



HMO AND PPO BENEFITS OVERVIEW

Health coverage made easy.

Effective July 1, 2009



Health Net®

A BETTER DECISION

IFP PLANS BENEFIT OVERVIEW

This chart is a summary of in-network benefits only. For PPO coverage, covered services received out-of-network usually require a higher out-of-pocket cost. For benefit details, please see the Individual & Family HMO or PPO Summary of Benefits.

APPLICANT ONLY	AVAILABLE PLANS ¹					
	LIFETIME MAXIMUM	ANNUAL DEDUCTIBLES	ANNUAL OUT-OF-POCKET MAXIMUM	PROFESSIONAL SERVICES		
			Payments for services not covered by this plan will not apply to this yearly out-of-pocket maximum	Visit to physician, including specialist consultations	X-ray and laboratory procedures	Preventive care – adult and child
	\$6 million	\$2,500 single/\$5,000 family ²	\$2,500 single/\$5,000 family (includes deductible)	Covered in full after deductible is met	Covered in full after deductible is met	\$40 (deductible waived)
		\$4,500 single/\$9,000 family ²	\$4,500 single/\$9,000 family (includes deductible)			
	\$6 million	\$0	\$7,500	\$35	35%	\$35
		\$4,000	\$3,500	\$35 (deductible waived for first 2 visits) ⁴	35%	\$35 (deductible waived for first 2 visits) ⁴
	\$6 million	\$3,500/2 per family ³	\$3,500/2 per family ³	\$35 (deductible waived for first 2 visits) ⁴	35%	\$35 (deductible waived for first 2 visits) ⁴
	Unlimited	\$1,500 for inpatient hospital services only (prescription drug deductible also applies)	\$3,000 single/\$6,000 family (includes deductible)	\$40	Covered in full	\$40
		\$1,000 for inpatient hospital services only (prescription drug deductible also applies)		\$15		\$15

Dental and Vision plans are also available.

This is a summary only and not intended for enrollment purposes. Refer to the applicable Policy or Evidence of Coverage for a detailed description of benefits and limitations. Please contact your authorized Health Net agent for more information or visit our website at www.healthnet.com.

¹Please see the Individual and Family Rate Guide for premium information. HMO plans offered by Health Net of California, Inc. PPO, HSA and Life Insurance coverage underwritten by Health Net Life Insurance Company.

²All 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/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.

³Family deductible and out-of-pocket maximums are satisfied when two family members meet their individual amounts.

⁴Deductible waived for the first 2 visits of any combination of Professional Services and Preventive Care. Additional visits are covered with coinsurance after deductible.

AVAILABLE PLANS ¹	OUTPATIENT SERVICES		MATERNITY AND PREGNANCY	HOSPITALIZATION SERVICES	EMERGENCY HEALTH COVERAGE	OUTPATIENT PRESCRIPTION DRUGS
	Outpatient surgery (hospital or outpatient surgery center charges only)	Outpatient facility services	Prenatal and postnatal office visits	Inpatient hospital services	Emergency room (professional and facility charges)	Filled at participating pharmacy; Mail order prescriptions available
OPTIMUM ADVANTAGE HSA 2500	Covered in full after deductible is met	Covered in full after deductible is met	Not covered	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met
OPTIMUM ADVANTAGE HSA 4500						
NETFIRST	\$500 copay plus 35%	35%	Not covered	\$500 copay per day/4-day maximum plus 35%	\$100 copay plus 35% (copay waived if admitted to hospital)	\$10 Level I (generic) \$750 brand deductible per person \$35 Level II (formulary brand) \$50 or 50% (whichever is greater) Level III (non-formulary brand)
VALUENET	35%	35%	Not covered	35%	35%	\$10 Level I (generic only)
BALANCENET	35%	35%	35%	35%	35%	\$10 Level I (generic) \$750 brand deductible per person \$35 Level II (formulary brand) \$50 or 50% (whichever is greater) Level III (non-formulary brand)
HMO 40	\$250	Covered in full	\$40	\$1,500 deductible applies per calendar year for inpatient hospital services	\$100 copay (copay waived if admitted to hospital)	\$100 deductible, then \$15 Level I (generic), \$25 Level II (brand), \$50 Level III (non-formulary)
HMO 15			\$15	\$1,000 deductible applies per calendar year for inpatient hospital services	\$75 copay (copay waived if admitted to hospital)	

APPLICANT ONLY

ALL HEALTH NET MEDICAL PLANS COME COMPLETE WITH EXTRA FEATURES.

Decision PowerSM

When it comes to your health, there’s more than one right answer. That’s why your Health Net plan comes with Decision Power – the program that brings together under one roof the information, resources and personal support that fit you, your health and your life. Whether you’re focused on staying fit, dealing with back pain or facing a serious diagnosis, we’re here to help you work with your doctor and make informed decisions.

Online Resources

At www.healthnet.com, we make it fast and easy to get things done on your schedule, not ours. Check benefits, order ID cards, compare treatment costs and hospital quality, look up pharmacy information, try interactive wellness tools and more.

Want to know more before you choose Health Net?

Come on over to www.healthnet.com and take a look.

- Click on *Provider Search* to see if your current doctor is with Health Net, or find one close to your home or work.
- View *Pharmacy Info* to locate a pharmacy near you, view our drug list to see what brand-name and generic medications we cover and find answers to commonly asked questions.
- Check out the carousel at the bottom of the homepage for current Health Net news and events.

Once you enroll with Health Net you can access exclusive online member resources.

Questions? Please contact your authorized Health Net Broker or Health Net at 1-800-909-3447.



What makes Health Net a better decision?

What makes Health Net a better decision? Depends on whom you ask. Some people choose us for the benefit coverage we offer. Others for our big networks that offer lots of choice. Still others choose us for the extras we offer to keep you and your family healthy.

Chances are, whatever is most important to *you*, you'll find it here.



IFP At-a-glance

NETFIRST

- \$0 deductible applicant-only plan
- \$35 copayment for doctor visits, annual exams
- 35% coinsurance for in-network services
- 3-tier or generic prescription drug coverage

BALANCENET

- Preventive or doctor office visits (up to two) for a \$35 copay (deductible waived)
- Available for individuals and families
- Includes maternity coverage
- 3-tier prescription drug coverage

VALUENET

- Low price point plan
- Preventive or doctor office visits (up to two) for a \$35 copay (deductible waived)
- \$10 generic prescription drug benefit
- Applicant-only plan

OPTIMUM ADVANTAGE HSA

- Lower premiums
- 2 deductible choices: \$2,500 and \$4,500
- 100% in-network coverage after deductible is met
- Can be paired with a Health Savings Account, which allows you to use tax free dollars to pay for qualified medical expenses

HMO PLANS

- Set copay amounts – \$15 or \$40 depending on which plan you choose – and predictable costs
- Wide range of covered services
- Ability to choose a separate PCP and medical group for each family member

Plans that fit your budget.
Plans that fit your life.
Now easy as 1-2-3...

1. **Check us out.** See all our plans at www.healthnet.com.
2. **Let us do the legwork.** Call your authorized Health Net broker or us at 1-800-909-3447, option 2 for a free consultation and we'll help you find the plans that match your preferences and budget.
3. **Apply.** Call your authorized Health Net broker or Health Net at 1-800-909-3447, option 2.

Easy. Affordable. That's Health Net.

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