

# Plan Overview

## CFB HSA 4500 and 6000

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.

**You pay 100% of the contracted rate until your deductible is met, then you pay the listed coinsurance (%) until your out-of-pocket-maximum OOPM) is met.**

Benefit description	Insured person(s) responsibility	
	In-network <sup>1</sup>	Out-of-network <sup>2</sup>
<b>Lifetime maximum</b>	Unlimited	
<b>Calendar year deductible</b> 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	
<b>Calendar year out-of-pocket maximum (OOPM)</b> 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
<b>Professional services</b> Visit to physician (including specialist consultations and visits to a CVS MinuteClinic <sup>3</sup> ) <sup>4</sup>	0%	50%
X-ray and laboratory procedures <sup>4,5</sup>	0%	50%
<b>Preventive care services (adult and child)</b> Routine preventive services and immunizations (including preventive services obtained at a CVS MinuteClinic <sup>3</sup> ) <sup>4,6</sup>	Covered in full (deductible waived)	Not covered
<b>Emergency health coverage</b> Emergency room – professional and facility charges		0%
Urgent care center – facility charges		0%
Ambulance (ground and air)		0%
<b>Outpatient services<sup>5</sup></b> Outpatient surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Outpatient facility services <sup>5</sup>	0%	50%
<b>Hospitalization services<sup>5</sup></b> 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%
<b>Other services</b> Outpatient rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy). 12 visits maximum per calendar year. <sup>7</sup>	0%	50%
Chiropractic care / acupuncture (12 visits max/year combined)	0%	50%
Mental health for non-severe conditions <sup>5,8</sup>	Inpatient / Outpatient: 0%	Inpatient: 50% Outpatient: Not covered

(continued)

## CFB HSA 4500 and 6000 (continued)

Benefit description	Insured person(s) responsibility	
	In-network <sup>1</sup>	Out-of-network <sup>2</sup>
Diabetic equipment	0%	Not covered
Durable medical equipment – including foot orthotics (\$2,000 maximum payable per calendar year) <sup>4</sup>	0%	Not covered
<b>Outpatient prescription drugs<sup>9</sup></b> (Medical deductible applies. Filled at participating pharmacy or through participating mail order; not covered at nonparticipating pharmacies.)	0%	Not covered

<sup>1</sup>Insured pays the contracted rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

<sup>2</sup>Please refer to the Certificate of Insurance for out-of-network reimbursement methodology.

<sup>3</sup>CVS 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](http://www.minuteclinic.com).

<sup>4</sup>As of 1/1/2013, preventive care services for women also include: female contraceptive services, devices and supplies, female family planning, female preventive sterilizations, screening for gestational diabetes, domestic violence and HIV, breastfeeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives and breastfeeding support.

<sup>5</sup>Certain services require prior certification from Health Net. Without prior certification, the benefit is reduced by 50%. Refer to the Certificate of Insurance for details.

<sup>6</sup>Covered 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.

<sup>7</sup>Additional visits payable if precertified as medically necessary following neurological and orthopedic surgery, cerebral/cardiovascular accident, third degree burns, head trauma, and spinal cord injuries.

<sup>8</sup>Inpatient: Maximum allowable per day is \$300. Outpatient: Maximum amount payable per visit is \$30.

<sup>9</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 Certificate of Insurance for complete information on prescription drugs. Effective 1/1/13, some plans will cover most female prescription contraceptives at \$0 cost share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Recommended Drug List (RDL) for coverage, cost-share and tier information. Certificate of Insurance (COI) is a legal binding document. If the information in this brochure differs from the information in the COI, the COI controls.