PLAN DISCLAIMER

This Schedule of Benefits is a brief list of benefits, with applicable copayments, coinsurance and deductibles information for your health insurance plan. It does not list the exclusions and limitations or other important terms applicable to your insurance plan.

The Certificate of Insurance (COI) for your insurance plan contains the complete terms and conditions of your Health Net Life Insurance Company coverage. It is important for you to thoroughly review the COI for your insurance plan.

Health Net California Large Group PPO ***Restricted* (GF) Plan K1H - Effective 1/1/2023**	**PPO**	**OON** Member pays coinsurance and any charges exceeding maximum allowable amount
Deductible disclaimer: Through PPO/OON, there are no calendar year deductibles.		
Prior Authorization Disclaimer: Prior authorization is required for some services, refer to the appropriate prior authorization list for specific requirements or to the member's Certificate of Insurance (COI). If prior authorization is not acquired, there are no certification penalties.		
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOPM): All copayments/coinsurance for medical, mental health and chemical dependency rehabilitation apply to OOPM except for chiropractic care. PPO/OON cross-accumulate.		
For each member.	$1,500	
For each family.	$3,000	
PROFESSIONAL SERVICES		
Visit to a physician, physician assistant or nurse practitioner.	$0	10%
Telemedicine services.	(1)	Not covered
Visit to a Christian Science Practitioner.	Not covered	10%
Preventive care. Includes annual preventive physical examinations, preventive vision/hearing screenings, well-woman exam and other women's preventive services, preventive laboratory tests and x-rays. [1]	$0	10%
Adult (age 18 and older) Preventive colorectal cancer screenings, including colonoscopies.	$0	10%
Annual routine physical examinations. Limited to coverage provided for sports, school, camp, etc.	Not covered	Not covered
Vision and hearing examinations. Routine preventive exams only for children through age 17.	$0	10%
Adult (age 18 and older).	Not covered	Not covered
Specialist consultations (includes second surgical opinions).	$0	10%
Podiatry services, includes routine foot care for diabetes.	$0	10%
Routine foot care (cutting/removal of corns, calluses, trimming of nails).	Not covered	Not covered
Physician visit to member's home.	$0	10%
Physician visit to hospital or skilled nursing facility (excluding care for mental disorders).	$0	10%
Immunizations, **including** foreign travel/occupational immunizations.	$0	10%
Allergy testing.	$0	10%
Allergy serum.	$0	10%
Allergy injection services (serum not included).	$0	10%
Injections for treatment of infertility.	$0	10%
All other injections.		
Office based injectable medications.	$0	10%
Self-administered injectable medications.	$0	10%
Surgeon/ assistant surgeon.	$0	10%
Administration of anesthetics.	$0	10%
X-ray and laboratory procedures, including genetic testing and complex radiology (CT scan, PET, MRI, SPECT, MUGA). Preventive x-ray/lab, refer to preventive care above.	$0	10%
Rehabilitation therapy (outpatient physical, speech, and occupational), including ABA therapy services.	$0	10%
Cardiac and respiratory therapy.	$0	10%
Habilitation therapy (physical, occupational, speech, cognitive and cardiac therapy). For applied behavioral analysis (ABA), refer to the mental health benefits.	$0	10%
Dental services (when medically necessary to properly monitor, control or treat a severe medical condition when excluded dental services are being performed).	$0	10%
CARE FOR CONDITIONS OF PREGNANCY		
Prenatal and postnatal office visit.	$0	10%
Normal delivery, complications of pregnancy and cesarean section. Includes newborn inpatient professional care.	$0	10%
Abortions services.	$0	$0
Genetic testing of fetus.	$0	10%
Circumcision of newborn.	$0	10%
FAMILY PLANNING (professional services only)		
Contraceptive methods. Includes intrauterine device (IUD), injectable or implantable contraceptives.	$0	10%
Infertility services. Includes professional services, outpatient care, treatment by injection, prescription drugs if applicable, artificial insemination (AI), IUI and GIFT. **ZIFT and IVF are not covered.**	$0	10%
Sterilization of females.	$0	10%
Sterilization of males.	$0	10%
Reversal of sterilization.	Not covered	Not covered

Health Net California Large Group PPO *Restricted* (GF) Plan K1H	PPO	OON Member pays coinsurance and any charges exceeding maximum allowable amount

Deductible disclaimer: Through PPO/OON, there are no calendar year deductibles.

Prior Authorization Disclaimer: Prior authorization is required for some services, refer to the appropriate prior authorization list for specific requirements or to the member's Certificate of Insurance (COI). If prior authorization is not acquired, there are no certification penalties.

ALCOHOL/DRUG REHABILITATION and CARE FOR MENTAL DISORDERS		
ADMINISTERED BY MANAGED HEALTH NETWORK (MHN) **Refer members to the MHN telephone number on the back of their Health Net ID card**		
OTHER SERVICES		
Medical social services.	$0	10%
Patient education.		
Patient education for diabetes and smoking cessation/weight management.	$0	Not covered
All other patient education.	Not covered	Not covered
Ambulance services (air and ground).	$0	$0
Durable medical equipment.	$0	10%
Orthotics (braces and supports).	$0	10%
Corrective footwear. Custom made shoes and shoe inserts (custom foot orthotics).	$0	10%
Diabetic supplies.	$0	10%
Medical supplies.	$0	10%
Hearing aids.	$0	$0
Prosthesis (replacing body parts).	$0	10%
Wigs (cranial prosthesis).	Not covered	Not covered
Blood and blood products, including blood clotting factors.	$0	10%
Acupuncture.	Administered by ASH	
Chiropractic care.	Administered by ASH	
Nuclear medicine.	$0	10%
Organ, tissue and stem cell transplants (non-experimental and noninvestigative. Professional services only).	$0	10%
Companion and donor travel and lodging.	$0	10%
Chemotherapy.	$0	10%
Radiation therapy.	$0	10%
Renal dialysis.	$0	10%
Home health visit. Includes home health rehabilitation.	$0	10%
Infusion therapy (home, physician's office or outpatient).	$0	10%
Hospice care (elected by member).	$0	10%
HOSPITAL AND SKILLED NURSING FACILITY		
Unlimited days of hospital care (medical, surgical & maternity, including routine normal nursery charges) provided in a medically necessary private room, semi-private room or special care unit with ancillary services. Excludes care for mental disorders. For newborns, a separate coinsurance will apply to a newborn requiring admission to a special care unit.	$0	10%
Confinement in a skilled nursing facility.	$0	10%
Outpatient services.	$0	10%
EMERGENCY ROOM / URGENT CARE CENTER		
Emergency room (professional services).	$0	$0
Use of emergency room (facility services).	$0	$0
Use of urgent care center.	$0 [3]	$0

1	Telehealth cost share mirrors in-person cost share based on type of service provided.
3	$0 for medical services; $0 for behavioral health, chemical dependency, or substance use disorders.

GRANDFATHERED HEALTH PLAN DISCLAIMER

Health Net believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime dollar limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at your Group or to Health Net's Customer Contact Center at the phone number on the back of your Health Net ID Card. If you are enrolled in an employer plan that is subject to ERISA, 29 U.S.C. 1001 et seq., you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.