

# Summary of benefits — NetFirst

*Underwritten by Health Net Life Insurance Company*

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

|  | NETFIRST (applicant only)   |  |
|--|---|--|
|  | IN-NETWORK  | OUT-OF-NETWORK   |
| <b>LIFETIME MAXIMUM</b>  | \$6 million   |  |
| <b>ANNUAL DEDUCTIBLE</b>   | \$0   |  |
| <b>ANNUAL OUT-OF-POCKET MAXIMUM</b><br>(payments for services not covered by this plan will not apply to this yearly out-of-pocket maximum)  | \$7,500   | \$15,000   |
| <b>PROFESSIONAL SERVICES</b>   |   |  |
| Visit to physician (including specialist consultations)  | \$35  | 50%  |
| X-ray and laboratory procedures <sup>2</sup>   | 35%   | 50%  |
| <b>Adult preventive care</b> (age 19 and older)<br>Annual routine physical, exam, yearly OB/GYN exam (breast and pelvic exams, Pap smears and mammography) <sup>3</sup> /Yearly prostate cancer screening and exam   | \$35  | Not covered  |
| <b>Child preventive care</b> (newborns to age 18)<br>Checkups, immunizations, vision and hearing exams   | \$35  | Not covered  |
| <b>EMERGENCY HEALTH COVERAGE</b>   |   |  |
| Emergency room (professional and facility charges)   | \$100 copay plus 35% (copay waived if admitted)   |  |
| Urgent care center (facility charges)  | 35%   |  |
| Ambulance  | 35%   |  |
| <b>OUTPATIENT SERVICES<sup>2</sup></b>   |   |  |
| Outpatient Surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)   | \$500 copay <sup>6</sup> plus 35%   | \$500 copay <sup>6</sup> plus 50%                                  |
| Outpatient facility services <sup>2</sup>  | 35%   | 50%  |
| <b>HOSPITALIZATION SERVICES<sup>2</sup></b>  |   |  |
| Inpatient, semiprivate hospital room or intensive care unit with ancillary services (unlimited, except for non-severe mental health and substance abuse treatment. Out-of-network maximum allowable charge is \$600 per day.)  | \$500 copay <sup>7</sup> per day plus 35%<br>(4 day maximum copay)  | \$500 copay <sup>7</sup> per day plus 50%<br>(4 day maximum copay) |
| Maternity care in a hospital or skilled nursing facility   | Not covered   |  |
| Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)   | 35%   | 50%  |
| <b>OTHER SERVICES</b>  |   |  |
| Outpatient Rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy) (maximum payable \$500 per calendar year combined in or out-of-network.)  | 35%   | 50%  |
| Chiropractic care/Acupuncture  | Not covered   |  |
| Mental health for non-severe conditions <sup>2</sup><br>(Outpatient: maximum payable \$500 per calendar year.<br>Inpatient: maximum payable \$5,000 per calendar year.)  | 35%   | 50%  |
| Diabetic equipment   | 35%   | Not covered  |
| Durable medical equipment (\$2,000 maximum payable per calendar year.) (including foot orthotics)  | 35%   | Not covered  |
| <b>OUTPATIENT PRESCRIPTION DRUGS<sup>5,8</sup></b><br>Filled at participating pharmacy (up to a 30-day supply);<br>not covered at non-participating pharmacies<br><i>Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copayment</i> | Two Rx options available:<br>1) 3-tier<br>\$750 brand deductible<br>\$10 Level I (generic)<br>\$35 Level II (formulary brand)<br>\$50 or 50% (whichever is greater)<br>Level III (non-formulary brand)<br>or<br>2) Generic Only<br>\$10 Level I (generic) | Not covered  |

Health Net PPO insurance plans (Policy Form #P30601 CA 9/08) are underwritten by Health Net Life Insurance Company.

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## Footnotes

<sup>1</sup>Deductible waived for the first 2 visits of any combination of Professional Services and Preventative Care. Additional visits are covered with coinsurance after deductible.

<sup>2</sup>Certain services require prior certification from Health Net. Without prior certification, benefit is reduced by 50%. Refer to the Policy for details.

<sup>3</sup>Mammograms are covered at the following intervals: one exam between the ages 35–39, one every 24 months for ages 40–49 and one every year for age 50 and older.

<sup>4</sup>Treatment of non-severe mental disorders is limited to 20 outpatient visits and 30 inpatient days per calendar year. Refer to the applicable Policy for maximum allowable amounts.

<sup>5</sup>The 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 Policy for complete information on prescription drugs.

<sup>6</sup>Copayment does not apply once annual out-of-pocket maximum is met.

<sup>7</sup>Copayment continues to apply after annual out-of-pocket maximum is met.

<sup>8</sup>Prescription 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.

<sup>9</sup>Subject to six-month waiting period.

<sup>10</sup>Subject to twelve-month waiting period.