

Plan Overview

PPO (FVY)

| Benefit description | Insured person(s) responsibility | |
|---|---|---------------------------------------|
| | In-network | Out-of-network ¹ |
| Plan maximums² | | |
| Calendar year deductible | \$5,000 Individual / \$10,000 Family | \$10,000 Individual / \$20,000 Family |
| Out-of-pocket maximum (combined with Rx) | \$6,350 Individual / \$12,700 Family | \$12,700 Individual / \$25,400 Family |
| Lifetime maximum | No maximum | |
| Coinsurance | 30% | 50% |
| Professional services | | |
| Office visit copay (including specialist consultation) ³ | visits 1-3 \$60 (ded waived) / visits 4+ \$60 (ded applies) Specialist visit \$70 (ded applies) | 50% |
| Preventive care services ³ | \$0 (ded waived) | Not covered |
| Telehealth services through Teladoc | \$0 (ded waived) | Not covered |
| X-ray and laboratory procedures (includes CT, SPECT, PET, MUGA, and MRI) | 30% | 50% |
| Rehabilitation therapy ⁴ | 30% | 50% |
| Self-injectables ⁵ | 30% / \$250 max per 30 day prescription; covered under the pharmacy benefit | Not covered |
| Hospital services | | |
| Inpatient care | 30% | 50% |
| Outpatient services | 30% | 50% |
| Outpatient surgery | 30% | 50% |
| Skilled nursing facility | 30% | 50% |
| Emergency services | | |
| Emergency room facility (copayment waived if admitted) | \$300 | \$300 |
| Urgent care facility | visits 1-3 \$120 ded waived / visits 4+ \$120 ded applies | 50% |
| Ambulance services (ground and air) | \$300 | \$300 |
| Mental health and chemical dependency services | | |
| Outpatient consultation | visits 1-3 \$60 ded waived / visits 4+ \$60 ded applies | 50% |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | 30% | 50% |
| Inpatient (includes detoxification) | 30% | 50% |
| Other services | | |
| Durable medical equipment ⁶ | 30% | Not Covered |
| Orthotics and prosthetics | 30% | Not Covered |
| Diabetic equipment | 30% | Not Covered |
| Chiropractic services (\$1,500 per calendar year; PPO and OON combined) | visits 1-3 \$60 ded waived / visits 4+ \$60 ded applies | 50% (\$25 max payable per visit) |
| Acupuncture | 30% | 50% |

(footnotes on reverse)

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.

²All benefits are subject to deductible, except preventive care. The PPO and OON deductibles and OOPM's cross accumulate.

³Preventive care: Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab and X-ray services.

⁴Rehabilitation therapy: Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁵Pre-certification is required by Health Net Pharmacy.

⁶As Preventive care services for women also includes: 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.

Health Net contracts with Teladoc to provide telehealth services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, nontherapeutic drugs or certain other drugs which may be harmful because of potential abuse.

CA LG (9/19) This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the Certificate of Insurance for all terms and conditions of coverage. PPO insurance plans are underwritten by Health Net Life Insurance Company. Managed Health Network, LLC (MHN) is a subsidiary of Health Net, LLC. The MHN family of companies includes Managed Health Network (CA) and MHN Services, LLC. Managed Health Network is a registered service mark of Managed Health Network, LLC. Health Net Life Insurance Company is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances PO Box 10348, Van Nuys, CA
91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Members) or Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Panjabi (Punjabi)

ਬਨਿਾਂ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ (TTY: 711).

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочесть документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi (TTY: 711).