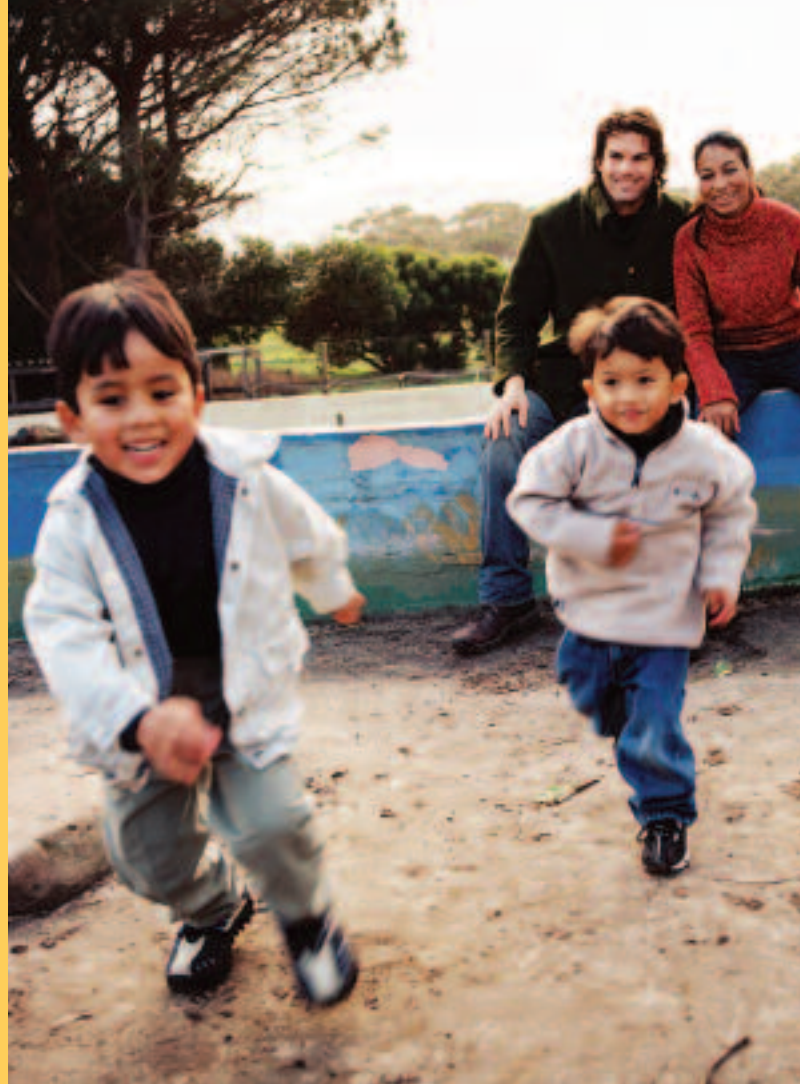


HEALTH CARE WITHOUT BORDERS

# SALUD CON HEALTH NET

INDIVIDUAL AND FAMILY PLANS



Benefit Overview January 1, 2006



**Health Net**<sup>®</sup>  
A Better Decision

# Salud con Health Net is a family of products that offers access to health care in both California and Mexico.

## INDIVIDUAL & FAMILY PLAN'S SALUD CON HEALTH NET

Salud con Health Net is an innovative line of health coverage products that address the needs of the Latino population in California. Health Net has pioneered this effort and is proud to be the first managed health care company in California to offer true cross-border coverage.

## DISTINCT PLAN ADVANTAGES

Remarkable benefits found in every Salud plan include HMO and PPO benefits on *both sides of the California-Mexico border* for subscribers who live in California and travel to or have family members in Mexico; in California, a select network of doctors and office personnel who speak both English and Spanish; in Mexico, access to care via a special partnership with Sistemas Medicos Nacionales, S.A. de C.V (SIMNSA), a network of Mexico providers<sup>1</sup>; and no requirement to select a primary care physician for members seeking care in Mexico – even in the Salud HMO plans!

## HMO NETWORK

The Salud HMO Network contains over 2,000 health care professionals and 21 hospitals in California; in Mexico, the SIMNSA network contains more than 180 health care professionals, 15 hospitals and 30 pharmacies.

## PPO NETWORK

The combined Salud PPO and SIMNSA Networks contain more than 1,100 health care professionals and 37 hospitals.

## SERVICE AREA

The service area for the Salud HMO plan is Los Angeles County and select zip codes in North Orange County (subscribers must live in Los Angeles County or select zip codes in Orange County to be eligible; eligible dependents in Mexico must live in the approved area in Mexico<sup>2</sup>).

The service area for the Salud PPO plan is Los Angeles, Orange and Ventura Counties (subscribers must live in Los Angeles, Orange or Ventura County to be eligible; eligible dependents in Mexico must live in the approved area in Mexico<sup>2</sup>).



<sup>1</sup>Family members enrolled in Mexico cannot receive plan benefits when visiting California providers, except in the case of emergency or urgently needed care.

<sup>2</sup>Subscribers and dependents must live within a 50-mile radius of the California – Mexico border. See the Individual and Family Plan Salud con Health Net Summary of Benefits for details.

**THIS BENEFIT CHART IS A SUMMARY ONLY AND IS NOT INTENDED FOR ENROLLMENT PURPOSES. FOR BENEFIT DETAILS, PLEASE SEE THE INDIVIDUAL & FAMILY SALUD CON HEALTH NET SUMMARY OF BENEFITS.**

BENEFIT <sup>7</sup>	SALUD HMO Y MÁS 10	
	SIMNSA	SALUD
<b>Lifetime maximums</b>	Unlimited	Unlimited
<b>Annual deductible</b>	N/A	N/A
<b>Annual out-of-pocket maximum<sup>2</sup></b>	N/A	\$1,500 single \$3,000 family
<b>Professional services</b>		
Visit to physician (including specialist consultations)	\$5	\$10
X-ray and laboratory procedures	Covered in full	Covered in full
<b>Preventive care</b>		
Annual OB/GYN <sup>3</sup> exam (breast and pelvic exams, Pap smears and mammography) / Annual prostate cancer screening and exam	\$5	\$10
Child preventive care (newborns to age 18) Checkups, immunizations, vision and hearing exams	\$5	\$10
<b>Maternity and pregnancy</b>		
Prenatal and postnatal office visits	\$5	\$10
Maternity care in hospital or skilled nursing facility	Covered in full	\$250 per admission
<b>Emergency and urgent care</b>		
Emergency room (professional and facility charges)	\$10	\$50
Urgent care (professional and facility charges)	\$10	\$10
<b>Outpatient services</b>		
Outpatient surgery (hospital or outpatient surgery center charges only)	Covered in full	\$250
Outpatient facility services (other than surgery)	Covered in full	Covered in full
<b>Hospitalization services</b>		
Semiprivate hospital room or intensive care unit with ancillary services (unlimited, except for non-severe mental health and chemical dependency treatment)	Covered in full	\$250 per admission
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	Covered in full	Covered in full
<b>Prescription drug coverage</b>		
Prescription drugs filled at a participating pharmacy – up to a 30-day supply <i>(Prescription drugs filled through mail order, up to a 90-day supply, are available in California only and require twice the level of copayment)</i>	\$5 <sup>1</sup>	\$5 Level I (primarily gener \$35 Level II (primarily brar \$50 Level III (or drugs not the recommended drug lis .

**HMO FOOTNOTES:**

<sup>1</sup>Does not apply to out-of-pocket maximum, except copayments for peak flow meters, inhaler spacers used for the treatment of asthma and diabetic supplies.

<sup>2</sup>Copayments that you or your family members pay for covered services apply toward the individual or family out-of-pocket maximum (OOPM). After you or your family members meet your OOPM, you pay no additional amounts for covered services for the balance of the calendar year, except as otherwise noted. Once an individual member in a family satisfies the individual OOPM, the remaining enrolled family members must continue to pay the copayments until either (a) the aggregate of such copayments and deductibles paid by the family reaches the family OOPM or (b) each enrolled family member individually satisfies the individual OOPM. You are responsible for all charges related to services not covered by the health plan. Amounts which are paid toward certain covered services, are not applicable to a Member's OOPM, as noted in this matrix. Payments for services

not covered by this plan will not be applied to this yearly OOPM. In order for the family OOPM to apply, you and your family must be enrolled as a family.

<sup>3</sup>Women may obtain OB/GYN physician services in their Primary Care Physician's Physician Group for OB/GYN preventive care, pregnancy and gynecological ailments without first contacting their Primary Care Physician. Mammograms are covered at the following intervals: One for ages 35–39, one every 24 months for ages 40–49, and one every year for age 50 and older.

<sup>4</sup>The Health Net Recommended Drug List is the approved list of medications covered for illnesses and conditions. It is prepared by Health Net and distributed to Health Net contracted physicians and participating pharmacies. The Health Net Recommended Drug List is applicable to drugs (1) prescribed for Members living in California and (2) purchased at Health Net Participating Pharmacies. Some drugs on the List may require prior authorization from Health Net. Drugs that are

## SALUD HMO Y MÁS 25

SIMNSA	SALUD
Unlimited	Unlimited
N/A	N/A
N/A	\$3,500 single \$7,000 family
\$5	\$25
Covered in full	Covered in full
\$5	\$25
\$5	\$25
\$5	\$25
Covered in full	\$1,500 per admission
\$10	\$100
\$10	\$25
Covered in full	\$500
Covered in full	30%
Covered in full	\$1,500 per admission
Covered in full	Covered in full
\$5 <sup>1</sup>	\$5 Level I (primarily generic) \$150 Brand deductible \$35 Level II (primarily brand) \$50 Level III (or drugs not on the recommended drug list) <sup>1,4,5,6</sup>

## SALUD PPO 15

In-network <sup>1</sup>	Out-of-Network <sup>2</sup>	SIMNSA
	6,000,000 combined	
\$1,500 single / 2 per family	\$3,000 single / 2 per family	N/A
Each member must meet calendar deductible only / 2 per family	Each member must meet calendar deductible only / 2 per family	\$1,000 single / \$2,000 family
\$15 (deductible waived)	50%	\$5
Covered in full after deductible is met <sup>4</sup>	50% <sup>4</sup>	10%
\$15 (deductible waived)	Not covered	\$5
\$15 (deductible waived)	Not covered	\$5
Covered in full after deductible is met	50%	10%
Covered in full after deductible is met	50% <sup>5</sup>	10%
Covered in full after deductible is met	Covered in full after deductible is met	10% + \$25 deductible if not admitted inpatient
Covered in full after deductible is met	Covered in full after deductible is met	10% + \$25 deductible if not admitted inpatient
Covered in full after deductible is met <sup>4</sup>	50% <sup>4,5</sup>	10%
Covered in full after deductible is met <sup>4</sup>	50% <sup>4,5</sup>	10%
Covered in full after deductible is met <sup>4</sup>	50% <sup>4,5</sup>	10%
Covered in full after deductible is met	50%	10%
\$5 Level I (generic) \$150 Brand deductible \$35 Level II (primarily brand) \$50 Level III (or drugs not on the recommended drug list) <sup>6</sup>	Not covered	\$5

not listed on the List (previously known as non-Formulary) are not excluded from coverage, but do require prior authorization from Health Net. Urgent requests from Physicians are handled in a timely fashion, not to exceed 72 hours, as appropriate and Medically Necessary, for the nature of the Member's condition after Health Net's receipt of the information reasonably necessary and requested by Health Net to make the determination. Routine requests from Physicians are processed in a timely fashion, not to exceed 5 days, as appropriate and Medically Necessary, for the nature of the Member's condition after Health Net's receipt of the information reasonably necessary and requested by Health Net to make the determination. For a copy of the Recommended Drug List, call the Customer Contact Center at the number listed on your ID card or visit our website at [www.healthnet.com](http://www.healthnet.com).

<sup>5</sup>If the usual and customary charge is less than the applicable copayment, then you will pay the usual and customary charge.

<sup>6</sup>Prescription drug covered expenses are the lesser of Health Net's contracted pharmacy rate or the pharmacy's usual and customary charge for covered prescription drugs.

<sup>7</sup>Refer to the applicable Evidence of Coverage/Policy for a detailed description of benefits and limitations.

## SALUD PPO 25

In-network <sup>1</sup>	Out-of-Network <sup>2</sup>	SIMNSA
	6,000,000 combined	
\$2,500 single / 2 per family	\$5,000 single / 2 per family	N/A
Each member must meet calendar deductible only / 2 per family	Each member must meet calendar deductible only / 2 per family	\$1,000 single / \$2,000 family
\$25 (deductible waived)	50%	\$5
Covered in full after deductible is met <sup>4</sup>	50% <sup>4</sup>	10%
\$25 (deductible waived)	Not covered	\$5
\$25 (deductible waived)	Not covered	\$5
Covered in full after deductible is met	50%	10%
Covered in full after deductible is met	50% <sup>5</sup>	10%
Covered in full after deductible is met	Covered in full after deductible is met	10% + \$25 deductible if not admitted inpatient
Covered in full after deductible is met	Covered in full after deductible is met	10% + \$25 deductible if not admitted inpatient
Covered in full after deductible is met <sup>4</sup>	50% <sup>4,5</sup>	10%
Covered in full after deductible is met <sup>4</sup>	50% <sup>4,5</sup>	10%
Covered in full after deductible is met <sup>4</sup>	50% <sup>4,5</sup>	10%
Covered in full after deductible is met	50%	10%
\$5 Level I (generic) \$150 Brand deductible \$35 Level II (primarily brand) \$50 Level III (or drugs not on the recommended drug list) <sup>6</sup>	Not covered	\$5

### PPO FOOTNOTES:

<sup>1</sup>Member pays the negotiated rate, which is the rate the Participating or Preferred Provider has agreed to accept for providing a covered service.

<sup>2</sup>Percentage is a portion of the covered expense based on Customary and Reasonable. You are also responsible for any charges in excess of the covered expense.

<sup>3</sup>Mammograms are covered at the following intervals: One for ages 35-39, one every 24 months for ages 40-49, and one every year for age 50 and older.

<sup>4</sup>Certain services require prior certification from Health Net. Without prior certification, benefit reduced by 50%.

<sup>5</sup>Maximum Allowable charges are \$600 per day.

<sup>6</sup>The prescription drug brand calendar year deductible (per member) must be paid for prescription drug covered services before Health Net begins to pay. The pharmacy brand deductible is per member and separate from the calendar year

medical deductible. Prescription drug covered expenses are the lesser of Health Net's contracted pharmacy rate or the pharmacy's usual and customary charge for covered prescription drugs. Prescription drug charges do not apply to your maximum out-of-pocket limit. The Recommended Drug List is a list of the prescription drugs that are covered by this plan. It is prepared by Health Net and given to member physicians and participating pharmacies. Some drugs require prior authorization from Health Net. Also, if your condition requires the use of a drug that is not in the recommended Drug List, your physician may request the drug through the prior authorization process. Urgent prior authorization requests are handled within 72 hours. For a copy of the Recommended Drug List, call the Customer Contact Center at the number listed on your Health Net ID card or visit our website at [www.healthnet.com](http://www.healthnet.com).

<sup>7</sup>Refer to the applicable Evidence of Coverage/Policy for a detailed description of benefits and limitations.

## SALUD PPO 15 / 25%

In-network <sup>1</sup>	Out-of-Network <sup>2</sup>	SIMNSA
	6,000,000 combined	
\$2,500 single / 2 per family	\$5,000 single / 2 per family	N/A
	\$5,000 single / 2 per family preferred providers \$10,000 single / 2 per family non-preferred providers	\$1,000 single / \$2,000 family
\$15 / \$40 specialist consultation (deductible waived)	50%	\$5
25% <sup>4</sup>	50% <sup>4</sup>	10%
\$15 (deductible waived)	Not covered	\$5
\$15 (deductible waived)	Not covered	\$5
25%	50%	10%
25%	50% <sup>5</sup>	10%
25%	25%	10% + \$25 deductible if not admitted inpatient
25%	25%	10% + \$25 deductible if not admitted inpatient
25% <sup>4</sup>	50% <sup>4,5</sup>	10%
25% <sup>4</sup>	50% <sup>4,5</sup>	10%
25% <sup>4</sup>	50% <sup>4,5</sup>	10%
25%	50%	10%
\$5 Level I (generic)	Not covered	\$5
\$150 Brand deductible		
\$35 Level II (primarily brand)		
\$50 Level III (or drugs not on the recommended drug list) <sup>6</sup>		