



# CFB BUDGET PPO NG

## AN AFFORDABLE SOLUTION

Effective January 1, 2011

*Health insurance plans for individuals and families*

CFB Budget PPO NG is one of our lowest premium plans. This plan is just right for you if you are looking for essential health care coverage at a reasonable cost.

- Adult and child preventative care – deductible waived.
- Professional services for a \$50 copay (your deductible is waived for first 2 visits).
- Three-tier and specialty prescription drug coverage.
- In- and out-of-network coverage.
- 2 deductible choices – \$6,000 or \$7,500, with 100% in-network coverage for many services after your calendar year deductible is met.

The CFB Budget PPO NG plan also gives you important benefit coverage for emergency and urgent care, hospitalization and outpatient surgery. The plan summary of benefits can provide you with more coverage detail.

CFB Budget PPO NG is an applicant-only plan. This means it only covers one person on a Certificate of Insurance. If you have more than one family member who'd like this plan, they can apply using the same enrollment form. Single rates apply to each family member. Separate Certificates of Insurance will be issued once the application is approved.

### MORE PRODUCTS THAT FIT YOUR LIFE

When you choose a CFB Budget PPO NG plan from Health Net, you get the added convenience of rounding out your benefit coverage with one or more of these optional products:

- Dental
- Vision
- Term Life Insurance
- CashNet Plan:  
A supplemental medical expense product that can help bridge hospital and other medical costs.



# SUMMARY OF BENEFITS — CFB Budget PPO NG

*Underwritten by Health Net Life Insurance Company*

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. REFER TO YOUR CERTIFICATE OF INSURANCE FOR COMPLETE DETAILS, EXCLUSIONS AND LIMITATIONS. IN CASE OF CONFLICT, THE CERTIFICATE OF INSURANCE CONTROLS. BENEFITS ARE SUBJECT TO DEDUCTIBLE UNLESS NOTED.**

	<b>CFB BUDGET PPO NG (applicant only)</b>	
	<b>IN-NETWORK YOU PAY</b>	<b>OUT-OF-NETWORK YOU PAY</b>
<b>LIFETIME MAXIMUM</b>	Unlimited	
<b>CALENDAR YEAR DEDUCTIBLES</b> Not included in calendar year out-of-pocket maximum.	\$6,000 or \$7,500	
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM</b> Does not include calendar year deductible. Payments for services not covered by this plan will not apply to this calendar year out-of-pocket maximum. Copays do not apply to calendar year out-of-pocket maximum.	\$0	\$6,000
<b>PROFESSIONAL SERVICES</b> Visit to physician (including specialist consultations)	\$50 copay per visit (deductible waived for first 2 visits)	50%
X-ray and laboratory procedures <sup>1</sup>	No charge after deductible is met	50%
Surgeon or assistant surgeon and anesthetic service	No charge after deductible is met	50%
<b>PREVENTIVE CARE SERVICES (adult and child)</b> Routine preventive services and immunizations <sup>2</sup>	No charge (deductible waived)	Not covered
<b>EMERGENCY HEALTH COVERAGE</b> Emergency room (professional and facility charges)	No charge after deductible is met	
Urgent care center (facility charges)	No charge after deductible is met	
Ambulance	No charge after deductible is met	
<b>OUTPATIENT SERVICES<sup>1</sup></b> Outpatient surgery (hospital or outpatient surgery center charges only). Out-of-network maximum allowable charge is \$600 per day.	No charge after deductible is met	50%
Outpatient facility services <sup>1</sup>	No charge after deductible is met	50%
<b>HOSPITALIZATION SERVICES<sup>1</sup></b> Inpatient, semiprivate hospital room or intensive care unit with ancillary services (unlimited, except for non-severe mental health and substance abuse treatment). Out-of-network maximum allowable charge is \$600 per day.	No charge after deductible is met	50%
<b>MATERNITY CARE</b>	Not covered	
<b>OTHER SERVICES</b> Rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy)	Inpatient: No charge after deductible is met Outpatient: Not covered	Inpatient: 50% Outpatient: Not covered
Chiropractic care / acupuncture	Not covered	
Mental health for non-severe conditions <sup>1,3</sup>	Inpatient: No charge after deductible is met Outpatient: Not covered	Inpatient 50% Outpatient: Not covered
Diabetic equipment	No charge after deductible is met	Not covered
Durable medical equipment (\$2,000 maximum payable per calendar year)	No charge after deductible is met	Not covered
<b>OUTPATIENT PRESCRIPTION DRUGS<sup>4</sup></b> Prescription drugs filled through participating pharmacy (up to a 30-day supply). Medical deductible waived. Does not count towards your calendar year out-of-pocket maximum. Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copay.	\$500 calendar year deductible per person (does not apply to Level I) <b>Level I</b> (generic) – \$10 copay <b>Level II</b> (formulary brand) – \$50 copay <b>Level III</b> (non-formulary brand) – 50% or \$50 copay (whichever is greater) <b>Specialty drugs</b> (self-injectables) – 50% or \$500 copay (whichever is less)	Not covered

<sup>1</sup>Certain services require prior certification from Health Net. Without prior certification, benefit is reduced by 50%. Refer to the Certificate of Insurance for details.

<sup>2</sup>Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); and comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents.

<sup>3</sup>Inpatient is \$300 maximum allowable per day.

<sup>4</sup>The Recommended Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Recommended Drug List, go to [www.healthnet.com](http://www.healthnet.com). Refer to a Certificate of Insurance for complete information on prescription drugs.