



Schools Insurance Group

Health Net Plan Comparison

Fiscal Year 7/1/16- 6/30/17

This information sheet is for reference only. Please refer to Evidence of Coverage requirements, limitations or exclusions on services.

Benefit	Health Net PPO High Deductible w/HSA C6B \$1300/\$2600 No network restrictions, non-network providers are limited to contracted allowed charges and member is responsible for excess.	Health Net PPO High Deductible w/HSA C69 \$2250/\$4500 No network restrictions, non-network providers are limited to contracted allowed charges and member is responsible for excess.	Health Net PPO High Deductible w/HSA CZ5 \$5000/\$10000 No network restrictions, non-network providers are limited to contracted allowed charges and member is responsible for excess	Health Net HMO Plan B6K California Based HMO Plan Primary Care Physicians and referrals required.											
Calendar Year Deductible See detailed summary and/or Evidence of Coverage booklet for services that do & do not apply to deductible	\$1,300 if single coverage \$2,600 if two or more are covered	\$2,250 if single coverage \$4,500 if two or more are covered	\$5,000/member \$10,000/family	None											
Co-Insurance Determined by type of Provider being utilized on a calendar year basis. Non-network: applicable % plus amount above allowed charges.	In Network: Individual pays 20% when using Preferred Providers Non- Network: 50% of allowed charges when using Non-Preferred Providers + amount above allowed charges	In Network: 20%-50% depending on service Non- Network: 40% of allowed charges + amount above allowed charges		None											
Calendar-Year Copayment Maximum per calendar year See Health Net's Summary of Benefits for benefits that do not count toward the copayment maximum.	Includes plan deductible. In Network: \$2,750 if single coverage \$5,500 if two or more covered Non- Network: \$2,750 if single coverage \$5,500 if two or more covered	Includes plan deductible. In Network: \$6,000 per member \$12,000 family Non- Network: \$6,000 per member \$12,000 family		Calendar year Co-payment Maximum: \$1,500 per individual \$3,000 per two-party \$4,500 per family											
Office Visit Co-pay	In Network: 20% Non-Network: 50% plus amount above allowed charges	In Network: 50% Non-Network: Not Covered		\$20 per visit											
Prescription Co-pays Retail: Up to a 30 day supply Mail Order: Up to a 90 day supply Oral Contraceptives, diaphragms, covered diabetic drugs and testing supplies are included. Preventive Drugs including smoking cessation and women's contraceptives are covered at 100% if in-network. PPO deductible applies each calendar year.	<i>Prescriptions are subject to deductible</i> Retail Pharmacy Medically Necessary Drugs 20% Mail Order (Caremark) Medically Necessary Drugs 20%	<i>Prescriptions are subject to deductible</i> Retail Pharmacy <table border="1"> <thead> <tr> <th></th> <th>Network</th> <th>Non-Network</th> </tr> </thead> <tbody> <tr> <td>Level I :</td> <td>\$10.00</td> <td>\$10 + 50%</td> </tr> <tr> <td>Level II :</td> <td>\$25.00</td> <td>\$25 + 50%</td> </tr> <tr> <td>Level III :</td> <td>\$50.00</td> <td>\$50 + 50%</td> </tr> </tbody> </table> Mail Order (Caremark) – 90 day supply Level I : \$20.00 Level II : \$62.50 Level III : \$125.00 Specialty Rx from Specialty Pharmacy: 30%		Network	Non-Network	Level I :	\$10.00	\$10 + 50%	Level II :	\$25.00	\$25 + 50%	Level III :	\$50.00	\$50 + 50%	Retail Pharmacy Level I (primarily generic): \$15.00 Level II (formulary): \$30.00 Level III (Non-Formulary): \$50.00 Mail Order (Caremark) – 90 day supply Level I (primarily generic): \$30.00 Level II (formulary): \$60.00 Level III (Non-Formulary): \$100.00
	Network	Non-Network													
Level I :	\$10.00	\$10 + 50%													
Level II :	\$25.00	\$25 + 50%													
Level III :	\$50.00	\$50 + 50%													

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Self Administered Injectables This service requires certification for coverage	In-Network: 20% Non-Network: 50% plus amount above allowed charges		See Specialty Rx under Prescription Benefit	20% (\$100 maximum co-payment)
Out-Patient X-ray & Lab	In-Network provider and facility: 20% Non-Network: 50% plus amount above allowed charges		In-Network provider and facility: 20% Non-Network: 40% plus amount above allowed charges	No charge for routine x-ray & lab work \$100 for complex radiology (CT, MRI, PET, etc)
Allergy Testing/Treatment Co-pays	In-Network provider: 20% Non-Network: 50% plus amount above allowed charges		In-Network provider: 20% Non-Network: 40% plus amount above allowed charges	\$20 per visit
Diabetes Equipment & Non-Testing Supplies	In-Network provider: 20% Non-Network: 50% after deductible plus amount above allowed charges For testing supplies, see Prescription Drug Coverage		In-Network provider: 20% Non-Network: 40% after deductible plus amount above allowed charges For testing supplies, see Level II Prescription Drug Coverage	Covered in Full For testing supplies, see Prescription Drug Coverage
Chiropractic Office Visit Co-Pay Medically necessary chiropractic services.	In-Network provider: 20% Non-Network: 50% plus amount above allowed charges 20 visits per calendar year		In-Network provider: \$20 Non-Network: Not Covered 12 visits per calendar year, \$1500 max per year Prior Certification Required	\$10 per visit 30 visits per calendar year; \$50 annual Chiropractic appliance allowance. Limited to American Specialty Health Plans of California contracted chiropractors.
Acupuncture	20%, max 20 visits per year.		In-Network provider: 20% Non-Network: 40% + amount above allowed charges Max 12 visits per year.	Not Covered
Preventive Care - Adult (Not subject to calendar year deductible. Note for PPO members: if during a screening colonoscopy or sigmoidoscopy, a therapeutic (surgical) procedure is performed, then outpatient surgery deductible and copayments will apply.)	In-Network provider: No Charge <ul style="list-style-type: none"> • Periodic health evaluations, including well-woman exam and annual preventive physical examinations (age 19 and older). • Cancer screenings, immunizations, vision & hearing screenings. • FDA approved contraceptive methods for women including sterilization Non-Network provider: Not Covered		In-Network provider: No Charge <ul style="list-style-type: none"> • Periodic health evaluations, including well-woman exam and annual preventive physical examinations (age 19 and older). • Cancer screenings, immunizations, vision & hearing screenings. • FDA approved contraceptive methods for women including sterilization Non-Network provider: Not Covered	No Charge Periodic health evaluations, including well-woman exam and annual preventive physical examinations (age 18 and older). Cancer screenings, immunizations, vision & hearing screenings FDA approved contraceptive methods for women including sterilization

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Preventive Care - Child (Not subject to calendar year deductible)	In-Network provider: No Charge <ul style="list-style-type: none"> Periodic health evaluations, including newborn, well-baby care, annual preventive physical examinations (birth through age 18). Laboratory tests, standard immunizations Non-Network provider: Not Covered	In-Network provider: No Charge <ul style="list-style-type: none"> Periodic health evaluations, including newborn, well-baby care, annual preventive physical examinations (birth through age 18). Laboratory tests, standard immunizations Non-Network provider: Not Covered	In-Network provider: No Charge <ul style="list-style-type: none"> Periodic health evaluations, including newborn, well-baby care, annual preventive physical examinations (birth through age 18). Laboratory tests, standard immunizations Non-Network provider: Not Covered	No Charge Periodic health evaluations, including newborn, well-baby care, annual preventive physical examinations (birth through age 17). Laboratory tests, standard immunizations
Family Planning	Tubal Ligation (see Preventive Care – Adult) Vasectomy In-Network: 20% Non-Network: 50% + amt above allowed charges Infertility services (lifetime max benefit \$2000) \$500 additional deductible In-Network: 20% Non-Network: 50% of allowed charges	Tubal Ligation (see Preventive Care – Adult) Vasectomy In-Network: 20% Non-Network: 40% + amount above allowed charges Infertility services (lifetime max benefit \$2000) \$500 additional deductible In-Network: 20% Non-Network: 40% of allowed charges	Tubal ligation: No charge Vasectomy: \$75 per surgery Infertility services: 50%	Tubal ligation: No charge Vasectomy: \$75 per surgery Infertility services: 50%
Maternity Care	In-Network provider: No charge for prenatal care 20% postnatal care Non-Network provider: 50% plus amount above allowed charges for pre and postnatal care Hospitalization:- see In-Patient Hospital	In-Network provider: No charge for prenatal care 20% postnatal care Non-Network provider: 40% plus amount above allowed charges for pre and postnatal care Hospitalization:- see In-Patient Hospital	No charge for prenatal and postnatal care Inpatient Hospital: \$500/ day, max 4 days [Refer to calendar year co-payment maximum above] No charge for in-patient physician services for normal delivery and cesarean section	No charge for prenatal and postnatal care Inpatient Hospital: \$500/ day, max 4 days [Refer to calendar year co-payment maximum above] No charge for in-patient physician services for normal delivery and cesarean section
Out-Patient Surgery	In a participating Ambulatory Surgery Center: 20% In-Network: 20% Non-Network: 50% plus amount above allowed charges	In a participating Ambulatory Surgery Center: 20% In-Network: 20% Non-Network: 40% plus amount above allowed charges	\$100 per surgery	\$100 per surgery
In-Patient Hospital Pre-Authorization required	In-Network facility: 20% Non-Network facility: 50% plus amount above allowed charges Professional Services: 20% network 50% non-network	In-Network facility: 20% Non-Network facility: 40% plus amount above allowed charges Professional Services: 20% network 40% non-network	\$500/ day up to max of 4 days [Refer to calendar year co-payment maximum above] No charge for in-patient physician services	\$500/ day up to max of 4 days [Refer to calendar year co-payment maximum above] No charge for in-patient physician services

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Ambulance Ground or air	In Network provider: 20% Non-Network provider: 50% Requires certification for coverage		In Network provider: \$50 add'l ded + 20% Non-Network provider: \$50 add'l ded + 40% Requires certification for coverage	\$50 co-payment
Emergency Health Coverage	In-Network and Non-Network true emergency: 20% Non-Network non-emergency: 50% plus amount above allowed charges		Emergency Room: \$100 add'l deductible + 20% ER Professional: \$10 or 20% if non-emergency Urgent Care Center: \$50 add'l deductible + 20% Professional: \$10 or 20% if non-emergency Additional deductibles above waived if admitted	\$100 co-payment (Waived if admitted directly to the hospital as an inpatient; however hospitalization copayment charges apply)
Rehabilitative Therapy	In-Network provider: 20% Non-Network: 50% plus amount above allowed charges		Maximum 12 visits per year In-Network provider: 20% Non-Network: 40% plus amount above allowed charges	\$20 per Visit
Durable Medical Equipment	In Network provider: 20% Non-Network provider: 50% plus amount above allowed charges		In Network provider: 20% Non-Network provider: 40% plus amount above allowed charges	20% of Allowed Charges
Skilled Nursing Facility (SNF) services Pre-Authorization required	Semi-private accommodations (up to 100 days per yr) In-Network: 20% Non-Network: 50% + amount above allowed charges		Semi-private accommodations (up to 100 days per yr) In-Network: 20% Non-Network: 40% plus amount above allowed charges	Days 1-10: Covered in Full Days 11-100: \$25 per day (maximum 100 days per calendar year)
Home Health Services	In-Network: 20% Non-Network: 50% Requires certification for coverage		In-Network: 20% Non-Network: 40% plus amount above allowed charges Requires certification for coverage Maximum 100 days per calendar year	\$20 per Visit (maximum 100 visits per calendar year)
Hospice Care Covered hospice services received from any hospice agency must be pre-authorized by Health Net. For prior authorizations, please contact Health Net at (800) 977-7282	In-Network: 20% Non-Network: 50% Requires certification for coverage		In-Network: 20% Non-Network: 40%+ amt above allowed charges Requires certification for coverage	No Charge

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Chemical Dependency Services (Substance Abuse)	Inpatient services for <i>medical acute detoxification</i> : See Hospitalization Charges In-Network provider: 20% Non-Network provider: 50% plus amount above allowed charges	Inpatient services for <i>medical acute detoxification</i> : See Hospitalization charges In-Network provider: 20% Non-Network provider: 40% plus amount above allowed charges	Inpatient services for <i>medical acute detoxification</i> : See Hospitalization charges In-Network provider: 20% Non-Network provider: 40% plus amount above allowed charges	Inpatient services for <i>medical acute detoxification</i> : See Hospitalization Charges Outpatient visits: \$20/visit Benefits are administered by MHN Services
Out-Patient Mental Health Counseling	In-Network provider: 20% Non-Network provider: 50% plus amount above allowed charges	In-Network provider: 20% Non-Network provider: 40% plus amount above allowed charges	In-Network provider: 20% Non-Network provider: 40% plus amount above allowed charges	Outpatient visits: \$20 per visit
In-Patient Mental Health Services	In-Network: 20% Non-Network: 50% plus amount above allowed charges	In-Network: 20% Non-Network: 40% plus amount above allowed charges	In-Network: 20% Non-Network: 40% plus amount above allowed charges	\$500/ day up to max of 4 days [Refer to calendar year co-payment maximum above] Pre-authorization required thru MHN Services
Dependent children – natural, step or adopted	Up to age 26	Up to age 26	Up to age 26	Up to age 26 <i>Emergency coverage only if attending school outside the service area or out of state</i>
Monthly Rates for Active Employees				
Subscriber Only	\$824	\$664	\$463	\$1121
Subscriber + Spouse	\$1648	\$1328	\$926	\$2242
Subscriber + Child(ren)	\$1265	\$1019	\$710	\$1715
Subscriber + Family	\$1896	\$1528	\$1065	\$2649
<i>Note: Rates do not include district contribution</i>				

IMPORTANT NOTES

Retiree rates are available through the retiree’s District Office. If the member is retired and eligible for Medicare, Medicare is the primary payer. Health Net coverage becomes secondary. Retirees are required to enroll in Medicare Part A and purchase Part B and provide a copy of their Medicare card in order to qualify for a Medicare rate. If there is an active group policy in addition to the retired Medicare coverage, please contact Health Net to verify which plan assumes primary status. Active Group Plans are always primary over Medicare. For current provider listings under the Health Net HMO and PPO plans, refer to their web site at www.healthnet.com.

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Summary of Benefits & Disclosure Form* and *Evidence of Coverage* should be consulted for a detailed description of coverage benefits and limitations.