



Health Net[®] Health Net POS 25-1500

HealthPass Hnet	Hnet POS 25 (POS)	
Benefit	In-Network	Out-Network
Embedded Drug Card	15/25/40/Yes/0	
Major Medical		
Deductible Ind/Fam	N/A	\$1500/\$4500
Co-Insurance	N/A	60%/40% of \$10,000*
Out-of-Pocket	N/A	\$4,000/\$12,000
Office Copay	\$25 Copay	Ded & Coins
DXL/Lab Fees	No Copay	Ded & Coins
Specialist Copay	\$50 Copay	Ded & Coins
Lifetime Maximum	Unlimited	\$5,000,000
Hospital Benefits		
Hospital In-Patient	\$300 per day to a Max of \$1500 Per Admission	Ded & Coins
Hospital Out-Patient	\$100 Copay	Ded & Coins
Emergency Room	\$100 Copay	\$100 Copay
Private Nursing	Not Covered	Not Covered
Surgical Benefits		
Surgical In-Patient	Included In Hosp Copay	70% After Ded
Surgical Out-Patient	\$100 Copay	70% After Ded
Mental Health		
Mental Nervous In-Patient	\$300 per day to a Max of \$1500 per admission 30 Days/Cal. Yr.	Ded & Coins 30 Days/Cal. Yr.
Substance Abuse In-Patient	\$300 per day to a Max of \$1500 Per Admission 30 Days/Cal. Yr. Detox 30 Days/Cal. Yr.	Ded & Coins 30 Days/Cal. Yr. Detox 30 Days/Cal. Yr.
Mental Nervous Out-Patient	\$50 Copay 20 Visits/Cal. Yr.	Ded & Coins 20 Visits/Cal. Yr.
Substance Abuse Out-Patient	\$50 Copay 60 Visits/Cal. Yr. 20 Family Therapy	Ded & Coins 60 Visits/Cal. Yr. 20 Family Therapy
Other		
Well Care (Up to 19)	No Copay	No Copay
Routine Adult Care	\$25 Copay	Ded & Coins
Chiropractic Care	\$50 Copay	Ded & Coins
Home Health Care	No Copay, 40 Days per Person	\$50 Deductible & 25% Co-Ins, 40 Days per Person

* 70th percentile of HIAA
1.29.08

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will for the contract between the insured and the carrier.

(d) Non-Formulary / Oral Contraceptive / Deductible