



INDIVIDUAL &
FAMILY PLAN

HEALTH NET OF ARIZONA ADVANTAGE PPO BENEFITS AND RATES



Health Net®
A BETTER DECISION

This benefit chart is a summary only. For benefit details, please see your Schedule of Benefits and Policy.

BENEFITS	Advantage PPO \$500 Deductible, 80/50% Coinsurance		Advantage PPO \$1,000 Deductible, 80/50% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible per calendar year	\$500 Single/\$1,000 Family	\$1,000 Single/\$2,000 Family	\$1,000 Single/\$2,000 Family	\$2,000 Single/\$4,000 Family
Maximum lifetime benefits in- and out-of-network combined	\$5,000,000		\$5,000,000	
Out-of-pocket maximum, excluding deductible and copays	\$2,500 Single/\$5,000 Family	\$5,000 Single/\$10,000 Family	\$3,000 Single/\$6,000 Family	\$6,000 Single/\$12,000 Family
Inpatient hospital services including physician, facility and surgery charges	20%, Subject to Deductible	50%, Subject to Deductible	20%, Subject to Deductible	50%, Subject to Deductible
Outpatient hospital services/ambulatory surgical center services	20%, Subject to Deductible	50%, Subject to Deductible	20%, Subject to Deductible	50%, Subject to Deductible
Office visits				
Primary care physician	\$25 Copay/Visit	50%, Subject to Deductible	\$25 Copay/Visit	50%, Subject to Deductible
Specialist	\$40 Copay/Visit	50%, Subject to Deductible	\$40 Copay/Visit	50%, Subject to Deductible
Preventive care routine physicals, annual GYN exams, well-baby care, immunizations and vision and hearing screenings	\$25 Copay/PCP Visit \$40 Copay/Specialist Visit	50%, Subject to Deductible	\$25 Copay/PCP Visit \$40 Copay/Specialist Visit	50%, Subject to Deductible
Outpatient laboratory/X-ray services/mammography				
Performed at a physician's office	No Charge	50%, Subject to Deductible	No Charge	50%, Subject to Deductible
Performed at an independent, non-hospital affiliated lab facility¹	No Charge	50%, Subject to Deductible	No Charge	50%, Subject to Deductible
Performed at a hospital	No Charge, Subject to Deductible (except mammography)	50%, Subject to Deductible	No Charge, Subject to Deductible (except mammography)	50%, Subject to Deductible
Outpatient imaging and testing services including but not limited to CT scans, MRIs, MRAs and PET/SPECT scans				
Performed at a physician's office	20%, Subject to Deductible	50%, Subject to Deductible	20%, Subject to Deductible	50%, Subject to Deductible
Performed at an independent, non-hospital affiliated facility¹	20%, Subject to Deductible	50%, Subject to Deductible	20%, Subject to Deductible	50%, Subject to Deductible
Performed at a hospital	20%, Subject to Deductible	50%, Subject to Deductible	20%, Subject to Deductible	50%, Subject to Deductible
Prenatal and postpartum care	Not Covered		Not Covered	
Maternity care	Not covered except for complications of pregnancy		Not covered except for complications of pregnancy	
Outpatient prescription drugs up to a 31-day supply. Quantity limits may apply. Out-of-network coverage is for out-of-area emergencies only.	Tier 1: \$15 Copay/Prescription or Refill Tier 2: \$40 Copay/Prescription or Refill Tier 3: \$75 Copay/Prescription or Refill Tier 4: \$100 Copay/Prescription or Refill	Out-of-area emergencies only	Tier 1: \$15 Copay/Prescription or Refill Tier 2: \$40 Copay/Prescription or Refill Tier 3: \$75 Copay/Prescription or Refill Tier 4: \$100 Copay/Prescription or Refill	Out-of-area emergencies only
Emergency room services copayment waived if admitted, inpatient benefit will then apply	\$300 Copay/Visit		\$300 Copay/Visit	
Ambulance services medical emergencies only	20%, Subject to Deductible		20%, Subject to Deductible	
Urgent care services	\$60 Copay/Visit	50%, Subject to Deductible	\$60 Copay/Visit	50%, Subject to Deductible
In-store health care clinic	\$25 Copay/Visit	50%, Subject to Deductible	\$25 Copay/Visit	50%, Subject to Deductible
Rehabilitative services limited to short-term, maximum of 60 days per calendar year, all therapies combined	Inpatient: 20%, Subject to Deductible Outpatient: \$40 Copay/Visit	50%, Subject to Deductible	Inpatient: 20%, Subject to Deductible Outpatient: \$40 Copay/Visit	50%, Subject to Deductible
Skilled nursing facility services limited to 60 days per calendar year	20%, Subject to Deductible	50%, Subject to Deductible	20%, Subject to Deductible	50%, Subject to Deductible
Mental health services outpatient: limited to short-term evaluation or crisis intervention. Maximum of 10 visits per calendar year.	Inpatient: Not Covered Outpatient: 20%, Subject to Deductible	Inpatient: Not Covered Outpatient: 50%, Subject to Deductible	Inpatient: Not Covered Outpatient: 20%, Subject to Deductible	Inpatient: Not Covered Outpatient: 50%, Subject to Deductible

¹Some facilities are affiliated with a hospital. You will be charged a higher copay for services rendered at a hospital-affiliated facility. Contact the place of service for more information or our Customer Contact Center at 1-888-463-4875.



INDIVIDUAL &
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HEALTH NET OF ARIZONA

ADVANTAGE PPO BENEFITS AND RATES



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BENEFITS	Advantage PPO \$2,500 Deductible, 80/50% Coinsurance		Advantage PPO \$5,000 Deductible, 80/50% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible per calendar year	\$2,500 Single/\$5,000 Family	\$5,000 Single/\$10,000 Family	\$5,000 Single/\$10,000 Family	\$10,000 Single/\$20,000 Family
Maximum lifetime benefits in- and out-of-network combined	\$5,000,000		\$5,000,000	
Out-of-pocket maximum, excluding deductible and copays	\$3,000 Single/\$6,000 Family	\$6,000 Single/\$12,000 Family	\$3,000 Single/\$6,000 Family	\$6,000 Single/\$12,000 Family
Inpatient hospital services including physician, facility and surgery charges	20%, Subject to Deductible	50%, Subject to Deductible	20%, Subject to Deductible	50%, Subject to Deductible
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PPO PLAN RATES EFFECTIVE JULY 1, 2010

COCHISE, MARICOPA, PINAL AND SANTA CRUZ COUNTIES

Age	ADVANTAGE PPO \$500/80%/50%		ADVANTAGE PPO \$1,000/80%/50%		ADVANTAGE PPO \$2,500/80%/50%		ADVANTAGE PPO \$5,000/80%/50%	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 2	484	484	379	379	288	288	195	195
2-6	165	165	129	129	98	98	66	66
7-10	164	164	124	124	95	95	65	65
11-14	159	159	123	123	94	94	63	63
15-17	157	182	123	145	93	108	62	73
18-24	175	281	139	218	104	165	71	112
25-29	173	281	134	218	104	165	68	113
30-34	199	282	154	218	116	165	79	113
35-39	245	325	193	252	146	191	97	126
40-44	345	352	267	275	204	208	138	140
45-49	448	521	349	407	266	311	178	207
50-54	617	613	480	479	363	365	244	243
55-59	760	740	592	578	447	438	302	293
60-64	923	810	718	630	546	478	363	321

PIMA COUNTY

Age	ADVANTAGE PPO \$500/80%/50%		ADVANTAGE PPO \$1,000/80%/50%		ADVANTAGE PPO \$2,500/80%/50%		ADVANTAGE PPO \$5,000/80%/50%	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 2	451	451	351	351	267	267	179	179
2-6	151	151	119	119	91	91	59	59
7-10	151	151	116	116	89	89	59	59
11-14	147	147	115	115	87	87	57	57
15-17	147	169	115	131	85	100	57	68
18-24	164	260	127	205	95	154	66	103
25-29	163	260	126	201	98	151	62	103
30-34	183	263	145	205	109	154	72	106
35-39	229	300	178	235	136	177	90	118
40-44	319	328	248	253	188	195	127	130
45-49	418	480	325	376	245	287	165	193
50-54	574	569	447	443	336	336	226	224
55-59	701	684	548	532	418	404	278	272
60-64	852	749	664	584	508	444	338	297

OTHER COUNTIES

Age	ADVANTAGE PPO \$500/80%/50%		ADVANTAGE PPO \$1,000/80%/50%		ADVANTAGE PPO \$2,500/80%/50%		ADVANTAGE PPO \$5,000/80%/50%	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 2	581	581	456	456	345	345	232	232
2-6	197	197	155	155	116	116	77	77
7-10	193	193	149	149	114	114	77	77
11-14	191	191	147	147	112	112	74	74
15-17	185	218	147	170	112	126	74	88
18-24	208	339	164	265	122	201	83	134
25-29	206	339	162	262	124	199	80	134
30-34	240	340	184	265	142	201	95	136
35-39	297	391	231	303	174	231	118	154
40-44	408	425	322	327	245	251	164	167
45-49	537	625	418	489	321	372	215	251
50-54	740	734	573	577	438	438	290	292
55-59	910	886	711	694	539	526	361	352
60-64	1107	969	858	755	654	578	439	385

Rates are subject to change. The above rates are the Health Net standard rates. You may be assigned to a non-standard rate based upon the results of the medical underwriting process.

PROTECTING YOUR HEALTH INFORMATION

Once you become a Health Net member, Health Net uses and discloses a member's protected health information for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. Health Net releases protected health information to plan sponsors for administration of self-funded plans but does not release protected health information to plan sponsors/employers for insured products unless the plan sponsor is performing a payment or health care operation function for the plan.

EXCLUSIONS AND LIMITATIONS

The exclusions and limitations presented in this Benefit Overview are not comprehensive. For a full list of exclusions and limitations see the Policy. You may obtain a copy of this document prior to enrolling or at any time by contacting us at 1-888-463-4875.

Exclusions and limitations include but are not limited to:

Precertification is required for certain services. Failure to obtain precertification will result in a reduction in benefits. For a comprehensive list of services requiring precertification see the Policy. Services that must be precertified include, but are not limited to: Hospital inpatient admissions (non-emergency, including acute, subacute or rehabilitation), hospital observation stays (less than 24 hours), mental health and substance abuse inpatient admissions, skilled nursing inpatient facility admissions, transplants/transplant services, select outpatient procedures, select rehabilitative programs and therapies, select durable medical equipment, home health care services (including home infusion therapy), non-emergent ambulance and transportation services, prosthetics, oncology services, podiatry services, sleep studies, oxygen and related breathing equipment, epidural steroid injections, magnetic resonance imaging (MRI), computerized axial tomography (CAT), positron emission tomography (PET) scans, magnetic resonance angiography (MRA), self-injectable medications (except insulin), select in-office pharmacy injectables.

Coverage for maternity services is limited to complications of pregnancy.

The following services and/or procedures are either limited in coverage or excluded from coverage under these health plans. These services include, but are not limited to: comfort/convenience items, hearing aids, cosmetic surgery, court ordered care, custodial care, experimental/investigational procedures and drugs, gender alterations, infertility services, inpatient mental health services, long-term rehabilitative services, obesity, paternity testing, radial keratotomy, substance abuse treatment programs, mail order prescriptions, employment counseling, exercise programs, fraudulent services, missed appointments, temporomandibular joint disorder, vocational programs. For a complete list, refer to the Policy.

In- and out-of-network benefits are subject to deductible, then a percentage of eligible medical expenses.

All drugs covered by your outpatient prescription benefit are placed in one of four tiers on the Preferred Drug List (PDL). The lower the tier, the lower your copayment. The Health Net PDL is a listing of covered medications. Some drugs on the PDL may require prior authorization from Health Net. Prescriptions are limited to a 31-day supply. Other quantity limitations may apply.

Skilled nursing coverage is limited to 60 days per calendar year.

Expenses you incur for the following cannot be used to satisfy the out-of-pocket maximum: failure to follow prior authorization/precertification guidelines, mental illness, substance abuse, infertility, use of emergency room for non-emergent care, prescription drugs, copayments, limitations, exclusions. Check your Policy.



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In Arizona, benefits are underwritten and/or administered by Health Net of Arizona, Inc.

Health Net, Inc. is the parent company of both Health Net of Arizona, Inc., and Health Net Life Insurance Company.

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