



Health Net Health Plan of Oregon, Inc.

BeneFacts: PPO Advantage Plan

Copayment and Coinsurance Schedule A20-1000-2-3000/06

PPO: Two plans, many choices. In health insurance, PPO stands for Preferred Provider Organization. For you, PPO means that you have flexibility and choice in deciding who will provide your health care. That's because this plan lets you choose Providers in our PPO network or Providers out of our network. Your choice of Provider determines which benefit level applies to covered services and how much you will pay out-of-pocket. To confirm whether a Provider participates in our PPO network and to verify which benefit level will apply to a covered service, please contact one of our Customer Contact Center representatives.

PPO Benefits: When you receive covered services from Providers in our PPO network, your expenses include a Calendar Year deductible, fixed dollar amounts for certain services or a fixed percentage that is applied to our contracted rates with PPO Providers. *The percentage of our contracted rate that is your responsibility is shown on this schedule as % contract rate.*

When you receive covered services in our PPO network, you are not responsible for charges that are above our contracted rates.

Certain services are covered only if provided by a designated Specialty Care Provider. See Article 1.5 of the Basic Benefit Schedule.

Out-of-Network Benefits: When you see a Provider who is not in our PPO network, your expenses include a Calendar Year deductible, fixed dollar amounts for certain services and a fixed percentage of Usual, Customary and Reasonable (UCR) rates for other services. We pay Out-of-Network Providers based on UCR rates, not on billed amounts. UCR rates may often be less than the amount a Provider bills for a service. Out-of-Network Providers may therefore hold you responsible for amounts they charge that exceed the UCR rates we pay. Amounts that exceed our UCR rates are not covered and do not apply to your annual out-of-pocket maximum. *Your responsibility for any amounts that exceed our UCR payment is shown on this schedule as UCR plus.*

Your benefits are subject to deductibles, Copayments and Coinsurance amounts listed in this schedule.

For covered services, you are responsible for:

Calendar Year Deductible	PPO Network	Out-of-Network
Annual deductible per person	\$1,000 PPO Network and Out-of-Network combined ^{1,2}	
Annual deductible per family	\$3,000 PPO Network and Out-of-Network combined ^{1,2}	
Physician/Professional/Outpatient Care		
Pap test, breast exam and pelvic exam	\$20 per visit ³	40% UCR <i>plus</i>
Routine mammography	\$20 per visit ³	40% UCR <i>plus</i>
Physician services, office call	\$20 per visit ³	40% UCR <i>plus</i>
Physician services, urgent care center	\$50 per visit ³	40% UCR <i>plus</i>
Physician Hospital visits	20% contract rate	40% UCR <i>plus</i>
Diagnostic X-ray/EKG/Ultrasound	20% contract rate ³	40% UCR <i>plus</i>
Diagnostic laboratory tests	20% contract rate ³	40% UCR <i>plus</i>
CT/MRI/EEG/Holter monitor/Stress test	20% contract rate	40% UCR <i>plus</i>
Allergy and therapeutic injections	20% contract rate	40% UCR <i>plus</i>
Maternity delivery care (professional services only)	20% contract rate	40% UCR <i>plus</i>
Outpatient rehabilitation therapy - \$2,500/year max	20% contract rate	40% UCR <i>plus</i>
Outpatient or ambulatory care center	20% contract rate	40% UCR <i>plus</i>
Hospital Care		
Inpatient services	20% contract rate	40% UCR <i>plus</i>
Inpatient rehabilitation therapy - 30 days/year max	20% contract rate	40% UCR <i>plus</i>
Emergency Services		
Outpatient emergency room services ³	\$100 per visit, then 20% contract rate ³	\$100 per visit, then 20% UCR <i>plus</i> ³
Inpatient admission from emergency room	20% contract rate	40% UCR <i>plus</i>
Emergency ambulance transport - \$3,000/year max	20% (UCR <i>plus</i> applies to Out-of-Network Providers)	

This schedule presents general information only. Refer to your contract for details, limitations and exclusions.



Health Net

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For covered services, you are responsible for:

Behavioral Health Services – See Article 7.12

and 7.13 for Benefit Maximums

	PPO Network	Out-of-Network
Outpatient mental health ⁴	\$20 per visit ^{2,3}	40% UCR <i>plus</i> ^{2,3}
Outpatient Chemical Dependency ⁴	\$20 per visit ^{2,3}	40% UCR <i>plus</i> ^{2,3}
Inpatient mental health ⁴	20% contract rate ^{2,3}	40% UCR <i>plus</i> ^{2,3}
Inpatient Chemical Dependency ⁴	20% contract rate ^{2,3}	40% UCR <i>plus</i> ^{2,3}

Other Services

Durable Medical Equipment and external Prosthetic Devices - \$5,000/year max	20% contract rate	40% UCR <i>plus</i>
Medical supplies (including allergy serum and injected substances)	20% contract rate	40% UCR <i>plus</i>
Diabetes management - one initial program per lifetime ⁴	\$20 per program ³	40% UCR <i>plus</i>
Blood, blood plasma, blood derivatives	20% contract rate	40% UCR <i>plus</i>
TMJ services - \$500/lifetime max	50% contract rate ²	50% UCR <i>plus</i> ²
Home infusion therapy	20% contract rate	40% UCR <i>plus</i>
Skilled Nursing Facility care - 60 days/year max	20% contract rate	40% UCR <i>plus</i>
Hospice services	20% contract rate	40% UCR <i>plus</i>
Home health visits - \$1,000/year max	20% contract rate	40% UCR <i>plus</i>
Outpatient neurodevelopmental therapy, under age 7 - \$1,000/year max	20% contract rate	40% UCR <i>plus</i>
Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class ²	

Benefit Maximums

Annual out-of-pocket maximum per person ⁵	\$3,000	\$6,000
Annual out-of-pocket maximum per family ⁵	\$9,000	\$18,000
Lifetime maximum (all insurance combined) for authorized organ transplant services	\$250,000	Not covered Out-of-Network
Lifetime maximum	Unlimited	\$1,000,000

Notes

- ¹ You must meet the specified deductible each Calendar Year (January 1 through December 31) before Health Net pays any claims. Covered expenses that satisfy the deductible during the last three months of a Calendar Year may also be used to satisfy the deductible for the following Calendar Year.
- ² Your payments do not apply to the annual out-of-pocket maximum.
- ³ Deductible is waived.
- ⁴ State-mandated benefits apply.
- ⁵ The annual out-of-pocket maximum does not include the annual deductible. After you reach the out-of-pocket maximum in a Calendar Year, we will pay your covered services during the rest of that Calendar Year at 100% of our contract rates for PPO services and at 100% of UCR for Out-of-Network (OON) services. You are still responsible for OON billed charges that exceed UCR.

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