

SMALL BUSINESS GROUP

PLAN OVERVIEW

Standard HMO 40 (885)



Health Net®
A BETTER DECISION

About Health Net

Health Net, Inc. is one of the nation's largest publicly traded managed health care companies with over 6.3 million customers in 27 states and the District of Columbia, and more than 25 years of continuous operations. Our mission is to help our customers be healthy, secure and comfortable.

About Your HMO Plan

An HMO (Health Maintenance Organization) plan centers on the relationship between you and your personal doctor. When you enroll, you choose a primary care physician (PCP). This doctor will be the first person you visit when you are sick, and the physician you visit for routine care. Your PCP belongs to a larger group of health professionals, called a Participating Physician Group. If you need care from a specialist, your PCP will refer you to one within the group. If you need facility-based care (excluding emergencies), your PCP will refer you to a hospital or facility within the group, and take care of any necessary pre-authorizations.

Your PCP is perhaps the most important person who can help you stay in the best possible health. For this reason, it is important to choose a PCP with whom you are comfortable. It is also important to choose a PCP whose office is near your workplace or home. If you are adding a spouse or dependent children to your plan coverage, you will need to select a PCP for each. To see the most current PCP listing, visit www.healthnet.com, and click on *Provider Search*.

Tip: Once you have found a PCP for you and each covered family member, be sure to write down the PCP's ID#, as well as the Enrollment ID# of the physician group.

HOW MUCH WILL YOU OWE?

One of the advantages of enrolling in an HMO plan is that you may pay less "out-of-pocket" expenses than with other types of plans. Most office visits to a PCP or specialist require a modest copayment (set dollar amount). Visits to a hospital or facility may only require a copayment as well. Some services require a percentage of the overall cost (coinsurance). For a

partial list of the benefits and service costs of your plan, refer to the plan summary contained in this document. For full details on the terms and conditions of coverage of your plan, reference your Evidence of Coverage booklet.

What else do you get?

Being a member of the Health Net family means having access to a broad variety of tools that can help you make better decisions about your health. Some of these tools are listed below.

DECISION POWERSM

If you face a significant medical condition or procedure, you may ask: How do I learn more? What are my options? Maybe you'll be too panicked to get this far. Decision Power puts you in touch with professional Health Coaches, 24 hours a day, seven days a week. Whether you are facing an upcoming surgery or an ongoing health concern, a Health Coach is there to support you, every step of the way.

HOSPITAL COMPARISON REPORT

Not all hospitals provide the same outcomes for the same procedures. In addition, not all hospitals have the same services and experience. Want to compare them against each other? Log in at www.healthnet.com and click on *Doctor Search*, then *Compare Hospitals* to access our Hospital Comparison Report. The report lets you compare our network hospitals based on experience with procedures, patient volume, intensive care unit staffing and more.

PHARMACY LOCATOR

Looking for a pharmacy close by? That has a drive-thru? That's open 24 hours a day, seven days a week? Our pharmacy locator can help with these and several other pharmacy search criteria. To access this tool, log in at www.healthnet.com, click on *View Prescription Coverage*, then on *Find a Pharmacy*.

Questions?

If you have questions regarding your plan, please call the Customer Contact Center phone number listed on your ID card.

KEY BENEFITS ¹	STANDARD HMO 40 ³ (885)
PLAN MAXIMUMS	
Out-of-pocket maximum	\$4,000 single / \$8,000 family
Lifetime medical benefit maximum	No maximum
PROFESSIONAL SERVICES	
Office visit	\$40 copayment
Well child care (including immunizations)	\$40 copayment (birth through age 2 covered in full)
Adult preventive care (age 17 and older)	\$40 copayment
Annual routine physical examination (age 17 and older)	Not covered
Specialist consultation	\$40 copayment
X-ray and laboratory procedures ²	Covered in full
Physical therapy, speech therapy, occupational therapy, cardiac rehabilitation therapy and pulmonary rehabilitation therapy	\$40 copayment
Self-injectable drugs	30%
HOSPITAL SERVICES	
Inpatient hospital facility services (includes maternity)	\$1,000 copayment per day (3 day copayment maximum)
Outpatient facility services (other than surgery)	40%
Outpatient surgery (hospital or outpatient surgery center charges only)	\$1,000 copayment
Skilled nursing facility	Days 1–10: covered in full Days 11–100: \$25 copayment per day
EMERGENCY SERVICES	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$100 copayment
Urgent care facility	\$50 copayment
Ambulance services (ground and air)	\$100 copayment
OTHER SERVICES	
Durable medical equipment and orthotics	50% (\$2,000 maximum per calendar year)
Diabetic equipment	20%
Acupuncture, chiropractic services ⁴	Optional rider available
PRESCRIPTION DRUG COVERAGE⁵	
Brand name calendar year deductible (per member)	No deductible
Prescription drugs (up to a 30-day supply)	\$15 Level I \$30 Level II \$50 Level III

¹ This is a summary of your benefits. It does not include all services, limitations, exclusions. Please refer to the Evidence of Coverage for terms and conditions of coverage.

² Complex radiology (includes CT, SPECT, PET, and MRI) requires a \$100 copayment.

³ The HMO Silver Network is an affordable network alternative offered in all or parts of Kern, Los Angeles, Orange, San Bernardino, San Diego, San Francisco, Riverside, and Ventura counties. Ask your employer if this network is available to you.

⁴ Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the HMO plan shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

⁵ Prescription drugs filled through mail order (up to a 90 day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

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