

Pacific Health Trust

	PPO 250		PPO 300		PPO 500		PPO 750		PPO 1000		PPO 1500		PPO 2500	
	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		\$300 individual / \$900 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	
Annual Out of Pocket Maximum (Individual)	\$1,000 PPO Network and Out-of-Network Combined		\$2,500 / \$5,000		\$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	
Annual Out of Pocket Maximum (Family)	\$3,000 PPO Network and Out-of-Network Combined		\$7,500 / \$15,000		\$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	
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% UCR plus	\$20 per visit ³	40% UCR plus	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$30 per visit ³	40% UCR plus
Diagnostic lab/x-ray	20% ³	40% UCR plus	20% ³	40% UCR plus	20% ³	40% UCR plus	20% ³	40% UCR plus	20% ³	40% UCR plus	20% ³	40% UCR plus	20% ³	40% UCR plus
Urgent care physician services ²	\$50 per visit ³	40% UCR plus	\$50 per visit ³	40% UCR plus	\$50 per visit ³	40% UCR plus	\$50 per visit ³	40% UCR plus	\$50 per visit ³	40% UCR plus	\$50 per visit ³	40% UCR plus	\$50 per visit ³	40% UCR plus
CT/MRI/EEG/Holter monitor/Stress test	20% ³	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
Maternity delivery care	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
Outpatient rehabilitation (\$2,500/year max)	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
Outpatient or ambulatory care center	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
Hospital Care	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
Inpatient services	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
Emergency Care														
Outpatient emergency room services	\$150 per visit UCR Plus ³		\$100 + 20% UCR Plus ³		\$150 per visit UCR Plus ³		\$150 per visit UCR Plus ³		\$100 + 20% UCR Plus ³		\$150 per visit UCR Plus ³		\$150 per visit UCR Plus ³	
Ambulance transport (\$3,000/year max)	20% after ded UCR Plus		20% after ded UCR Plus		20% after ded UCR Plus		20% after ded UCR Plus		20% after ded UCR Plus		20% after ded UCR Plus		20% after ded UCR Plus	
Behavioral Health Services (subject to additional limits)														
Outpatient mental health/chemical dependency	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$30 per visit ³	40% UCR plus
Inpatient mental health/chemical dependency	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
Other Services														
Durable Medical Equipment and supplies ⁴	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus	20%	40% UCR plus
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% UCR plus	\$20 per visit ³	40% UCR plus	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$30 per visit ³	40% UCR plus
Well Net Acupuncture Care (15 visits/yr max)	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$30 per visit ³	40% UCR plus
Well Net Naturopathic Care	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$30 per visit ³	40% UCR plus
Well Net Massage Therapy (15 visits/yr max)	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$15 per visit ³	40% UCR plus	\$20 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$25 per visit ³	40% UCR plus	\$30 per visit ³	40% UCR plus

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)
- UCR plus indicates usual, customary and reasonable rates. UCR plus may be less than the amount the out-of-plan physician bills.
- 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.



Pacific Health Trust

	HDHP 1500/3000		HDHP 2500 / 5000	
	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Annual Individual Deductible	\$1,500	\$3,000	\$2,500	\$5,000
Annual Family Deductible	\$3,000	\$6,000	\$5,000	\$10,000
Annual Individual Out of Pocket Maximum	\$3,000	\$6,000	\$5,000	\$10,000
Annual Family Out of Pocket Maximum	\$6,000	\$12,000	\$10,000	\$20,000
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 ¹	20%	40% UCR plus	20%	40% UCR plus
Diagnostic lab/x-ray	20%	40% UCR plus	20%	40% UCR plus
CT/MRI/EEG/Holter monitor/Stress test	20%	40% UCR plus	20%	40% UCR plus
Maternity delivery care	20%	40% UCR plus	20%	40% UCR plus
Outpatient rehabilitation (\$2,500/year max)	20%	40% UCR plus	20%	40% UCR plus
Outpatient or ambulatory care center	20%	40% UCR plus	20%	40% UCR plus
Urgent care physician services	20%	40% UCR plus	20%	40% UCR plus
Hospital Care	20%	40% UCR plus	20%	40% UCR plus
Inpatient services	20%	40% UCR plus	20%	40% UCR plus

Emergency Care

Outpatient emergency room services	20% after deduct	40% UCR Plus	20% after deduct	40% UCR Plus
Ambulance transport (\$3,000/year max)	20% after deduct	40% UCR Plus	20% after deduct	40% UCR Plus

Behavioral Health Services (subject to additional limits)

Outpatient mental health/chemical dependency	20%	40% UCR plus	20%	40% UCR plus
Inpatient mental health/chemical dependency	20%	40% UCR plus	20%	40% UCR plus

Other Services

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

Outpatient Prescription Drugs

	20%	not covered	20%	not covered
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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)
- UCR plus indicates usual, customary and reasonable rates. UCR plus may be less than the amount the out-of-plan physician bills.
- 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.
- The high deductible health plans described above are HSA qualified.

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

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.

