LARGE GROUP



Plan Overview

3000/0% (\$3,000 / \$6,000) HSA-COMPATIBLE PPO

Dut-of-pocket maximum (combined with Rx) \$3,000 Individual / \$6,000 Family \$10,000 Individual / \$24,000 Family Diabetary year deductible \$3,000 Individual / \$6,000 Family \$6,000 Individual / \$20,000 Family Dinosurance 0% 50% Professional services 50% 50% Office visit (Specialist) ³ 0% 50% Preventive care services ^{3,4} \$0 NC elehealth services/virtual Health through preferred vendor \$0 NC Cray and laboratory procedures ³ 0% 50% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) 0% 50% Ababilitation therapy ⁵ 0% 50% Relabilitation therapy ⁵ 0% 50% Relabilitation therapy of (includes maternity) 0% 50% Dubtpatient services (other than surgery) 0% 50% Dubtpatient surgery (hospital) 0% 50% Dubtpatient surgery (ambulatory surgery center) 0% 50% Dubtpatient surgery (ambulatory surgery center) 0% 50% Rimergency room facility (copayment waived if admitted) 0%	Benefit description	Member responsibility	
Sub-of-pocket maximum (combined with Rx) \$3,000 Individual / \$6,000 Family \$10,000 Individual / \$24,000 Family \$20,000 Individual / \$24,000 Family \$20,000 Individual / \$24,000 Family \$20,000 Individual / \$20,000 Family		IN-NETWORK	OUT-OF-NETWORK ¹
Salendar year deductible \$3,000 Individual / \$6,000 Family \$6,000 Individual / \$12,000 Family \$6,000 Individual / \$100 Individual / \$10	Plan maximums ²		
Coinsurance O% 50% Professional services Office visit (PCP)3 O% 50% Office visit (PCP)3 O% 50% Treventive care services3.4 slo NC elehealth services/virtual Health through preferred vendor \$0 NC Cray and laboratory procedures3 O% 50% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) O% 50% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) O% 50% Including the services of the services	Out-of-pocket maximum (combined with Rx)	\$3,000 Individual / \$6,000 Family	\$12,000 Individual / \$24,000 Family
Professional services Office visit (Specialist) ³ Office visit (Specialist) ⁴ Office visit (Specialist) Office visit (Specialist) ⁴ Office visit (Specialist) Office visit (PCP) ³ Office visit (Specialist) Office visit (PCP) ³ Office visit (Specialist) Office visit (Specialist) Office visit (PcP) ³ Office visit (Specialist) Office visit (Specialist) Office visit (Specialist) Office visit (Specialist) Office visit (PcP) ³ Office visit (Specialist) Office visit (Specialist) Office visit (Annual Annual An	Calendar year deductible	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
Office visit (PCP) ³ Office visit (Specialist) Office visit (Specialis	Coinsurance	0%	50%
Preventive care services 3.4 Preventive care services 3.4 Preventive care services 3.4 Preventive care services 4.5 Preventive care services 5.4 Preventive care services 5.4 Preventive care services 5.4 Preventive care services 6.4 Preventive consultation 0.4 Preventive care services 0.4 Preventive care during the services 0.4 Preventive care care during the services 0.4 Preventive care during the services 0.4 Preventive care during the services 0.	Professional services Office visit (PCP) ³	0%	50%
Felehealth services/Virtual Health through preferred vendor Foray and laboratory procedures ³ O% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) O% So% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) O% So% So% So% So% So% So% So%	Office visit (Specialist) ³	0%	50%
Cray and laboratory procedures ³ O% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) O% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) O% Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) O% Covered under the pharmacy benefit NC Overed un	Preventive care services ^{3,4}	\$0	NC
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) Rehabilitation therapy5 Rehabilitation therapy5 Refer injectables6 Covered under the pharmacy benefit NC Rospital services Repatient care (includes maternity) Row Dutpatient surgery (includes maternity) Row Dutpatient surgery (nospital) Row Dutpatient surgery (ambulatory surgery center) Row Refer in includes for	Telehealth services/Virtual Health through preferred vendor	\$0	NC
Rehabilitation therapy ⁵ Relf-injectables ⁶ Covered under the pharmacy benefit Relf-injectables ⁶ Covered under the pharmacy benefit Relf-injectables ⁶ Rospital services Repation care (includes maternity) Rospital services (other than surgery) Rosp	X-ray and laboratory procedures ³	0%	50%
covered under the pharmacy benefit Accopital services Inpatient care (includes maternity) Ow Ow Ow Ow Outpatient services (other than surgery) Ow Ow Outpatient surgery (hospital) Ow Ow Outpatient surgery (ambulatory surgery center) Ow Ow Sow Ow Ow Sow Ow Ow Sow Ow Sow Simergency services Imergency room facility (100 day maximum) Ow Ow Ow Ow Ow Ow Ow Ow Ow O	Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	0%	50%
Appendix services (pround and air) Appendix services (ground and air) Appendix services (ground and air) Appendix services (ground and substance use disorder services Apputation to ther (includes partial hospitalization/day treatment/intensive outpatient programs) Appendix services Appendix	Rehabilitation therapy ⁵	0%	50%
Inpatient care (includes maternity) Ow Dutpatient services (other than surgery) Ow Dutpatient surgery (hospital) Ow Dutpatient surgery (mospital) Ow Dutpatient surgery (ambulatory surgery center) Ow Diskilled nursing facility (100 day maximum) Ow Define gency services Define gency room facility (copayment waived if admitted) Ow Ow Define facility Ow Ow Define facility Ow Ow Define facility Ow Ow Define facility Ow Ow Ow Define facility Ow Define facility Ow Ow Define facility	Self-injectables ⁶	Covered under the pharmacy benefit	NC
Dutpatient surgery (hospital) Ow Dutpatient surgery (ambulatory surgery center) Ow Dutpatient surgery (ambulatory surgery center) Ow Dutpatient surgery (ambulatory surgery center) Ow Discipled nursing facility (100 day maximum) Ow Ow Discipled nursing facility (copayment waived if admitted) Ow Ow Ow Discipled care facility Ow Ow Ow Dow Dutpatient care facility Ow Ow Ow Dutpatient and substance use disorder services Outpatient consultation Ow Dutpatient other (includes partial hospitalization/day treatment/intensive) Dutpatient programs) Dutpatient (includes detoxification) Ow Dutpatient (includes detoxification) Ow Dutpatient detoxification) Ow Dutpatient programs Ow Dutpatient programs Ow Dutpatient of (includes detoxification) Ow Dut	Hospital services Inpatient care (includes maternity)	0%	50%
Dutpatient surgery (ambulatory surgery center) Owhold Sowhilled nursing facility (100 day maximum) Owhold Sowhilled nursing facility (100 day maximum) Owhold Sowhilled nursing facility (copayment waived if admitted) Owhold Sowhilled nursing facility (copayment waived if admitted) Owhold Sowhilled Read Facility	Outpatient services (other than surgery)	0%	50%
Skilled nursing facility (100 day maximum) Comergency services Comergency room facility (copayment waived if admitted) Comergency room facility (copayment waived i	Outpatient surgery (hospital)	0%	50%
Emergency services Emergency room facility (copayment waived if admitted) Ow Ow Ow Dirgent care facility Ow Mental health and substance use disorder services Outpatient consultation Ow Ow Ow Ow Ow Dutpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient (includes detoxification) Ow Ow Ow Ow Ow Ow Ow Ow Ow O	Outpatient surgery (ambulatory surgery center)	0%	50%
Emergency room facility (copayment waived if admitted) Ow Ombulance services (ground and air) Ow Mental health and substance use disorder services Outpatient consultation Ow Ow Outpatient other (includes partial hospitalization/day treatment/intensive outpatient (includes detoxification) Ow Other services Outpatient (includes dequipment ⁴ Ow Orthotics and prosthetics Ow Orthotics and prosthetics Ow Ow Ow Ow Sow Ow Sow Ow Sow So	Skilled nursing facility (100 day maximum)	0%	50%
Ambulance services (ground and air) Mental health and substance use disorder services Outpatient consultation Ow Dutpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Ow Dutpatient (includes detoxification) Ow Duther services Ourable medical equipment Ow Diabetic equipment Ow Sow Sow Sow Sow Sow Sow Sow	Emergency services Emergency room facility (copayment waived if admitted)	0%	0%
Mental health and substance use disorder services Outpatient consultation Ow Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Ow Other services Ourable medical equipment Ow Othorics and prosthetics Ow Outpatient Ow Ow Outpatient Ow Ow Outpatient Ow Ow Ow Outpatient Ow Ow Outpatient Ow Ow Ow Outpatient Ow Ow Ow Outpatient Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Outpatient Ow Ow Ow Ow Ow Outpatient Ow Outpatient Ow Outpatient Ow Ow Outpatient Ow Ow Outpatient Ow Outpatient Ow Outpatient Ow Outpatient Ow Ow Outpatient Ow Outp	Urgent care facility	0%	50%
Outpatient consultation Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Outpatient (includes detoxification) Ow Other services Ourable medical equipment ⁴ Ow Orthotics and prosthetics Ow Oiabetic equipment Ow Ow Occupation of the programs of the program of the program of the programs of the program of the programs of the program	Ambulance services (ground and air)	0%	50%
outpatient programs) Impatient (includes detoxification) Oww. Other services Ourable medical equipment ⁴ Oww. Orthotics and prosthetics Oww. Oiabetic equipment Oww. Acupuncture Oww. Sow.	Mental health and substance use disorder services Outpatient consultation	0%	50%
Durable medical equipment ⁴ Ow Orthotics and prosthetics Ow Oiabetic equipment Ow Acupuncture Ow 50% 50% 50% 50%	Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	0%	50%
Ourable medical equipment ⁴ Ow Orthotics and prosthetics Ow Oiabetic equipment Ow Ocupuncture Ow	Inpatient (includes detoxification)	0%	50%
Diabetic equipment 0% 50% Acupuncture 0% 50%	Other services Durable medical equipment ⁴	0%	50%
Acupuncture 0% 50%	Orthotics and prosthetics	0%	50%
	Diabetic equipment	0%	50%
Chiropractic services 0% 50% (\$25 max payable per visit)	Acupuncture	0%	50%
	Chiropractic services	0%	50% (\$25 max payable per visit)

(continued)

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 In-network and Out-of-network deductibles and OOPMs do not cross accumulate.

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

⁴Preventive 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.

⁵Rehabilitation therapy: Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁶Pre-certification is required by Health Net Pharmacy.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Evidence of Coverage for all terms and conditions of coverage. PPO plans offered 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 Net of California, Inc. 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/ O1-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.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) 8800-522-008-1

Armenian

Անվձար լեզվական ծառայություններ։ Դուք կարող եք բանավոր թարգմանիչ ստանալ։ Փաստաթղթերը կարող են կարդալ ձեզ համար։ Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽,並請我們將有您語言版本的部分文件寄給您。如需協助,請致電您會員卡上所列的電話號碼與我們聯絡,或致電1-800-522-0088 (TTY: 711)。

Hindi

बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711)।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 1-800-522-0088 (TTY: 711).

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088 、(TTY: 711)。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្ដាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711).។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711).

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígií hóló. T'áá hó hazaad k'ehjí naaltsoos hach'į' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzinígií bikáa'gi béésh bee hane'í bikáá' áajį' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

Panjabi (Punjabi)

ਬਨਿਾਂ ਕਿਸ ਲਾਗਤ ਤੋਂ 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 ਦੀਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (ТТҮ: 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 1-800-522-0088 (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 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu câu 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 1-800-522-0088 (TTY: 711).