

VALUENET NG

Low premium insurance plan for protection against the unexpected

Pairing low monthly premiums with a higher annual deductible, ValueNet NG is a choice worth considering for people who rarely get sick or visit the doctor.

VALUENET NG HIGHLIGHTS

- \$4,000 deductible.
- Adult and child preventative care – deductible waived.
- Professional services for a \$35 copay (your deductible is waived for first 2 visits).
- 35% coinsurance for in-network services after calendar year deductible is met. Note: To keep premiums low, maternity coverage is not included.
- \$10 generic prescription drug benefit.
- The freedom of choice: You can go to a doctor or hospital in our PPO network – one of the largest in California – for the richest benefit coverage. Or you can see a provider not in our network and pay a greater share of the costs.

ValueNet NG is an applicant-only plan. That means it only covers one person on a policy. If you have more than one family member who'd like this plan, they can apply for an individual policy using the same enrollment application form.

EXTRA FEATURES AND CHOICES

ValueNet NG comes complete with health-promoting resources such as our member-exclusive Decision Power[®] and the convenience of www.healthnet.com.

Plus, when you enroll in ValueNet NG, you can also enroll in one of our other products – like Supplemental Term Life Insurance – to help round out your coverage.

SUMMARY OF BENEFITS — ValueNet 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. THE POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. IN CASE OF CONFLICT, THE POLICY CONTROLS. BENEFITS ARE SUBJECT TO DEDUCTIBLE UNLESS NOTED.

	VALUE NET NG (applicant only)	
	IN-NETWORK	OUT-OF-NETWORK
LIFETIME MAXIMUM	Unlimited	
CALENDAR YEAR DEDUCTIBLE (Not included in calendar year out-of-pocket maximum)	\$4,000	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (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.)	\$3,500	\$7,000
PROFESSIONAL SERVICES Visit to physician (including specialist consultations)	\$35 (deductible waived for first 2 visits) ¹	50%
X-ray and laboratory procedures ²	35%	50%
PREVENTIVE CARE SERVICES (adult and child) Routine preventive services and immunizations ³	Covered in full (deductible waived)	Not covered
EMERGENCY HEALTH COVERAGE Emergency room (professional and facility charges)	35%	
Urgent care center (facility charges)	35%	
Ambulance	35%	
OUTPATIENT SERVICES² Outpatient surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)	35%	50%
Outpatient facility services ²	35%	50%
HOSPITALIZATION SERVICES² 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 charges are \$600 per day.)	35%	50%
Maternity care in a hospital or skilled nursing facility	Not covered	
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	35%	50%
OTHER SERVICES Outpatient rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy)	35%	50%
Chiropractic care / acupuncture	Not covered	
Mental health for non-severe conditions ²	35%	50%
Diabetic equipment	35%	Not covered
Durable medical equipment (\$2,000 maximum payable per calendar year) (including foot orthotics)	35%	Not covered
OUTPATIENT PRESCRIPTION DRUGS^{4,5} (Medical deductible waived) Filled at participating pharmacy (up to a 30-day supply); not covered at non-participating pharmacies. <i>Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copayment.</i>	\$10 Level I (generic)	Not covered

¹Additional visits are covered with coinsurance after deductible.

²Certain services require prior certification from Health Net. Without prior certification, the benefit is reduced by 50%. Refer to the Policy for details.

³Covered 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.

⁴The 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 Health Net's website. Refer to the Policy for complete information on prescription drugs.

⁵Prescription drug charges do not apply to your maximum out-of-pocket limit. Brand deductible per person, if applicable, is in addition to the medical deductible and must be paid for prescription drug covered services before Health Net begins to pay.