health Net's website. Refer to the Certificate of Insurance for complete information on prescription drugs.

⁹Prescription drug charges do not apply to your maximum out-of-pocket limit. Brand deductible per person, if applicable, is in addition to the medical deductible and must be paid for prescription drug-covered services before Health Net begins to pay.