

OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

Benefit	Crystal HDHP 100% Plans H.S.A.-eligible high deductible health plan		Crystal HDHP 80% Plans H.S.A.-eligible high deductible health plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Choices The deductible Coverage Year (CY) is January 1 through December 31.	Individual: \$2,000, or \$5,000 ¹ Family: \$4,000, or \$10,000 ¹	Individual: \$4,000, or \$10,000 ¹ Family: \$8,000, or \$20,000 ¹	Individual: \$1,500, \$2,500, or \$3,500 ¹ Family: \$3,000, \$5,000, or \$7,000 ¹	Individual: \$3,000, \$5,000, or \$7,000 ¹ Family: \$6,000, \$10,000, or \$14,000 ¹
Lifetime maximums	\$2 million combined		\$2 million combined	
Out-of-pocket maximum (OPM)				
Individual	same as deductible ²	2 x deductible ²	\$5,000 ²	\$15,000 ²
Family	same as deductible ²	2 x deductible ²	\$10,000 ²	\$30,000 ²
Professional services				
Office Visit	No charge	50% UCR+	20%	50% UCR+
Well Baby care (8 exams in the first 24 months) ⁶	No charge	50% UCR+	20%	50% UCR+
Annual OB/GYN exam (breast and pelvic exams, cervical cancer screening & mammography) ⁶	No charge	50% UCR+	20%	50% UCR+
X-ray and laboratory procedures	No charge	50% UCR+	20%	50% UCR+
Outpatient services				
Outpatient or ambulatory care center	No charge	50% UCR+	20%	50% UCR+
Outpatient rehab therapy (\$2,500/year max)	No charge	50% UCR+	20%	50% UCR+
Outpatient facility services (other than surgery)	No charge	50% UCR+	20%	50% UCR+
Maternity care				
Physician services for maternity care	No charge	50% UCR+	20%	50% UCR+
Hospitalization services				
Inpatient hospital care	No charge	50% UCR+	20%	50% UCR+
Skilled nursing facility (60 days per year max)	No charge	50% UCR+	20%	50% UCR+
Inpatient rehab therapy (30 days per year max)	No charge	50% UCR+	20%	50% UCR+
Emergency health coverage				
Outpatient emergency room services	No charge	50% UCR+	20%	50% UCR+
Inpatient admission from emergency room	No charge	50% UCR+	20%	50% UCR+
Emergency ambulance (\$3,000 per year max)	No charge	No charge UCR+	20%	20% UCR+
Additional accident				
Accidental injury deductible waiver	Not included		Not included	
Prescription drug coverage***	Subject to medical deductible		Subject to medical deductible	
Tier 1 & Tier 2 drug list	No charge		50%	
Tier 3 & Specialty	You pay 100%***		You pay 100%***	
Preventive Benefits Routine physical, prostate screening, vision screening	Included		Included	

NOTES OF INTEREST

The CY deductible for PPO plans is waived for services requiring a copayment and for covered preventive care benefits. Copayments do not apply toward your OPM.

HIGH DEDUCTIBLE HEALTH PLANS

¹The deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims. With this plan, the deductible applies to the annual out-of-pocket maximum. Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse and child(ren). Under family coverage, each member's covered expenses count toward the deductible, but the specified family coverage deductible must be met before Health Net pays any claims.

²The annual out-of-pocket maximum (OPM) is included in the annual deductible.

PRESCRIPTION DRUG PROGRAM

*** In Pharmacy: Prescription drugs may be filled at a participating pharmacy (up to a 30-day supply).

Mail Order: Prescription drugs may be filled through our participating mail pharmacy (up to a 90 supply).

When Tier 3 brand name drugs are not covered, members will still have the advantage of Health Net's pharmacy discounts.