

SMALL BUSINESS GROUP

PLAN OVERVIEW

Value HSA 3500 (9G7)



Health Net®
A BETTER DECISION

About your HSA plan

A Health Net HSA plan is a PPO health insurance plan that can be used with a health savings account. A health savings account is similar to a 401(k) plan, except the money in the account is used to pay for current and future health care costs.

Some key features of health savings accounts include:

- The funds may be used for qualified medical expenses.¹
- Individual contributions are tax deductible.²
- The funds can be invested, and earnings are non-taxable.²
- Withdrawals for qualified medical expenses are tax-free.²
- The funds are not “use it or lose it,” but can roll over to the following benefit year.
- The account is portable and is yours to keep.

Your health insurance part of your plan is a PPO (Preferred Provider Organization) health plan. This type of plan gives you the freedom to visit any licensed professional *without a referral from another doctor* and be eligible for benefit coverage. When you choose to visit a provider within the Health Net PPO network, you will be eligible for *significant savings* (if you choose to visit a provider outside the Health Net PPO network you will generally pay more). The savings may come from lower coinsurance (the percentage of a provider’s allowed charges that is your responsibility), and rates that Health Net has negotiated with providers for certain covered services.

To see the most current listing of PPO network professionals, visit www.healthnet.com, then click on the *ProviderSearch* area at the right, select a search method, and then complete the information in the areas provided.

HOW MUCH WILL YOU OWE?³

In your plan, there are three types of expenses that may be your responsibility:

- 1) Deductible – This is the amount you must pay for services *before* the plan begins covering them. This amount *may not* apply to preventive care visits.
- 2) Copayments – These are the set dollar amounts you pay for certain services..
- 3) Coinsurance – This is the percentage that you must pay for *most* covered services under your plan.

Tip: Be sure to bring your Health Net ID card to all medical visits, so the medical office can bill us directly for the care received. 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 Certificate of Insurance booklet.

What else do you get?

Being an insured 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: HEALTH IN BALANCE

Decision Power brings together under one roof the information, resources and personal support that fit you, your health and your life.

- Take the Health Risk Questionnaire (HRQ) to assess your health and identify potential risks.
- Get online coaching and self-help tools for smoking cessation, weight management, nutrition, stress reduction and other support tools.
- Set up your Personal Health Record, a safe, secure way to track your medical information.
- Know your numbers by tracking your cholesterol, diet and exercise.

Use Decision Power online or by calling a Health Coach, 24 hours a day, seven days a week, in ways that work best for you.

¹ The HSA also can be used for services such as vision, dental and qualified medications. A full list of qualified medical expenses is outlined in IRS Publication 502 – *Qualified Medical and Dental Expenses*.

² This is Federal tax information only. State taxes may apply. Tax information is for general purposes only. For more detailed information about the tax implications of the HSA, please contact a professional tax advisor.

³ Example: If the plan allows \$100 for a service, and your coinsurance is 20%, you pay \$20 and Health Net pays \$80 for in-network services.

KEY BENEFITS¹**VALUE HSA 3500 (9G7)**

PLAN MAXIMUMS	PPO²	OUT-OF-NETWORK³
Calendar year deductible (For family coverage, the enrolled employee and dependents must collectively pay the family amount before Health Net begins to pay.)	\$3,500 single (Employee-only coverage)/ \$7,000 family (Employee and dependant coverage)	
Out-of-pocket maximum (includes deductible and copayments)	\$5,000 single (Employee-only coverage) \$10,000 family (Employee and dependent coverage)	\$10,000 single (Employee-only coverage) \$20,000 family (Employee and dependent coverage)
Lifetime medical benefit maximum	\$5,000,000 combined with PPO and OON	
PROFESSIONAL SERVICES		
Office visit	\$30 copayment (deductible not waived)	50%
Preventive care services for children (through age 16)	\$30 copayment (deductible waived)	Not covered
Preventive care services for adults (age 17 and older)	\$30 copayment (deductible waived)	Not covered
Annual routine physical examination (age 17 and older)	\$30 copayment (deductible waived, \$250 per calendar year maximum payable)	Not covered
Specialist consultation	\$30 copayment (deductible not waived)	50%
X-ray and laboratory procedures ⁴	30%	50%
Physical therapy, speech therapy, occupational therapy, cardiac rehabilitation therapy and pulmonary rehabilitation therapy	30%	50% (12 visits per calendar year combined with PPO and OON)
HOSPITAL SERVICES⁵		
Inpatient hospital facility services (includes maternity)	30%	50% (\$600 maximum allowable per day) (\$250 deductible per calendar year combined with PPO and OON) ⁶
Outpatient facility services (other than surgery)	30%	50% (50% maximum allowable)
Outpatient surgery (hospital or outpatient surgery center charges only)	30% (\$250 deductible per calendar year combined with PPO and OON) ⁷	50% (50% maximum allowable)
Skilled nursing facility	30%	50% (\$250 maximum allowable per day) (60 days per calendar year combined with PPO and OON; \$250 deductible per calendar year combined with PPO and OON) ⁶
EMERGENCY SERVICES		
Professional services	\$30 copayment (deductible not waived)	
Emergency room facility (copayment waived if admitted)	\$100 copayment + 30%	
Urgent care facility	\$50 copayment + 30%	
Ambulance services (ground and air) ⁴	\$50 copayment + 30%	\$50 copayment + 50%
OTHER SERVICES		
Durable medical equipment and orthotics ⁴	30% (\$1,000 per calendar year combined with PPO and OON)	50%
Diabetic equipment	30%	50%
Chiropractic services	\$30 copayment (deductible not waived, 12 visits per calendar year)	Not covered
Acupuncture	Not covered	
PRESCRIPTION DRUG COVERAGE⁵		
Calendar year deductible (per insured)	Subject to annual deductible	
Prescription drugs (up to a 30-day supply)	\$15 Level I \$30 Level II \$50 Level III	50%
Specialty drugs (most self-injectable drugs)	30%	Not covered

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

²Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

³Coinsurance Schedule reimbursement is at the 75th percentile of RBRVS. The insured is responsible for charges in excess of allowed in addition to the coinsurance shown.

⁴These services require prior certification. If prior certification is not acquired benefits are reduced to 50%.

⁵Prescription 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.

⁶This deductible is only required for the first inpatient hospital or skilled nursing facility admission each calendar year. The deductible does not apply to inpatient detoxification or to inpatient care for non-severe mental illness. Once the deductible is satisfied, no deductible is required for subsequent admissions in the same calendar year.

This deductible is in addition to the plan calendar year deductible.

⁷Once the outpatient surgery deductible is satisfied, no deductible is required for subsequent outpatient surgeries in the same calendar year. This deductible is in addition to the plan calendar year deductible.

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, click on the “I’m a Member” tab, then click on “Decision Power™ Health & Wellness”, then on “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 the “I’m a Member” tab, then “My Pharmacy Benefits” 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.

Decision PowerSM is not part of Health Net’s commercial medical benefit plans nor affiliated with Health Net’s provider network and it may be revised or withdrawn without notice. Decision Power services, including Health Coaches, are additional resources that Health Net makes available to enrollees of Health Net of California and Health Net Life Insurance Company.

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