

PPO PLAN OVERVIEW 10/0/90/70 NG

Plan code 1ZK

	MEMBER RESPONSIBILITY	
	IN-NETWORK	OUT-OF-NETWORK ¹
PLAN MAXIMUMS		
Calendar year deductible	IN: \$0 / OON: \$250 / 3x individual (in-and out-of-network combined)	
Out-of-pocket maximum	\$2,000 / 3x individual	\$4,000 / 3x individual
Lifetime maximum	Unlimited	
Coinsurance	10%	30%
PROFESSIONAL SERVICES		
Office visit copay (including specialist consultation)	\$10	30%
Preventive care services ²	No charge	Not covered
X-ray and laboratory procedures (includes CT, SPECT, PET, MUGA and MRI)	10%	30%
Rehabilitation therapy ³	10%	30% (\$25 max payable per visit)
Self-injectables ⁴	20% (\$100 max copay per script)	
HOSPITAL SERVICES		
Inpatient care	10%	30%
Outpatient services	10%	30%
Outpatient surgery	10%	30%
Skilled nursing facility	10%	30%
	100 days per calendar year (in- and out-of-network combined)	
EMERGENCY SERVICES		
Emergency room facility (copayment waived if admitted)	\$100 + 10%	\$100 + 30%
Urgent care facility	\$10	30%
Ambulance services (ground and air)	\$50 + 10%	\$50 + 30%
BEHAVIORAL SERVICES		
Severe mental health (outpatient/inpatient) ⁵	\$10 / 10%	30% / 30%
Non-severe mental health (outpatient/inpatient)	\$10 / 10%	30% / 30%
Chemical dependency rehabilitation (outpatient/inpatient)	\$10 / 10%	30% / 30%
Acute care detoxification	10%	30%
OTHER SERVICES		
Durable medical equipment	10%	30%
	\$5,000 max per calendar year (in- and out-of-network combined)	
Orthotics and prosthetics	10%	30%
Diabetic equipment	10%	30%
Chiropractic services	\$10	30% (\$25 max payable per visit)
	\$1,500 max per calendar year (in- and out-of-network combined)	
Acupuncture	10%	30% (\$25 max payable per visit)
	\$1,500 max per calendar year (in- and out-of-network combined)	

¹Out-of-network reimbursement based on maximum allowable amount. The covered person is responsible for charges in excess of maximum allowable charges in addition to the coinsurance shown. Refer to the definition section of the Certificate of Insurance for details.

²Preventive care: Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab and X-ray services.

³Rehab therapy: Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁴Through PPO, pre-certification is required by Health Net Pharmacy.

⁵The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, and serious emotional disturbances of children (SED).

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the policy/certificate for terms and conditions of coverage. Insurance plan is underwritten by Health Net Life Insurance Company.