

# PLAN OVERVIEW

## Value HSA 4500 (9G8)

### 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.<sup>1</sup>
- Individual contributions are tax deductible.<sup>2</sup>
- The funds can be invested, and earnings are non-taxable.<sup>2</sup>
- Withdrawals for qualified medical expenses are tax-free.<sup>2</sup>
- 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 Preferred Provider Organization (PPO) 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](http://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?<sup>3</sup>

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 POWER<sup>SM</sup>: 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.

<sup>1</sup> 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*.

<sup>2</sup> 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.

<sup>3</sup> 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 after applicable deductible has been satisfied.

**KEY BENEFITS<sup>1</sup>****VALUE HSA 4500 (9G8)**

	PPO <sup>2</sup>	OUT-OF-NETWORK <sup>3</sup>
<b>PLAN MAXIMUMS</b>		
Calendar year deductible (For family coverage, the enrolled employee and dependents must collectively pay the family amount before Health Net begins to pay.)	\$4,500 single (Employee-only coverage)/ \$9,000 family (Employee and dependent coverage)	
Out-of-pocket maximum (includes deductible and copayments)	\$5,950 single (Employee-only coverage) \$11,900 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	
<b>PROFESSIONAL SERVICES</b>		
Office visit (including specialist consultation)	\$40 copayment (deductible not waived)	50%
Preventive care services for children (through age 16)	\$40 copayment (deductible waived)	Not covered
Preventive care services for adults (age 17 and older)	\$40 copayment (deductible waived)	Not covered
Annual routine physical examination (age 17 and older)	\$40 copayment (deductible waived, \$250 per calendar year maximum payable)	Not covered
X-ray and laboratory procedures <sup>4</sup>	50%	50%
Physical therapy, speech therapy, occupational therapy, cardiac rehabilitation therapy and pulmonary rehabilitation therapy	50%	50% (12 visits per calendar year combined with PPO and OON)
<b>HOSPITAL SERVICES<sup>4</sup></b>		
Inpatient hospital facility services (includes maternity)	50%	50% (\$600 maximum allowable per day) (\$500 deductible per calendar year combined with PPO and OON) <sup>6</sup>
Outpatient facility services (other than surgery)	50%	50% (50% maximum allowable)
Outpatient surgery (hospital or outpatient surgery center charges only)	50%	50% (50% maximum allowable) (\$250 deductible per calendar year combined with PPO and OON) <sup>7</sup>
Skilled nursing facility	50%	50% (\$250 maximum allowable per day) (60 days per calendar year combined with PPO and OON; \$500 deductible per calendar year combined with PPO and OON) <sup>6</sup>
<b>EMERGENCY SERVICES</b>		
Professional services	\$40 copayment (deductible not waived)	
Emergency room facility (copayment waived if admitted)	\$100 copayment + 50%	
Urgent care facility	\$50 copayment + 50%	
Ambulance services (ground and air) <sup>4</sup>	\$50 copayment + 50%	
<b>BEHAVIORAL HEALTH SERVICES</b>		
Severe mental health (outpatient/inpatient)	\$40 copayment/50%	50%/50% (\$600 maximum allowable per day) (\$500 deductible per calendar year combined with PPO and OON) <sup>7</sup>
Non-severe mental health (outpatient/inpatient) <sup>8</sup>	50%	50%
Chemical dependency (outpatient/inpatient) <sup>8</sup>	50%	50%
Acute care detoxification	50%	50% (3-day maximum per calendar year, \$250 maximum amount allowable per day)
<b>OTHER SERVICES</b>		
Durable medical equipment <sup>4</sup>	50% (\$1,000 maximum per calendar year combined with PPO and OON)	50%
Orthotics and prosthetics <sup>4</sup>	50%	50%
Diabetic equipment	50%	50%
Chiropractic services	\$40 copayment (deductible not waived, 12 visits per calendar year)	Not covered
Acupuncture	50%	50% (12 visits per calendar year combined with PPO and OON, \$25 maximum payable per visit)
<b>PRESCRIPTION DRUG COVERAGE<sup>9</sup></b>		
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-injectables)	30%	Not covered

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

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

<sup>3</sup>Please refer to the Certificate of Insurance (COI) for out-of-network reimbursement methodology.

<sup>4</sup>These services require prior certification. If prior certification is not acquired, benefits are reduced to 50%.

<sup>5</sup>Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>6</sup>This 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.

<sup>7</sup>Once 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.

<sup>8</sup>Inpatient care for non-severe mental illness and inpatient chemical dependency rehabilitation is limited to 30 days for each insured in a calendar year through PPO and OON combined. The benefit is limited to a maximum allowable of \$250 each day. Outpatient care for non-severe mental illness and outpatient chemical dependency rehabilitation is limited to 30 visits for each insured in a calendar year through PPO and OON combined. The maximum amount payable for each visit is \$25.

<sup>9</sup>Prescription drugs filled through mail order up to a 90-day supply. For details regarding a specific drug, go to [www.healthnet.com](http://www.healthnet.com).