

Pacific Health Trust

	PPO 250		PPO 500		PPO 750		PPO 1000		PPO 1500		PPO 2500		PPO 3000	
	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Annual Deductible ¹	\$250 individual / \$750 family		\$500 individual / \$1,500 family		\$750 individual / \$2,250 family		\$1,000 individual / \$3,000 family		\$1,500 individual / \$4,500 family		\$2,500 individual / \$7,500 family		\$3,000 individual / \$9,000 family	
Annual Out of Pocket Maximum (Individual)	\$1,000 PPO Network and Out-of-Network Combined		\$1,500 PPO Network and Out-of-Network Combined		\$2,500 PPO Network and Out-of-Network Combined		\$2,500 / \$5,000		\$2,500 PPO Network and Out-of-Network Combined		\$2,500 PPO Network and Out-of-Network Combined		\$9,000	\$18,000
Annual Out of Pocket Maximum (Family)	\$3,000 PPO Network and Out-of-Network Combined		\$4,500 PPO Network and Out-of-Network Combined		\$7,500 PPO Network and Out-of-Network Combined		\$7,500 / \$15,000		\$7,500 PPO Network and Out-of-Network Combined		\$7,500 PPO Network and Out-of-Network Combined		\$27,000	\$54,000
Lifetime Transplant Benefit	\$250,000	not covered	\$250,000	not covered	\$250,000	not covered	\$250,000	not covered	\$250,000	not covered	\$250,000	not covered	\$250,000	not covered
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000	Unlimited	\$1,000,000	Unlimited	\$1,000,000	Unlimited	\$1,000,000	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Physician Services														
Office visits, including preventive care ²	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA	\$30 per visit ³	40% MAA ³
Diagnostic lab/x-ray	20% ³	40% MAA	20% ³	40% MAA	20% ³	40% MAA	20% ³	40% MAA	20% ³	40% MAA	20% ³	40% MAA	20% ³	40% MAA
Urgent care physician services ²	\$50 per visit ³	40% MAA	\$50 per visit ³	40% MAA	\$50 per visit ³	40% MAA	\$50 per visit ³	40% MAA	\$50 per visit ³	40% MAA	\$50 per visit ³	40% MAA	\$75 per visit ³	\$75 per visit ³ MAA ³
CT/MRI/EEG/Holter monitor/Stress test	20% ³	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Maternity delivery care	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Outpatient rehabilitation (\$2,500/year max)	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Outpatient or ambulatory care center	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Hospital Care	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Inpatient services	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Emergency Care														
Outpatient emergency room services	\$150 per visit MAA ³		\$150 per visit MAA ³		\$150 per visit MAA ³		\$100 + 20% MAA ³		\$150 per visit MAA ³		\$150 per visit MAA ³		\$250 per visit MAA ³	
Ambulance transport (\$3,000/year max)	20%	20% MAA	20%	20% MAA	20%	20% MAA	20%	20% MAA	20%	20% MAA	20%	20% MAA	20%	20% MAA
Behavioral Health Services (subject to additional limits)														
Outpatient mental health/chemical dependency	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA	\$30 per visit ³	40% MAA
Inpatient mental health/chemical dependency	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Other Services														
Durable Medical Equipment and supplies ⁴	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class		Any charges over maximum reimbursement of \$50/qualifying class		Any charges over maximum reimbursement of \$50/qualifying class		Any charges over maximum reimbursement of \$50/qualifying class		Any charges over maximum reimbursement of \$50/qualifying class		Any charges over maximum reimbursement of \$50/qualifying class		Any charges over maximum reimbursement of \$50/qualifying class	
Well Net Chiropractic Care (15 visits/yr max)	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA	\$30 per visit ³	40% MAA
Well Net Acupuncture Care (15 visits/yr max)	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA	\$30 per visit ³	40% MAA
Well Net Naturopathic Care	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA	\$30 per visit ³	40% MAA
Well Net Massage Therapy (15 visits/yr max)	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA	\$30 per visit ³	40% MAA

	PPO 50/50 \$0 Ded \$2,500 OOP		PPO 50/50 \$0 Ded \$5,000 OOP	
	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Annual Deductible	None		None	
Annual Out of Pocket Maximum (Individual)	\$2,500	\$7,500	\$5,000	\$10,000
Annual Out of Pocket Maximum (Family)	\$7,500	\$22,500	\$15,000	\$30,000
Lifetime Transplant Benefit	\$250,000	not covered	\$250,000	not covered
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Physician Services				
Office visits, including preventive care	50%	50% MAA	50%	50% MAA
Diagnostic lab/x-ray	50%	50% MAA	50%	50% MAA
Urgent care physician services	50%	50% MAA	50%	50% MAA
CT/MRI/EEG/Holter monitor/Stress test	50%	50% MAA	50%	50% MAA
Maternity delivery care	50%	50% MAA	50%	50% MAA
Outpatient rehabilitation (\$2,500/year max)	50%	50% MAA	50%	50% MAA
Outpatient or ambulatory care center	50%	50% MAA	50%	50% MAA
Hospital Care	50%	50% MAA	50%	50% MAA
Inpatient services	50%	50% MAA	50%	50% MAA
Emergency Care				
Outpatient emergency room services	50%	50% MAA	50%	50% MAA
Ambulance transport (\$3,000/year max)	50%	50% MAA	50%	50% MAA
Behavioral Health Services (subject to additional limits)				
Outpatient mental health/chemical dependency	50%	50% MAA	50%	50% MAA
Inpatient mental health/chemical dependency	50%	50% MAA	50%	50% MAA
Other Services				
Durable Medical Equipment and supplies ⁴	50%	50% MAA	50%	50% MAA
Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class		Any charges over maximum reimbursement of \$50/qualifying class	
Well Net Chiropractic Care (15 visits/yr max)	50%	50% MAA	50%	50% MAA
Well Net Acupuncture Care (15 visits/yr max)	50%	50% MAA	50%	50% MAA
Well Net Naturopathic Care	50%	50% MAA	50%	50% MAA
Well Net Massage Therapy (15 visits/yr max)	50%	50% MAA	50%	50% MAA

¹ Amount does not accrue to the out of pocket maximum.

² Physician services only, other services subject to copayments and coinsurance as listed.

³ Deductible is waived. Copays accrue to the out of pocket maximum

⁴ DME and external prosthetic devices are subject to a \$5,000 annual maximum (not applicable to DME rental charges for home health or hospice care).

- The annual deductible and annual out-of-pocket maximum accrue on a calendar year basis (January 1 through December 31) 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 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 summary is informational only, please refer to the Health Net Benefit and contract for plan detail. In the event of a discrepancy, the benefit and contract will prevail.



Pacific Health Trust

HDHP 1500/3000

	PPO Network	Out-of-Network
Annual Individual Deductible	\$1,500	\$3,000
Annual Family Deductible	\$3,000	\$6,000
Annual Individual Out of Pocket Maximum	\$3,000	\$6,000
Annual Family Out of Pocket Maximum	\$6,000	\$12,000
Lifetime Transplant Benefit	\$250,000	not covered
Lifetime Maximum	Unlimited	\$1,000,000

Physician Services

Office visits, including preventive care ¹	20%	40% MAA
Diagnostic lab/x-ray	20%	40% MAA
CT/MRI/EEG/Holter monitor/Stress test	20%	40% MAA
Maternity delivery care	20%	40% MAA
Outpatient rehabilitation (\$2,500/year max)	20%	40% MAA
Outpatient or ambulatory care center	20%	40% MAA
Urgent care physician services	20%	40% MAA
Hospital Care	20%	40% MAA
Inpatient services	20%	40% MAA

Emergency Care

Outpatient emergency room services	20% after deduct MAA	
Ambulance transport (\$3,000/year max)	20% after deduct MAA	

Behavioral Health Services (subject to additional limits)

Outpatient mental health/chemical dependency	20%	40% MAA
Inpatient mental health/chemical dependency	20%	40% MAA

Other Services

Durable Medical Equipment and supplies ²	20% after deduct	40% MAA
Well Net Chiropractic Care (15 visits/yr max)	20% after deduct	40% MAA
Well Net Acupuncture Care (15 visits/yr max)	20% after deduct	40% MAA
Well Net Naturopathic Care	20% after deduct	40% MAA
Well Net Massage Therapy (15 visits/yr max)	20% after deduct	40% MAA

Outpatient Prescription Drugs

	20%	not covered
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Prescription Drug Plans

\$10/\$20/\$40

	Retail ¹	Mailorder ²
Tier 1	\$10	\$20
Tier 2	\$20	\$40
Tier 3	\$40	\$80

\$15/\$30/\$50

	Retail ¹	Mailorder ²
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$50	\$100

\$10/\$50/\$75

	Retail ¹	Mailorder ²
Tier 1	\$10	\$20
Tier 2	\$50	\$100
Tier 3	\$75	\$150

\$15/35%/50% \$5,000 OOP

	Retail ¹	Mailorder ²
Tier 1	\$15	\$30
Tier 2	35%	35%
Tier 3	50%	50%

¹up to 30 day supply

²up to 90 day supply

- Prescription drugs must be purchased at a participating Health Net pharmacy
 - This summary is informational only, please refer to the Plan Summary and contract for plan detail. In the event of a discrepancy, the Plan Summary and contract will prevail.

¹ Office visit includes physician services only. Other services are subject to Copayments and coinsurance as listed.

² DME and external prosthetic devices are subject to a \$5,000 annual maximum (not applicable to DME rental charges for home health or hospice care).

- The annual deductible and annual out-of-pocket maximum accrue on a calendar year basis (January 1 through December 31)

- 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 summary is informational only, please refer to the Health Net Benefit and contract for plan detail. In the event of a discrepancy, the benefit and contract will prevail.

- The high deductible health plans described above are HSA qualified.

