



# Health Net Health Plan of Oregon, Inc. BeneFacts: Individual and Family Quick Net Short Term PPO Plan Coinsurance Schedule QN2500/09

**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 service representatives.

**PPO Benefits:** When you receive covered services from providers in our PPO network, your expenses include a Benefit Period deductible, 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, Durable Medical Equipment, and External Prosthetic Devices/Orthotic Devices are only covered 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 Benefit Period 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 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.**

Benefit Period Deductible	For covered services, you are responsible for:	
	PPO Network	Out-of-Network
Benefit Period deductible per person	\$2,500 <sup>1,2</sup>	\$3,000 <sup>1,2</sup>
Benefit Period deductible per family	\$7,500 <sup>1,2</sup>	\$9,000 <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	30% contract rate	50% MAA
Routine mammography	30% contract rate	50% MAA
Physician services, office call	30% contract rate	50% MAA
Physician services, urgent care center	30% contract rate	50% MAA
Physician hospital visits	30% contract rate	50% MAA
Diagnostic X-ray/EKG/Ultrasound	30% contract rate	50% MAA
Diagnostic laboratory tests	30% contract rate	50% MAA
CT/MRI/PET/SPECT/EEG/Holter monitor/Stress test	30% contract rate	50% MAA
Therapeutic injections	30% contract rate	50% MAA
Outpatient rehabilitation therapy - \$1,250/ max	30% contract rate	50% MAA
Outpatient or ambulatory care center	30% contract rate	50% MAA
<b>Hospital care</b>		
Inpatient services	30% contract rate	50% MAA
Inpatient rehabilitation therapy - 15 days/max	30% contract rate	50% MAA
<b>Emergency services</b>		
Outpatient emergency room services	30% contract rate	50% MAA
Inpatient admission from emergency room	30% contract rate	30% MAA
Emergency ambulance transport - \$1,500/max	20% (MAA applies to Out-of-Network providers)	



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For covered services, you are responsible for:

### Other services

Durable medical equipment - \$2,500/max	30% contract rate	50% MAA
External Prosthetic Devices/Orthotic Devices	30% contract rate	50% MAA
Medical supplies (including injected substances)	30% contract rate	50% MAA
Diabetes management - one initial program per lifetime	30% contract rate	50% MAA
Blood, blood plasma, blood derivatives	30% contract rate	50% MAA
Home infusion therapy	30% contract rate	50% MAA
Chemotherapy (non-oral anticancer medications and administration)	30% contract rate	50% MAA
Skilled nursing facility care - 30 days/max	30% contract rate	50% MAA
Hospice services	30% contract rate	50% MAA
Home health visits - \$500/max	30% contract rate	50% MAA
Outpatient neurodevelopmental therapy, under age 7 - \$500/year max	30% contract rate	50% MAA

### Benefit maximums

Out-of-pocket maximum per person <sup>3</sup>	\$3,000	\$6,000
Out-of-pocket maximum per family <sup>3</sup>	\$9,000	\$18,000
Lifetime maximum	\$1,000,000 PPO Network and Out-of-Network combined	

### Notes

<sup>1</sup> You must meet the specified deductible each Benefit Period. Your Benefit Period is stated on your Signature sheet.

<sup>2</sup> Your payments do not apply to the annual out-of-pocket maximum.

<sup>3</sup> The out-of-pocket maximum does not include the deductible. After you reach the out-of-pocket maximum in a Benefit Period, we will pay your covered services during the rest of that Benefit Period 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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