

# Plan Overview

3500/20% (\$5,000 / \$10,000)

HSA-Compatible PPO

Benefit description	Member responsibility	
	IN-NETWORK	OUT-OF-NETWORK <sup>1</sup>
<b>Plan maximums</b>		
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Calendar year deductible (Individual / Family)	\$3,500 / \$7,000	\$7,000 / \$14,000
Coinsurance	20% deductible applies	40% deductible applies
<b>Professional services</b>		
PCP office visit <sup>2</sup>	20% deductible applies	40% deductible applies
Specialist office visit <sup>2</sup>	20% deductible applies	40% deductible applies
Preventive care services <sup>2</sup>	\$0 deductible waived	40% deductible applies
Telehealth services through the Select Telehealth Services Provider <sup>3</sup>	\$0 deductible applies	Not Covered
Rehabilitation therapy <sup>4</sup>	20% deductible applies	40% deductible applies
X-ray procedures <sup>2</sup>	20% deductible applies	40% deductible applies
Laboratory procedures <sup>2</sup>	20% deductible applies	40% deductible applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% deductible applies	40% deductible applies
<b>Facility services</b>		
Outpatient surgery (hospital)	20% deductible applies	40% deductible applies
Outpatient surgery (ambulatory surgery center)	10% deductible applies	40% deductible applies
Inpatient hospital	20% deductible applies	40% deductible applies
Skilled nursing facility (100 day maximum)	20% deductible applies	40% deductible applies
<b>Emergency services</b>		
Urgent care services	20% deductible applies	40% deductible applies
Emergency room facility	20% deductible applies	20% deductible applies
Ambulance services (ground and air)	20% deductible applies	20% deductible applies
<b>Mental health and substance use disorder services</b>		
Outpatient office visit	20% deductible applies	40% deductible applies
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	20% deductible applies	40% deductible applies
Inpatient	20% deductible applies	40% deductible applies
<b>Other services</b>		
Durable medical equipment <sup>2</sup>	20% deductible applies	40% deductible applies
Diabetic equipment	20% deductible applies	40% deductible applies
Acupuncture services	Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.	Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.
Chiropractic services	Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC.	Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC.

<sup>1</sup>Out-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.

<sup>2</sup>Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

<sup>3</sup>Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>4</sup>Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

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

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# Health Net Pharmacy Benefits

\$3,500 deductible (\$10/\$30/\$55)

HSA-Compatible PPO

Benefit Description	Participating pharmacy – member responsibility	Nonparticipating pharmacy – member responsibility
<b>Tier 1</b> – Drugs listed on the Health Net formulary (primarily generic)	\$10	\$10 + 50% AWP (\$250 max)
<b>Tier 2</b> – Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	\$30	\$30 + 50% AWP (\$250 max)
<b>Tier 3</b> – Drugs include non-preferred Brand Name Drugs, Brand Name Drugs with a generic equivalent (when Medically Necessary), drugs listed as Tier 3 in the Formulary, drugs indicated as “NF”, if approved, or drugs not listed in the Formulary.	\$55	\$55 + 50% AWP (\$250 max)
<b>Specialty Tier</b> – High-cost drugs used to treat complex medical conditions	30% (\$250 max)	Not covered
<b>Deductible</b> – Brand drugs	\$3,500 deductible per member per calendar year in-network, \$7,000 deductible per member per calendar year out-of-network, combined with medical	
<b>Out-of-pocket maximum</b>	Per calendar year, combined with the medical out-of-pocket maximum	

Weight loss medication benefit coverage varies by plan. Please refer to the *Evidence of Coverage*.

## Mail order convenience

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. Under this program, your copayments for up to a 90-day supply are:

Benefit level	Member responsibility
<b>Tier 1 – Generic</b>	\$20
<b>Tier 2 – Brand, preferred</b>	\$75
<b>Tier 3 –Non-formulary</b>	\$137.50

For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > **My Pharmacy Benefits > Mail Order Pharmacy** or call Member Services at 800-676-6976.

## Generic substitutions

Generic drugs will be dispensed when a generic drug equivalent is available. Health Net will cover brand-name drugs that have generic equivalents only when the brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, subject to copayment requirements described in the member’s Schedule of Benefits.

**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.**

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# Combined Acupuncture and Chiropractic Program

QUALITY, AFFORDABLE COVERAGE THROUGH HEALTH NET AND ASH PLANS

**Health Net has teamed up with American Specialty Health Plans of California, Inc. (ASH Plans)** to offer quality, affordable acupuncture and chiropractic coverage for our PPO members.

With this program, you won't need a referral to see an acupuncturist and/or chiropractor. Reduce your out-of-pocket cost by self-referring to a participating acupuncturist or chiropractor from the ASH directory. You can also visit a non-participating acupuncturist and/or chiropractor, however your costs will be higher. Visit the **ASH website** to find a participating provider.



## Chiropractic and Acupuncture care Office visit copayment<sup>1</sup>

In Network:

**20%**  
per visit

Out of Network:

**40%**  
Coinsurance



**Up to 30 visits combined per calendar year for in- and out-of-network**  
(visit maximums are combined for acupuncture and chiropractic services).

### What's covered

Initial examination, subsequent office visits, re-examination

(continued)

<sup>1</sup>Includes emergencies and urgent care visits, and authorized referral visits to nonparticipating chiropractors.

## Acupuncture Care

### Covered conditions

- Musculoskeletal and related conditions, including conditions such as fibromyalgia and myofascial pain
- Pain, including low back pain, post-operative pain and post-operative dental pain
- Nausea, including adult post-operative nausea and vomiting, chemotherapy nausea and vomiting, and nausea of pregnancy
- Carpal tunnel syndrome
- Headaches
- Osteoarthritis and other arthritis pain
- Tennis elbow

## Chiropractic Care

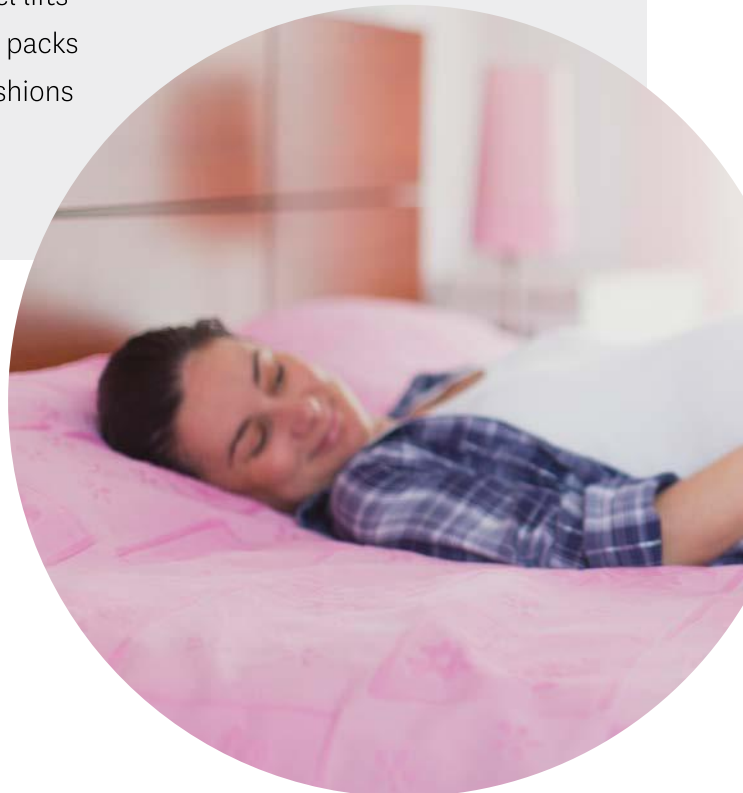
### Covered conditions

- Sprain/strain injuries to the spine and extremities: muscular and ligamentous injuries, joint injuries, cartilaginous and meniscus injuries
- Musculoskeletal and related conditions, including conditions such as:
  - Fibromyalgia/myofascial pain
  - Extremity pain/bursitis/tennis elbow/carpal tunnel syndrome
- Intervertebral disc injuries/disorders
- Degenerative joint diseases/arthropathies: osteoarthritis/osteoarthritis, degenerative disc disease, enthesopathies, etc.
- Neurological conditions: radicular symptoms, sciatic, cervical/lumbar radiculopathies, nerve plexus injuries, etc.
- Inflammatory disorders: tendonitis, synovitis, tenosynovitis, myositis, capsulitis, etc.
- Headaches
- Entrapment/compressive syndromes: carpal tunnel, tarsal tunnel, etc.
- Muscular spasms and myalgias
- Local pain syndromes

**\$50** annual chiropractic  
appliance allowance

for purchase of medically necessary items such as:

- supports
- collars
- pillows
- heel lifts
- ice packs
- cushions
- orthotics
- rib belts
- home traction units



## Definition of covered services

### Acupuncture care

Medically necessary services provided by an acupuncturist for the following injuries, illnesses, diseases, functional disorders or conditions, when determined medically necessary.

Verification of medical necessity may be required. Your acupuncture provider will manage this requirement with ASH Plans.

Exceptions include:

- a. an initial examination by an acupuncturist and the provision or commencement, in the initial examination, of medically necessary services that are covered acupuncture services, to the extent consistent with professionally recognized standards of practice; and
- b. When ASH Plans approves a treatment plan, the approved services for subsequent office visits covered by the treatment plan not only include the authorized services but also include a brief re-evaluation in each subsequent office visit if deemed necessary by the participating acupuncturist, without additional approval by ASH Plans.

### Chiropractic care

Covered services provided by a chiropractor include the treatment of musculoskeletal and related disorders, or pain syndromes, when determined to be medically necessary.

## What's not covered

### Acupuncture care

Services or supplies excluded under the acupuncture care program may be covered under the medical benefits portion of your plan.

Consult your plan's *Evidence of Coverage* for more information.

### Limitations and exclusions

- Devices, personal and comfort items
- Diagnostic scanning, MRI, CT scans or thermography
- Exams or treatment other than for musculoskeletal and related disorders, pain, nausea, or other covered conditions, as described under the definition of acupuncture services above
- Hypnotherapy, behavioral training, sleep therapy, weight programs, educational programs, self-help items or services, or physical exercise training
- Treatment or services not authorized by ASH Plans

### Chiropractic care

Services or supplies excluded under the chiropractic care program may be covered under the medical benefits portion of your plan.

Consult your plan's *Evidence of Coverage* for more information.

### Limitations and exclusions

- Air conditioners, air purifiers, therapeutic mattresses, vitamins, minerals, nutritional supplements or comfort items
- Diagnostic scanning, MRI, CT scans or thermography

- Exams or treatment unrelated to Neuromusculoskeletal disorders
- Hypnotherapy, behavioral training, sleep therapy, weight programs, educational programs, nonmedical self-help or self-care, or any self-help physical exercise training
- Lab tests, X-rays, adjustments, or other services not chiropractically necessary or classified as experimental
- Pre-employment physicals or vocational rehabilitation arising from employment or covered under any public liability insurance
- Treatment for temporomandibular joint syndrome (TMJ)
- Treatment or services not authorized by ASH Plans

**For additional information, please contact ASH Plans at 1-800-678-9133.** This is only a summary. Consult your plan's *Evidence of Coverage*, which you receive after you enroll, to determine the exact terms and conditions of your coverage.

Refer to your *Evidence of Coverage* for complete details about your health coverage.

American Specialty Health Plans of California, Inc. (ASH Plans) is a wholly owned subsidiary of American Specialty Health Incorporated. ASH Plans is not affiliated with Health Net of California, Inc.

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## Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, gender affirming care, 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:

**Individual & Family Plan (IFP) Members On Exchange/Covered California** 1-888-926-4988 (TTY: 711)

**Individual & Family Plan (IFP) Members Off Exchange** 1-800-839-2172 (TTY: 711)

**Individual & Family Plan (IFP) Applicants** 1-877-609-8711 (TTY: 711)

**Group Plans through Health Net** 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](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or  
[Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

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](http://www.dmhc.ca.gov/FileaComplaint).

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) 1-800-522-0088

## Armenian

Անվճար 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

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषयिा 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។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ 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 전화하십시오 1-800-522-0088 (TTY: 711).

## Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hólq. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólinígíí bikáa'gi béesh bee hane'í bikáa' áají' hodiílnih éí doodaii' 1-800-522-0088 (TTY: 711).

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711).

**Panjabi (Punjabi)**

ਬਨਿਾਂ ਕਸਿ ਲਾਗਤ ਤੋ 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 ਦਿੱਤੇ 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 (TTY: 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 โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ 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 cầu 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).