



# Health Net Health Plan of Oregon, Inc.

## Benefacts: Triple Option Plan

### Copayment and Coinsurance Schedule GSS15205/09

**Triple Option = Three plans in one.** When you need health care, this plan lets you receive services from a Provider in our HMO network, our PPO network, or 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 one of our networks and to verify which benefit level will apply to a covered service, please contact one of our Customer Contact Center representatives.

**HMO (Level 1) Benefits:** To receive HMO benefits, you must select a Primary Care Provider (PCP) from our HMO network. Your PCP coordinates all your care, including Referrals. When your PCP refers you to Providers in our HMO network, you will receive HMO level benefits. If your PCP refers you to Providers in our PPO network, you will receive PPO level benefits.

**PPO (Level 2) 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 and 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 HMO or PPO networks, you are not responsible for charges above our contracted rates. **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 1.6 of the Basic Benefit Schedule.** 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.

**Out-of-Network (Level 3) Benefits:** When services are performed by a Provider who is not in our HMO or 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 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 stop loss 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	HMO (Level 1)	PPO (Level 2)	Out-of-Network (Level 3)
Annual deductible per person	None	\$300 at Level 2 & Level 3 combined <sup>1,2</sup>	
Annual deductible per family	None	\$900 at Level 2 & Level 3 combined <sup>1,2</sup>	
<b>Physician/Professional/Outpatient Care</b>			
Women's and men's health care Pap test, breast exam, pelvic exam, PSA test and digital rectal exam	\$15/visit	15% contract rate <sup>3</sup>	15% MAA <sup>3</sup>
Routine mammography	\$15/visit	15% contract rate <sup>3</sup>	15% MAA <sup>3</sup>
Physician services, office call	\$15/visit	15% contract rate	15% MAA
Physician services, urgent care center	\$35/visit	\$35/visit	\$35/visit MAA
Physician Hospital visits	No charge	15% contract rate	15% MAA
Diagnostic X-ray/EKG/Ultrasound	No charge	15% contract rate	15% MAA
Diagnostic laboratory tests	No charge	15% contract rate	15% MAA
CT/MRI/PET/SPECT/EEG/Holter monitor/Stress test	No charge	15% contract rate	15% MAA
Allergy and therapeutic injections	No charge	15% contract rate	15% MAA
Maternity delivery care (professional services only)	\$150/pregnancy	15% contract rate	15% MAA
Outpatient rehabilitation therapy - \$2,500/year max	\$10/visit	15% contract rate	15% MAA
Outpatient at Ambulatory Surgery Center	\$200/visit	10% contract rate	10% MAA
Outpatient at Hospital based facility	\$200/visit	15% contract rate	15% MAA
<b>Hospital Care</b>			
Inpatient services	\$200/day <sup>4</sup>	15% contract rate	15% MAA
Inpatient rehabilitation therapy - 30 days/year max	No charge	15% contract rate	15% MAA
<b>Emergency Services</b>			
Outpatient emergency room services	\$150/visit <sup>5</sup>	\$150/visit <sup>5</sup>	\$150/visit MAA <sup>5</sup>
Inpatient admission from emergency room	\$200/day <sup>4</sup>	\$200/day <sup>4</sup>	\$200/day MAA <sup>4</sup>
Emergency ambulance transport - \$3,000/year max	20% at Level 1, 2 or 3 (MAA applies to Out-of-Network Providers)		



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# BeneFacts: Triple Option Plan GSS15205/09

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

## Behavioral Health Services – Chemical Dependency and Mental or Nervous Conditions

	HMO (Level 1)	PPO (Level 2)	Out-of-Network (Level 3)
Physician services, office call <sup>6</sup>	\$15/visit	Not applicable at Level 2	15% MAA
Outpatient center <sup>6</sup>	\$200/visit	Not applicable at Level 2	15% MAA
Inpatient services <sup>6</sup>	\$200/day <sup>4</sup>	Not applicable at Level 2	15% MAA

## Other Services

Durable Medical Equipment - \$5,000/year max	20%	15% contract rate	15% MAA
External Prosthetic Devices/Orthotic Devices	20%	15% contract rate	15% MAA
Medical supplies (including allergy serums and injected substances)	20%	15% contract rate	15% MAA
Diabetes management - one initial program per lifetime	\$15 per program	15% contract rate	15% MAA
Blood, blood plasma, blood derivatives	No charge	15% contract rate	15% MAA
TMJ services - \$500/lifetime max	50% contract rate <sup>2</sup>	50% contract rate <sup>2</sup>	50% MAA <sup>2</sup>
Home infusion therapy	No charge	15% contract rate	15% MAA
Injectable chemotherapy (anticancer medications and administration)	\$200/day <sup>4</sup>	15% contract rate	15% MAA
Skilled Nursing Facility care - 60 days/year max	No charge	15% contract rate	15% MAA
Hospice services	No charge	15% contract rate	15% MAA
Home health visits - \$1,000/year max	No charge	15% contract rate	15% MAA
Health education - \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50 per qualifying class. <sup>2</sup>		

## Benefit Maximums

Annual Copayment maximum <sup>7</sup>	\$1,500 per person \$3,000 per family	See Annual stop loss maximum	
Annual stop loss maximum <sup>8</sup>	See Annual Copayment maximum	\$5,000/person Level 2 & Level 3 combined \$15,000/family Level 2 & Level 3 combined	
Lifetime maximum for authorized organ transplant services	\$250,000 at Level 1 & Level 2 combined	Not covered at Level 3	
Lifetime maximum	Unlimited at Level 1	\$2,000,000 at Level 2 & Level 3 combined	

## 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 Copayment maximum or to the annual stop loss maximum.
- <sup>3</sup> Deductible is waived.
- <sup>4</sup> You pay a maximum of 5 Copays per authorized admission.
- <sup>5</sup> Copayment is waived if you are admitted.
- <sup>6</sup> For mental health or Chemical Dependency services, call 800-977-8216.
- <sup>7</sup> After you reach the Copayment maximum in a Calendar Year, we will pay your covered HMO services during the rest of that Calendar Year at 100% of our HMO contract rates.
- <sup>8</sup> The annual stop loss maximum does not include the annual deductible. After you reach this maximum amount 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 services. At Level 3, you are still responsible for 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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