

# Plan Overview

PPO Advantage-V35-5000-2-5600

Benefits	Member pays	
	In-network	Out-of-network
<b>Deductible</b> per calendar year	\$5,000 single / \$10,000 family in-network and out-of-network combined	
<b>Out-of-pocket maximum</b> includes deductible	\$5,600 single / \$11,200 family in-network and out-of-network combined	
<b>Office visits</b> Physician - includes family practice, pediatrics, internal medicine, general practice, obstetrics/gynecology Specialist physician – providers in specialties other than those listed above Maternity delivery care (professional services only)	\$35 copay/visit (deductible waived) \$35 copay/visit (deductible waived) 20% of contract rate	40% MAA 40% MAA 40% MAA
<b>Preventive care</b> – includes but is not limited to: preventive office visit, women’s and men’s health care, pap test, mammogram, pelvic exam, prostate screening (PSA) and digital rectal exam	\$0 copay (deductible waived)	40% MAA (deductible waived)
<b>Alternative care</b> <i>administered by American Specialty Health (ASH)</i> Chiropractic (spinal manipulation) Acupuncture care Naturopathic care Massage therapy– maximum 18 visits per year Maximum benefit for chiropractic/ acupuncture/naturopathy/massage therapy per calendar year	\$15 copay/visit (deductible waived) \$15 copay/visit (deductible waived) \$15 copay/visit (deductible waived) \$25 copay/visit (deductible waived) \$1,000 (all services combined)	not covered not covered not covered not covered
<b>Emergency and urgent care services</b> Emergency room Urgent care - physician services Ground ambulance – maximum 3 trips per year Air ambulance – maximum 1 trip per year	20% of contract rate \$50 copay/visit (deductible waived) 20% 20%	20% \$50 copay/visit MAA (deductible waived) 20% 20%
<b>Hospital services</b> Inpatient hospital Outpatient at hospital-based facility Outpatient at ambulatory surgery center	20% of contract rate 20% of contract rate 15% of contract rate	40% MAA 40% MAA 40% MAA
<b>Rehabilitative services</b> Inpatient – maximum 30 days per year Outpatient – maximum 30 days per year	20% of contract rate 20% of contract rate	40% MAA 40% MAA

(continued)

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<i>Benefits</i>	<i>Member pays</i>	
	<b>In-network</b>	<b>Out-of-network</b>
<b>Skilled nursing facility</b> – maximum 60 days per year	20% of contract rate	40% MAA
<b>Diagnostic lab and X-ray, EKG, ultrasound</b>	20% of contract rate	40% MAA
<b>Imaging and testing services</b> CT/MRI/MRA/PET/SPECT/EEG/Holter Monitor/stress test	20% of contract rate	40% MAA
<b>Allergy and therapeutic injections</b>	20% of contract rate	40% MAA
<b>Durable medical equipment (DME)</b>	20% of contract rate	40% MAA
<b>Home health visits</b>	20% of contract rate	40% MAA
<b>Hospice services</b>	20% of contract rate	40% MAA
<b>Behavioral Health</b> <i>administered by MHN</i>		
<b>Mental health and Chemical dependency</b>		
Inpatient	20% of contract rate	40% MAA
Outpatient, office visits	\$35 copay/visit (deductible waived)	40% MAA
Outpatient, other	20% of contract rate	40% MAA

**The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims**

**The annual out-of-pocket maximum includes your annual deductible, copays and coinsurance. 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 participating provider services and at 100% of maximum allowable amount (MAA) for out-of-network (OON) services. You are still responsible for OON billed charges that exceed MAA**

**If a newborn patient requires admission to an intermediate or intensive care nursery, the deductible and coinsurance for these services will accumulate under the newborn's coverage, not under the mother's coverage**

**The outpatient emergency room copay is waived if you are admitted**

**For Mental Health or Chemical Dependency services, call 800-977-8216**

**For Alternative Care benefits, call American Specialty Health (ASH) at 800-678-9133**

**Certain services require prior authorization or must be performed by a specialty care provider**

**This *Plan Overview* is intended to be used for marketing purposes only and presents general information. Please refer to your *Benefit Schedule and Agreement* for details, limitations, exclusions and other terms and conditions of coverage**

# Health Net Pharmacy Benefits

NMSL15-30-50-1000

The following is a brief description of your Health Net Pharmacy benefits.

<i>Benefit level</i>	<i>In pharmacy (per fill, up to a 30-day supply)</i>	<i>Mail order (per fill, up to a 90-day supply)</i>
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$50	\$100
Specialty pharmacy	10% to a maximum of \$150	Mail order not available
Orally administered anticancer medications	10% to a maximum of \$150	Mail order not available
Preventive pharmacy, tobacco cessation and women's contraception methods	No copay and/or coinsurance	No copay and/or coinsurance
Out-of-pocket maximum per calendar year	\$1,000 single / \$2,000 family combined both in pharmacy and mail order (separate from medical out-of-pocket maximum)	

Kim Aung  
Health Net

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > My Prescriptions > Order by mail.

### Essentials Drug List

A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Drug List (EDL). Log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > My Health Plan > Pharmacy Coverage > View My Drug List > 2015 Essential Health Benefit Drug Lists > OR Essential RX Drug List or Preventive Drug List.

### Specialty Pharmacy

Certain drugs identified on the Essential Drug List are classified as Specialty Pharmacy drugs under your plan. Specialty Pharmacy drugs are high cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and having significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.

### Preventive Pharmacy

Preventive Pharmacy medications require a prescription and are limited to prescription drugs and over-the-counter medications that are determined to be preventive. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug with no generic class drug available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Women's Contraception*

Generic class Food and Drug Administration (FDA) approved contraceptive methods, patient education and counseling for all women with reproductive capacity are covered. FDA approved, over-the-counter contraceptive methods for women require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Tobacco Cessation*

Food and Drug Administration (FDA) approved prescription drugs classified as smoking cessation medications are covered when dispensed by a participating provider pharmacy. FDA approved, over-the-counter tobacco cessation medications require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Participating Pharmacies*

Participating Provider pharmacy must be used when filling all prescriptions under your plan. The plan does not cover prescriptions filled at a Non-Participating pharmacy.

### *What if I am on a medication that was covered by my previous health insurance?*

Under the Continuity of Care Policy, within the first 90 days of Health Net coverage, you will receive authorization for any existing medication requiring prior authorization that was covered under your previous health insurance company. The health plan will require verification that the medication was covered by the previous insurance company. This policy excludes the following: injectables, compounded medications, pharmacy benefit exclusions, and overrides on quantity or dosage limits.

This pharmacy plan provides Creditable Coverage for Medicare Part D

**This is a brief description of your Health Net Pharmacy benefits and is intended for marketing purposes only and presents general information. Please refer to your *Prescription Supplemental Benefit Schedule* to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.**



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SUPPLEMENTAL BENEFIT SCHEDULE CAM15-1000/15

### **Purpose and Function of this Schedule**

The purpose of this Schedule is to provide coverage for complementary services by Providers of chiropractic, acupuncture, massage therapy, and naturopathic medicine. This Schedule is an amending attachment to the Basic Benefit Schedule.

Subject to all terms, conditions, exclusions and definitions in the Group Medical and Hospital Service Agreement and its attachments, except as expressly amended by the Benefits provision of this Schedule, you are entitled to receive benefits set forth in this Schedule upon payment of the relevant premiums and Copayments specified in this Schedule.

### **Copayments and Maximums**

- The Copayment for chiropractic, acupuncture and naturopathic services is \$15 per visit.
- The Copayment for massage therapy services is \$25 per visit, with a maximum of 18 visits.
- The maximum combined benefit per Calendar Year is \$1,000.
- Copayments and/or Coinsurance and other amounts you pay for alternative care benefits apply toward your plan's medical Out-of-Pocket Maximum as shown on your Copayment and Coinsurance Schedule under "Benefit Maximums".

### **Chiropractic Services**

- Chiropractic services are covered as follows:
  - a. Patients have direct access to ASH Networks contracted chiropractors for their initial visit. A new patient examination is performed by the ASH Networks contracted Provider to determine the nature of the Member's problem and, if covered services appear warranted, a proposed treatment plan of services to be furnished is prepared. A new patient examination is provided for each new patient. A Copayment is required.
  - b. An established patient examination may be performed by the ASH Networks contracted Provider to assess the need to continue, extend or change a treatment plan approved by ASH Networks. A reevaluation may be performed during a subsequent office visit or separately. If performed separately, a Copayment is required.
  - c. Subsequent office visits, as set forth in a treatment plan approved by ASH Networks, may involve an adjustment, a brief reexamination and other services, in various combinations. A Copayment is required for each visit to the office.
  - d. Adjunctive therapy, as set forth in a treatment plan approved by ASH Networks, may involve modalities such as ultrasound, hot packs, cold packs, electrical muscle stimulation and other therapies.
  - e. X-rays and clinical laboratory tests are payable in full when referred by an ASH Networks contracted chiropractor and approved by ASH Networks. Radiological consultations are a covered benefit when approved by ASH Networks as medically/clinically necessary services and provided by a licensed chiropractic radiologist, medical radiologist, radiology group or Hospital which has contracted with ASH Networks to provide those services.
  - f. Chiropractic appliances are covered up to a maximum of \$50 per year when prescribed by an ASH Networks contracted chiropractor and approved by ASH Networks.
  - g. All chiropractic services, except for the initial visit, must be Prior Authorized by ASH Networks as medically/clinically necessary for treatment of neuromusculoskeletal conditions.

- Chiropractic Exclusions and Limitations.
  - a. Services or treatments not approved ASH Networks as medically/clinically necessary, except for a new patient examination and urgent services.
  - b. Services or treatments not delivered by ASH Networks contracted chiropractors for the delivery of chiropractic care to Members, except for urgent services.
  - c. Services for examinations and/or treatments from ASH Networks contracted chiropractors for conditions other than those related to neuromusculoskeletal disorders.
  - d. Hypnotherapy, behavior training, sleep therapy and weight programs.
  - e. Thermography.
  - f. Services, lab tests, x-rays and other treatments not documented as medically/clinically necessary and appropriate or classified as Experimental or Investigational and/or as being in the research stage, except as provided in the "Clinical Trials" section of the Basic Benefit Schedule.
  - g. Magnetic resonance imaging, CAT scans, bone scans, nuclear radiology and any diagnostic radiology other than covered plain film studies.
  - h. Transportation costs including local ambulance charges.
  - i. Education programs, non-medical lifestyle or self-help or any self-help physical exercise training or related diagnostic testing.
  - j. Services or treatments for pre-employment physicals or vocational rehabilitation.
  - k. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
  - l. Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances or Durable Medical Equipment, except as specifically outlined.
  - m. Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order.
  - n. Services provided by a chiropractor practicing outside the states of Oregon and Washington (state of residency), except for urgent services.
  - o. Hospitalization, anesthesia, manipulation under anesthesia and other related services.
  - p. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
  - q. Adjunctive therapy not associated with spinal, muscle or joint manipulation.
  - r. Vitamins, minerals or other similar products.

## **Acupuncture Services**

- Acupuncture services are covered as follows:
  - a. Patients have direct access to ASH Networks contracted acupuncturists for their initial visit. A new patient examination is performed by the ASH Networks contracted Provider to determine the nature of the Member's problem and, if covered services appear warranted, a treatment plan of services to be furnished is prepared. A new patient examination is provided for each new patient. A Copayment is required.
  - b. An established patient examination may be performed by the ASH Networks contracted Provider to assess the need to continue, extend or change a treatment plan approved by ASH Networks. A reevaluation may be performed during a subsequent office visit or separately. If performed separately, a Copayment is required.
  - c. Subsequent office visits, as set forth in a treatment plan approved by ASH Networks, may involve acupuncture treatment, a brief reexamination and other services in various combinations. A Copayment is required for each visit to the office.
  - d. Adjunctive therapy, as set forth in a treatment plan approved by ASH Networks, may involve modalities such as acupressure, moxibustion, cupping and other therapies.
  - e. All acupuncture services, except for the initial visit, must be Prior Authorized by ASH Networks as medically/clinically necessary for treatment of nausea, pain syndromes or neuromusculoskeletal conditions.
- Acupuncture exclusions and limitations:
  - a. Services or treatments not approved by ASH Networks as medically/clinically necessary, except for a new patient examination and urgent services.
  - b. Services or treatments not delivered by ASH Networks contracted acupuncturists for the delivery of acupuncture care to Members, except for urgent services.
  - c. Services for examinations and/or treatments from ASH Networks contracted acupuncturists for conditions other than those related to neuromusculoskeletal disorders, nausea or pain syndromes.
  - d. Hypnotherapy, behavior training, sleep therapy and weight programs.
  - e. Thermography.
  - f. Services, lab tests, x-rays and other treatments not documented as medically/clinically necessary and appropriate or classified as Experimental or Investigational and/or as being in the research stage, except as provided in the "Clinical Trials" section of the Basic Benefit Schedule.
  - g. Radiological x-rays, magnetic resonance imaging, CAT scans, bone scans, nuclear radiology, diagnostic radiology and laboratory services.
  - h. Transportation costs including local ambulance charges.
  - i. Education programs, non-medical lifestyle or self-help or self-help physical exercise training or any related diagnostic testing.
  - j. Services or treatments for pre-employment physicals or vocational rehabilitation.
  - k. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
  - l. Air conditioners/purifiers, therapeutic mattresses, supplies, Durable Medical Equipment or appliances, or any other similar device.
  - m. Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order.

- n. Services provided by an acupuncturist practicing outside the states of Oregon and Washington (state of residency), except for urgent services.
- o. Hospitalization, anesthesia, manipulation under anesthesia and other related services.
- p. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
- q. Adjunctive therapy not associated with acupuncture.
- r. Vitamins, minerals or other similar products.
- s. Nutrition supplements which are Native American, South American, European or of any other origin.
- t. Nutrition supplements obtained by Member through an acupuncturist, health food store, grocery store or by any other means.
- u. Clinical laboratory services or any other type of diagnostic test or service.

### **Massage Therapy Services**

- Massage therapy services are covered as follows:
  - a. Patients have direct access to ASH Networks contracted massage therapists for up to four visits. All visits beyond the first four visits annually must be Prior Authorized by ASH Networks as medically/clinically necessary for myofascial, neuromusculoskeletal or pain syndromes. A Copayment is required for each massage therapy session/office visit.
  - b. After the first four visits, the ASH Networks contracted massage therapist will provide therapeutic massage in support of a covered medical condition. The ASH Networks contracted massage therapist develops an applicable treatment plan and submits it to ASH Networks for approval. A Copayment is required for each massage therapy session/office visit.
  - c. Subsequent sessions include therapeutic massage and possibly a brief reassessment of patient status and progress toward therapy goals. A Copayment is required for each massage therapy session/office visit with the ASH Networks contracted massage therapist. The subsequent session includes all services related to the massage therapy, a brief reassessment if necessary and any consultative support services.
  - d. Any treatment for a minor under the age of 18 requires parental participation.
- Massage therapy exclusions and limitations:
  - a. Services or treatments not delivered by ASH Networks contracted Providers for the delivery of massage therapy care to Members.
  - b. Services beyond the fourth annual visit for treatments of conditions other than those related to myofascial, neuromusculoskeletal or pain syndromes.
  - c. Massage therapy services beyond the fourth annual visit that are not Prior Authorized by ASH Networks as medically/clinically necessary.
  - d. Massage services rendered by a Provider of massage therapy services that are not delivered in accordance with the massage benefit plan, including but not limited to limited massage services rendered directly in conjunction with chiropractic, acupuncture or naturopathic services.
  - e. Hypnotherapy, behavior training, sleep therapy and weight programs.
  - f. Services and/or treatments not documented as medically/clinically necessary and appropriate or classified as Experimental or Investigational and/or as being in the research stage, except as provided in the "Clinical Trials" section of the Basic Benefit Schedule.



- g. Transportation costs including local ambulance charges.
- h. Education programs, non-medical lifestyle or self-help or any self-help physical exercise training or any related diagnostic testing.
- i. Services or treatments for pre-employment physicals or vocational rehabilitation.
- j. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
- k. Air conditioners/purifiers, therapeutic mattresses, supplies, Durable Medical Equipment or appliances.
- l. Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order.
- m. Services provided outside the scope of a massage therapist's license.
- n. Hospitalization.
- o. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
- p. Adjunctive therapy whether or not associated with massage therapy.
- q. Vitamins, minerals, nutrition supplements or other similar products.

### **Naturopathic Medicine Services**

- Naturopathic medicine services are covered as follows:
  - a. Patients have direct access to ASH Networks contracted naturopaths for their initial visit. A new patient examination or consultation, including the history and physical examination, is performed by the ASH Networks contracted Provider to determine the nature of the Member's problem and, if covered services appear warranted, a treatment plan of services is prepared and furnished to ASH Networks. One new patient examination is provided for each new patient. A Copayment is required.
  - b. Subsequent office visits or consultations (including physical examination) are reimbursed as medically/clinically necessary and according to the Member's benefit plan. A Copayment is required.
  - c. An office visit represents an all-inclusive per diem rate for all services associated with the office visit, including evaluation or reevaluation, any consultative services and any adjunctive services.
  - d. Adjunctive therapy is limited to that which is allowed by the Provider's state scope of practice and, is also limited to non-invasive modalities such as diathermy, electrical stimulation, hot and cold packs, hydrotherapy, manipulation, massage, range of motion exercises and therapeutic ultrasound. Acupuncture is also covered as allowed by the Provider's state scope of practice. If provided independent of an examination, a Copayment is required.
  - e. Diagnostic tests are limited to those required for further evaluation of the Member's condition. Medically/clinically necessary x-rays and laboratory studies must be performed either by an appropriately certified naturopathic doctor or staff Member or referred to a facility that has been credentialed to meet ASH Networks criteria.
  - f. Covered conditions and services are limited to those the Provider is qualified to treat or perform pursuant to state licensure and scope of practice, excluding obstetrics, surgery, invasive procedures, psychological services and services listed as Limitations and Exclusions.
  - g. All naturopathy services, except for the initial visit, must be Prior Authorized by ASH Networks as medically/clinically necessary for treatment of a covered condition.

- Naturopathic medicine exclusions and limitations:
  - a. Services or treatments not approved by ASH Networks as medically/clinically necessary, except for a new patient examination, services allowed under an applicable treatment plan threshold and urgent services.
  - b. Services or treatments not delivered by ASH Networks contracted Providers for the delivery of naturopathic care to Members, except for urgent services.
  - c. Services for examinations and/or treatments for conditions that are not listed as a covered condition or listed as an exclusion.
  - d. Immunizations, vaccinations, injectables and intravenous infusions (does not include venipuncture for the purpose of obtaining blood samples for laboratory studies).
  - e. Preventive health services, such as those defined by the following: a) United States Preventive Services Task Force (USPSTF) recommended type "A" and "B" services; b) Immunizations and inoculations as recommended by the Advisory Committee on Immunization Practices of the Center for Disease Control (CDC); c) Pediatric preventive care and screenings, as supported by the Health Resources and Services Administration (HRSA) guidelines; d) Women's health care services not included in the "Preventive Care" section of the Basic Benefit Schedule, as supported by HRSA guidelines; e) Other USPSTF recommendations for breast cancer screening, mammography and prevention, are not available under the Naturopathy Benefit. Members seeking such services should consult their primary Physician.
  - f. Hypnotherapy, behavior training, sleep therapy and weight programs.
  - g. Thermography
  - h. Services, lab tests, x-rays and other treatments not documented as clinically/Medically Necessary and appropriate; those classified as Experimental or Investigational; those that are in the research stage; and/or those not specifically referenced as covered diagnostic tests in the naturopathy covered services section above, except as provided in the "Clinical Trials" section of the Basic Benefit Schedule.
  - i. Magnetic resonance imaging, CAT scans, bone scans, nuclear radiology and diagnostic radiology other than covered plain film studies.
  - j. Transportation costs including local ambulance charges.
  - k. Education programs, lifestyle or self-help programs or any self-help physical exercise training or related diagnostic testing.
  - l. Services or treatments for pre-employment physicals or vocational rehabilitation.
  - m. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
  - n. Air conditioners/purifiers, therapeutic mattresses, supplies, Durable Medical Equipment or appliances.
  - o. Prescription drugs or medicines.
  - p. Hospitalization, anesthesia, manipulation under anesthesia and other related services.
  - q. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
  - r. Adjunctive therapy that is considered by ASH Networks to be invasive or not listed on the payor summaries