



Health Net®

# Health Net Health Plan of Oregon, Inc.

## BeneFacts: PPO Fifty Plan

### Copayment and Coinsurance Schedule 50/50-3500/09

**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 receive services from Providers in our PPO network or Providers out of our network. Who performs the services 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 (if any), 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 from a Provider in our PPO network, you are not responsible for charges that are above our contracted rates. We recommend that you contact your attending Provider to discuss the ancillary Providers that may be used for your services, as Out-of-Network Provider charges will be reimbursed at the Out-of-Network level. **Certain services including but not limited to Birthing Center services, Home Health Care, home infusion services, organ and tissue transplant services, Durable Medical Equipment, and External Prosthetic Devices/Orthotic Devices 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 services are performed by 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 Maximum Allowable Amount (MAA) rates for other services. We pay Out-of-Network Providers based on MAA rates, not on billed amounts. MAA 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 MAA rates we pay. Amounts that exceed our MAA rates are not covered and do not apply to your annual out-of-pocket maximum. *Your responsibility for any amounts that exceed our MAA payment is shown on this schedule as MAA.*

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

**For covered services, you are responsible for:**

Calendar Year Deductible	For covered services, you are responsible for:	
	PPO Network	Out-of-Network
Annual deductible per person	None	None
Annual deductible per family	None	None

#### Physician/Professional/Outpatient Care

Women's and men's health care - Pap test, breast exam, pelvic exam, PSA test and digital rectal exam	50% contract rate	50% MAA
Routine mammography	50% contract rate	50% MAA
Physician services, office call	50% contract rate	50% MAA
Physician services, urgent care center	50% contract rate	50% MAA
Physician Hospital visits	50% contract rate	50% MAA
Diagnostic X-ray/EKG/Ultrasound	50% contract rate	50% MAA
Diagnostic laboratory tests	50% contract rate	50% MAA
CT/MRI/PET/SPECT/EEG/Holter monitor/Stress test	50% contract rate	50% MAA
Allergy and therapeutic injections	50% contract rate	50% MAA
Maternity delivery care (professional services only)	50% contract rate	50% MAA
Outpatient rehabilitation therapy - \$2,500/year max	50% contract rate	50% MAA
Outpatient at Ambulatory Surgery Center	45% contract rate	50% MAA
Outpatient at Hospital based facility	50% contract rate	50% MAA

#### Hospital Care

Inpatient services	50% contract rate	50% MAA
Inpatient rehabilitation therapy - 30 days/year max	50% contract rate	50% MAA

#### Emergency Services

Outpatient emergency room services	50% contract rate	50% MAA
Inpatient admission from emergency room	50% contract rate	50% MAA
Emergency ambulance transport - \$3,000/year max	50% (MAA applies to Out-of-Network Providers)	



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**For covered services, you are responsible for:**

<b>Behavioral Health Services – Chemical Dependency and Mental or Nervous Conditions</b>	<b>PPO Network</b>	<b>Out-of-Network</b>
Physician services, office call <sup>4</sup>	50% contract rate	50% MAA
Outpatient center <sup>4</sup>	50% contract rate	50% MAA
Inpatient services <sup>4</sup>	50% contract rate	50% MAA
<b>Other Services</b>		
Durable Medical Equipment - \$5,000/year max	50% contract rate	50% MAA
External Prosthetic Devices/Orthotic Devices	50% contract rate	50% MAA
Medical supplies (including allergy serum and injected substances)	50% contract rate	50% MAA
Diabetes management - one initial program per lifetime	50% contract rate	50% MAA
Blood, blood plasma, blood derivatives	50% contract rate	50% MAA
TMJ services - \$500/lifetime max	50% contract rate <sup>2</sup>	50% MAA <sup>2</sup>
Home infusion therapy	50% contract rate	50% MAA
Injectable chemotherapy (anticancer medications and administration)	50% contract rate	50% MAA
Skilled Nursing Facility care - 60 days/year max	50% contract rate	50% MAA
Hospice services	50% contract rate	50% MAA
Home health visits - \$1,000/year max	50% contract rate	50% MAA
Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class <sup>2</sup>	
<b>Benefit Maximums</b>		
Annual out-of-pocket maximum per person <sup>5</sup>	\$3,500	\$10,500
Annual out-of-pocket maximum per family <sup>5</sup>	\$10,500	\$31,500
Lifetime maximum for authorized organ transplant services	\$250,000	Not covered Out-of-Network
Lifetime maximum	Unlimited	\$1,000,000

**Notes**

- <sup>1</sup> You must meet the specified deductible each Calendar Year (January 1 through December 31) before Health Net pays any claims.
- <sup>2</sup> Your payments do not apply to the annual out-of-pocket maximum.
- <sup>3</sup> Deductible is waived.
- <sup>4</sup> For mental health or Chemical Dependency services, call 800-977-8216.
- <sup>5</sup> 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 MAA for Out-of-Network (OON) services. You are still responsible for OON billed charges that exceed MAA.

***This schedule presents general information only. Certain services require Prior Authorization or must be performed by a Specialty Care Provider. Refer to your contract and other benefit materials for details, limitations and exclusions.***

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