Pacific Health Trust

Traditional PPO and HDHP Plan Options

	PPO 250 (WPT152V2LX)		PPO 500 (WPT155V2DX)		PPO 750 (WPT207V2DX)		PPO 1000 (WA25-1000-2-2500D)		PPO 1500 (WPT2515V2DX)		PPO 2500 (WPT3025V2DX)		HDHP 2000/4000	
	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	$250 individual / $750 family[1]		$500 individual / $1,500 family[1]		$750 individual / $2,250 family[1]		$1,000 individual / $3,000 family[1]		$1,500 individual / $4,500 family[1]		$2,500 individual / $7,500 family[1]		$2,000 indiv./$4,000 family[5]	$4,000 indiv./$8,000 family[5]
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 / $7,500		$2,500 PPO Network and Out-of Network Combined		$2,500 PPO Network and Out-of Network Combined		$4,000[6]	$8,000[6]
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 / $22,500		$7,500 PPO Network and Out-of Network Combined		$7,500 PPO Network and Out-of Network Combined		$8,000[6]	$16,000[6]
Lifetime Transplant Benefit	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered
Annual Limit	$1,250,000		$1,250,000		$1,250,000		$1,250,000		$1,250,000		$1,250,000		$1,250,000	
Physician Services														
Office Visits - Preventive Care	No Charge	40% MAA	No Charge	40% MAA	No Charge	40% MAA	No Charge	40% MAA	No Charge	40% MAA	No Charge	40% MAA	No Charge	40% MAA
Office Visits - Non-Preventive[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	20%	40% MAA
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%	40% MAA
Urgent Care Physician Services[2]	$50 per visit[3]	$50 per visit MAA[3]	$50 per visit[3]	$50 per visit MAA[3]	$50 per visit[3]	$50 per visit MAA[3]	$50 per visit[3]	$50 per visit MAA[3]	$50 per visit[3]	$50 per visit MAA[3]	$50 per visit[3]	$50 per visit MAA[3]	20%	40% MAA
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 (30 days/year max)	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Outpatient (Hospital Based Facility)	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Ambulatory Care Center	15%	40% MAA	15%	40% MAA	15%	40% MAA	15%	40% MAA	15%	40% MAA	15%	40% MAA	15%	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[3] +20% MAA		$150 per visit[3] +20% MAA		$150 per visit[3] +20% MAA		$150 per visit[3] +20% MAA		$150 per visit[3] +20% MAA		$150 per visit[3] +20% MAA		20%	20% +MAA
Ambulance transport (3 trips grd/year max; $10,000 Air 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														
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	20%	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		Not Covered	
Spinal & Other Manipulations (Any Provider MD, DO, Chiropractor) - 15 Manipulations/Year 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	20%	40% MAA
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	20%	40% MAA
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	20%	40% MAA
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	20%	40% MAA

Value Plan Options

	Value 500 (WA20-500-2-2500V)		Value 1000 (WA30-1000-3-3500V)		Value 2000 (WA35-2000-3-3500V)	
	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Annual Deductible	$500 individual / $1,500 family[1]		$1,000 individual / $3,000 family[1]		$2,000 individual / $6,000 family[1]	
Annual Out of Pocket Maximum (Individual)	$2,500	$7,500	$3,500	$10,500	$3,500	$10,500
Annual Out of Pocket Maximum (Family)	$7,500	$22,500	$10,500	$31,500	$10,500	$31,500
Lifetime Transplant Benefit	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered
Annual Maximum	$1,250,000		$1,250,000		$1,250,000	
Physician Services						
Office Visits - Preventive Care	No Charge	40% MAA	No Charge	50% MAA	No Charge	50% MAA
Office Visits - Non-Preventive[2]	$20 per visit[3]	40% MAA	$30 per visit[3]	50% MAA	$35 per visit[3]	50% MAA
Diagnostic lab/x-ray	20%	40% MAA	30%	50% MAA	30%	50% MAA
Urgent care physician services	$50 per visit[3]	$50 per visit MAA[3]	$50 per visit[3]	$50 per visit MAA[3]	$50 per visit[3]	$50 per visit MAA[3]
CT/MRI/EEG/Holter monitor/Stress test	20%	40% MAA	30%	50% MAA	30%	50% MAA
Maternity delivery care	20%	40% MAA	30%	50% MAA	30%	50% MAA
Outpatient rehabilitation (30 days/year max)	20%	40% MAA	30%	50% MAA	30%	50% MAA
Outpatient (Hospital Based Facility)	20%	40% MAA	30%	50% MAA	30%	50% MAA
Ambulatory care center	15%	40% MAA	25%	50% MAA	25%	50% MAA
Hospital Care	20%	40% MAA	30%	50% MAA	30%	50% MAA
Inpatient services	20%	40% MAA	30%	50% MAA	30%	50% MAA
Emergency Care						
Outpatient emergency room services	$150 + 20%[3]	$150 + 20% MAA [3]	$150 + 30%[3]	$150 + 20% MAA [3]	$150 + 30%[3]	$150 + 20% MAA [3]
Ambulance transport (3 trips/year max; $10,000 Air max)	20%	20% MAA	30%	30% MAA	30%	30% MAA
Behavioral Health Services						
Outpatient mental health/chemical dependency	$20 per visit[3]	40% MAA	$30 per visit[3]	50% MAA	$35 per visit[3]	50% MAA
Inpatient mental health/chemical dependency	20%	40% MAA	30%	50% MAA	30%	50% MAA
Other Services						
Durable Medical Equipment and supplies[4]	20%	40% MAA	30%	50% MAA	30%	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		Any charges over maximum reimbursement of $50/qualifying class	
Well Net - Spinal & Other Manipulations (Any Provider MD, DO, Chiropractor) - 15 Manipulations/Year Max	$20 per visit[3]	40% MAA	$30 per visit[3]	50% MAA	$35 per visit[3]	50% MAA
Well Net Acupuncture Care (15 visits/yr max)	$20 per visit[3]	40% MAA	$30 per visit[3]	50% MAA	$35 per visit[3]	50% MAA
Well Net Naturopathic Care	$20 per visit[3]	40% MAA	$30 per visit[3]	50% MAA	$35 per visit[3]	50% MAA
Well Net Massage Therapy (15 visits/yr max)	$20 per visit[3]	40% MAA	$30 per visit[3]	50% MAA	$35 per visit[3]	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 prosthetic devices are subject to a $5,000 annual maximum
[5] You must meet the specified deductible each calendar year before Health Net pays any claims.
[6] Annual OOP max includes the annual deductible. After you reach the OOP max in a calendar year, HN will pay your covered services during the res

- 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 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 Benefact and contract for plan detail. In the event of a discrepancy, the benefact and contract will prevail.
- **Deductible Carryover - The fourth quarter deductible carryover provision has been removed. Covered services that satisfy the deductible during the last three months of the Calendar Year will no longer apply to the following year's deductible.**

Information on this document is subject to change in the future due to health care reform.

Pacific Health Trust

Health Net 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
$15/$35/$60		
	Retail[1]	Mailorder[2]
Tier 1	$15	$30
Tier 2	$35	$70
Tier 3	$60	$120
$15/30%/50% $5,000 OOP		
	Retail[1]	Mailorder[2]
Tier 1	$15	$30
Tier 2	30%	30%
Tier 3	50%	50%

[1] up to 30 day supply

[2] up 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.

VSP Vision Plans

	$10 / $25		$0 / $10	
	PPO Network	Out-of-Network (Allowance)	PPO Network	Out-of-Network (Allowance)
Exam	$10 Copay	$50 Max	$0 Copay	$50 Max
Eyewear	$25 Copay		$10 Copay	
Single Vision Lenses	Covered in Full	$50	Covered in Full	$50
Lined Bi-Focal Lenses	Covered in Full	$75	Covered in Full	$75
Lined Tri-Focal Lenses	Covered in Full	$100	Covered in Full	$100
Frame Allowance	$120 Retail Allowance	$70	$120 Retail Allowance	$70
Contacts	$120 Allowance	$105 Max	$120 Allowance	$105 Max

Guardian Choice Dental Plans

	Value Plan		NAP Plan	
	In-Network	Out-of Network	In-Network	Out-of Network
Calendar Year Maximum*	$1,000, $1,500 or $2,000		$1,000, $1,500 or $2,000	
Deductible (Ind/Fam)	$50/$150	$50/$150	$50/$150	$50/$150
Preventive Services**	100%	100%	100%	100%
Basic Services	80%	80%	50%	50%
Major Services	50%	50%	25%	25%
Reimbursement Basis	Network Negotiated/ Discounted Fees	Member Pays Difference Over Network Negotiated Fees	Network Negotiated/ Discounted Fees	90th Percentile UCR
Orthodontia Services	Not Available	Not Available	Not Available	Not Available

* Group elects ONE maximum benefit amount.

maximum. The deductible is also waived for Preventive Services.