



INDIVIDUAL &
FAMILY PLAN

HEALTH NET OF ARIZONA VALUE 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	Value PPO \$3,500 Deductible, 100/50% Coinsurance		Value PPO \$6,000 Deductible, 100/50% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible per calendar year	\$3,500 Single/\$10,500 Family	\$7,000 Single/\$21,000 Family	\$6,000 Single/\$18,000 Family	\$12,000 Single/\$36,000 Family
Maximum lifetime benefits in- and out-of-network combined	\$5,000,000		\$5,000,000	
Out-of-pocket maximum, excluding deductible and copays	None	\$3,500 Single/ \$10,500 Family	None	\$6,000 Single/\$18,000 Family
Inpatient hospital services including physician, facility and surgery charges	No Charge, Subject to Deductible	50%, Subject to Deductible	No Charge, Subject to Deductible	50%, Subject to Deductible
Outpatient hospital services/ ambulatory surgical center services	No Charge, Subject to Deductible	50%, Subject to Deductible	No Charge, Subject to Deductible	50%, Subject to Deductible
Office visits				
Primary care physician	\$30 Copay/Visit	50%, Subject to Deductible	\$30 Copay/Visit	50%, Subject to Deductible
Specialist	\$60 Copay/Visit	50%, Subject to Deductible	\$60 Copay/Visit	50%, Subject to Deductible
Preventive care routine physicals, annual GYN exams, well-baby care, immunizations and vision and hearing screenings	\$30 Copay/PCP Visit \$60 Copay/Specialist Visit	50%, Subject to Deductible	\$30 Copay/PCP Visit \$60 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	\$250 CT \$400 MRI/MRA/PET/SPECT	50%, Subject to Deductible	\$250 CT \$400 MRI/MRA/PET/SPECT	50%, Subject to Deductible
Performed at an independent, non-hospital affiliated facility¹	\$250 CT \$400 MRI/MRA/PET/SPECT	50%, Subject to Deductible	\$250 CT \$400 MRI/MRA/PET/SPECT	50%, Subject to Deductible
Performed at a hospital	\$600 CT \$1,000 MRI/MRA/PET/SPECT	50%, Subject to Deductible	\$600 CT \$1,000 MRI/MRA/PET/SPECT	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	\$450 Copay/Visit		\$450 Copay/Visit	
Ambulance services medical emergencies only	No Charge, Subject to Deductible		No Charge, 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	\$30 Copay/Visit	50%, Subject to Deductible	\$30 Copay/Visit	50%, Subject to Deductible
Rehabilitative services limited to short-term, maximum of 60 days per calendar year, all therapies combined	Inpatient: No Charge, Subject to Deductible Outpatient: No Charge, Subject to Deductible	50%, Subject to Deductible	Inpatient: No Charge, Subject to Deductible Outpatient: No Charge, Subject to Deductible	50%, Subject to Deductible
Skilled nursing facility services limited to 60 days per calendar year	No Charge, Subject to Deductible	50%, Subject to Deductible	No Charge, 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: No Charge, Subject to Deductible	Inpatient: Not Covered Outpatient: 50%, Subject to Deductible	Inpatient: Not Covered Outpatient: No Charge, 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.



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BENEFITS	Value PPO \$7,500 Deductible, 100/50% Coinsurance		Value PPO \$10,000 Deductible, 100/50% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible per calendar year	\$7,500 Single/\$22,500 Family	\$15,000 Single/\$45,000 Family	\$10,000 Single/\$30,000 Family	\$20,000 Single/\$60,000 Family
Maximum lifetime benefits in- and out-of-network combined	\$5,000,000		\$5,000,000	
Out-of-pocket maximum, excluding deductible and copays	None	\$7,500 Single/\$22,500 Family	None	\$10,000 Single/\$30,000 Family
Inpatient hospital services including physician, facility and surgery charges	No Charge, Subject to Deductible	50%, Subject to Deductible	No Charge, 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	VALUE PPO \$3,500/100%/50%		VALUE PPO \$6,000/100%/50%		VALUE PPO \$7,500/100%/50%		VALUE PPO \$10,000/100%/50%	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 2	277	277	184	184	166	166	143	143
2-6	93	93	62	62	57	57	49	49
7-10	92	92	61	61	55	55	48	48
11-14	91	91	59	59	53	53	45	45
15-17	90	103	58	69	52	62	45	53
18-24	100	159	67	105	60	95	52	82
25-29	100	159	64	106	59	96	50	83
30-34	112	159	74	106	68	96	58	83
35-39	141	183	91	120	83	109	71	93
40-44	196	200	130	132	118	120	101	103
45-49	255	298	167	195	152	177	131	152
50-54	348	350	230	230	208	207	179	179
55-59	429	420	285	276	258	251	222	215
60-64	523	459	343	303	311	275	267	236

PIMA COUNTY

Age	VALUE PPO \$3,500/100%/50%		VALUE PPO \$6,000/100%/50%		VALUE PPO \$7,500/100%/50%		VALUE PPO \$10,000/100%/50%	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 2	257	257	169	169	153	153	131	131
2-6	87	87	56	56	50	50	43	43
7-10	86	86	56	56	50	50	43	43
11-14	84	84	53	53	49	49	42	42
15-17	82	95	53	64	49	58	42	50
18-24	91	148	62	98	57	88	48	76
25-29	93	145	59	98	53	88	46	76
30-34	105	148	68	100	62	90	53	78
35-39	131	170	85	112	78	102	66	87
40-44	180	187	120	123	109	111	93	95
45-49	236	276	155	183	141	165	121	142
50-54	322	322	214	212	193	192	166	165
55-59	401	387	262	257	238	233	205	200
60-64	487	426	319	281	290	254	249	218

OTHER COUNTIES

Age	VALUE PPO \$3,500/100%/50%		VALUE PPO \$6,000/100%/50%		VALUE PPO \$7,500/100%/50%		VALUE PPO \$10,000/100%/50%	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 2	330	330	220	220	199	199	171	171
2-6	112	112	73	73	67	67	57	57
7-10	110	110	73	73	67	67	57	57
11-14	108	108	70	70	63	63	54	54
15-17	108	121	70	83	63	75	54	64
18-24	118	193	79	126	71	115	61	99
25-29	119	191	75	126	68	115	59	99
30-34	136	193	89	128	81	116	70	100
35-39	167	222	112	145	101	132	87	113
40-44	235	241	155	159	140	143	121	123
45-49	307	356	203	236	184	214	159	184
50-54	420	420	274	275	248	250	213	214
55-59	517	505	340	333	308	301	265	258
60-64	628	555	414	364	375	329	322	283

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.



Health Net®

A BETTER DECISION

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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