

	Health Net Outlook NNU000 EPO 50/50/D&C(EPOc)		Health Net Outlook TW7000 EPO 25/40/500(EPO)		Health Net Outlook TWQE75 POS 40/40/250(POS)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card						
Prescription Card	\$15 Generic Only	UCR=N/A	\$15 Generic Only	UCR=N/A	20(Generic) 40(Brand) 60/Yes/100 (d)	UCR=70%
Major Medical						
Deductible Ind/Fam	\$1,000/\$2,000		N/A		N/A	\$2,000/\$4,000
Co-Insurance	N/A		N/A		N/A	70%
Out-of-Pocket	N/A		N/A		N/A	\$5,000/\$10,000
Office Co-pay	\$50		\$25 copay		\$40	Ded & Colns
DXL/Lab Fees	No charge		No charge		No charge	Ded & Colns
Specialist Co-pay	\$50		\$40 copay		\$40	Ded & Colns
Lifetime Maximum	Unlimited		Unlimited		Unlimited	\$5,000,000
Hospital Benefits						
Hospital In-Patient	No charge after ded		\$500 copay/90 day benefit period		\$250/day; \$1,250 max/admis	Ded & Colns
Hospital Out-Patient	No charge after ded		\$75 copay		\$250 copay	Ded & Colns
Emergency Room	\$150 copay		\$100 copay		\$100 copay	\$100 copay
Private Nursing	See home health		See home health		See home health	See home health
Surgical Benefits						
Surgical In-Patient	No charge after ded		No charge		No charge	Ded & Colns
Surgical Out-Patient	No charge after ded		\$75 copay		\$250 copay	Ded & Colns
Mental Health						
Mental Nervous In-Patient	No charge after ded 30 days/cal yr partial session 60 days/cal yr		\$500 copay/90 day benefit period 30 days/cal yr partial session 60 days/cal yr		\$250/day; \$1,250 max/admis 30 days/cal yr Partial session 60 days/cal yr	Ded & Colns 30 days/cal yr Partial session 60 days/cal yr
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7 days/cal yr		\$500 copay/90 day benefit period Rehab-30 days/cal yr Detox-7 days/cal yr		\$250/day; \$1,250 max/admis Rehab-30 days/cal yr Detox-7 days/cal yr	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 20 visits/cal yr		\$40 copay 20 visits/cal yr		\$40 copay 20 visits/cal yr	Ded & Colns 20 visits/cal yr
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr		\$40 copay 60 visits/cal yr		50% Colns 60 visits/cal yr	50% after ded 60 visits/cal yr
Other						
Well Care(Up to 19)	No charge		No charge		No charge; see schedule	No charge; see schedule
Routine Adult Care	\$50 copay; see schedule		\$25 copay; see schedule		\$40 copay; see schedule	Ded & Colns; see schedule
Chiropractic Care	No charge after ded		\$40 copay		\$40 copay	Ded & Colns
Home Health Care	25% after \$50 ded; 40 visits/cal yr		No charge; 40 visits/cal yr		No charge; 40 visits/cal yr	25% after \$50 ded; 40 visits/cal yr
Non-Authorization	Refer to carrier		Refer to carrier		Refer to carrier	Refer to carrier
Single	1 x \$349.80		1 x \$382.82		1 x \$492.67	
EE with Spouse	1 x \$779.05		1 x \$852.57		1 x \$1,097.21	
EE with Child(ren)	1 x \$647.18		1 x \$708.26		1 x \$911.48	
Family	1 x \$1,041.37		1 x \$1,139.64		1 x \$1,466.66	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$2,817.40		4 \$3,083.29		4 \$3,968.02	
Annual Cost	\$33,808.80		\$36,999.48		\$47,616.24	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible

Footnote Report

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Prepared For: Company X
Report Id: 12603440

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Health Net Outlook

OOA The Out-of-Area PPO is available for employees residing outside of Health Net's tri-state service area. The Underwriting guidelines detail specific requirements such as participation. First Health providers, available in all 50 states, are the providers of choice for the PPO product.

Maximum Allowable Amount (MAA) Please note: Health Net uses Maximum Allowable Amount (MAA) to determine the amount on which we base our reimbursement for Covered Services provided by an OON Provider. MAA is defined in the members Evidence of Coverage (EOC). This may be less than the amount that the OON Provider billed for those Covered Services. MAA is not the amount that we pay for Covered Services; the actual payment will be reduced by applicable Deductible(s), Coinsurance, and/or Copayment(s) Maximum Allowable Amount (MAA)

Rate Change The rates shown are applicable to New York small groups with fewer than 51 total employees. Rates for New York small groups with 51 or more total employees will be slightly higher due to federal mental health and substance abuse parity requirements.