

EASY ADMINISTRATION

WHAT MAKES US EASY TO WORK WITH?

- **Immediate access to information:** Our Customer Contact Center is available 8:00 a.m. to 6:00 p.m., Monday through Friday, to provide same-day resolution for claims and other issues. It also has a 24/7 interactive voice response unit for basic coverage questions.
- **Online account management:** Once enrolled, you can log on to www.healthnet.com to update your personal information, see your plan details, order new ID cards and more.
- **Worry-free payment options:** To help make paying for your coverage even simpler, you can pay by automatic bank draft (funds are deducted from your account) or credit card.
- **Easy enrollment:** Only one application required for family members living at the same address and applying for subscriber-only plans.



DECISIONS WITH CONFIDENCE

WHAT MAKES HEALTH NET A BETTER DECISIONSM?

- All plans cover essential preventive care
- All cover emergencies and hospitalizations
- Most plans cover prescription drugs
- A PPO network of more than 50,000 physicians means that you don't need to go far for affordable care
- A wide range of benefits and premiums means you can find the right plan for your needs and budget
- Monthly rates for family plans based on the age of the younger spouse make your options more affordable



HEALTH COVERAGE MADE SIMPLE

Life isn't always simple – but your health care coverage can be. Our consumer-driven plan designs help simplify the complicated world of health care so you can make confident decisions about your health. And have your expectations met. And be satisfied with the care you receive.

Contact your authorized Health Net agent.

Health Net
Individual & Family Plans
Post Office Box 1150
Rancho Cordova, California 95741-1150

www.healthnet.com

Health Net PPO, Term Life Insurance and Quick Net are underwritten by Health Net Life Insurance Company.

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HMO is offered by Health Net of California, Inc. PPO ValueChoice, SimpleChoice, SmartChoice, SimpleValue and FirstChoice plans (Policy Form # P30601 CA 01/06) are underwritten by Health Net Life Insurance Company.

THERE HAS TO BE A PLAN THAT'S EASY TO FOLLOW.



**INDIVIDUAL & FAMILY PLANS
Benefit Overview**

January 1, 2006


Health Net®
A Better Decision

OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS *This benefit chart is a summary only.* For benefit details, please see the Individual & Family HMO and PPO Summary of Benefits.

BENEFIT DESCRIPTION	HMO 15	HMO 40	VALUECHOICE 1500 ¹	SIMPLECHOICE HSA	SMARTCHOICE HSA	SIMPLECHOICE	SIMPLEVALUE 50 ¹	SIMPLEVALUE 40 ¹	SIMPLEVALUE 30 ¹	FIRSTCHOICE PPO
	In-network	In-network	In-network	In-network	In-network	In-network	In-network	In-network	In-network	In-network
Lifetime Maximum²	Unlimited	Unlimited	\$6 million	\$6 million	\$6 million	\$6 million	\$6 million	\$6 million	\$6 million	\$6 million
Deductibles² (per calendar year)	\$1,000 for inpatient hospital services only (outpatient prescription drug deductible applies)	\$1,500 for inpatient hospital services only (outpatient prescription drug deductible applies)	\$1,500 (available as a subscriber-only contract)	\$4,000 single / \$8,000 family (all benefits including Pharmacy are subject to the deductible except preventive care)	\$2,500 single / \$5,000 family (prescription drugs subject to the deductible)	Plan 15: \$1,500 / 2 per family Plan 25: \$2,500 / 2 per family Plan 35: \$3,500 / 2 per family Plan 40: \$4,000 / 2 per family Plan 50: \$5,000 / 2 per family	\$0 (available as a subscriber-only contract)	\$0 (available as a subscriber-only contract)	\$0 (available as a subscriber-only contract)	\$3,000 / 2 per family
Out-of-pocket maximum²	\$3,000 single / \$6,000 family (includes deductible)	\$3,000 single / \$6,000 family (includes deductible)	\$4,000 single (includes deductible)	\$4,000 single / \$8,000 family (includes deductible)	\$4,000 single / \$10,000 family (includes deductible)	Each member must meet calendar year deductible only / 2 per family	\$7,500 single	\$7,500 single	\$7,500 single	\$3,750 single / 2 per family (includes deductible)
Annual FirstChoice Dollars³	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$500
Professional Services² Visit to physician (including specialist consultations)	\$15	\$40	Covered in full after out-of-pocket maximum is met	Covered in full after deductible is met	30%	Covered in full after deductible is met	\$50	\$40	\$30	30%
Yearly OB/GYN exam (breast and pelvic exams, Pap smears and mammography)	\$15	\$40	25%	\$40 (deductible waived)	\$35 (deductible waived)	Plan 15: \$15 / Plan 25: \$25 / Plan 35: \$35 / Plan 40: \$40 / Plan 50: \$50 (Deductible waived)	\$50	\$40	\$30	\$20 copay plus 30%
X-ray and laboratory procedures	Covered in full	Covered in full	Covered in full after out-of-pocket maximum is met	Covered in full after deductible is met	30%	Covered in full after deductible is met	50%	40%	30%	30%
Outpatient Services² Outpatient Surgery (hospital or outpatient surgery center charges only)	\$250	\$250	25%	Covered in full after deductible is met	\$250 copay plus 30%	Covered in full after deductible is met	\$400 copay plus 50%	\$400 copay plus 40%	\$400 copay plus 30%	\$250 copay plus 30%
Outpatient facility services (other than surgery)	Covered in full	Covered in full	25%	Covered in full after deductible is met	30%	Covered in full after deductible is met	50%	40%	30%	30%
Maternity and pregnancy² Prenatal and postnatal office visits	Covered	Covered	Not Covered	Not covered	Not covered	Plans 15, 25, 35, 50: Not covered Plan 40: Covered	Not covered	Not covered	Not covered	Not Covered
Hospitalization Services² Inpatient, semiprivate hospital room or intensive care unit with ancillary services (unlimited, except for non-severe mental health and substance abuse treatment)	\$1000 deductible applies per calendar year for inpatient hospital services	\$1500 deductible applies per calendar year for inpatient hospital services	25%	Covered in full after deductible is met	\$250 per admission copay plus 30%	Covered in full after deductible is met	\$400 per day / 4 day maximum plus 50%	\$400 per day / 4 day maximum plus 40%	\$400 per day / 4 day maximum plus 30%	\$250 per admission copay plus 30%
Emergency health coverage² Emergency room (professional and facility charges)	\$75 (waived if admitted to hospital)	\$100 (waived if admitted to hospital)	25%	Covered in full after deductible is met	\$70 copay plus 30%	Covered in full after deductible is met	\$50 copay plus 50%	\$50 copay plus 40%	\$50 copay plus 30%	\$80 copay plus 30%
Prescription drug coverage² Prescription drugs filled at a participating pharmacy (up to a 30 day supply). Mail order prescriptions available.	\$100 deductible, then \$15 Level I (generic), \$25 Level II (Brand), \$50 Level III (non-formulary)	\$100 deductible, then \$15 Level I (generic), \$25 Level II (Brand), \$50 Level III (non-formulary)	\$15 Level I (generic)	Covered in full after deductible is met	30%	\$5 Level I (generic) \$250 brand deductible \$35 Level II (brand) \$50 Level III (non-formulary)	Two RX options available:⁸ 1) Combo \$10 Level I (generic) \$750 brand deductible \$35 Level II (brand) \$50 or 50% (whichever is greater) Level III (non-formulary) or 2) Generic only \$10 Level I (generic)	Two RX options available:⁸ 1) Combo \$10 Level I (generic) \$750 brand deductible \$35 Level II (brand) \$50 or 50% (whichever is greater) Level III (non-formulary) or 2) Generic only \$10 Level I (generic)	Two RX options available:⁸ 1) Combo \$10 Level I (generic) \$750 brand deductible \$35 Level II (brand) \$50 or 50% (whichever is greater) Level III (non-formulary) or 2) Generic only \$10 Level I (generic)	\$15 Level I (generic)
Dental & Vision Benefits⁷	Optional, included with purchase of HMO 15 Plus ^{4, 5}	Optional, included with purchase of HMO 40 Plus ^{4, 5}	Optional, included with purchase of ValueChoice 1500 Plus ⁶	Optional, included with purchase of SimpleChoice HSA ⁶	Optional, included with purchase of SmartChoice HSA Plus ⁶	Optional, included with purchase of SimpleChoice Plus ⁶	Optional, included with purchase of SimpleValue 50 Plus ⁶	Optional, included with purchase of SimpleValue 40 Plus ⁶	Optional, included with purchase of SimpleValue 30 Plus ⁶	Optional, included with purchase of FirstChoice PPO Plus ⁶

This is a summary only and not intended for enrollment purposes. Please contact your authorized Health Net agent for more information or visit our website at www.healthnet.com.

¹ ValueChoice 1500 and SimpleValue plans are available to subscribers only.

² Refer to the applicable Policy/Evidence of Coverage for a detailed description of benefits and limitations.

³ FirstChoice PPO gives you First Dollar coverage for the first \$500 of covered expenses per person per calendar year before you pay any copayments, coinsurance or deductibles. Once this \$500 is met, coverage is reimbursed for In-Network providers at 70% of covered expenses after you meet your annual deductible. The First Dollar benefit does not apply to prescription drug benefits.

⁴ Dental benefits underwritten by Health Net of California and administered by SafeGuard Health Plans.

⁵ Vision benefits underwritten by Health Net of California and administered by EyeMed Vision Plan.

⁶ Dental and Vision benefits underwritten by Health Net Life Insurance Company, Dental administered by SafeGuard Health Plans and Vision administered by EyeMed Vision Plan.

⁷ A "Plus" plan is a Health Net medical coverage plan with Health Net Dental & Vision coverage included. The "Plus" indicates the addition of the optional Dental & Vision coverage.

⁸ For the SimpleValue plans there are two prescription drug options to choose from: Combo or Generic Only. Please see the Individual and Family Rate Guide for premium information.