

HEALTH NET Rates - Local 7

	Health Net HMO		Health Net PPO	
Monthly Premium 1/1/12-12/31/12	Southern CA	Northern CA	Southern CA	Northern CA
Subscriber	\$724.00	\$909.00	\$811.00	\$1,062.00
Subscriber + 1	\$1,502.00	\$1,902.00	\$1,682.00	\$2,222.00
Subscriber + 2 or more	\$2,046.00	\$2,592.00	\$2,302.00	\$3,002.00
MEDICAL SERVICES			In Network	Out of Network
Deductible			\$1,500 / 3x family	
~ Calendar Year Deductible	Not Applicable			
Physician Services (Office Visits)				
~ Office Visits	\$30 Co-pay		\$20 Co-pay	40% Co-pay
~ Specialist Visits	\$60 Co-pay		\$20 Co-pay	40% Co-pay
~ Physical & Occupational Therapy	\$30 Co-pay		20% Co-pay	40% Co-pay
~ Lab & X-ray	No Charge		20% Co-pay	40% Co-pay
Maternity Care				
~ Prenatal & Postnatal Care	\$30 Co-pay		20% Co-pay	40% Co-pay
~ Normal Delivery	20% Co-pay		20% Co-pay	\$500/admit + 40% Co-pay
~ Complications (Includes C Sections)	20% Co-pay		20% Co-pay	40% Co-pay
Preventive Care				
~ Well Women Exam	\$30 Co-pay		\$20 Co-pay	Not Covered
~ Well Baby Care	\$30 Co-pay		\$20 Co-pay	Not Covered
~ Periodic Health Exam	\$30 Co-pay		\$20 Co-pay	Not Covered
Hospital Services				
~ Inpatient Care	20% Co-pay		20% Co-pay	\$500/admit + 40% Co-pay
~ Outpatient Care	20% Co-pay		20% Co-pay	\$500/surgery + 40% Co-pay
~ Complex Radiology (CT, MRI, PET)	\$200 Co-pay		20% Co-pay	40% Co-pay
~ Urgent Care	\$30 Co-pay		\$20 Co-pay	40% Co-pay
~ Emergency Care				
Ambulance	\$200 Co-pay		\$50 + 20% Co-pay	\$50 + 40% Co-pay
ER	\$200 Co-pay		\$100 + 20% Co-pay	\$100 + 40% Co-pay
If admitted	Waived		\$100 waived	\$100 waived
Psychiatric Services				
~ Inpatient Care (30 days/yr max)	20% Co-pay		20% Co-pay	\$500/admit +40% Co-pay
~ Outpatient Care - Crises Intervention	\$30 Co-pay		\$20 Co-pay	40% Co-pay
Alcohol/Chemical Dependency				
~ Inpatient Care (Detox Only)	20% Co-pay		20% Co-pay	20% Co-pay
~ Outpatient Care	\$30 Co-pay		20% Co-pay	40% Co-pay
Prescription Drugs				
~ Level I	\$10 Co-pay		\$10 Co-pay	\$10 + 50% Co-pay
~ Level II	\$25 Co-pay		\$35 Co-pay	\$35 + 50% Co-pay
~ Level III	\$50 Co-pay		\$50 Co-pay	\$50 + 50% Co-pay
~ Mail Order	90 day for 2x Co-pay		90 day for 2x Co-pay	Not Covered
Additional Benefits				
~ Durable Medical Equipment	No Charge (\$2k/yr max benefit)		20% (\$2k/yr max benefit)	40% (\$2k/yr max benefit)
~ Diabetic Supplies	No Charge		20% Co-pay	40% Co-pay
Out of Pocket Maximums				
~ One Member	\$3,500		\$3,000	\$6,000
~ Two Members	\$7,000		\$6,000	\$12,000
~ Family	\$7,000		\$9,000	\$18,000
Preexisting Conditions	Covered		Not Covered for 6 months without prior coverage	

This is only a summary of benefits. Please consult contract for complete descriptions of benefits, exclusions, and participating requirements.