



HSA BENEFIT PLAN AND RATE OVERVIEW



YOUR HEALTH, YOUR FINANCES, YOUR DECISION *Effective January 1, 2010*

When it comes to health care coverage, you need the confidence of knowing that you're in control. With Health Net's HSA-compatible plans, you get this and so much more.

Our HSA-compatible plans give you tools to help keep you healthy, as well as coverage for those unexpected events. And with your health savings account, you experience real tax advantages and more control over your health care dollar.

The health care coverage you need. The tax saving opportunities you want. That's Health Net's HSA-compatible plans.

YOUR MONTHLY PLAN PREMIUM RATES

Turn to the rate page in this brochure to find your monthly plan premium rate. Find your age, gender and the Arizona county where you live. It's that simple!

If other members of your family are also applying for coverage, follow the same process, then add up the rates for each individual.

For more information, call Health Net Individual & Family Plans at 1-888-463-4875, option 3.





THE BENEFITS OF HEALTH NET'S HSA-COMPATIBLE PLANS

Freedom comes from knowing that you're in control when it comes to your medical expenses. With Health Net's HSA-compatible plans, it's easy to choose the care that's right for you and manage your health care costs at the same time.

We pair our Health Net high deductible, HSA-compatible PPO plans with a health savings account to give you tax-free dollars to pay for your qualified medical expenses. All you have to do is enroll to start getting the health care you need, along with tax saving benefits you deserve.

Here's how our HSA-compatible plans work:

- The deductible is a combined medical and pharmacy deductible, which means you pay for the full cost of medical services and prescriptions, at our discounted rates, until your annual deductible amount has been met. Then plan coverage kicks in.
- The deductible for in-network preventive care benefits is waived for the first \$500.

Similar to PPO plans, our HSA-compatible plans give you flexibility and choice:

- Freedom to visit any licensed provider – you don't need a referral.
- Preventive care through in-network providers for services like routine exams, immunizations and screenings.¹
- Access to a large doctor network of more than 3,200 primary care physicians, 2,800 specialists and more than 50 hospitals in Arizona.
- Ability to use both in- and out-of-network providers – you'll pay less when you use in-network providers.
- Convenience of no claim forms when using in-network services.

With Health Net's HSA-compatible plans, you get protection from the unexpected and the tax saving advantages of a health savings account. That's a great combination!

¹These services are not subject to deductible.

HEALTH NET OF ARIZONA OVERVIEW OF INDIVIDUAL AND FAMILY HSA COMPATIBLE PPO PLANS

This benefit chart is a summary only. For benefit details, please see your Schedule of Benefits and Policy. The information below shows the high-deductible PPO plans that can be used in conjunction with a Health Savings Account.

BENEFITS	PPO \$2,000/\$4,000/100/50%		PPO \$3,000/\$6,000/100/50%		PPO \$5,000/\$10,000/100/50%	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (includes medical and prescription; per calendar year)	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Maximum lifetime benefits (in- and out-of-network combined)	\$5,000,000		\$5,000,000		\$5,000,000	
Out-of-pocket maximum, including deductible	\$2,000 Individual \$4,000 Family	\$10,000 Individual \$20,000 Family	\$3,000 Individual \$6,000 Family	\$10,000 Individual \$20,000 Family	\$5,000 Individual \$10,000 Family	\$12,500 Individual \$25,000 Family
Inpatient hospital services (including physician, facility and surgery charges)	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Outpatient hospital services/ambulatory surgical center services	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Office visits	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Preventive care (routine physicals, annual GYN exams, well-baby care, immunizations and vision and hearing screenings) No charge for first \$500 per member per calendar year, does not apply to ages 0 through 6.	0%, Subject to Deductible No charge for first \$500.	Not Covered	0%, Subject to Deductible No charge for first \$500.	Not Covered	0%, Subject to Deductible No charge for first \$500.	Not Covered
Outpatient laboratory and X-ray services	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Outpatient imaging and testing services (including but not limited to CT scans, MRIs, MRAs and PET/SPECT scans)	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Prenatal and postpartum care	Not Covered		Not Covered		Not Covered	
Maternity care	Not covered except for complications of pregnancy		Not covered except for complications of pregnancy		Not covered except for complications of pregnancy	
Outpatient prescription drugs (up to a 31-day supply. Quantity limits may apply. Out-of-network coverage is for out-of-area emergencies only.)	0%, Subject to Deductible	Out-of-area emergencies only	0%, Subject to Deductible	Out-of-area emergencies only	0%, Subject to Deductible	Out-of-area emergencies only
Emergency room services	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible
Ambulance services (medical emergency only)	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible	0%, Subject to Deductible
Urgent care services	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Rehabilitative services (limited to short-term, maximum of 60 days per calendar year)	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Skilled nursing facility services (limited to 60 days per calendar year)	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible	0%, Subject to Deductible	50%, Subject to Deductible
Mental health services (outpatient: limited to short-term evaluation or crisis intervention. Maximum of 10 visits per calendar year.)	Inpatient: Not Covered Outpatient: 0%, Subject to Deductible	Inpatient: Not Covered Outpatient: 50%, Subject to Deductible	Inpatient: Not Covered Outpatient: 0%, Subject to Deductible	Inpatient: Not Covered Outpatient: 50%, Subject to Deductible	Inpatient: Not Covered Outpatient: 0%, Subject to Deductible	Inpatient: Not Covered Outpatient: 50%, Subject to Deductible

HSA-COMPATIBLE PPO INDIVIDUAL AND FAMILY PLAN RATES EFFECTIVE JANUARY 1, 2010

COCHISE, MARICOPA, PINAL AND SANTA CRUZ COUNTIES

Age	\$2,000/\$4,000/100%/50%		\$3,000/\$6,000/100%/50%		\$5,000/\$10,000/100%/50%	
	Male	Female	Male	Female	Male	Female
Under 2	239	239	206	206	152	152
2-6	82	82	70	70	52	52
7-10	81	81	69	69	51	51
11-14	79	79	67	67	50	50
15-17	78	89	66	77	49	57
18-24	86	139	75	119	55	88
25-29	86	139	75	119	55	88
30-34	97	139	83	119	61	88
35-39	122	158	105	135	77	100
40-44	170	172	146	148	108	109
45-49	221	257	189	221	139	163
50-54	300	303	258	260	190	192
55-59	371	363	318	312	234	230
60-64	453	397	389	341	286	251

PIMA COUNTY

Age	\$2,000/\$4,000/100%/50%		\$3,000/\$6,000/100%/50%		\$5,000/\$10,000/100%/50%	
	Male	Female	Male	Female	Male	Female
Under 2	234	234	202	202	148	148
2-6	79	79	69	69	51	51
7-10	79	79	68	68	50	50
11-14	78	78	66	66	49	49
15-17	76	88	64	76	48	56
18-24	84	135	74	117	54	85
25-29	84	135	74	117	53	86
30-34	95	135	81	117	60	86
35-39	120	154	103	133	75	97
40-44	167	169	144	144	106	108
45-49	215	252	186	216	135	159
50-54	295	298	254	254	187	188
55-59	363	357	313	306	230	225
60-64	443	389	381	335	281	246

ALL OTHER COUNTIES

Age	\$2,000/\$4,000/100%/50%		\$3,000/\$6,000/100%/50%		\$5,000/\$10,000/100%/50%	
	Male	Female	Male	Female	Male	Female
Under 2	287	287	247	247	181	181
2-6	98	98	84	84	63	63
7-10	96	96	84	84	61	61
11-14	95	95	81	81	59	59
15-17	95	107	79	91	58	68
18-24	103	167	89	143	65	106
25-29	104	166	89	142	65	105
30-34	116	166	100	143	74	106
35-39	147	190	126	162	93	119
40-44	205	208	174	176	129	132
45-49	265	308	228	265	167	196
50-54	361	364	310	312	229	231
55-59	444	437	382	373	282	277
60-64	544	476	467	411	344	301



Rates are subject to change. The above rates are the Health Net standard rates. You may be assigned to a non-standard rate based upon the results of the medical underwriting process.



HSA-COMPATIBLE PLANS FIT YOUR BUDGET, FIT YOUR LIFE

Everyone is looking for ways to save on health care expenses. So it's easy to see why a health savings account (HSA) is a good choice.

An HSA is an individually owned savings account, similar to an IRA or 401(k) retirement plan, except that funds are used to pay for qualified medical expenses (QME) – medical and dental copayments and deductibles, prescription and over-the-counter medications and other health-related services and therapies.²

HSA Advantages

- HSA funds used for qualified medical expenses are tax-free.²
- There's no time limit for using HSA funds; they rollover from year to year.
- Your contributions, up to the IRS maximum, and withdrawals are tax-free as long as they are used for QMEs.²
- The HSA account belongs to you.
- After you retire, your HSA funds become tax deferred.

MORE WAYS TO SAVE TIME AND MONEY

Decision PowerSM: When it comes to your health, there's more than one right answer. That's why every Health Net plan comes with Decision Power – the program that brings together under one roof the information, resources and personal support that fit you, your health and your life. Whether you're focused on staying fit, dealing with back pain or facing a serious diagnosis, we're here to help you work with your doctor and make informed decisions.

Online Resources: At www.healthnet.com, we make it fast and easy to get things done on your schedule. As a Health Net member, you can check your benefits, order ID cards, compare treatment costs and hospital quality, look up pharmacy information, try interactive wellness tools and more.

Take a look at the HSA-compatible plan benefits and rates in this brochure. You're sure to find the one that's right for you.

²A full list of qualified medical expenses can be found at www.irs.gov. Qualified medical expenses generally do not include premiums paid for health coverage except for:

- COBRA insurance.
- Qualified long-term care insurance and expenses.
- Health insurance premiums for individuals receiving unemployment compensation.
- Medicare and retiree health insurance premiums, but not Medicare Supplement premiums.



PROTECTING YOUR HEALTH INFORMATION

Once you become a Health Net member, Health Net uses and discloses a member's protected health information for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. Health Net releases protected health information to plan sponsors for administration of self-funded plans but does not release protected health information to plan sponsors/employers for insured products unless the plan sponsor is performing a payment or health care operation function for the plan.

EXCLUSIONS AND LIMITATIONS

The exclusions and limitations presented in this Benefit Overview are not comprehensive. For a full list of exclusions and limitations see the Evidence of Coverage for HMO Plans or Policy for PPO Plans. You may obtain a copy of these documents prior to enrolling or at any time by contacting us at 1-888-463-4875.

Exclusions and limitations include but are not limited to:

PPO Plans: Precertification is required for certain services. Failure to obtain precertification will result in a reduction in benefits. For a comprehensive list of services requiring precertification see the Policy. Services that must be precertified include, but are not limited to: Hospital inpatient admissions (non-emergency, including acute, subacute or rehabilitation), hospital observation stays (less than 24 hours), mental health and substance abuse inpatient admissions, skilled nursing inpatient facility admissions, transplants/transplant services, select outpatient procedures, select rehabilitative programs and therapies, select durable medical equipment, home health care services (including home infusion therapy), non-emergent ambulance and transportation services, prosthetics, oncology services, podiatry services, sleep studies, oxygen and related breathing equipment, epidural steroid injections, magnetic resonance imaging (MRI), computerized axial tomography (CAT), positron emission tomography (PET) scans, magnetic resonance angiography (MRA), self-injectable medications (except insulin), select in-office pharmacy injectables.

Coverage for maternity services is limited to complications of pregnancy.

HMO and PPO Plans: The following services and/or procedures are either limited in coverage or excluded from coverage under these health plans. These services include, but are not limited to: comfort/convenience items, hearing aids, cosmetic surgery, court ordered care, custodial care, experimental/investigational procedures and drugs, gender alterations, infertility services, inpatient mental health services, long-term rehabilitative services, obesity, paternity testing, radial keratotomy, substance abuse treatment programs, mail order prescriptions, employment counseling, exercise programs, fraudulent services, missed appointments, temporomandibular joint disorder, vocational programs. For a complete list, refer to either the Evidence of Coverage for HMO Plans or Policy for PPO Plans.

In- and out-of-network benefits are subject to deductible, then a percentage of eligible medical expenses.

All drugs covered by your outpatient prescription benefit are placed in one of four tiers on the Preferred Drug List (PDL). The lower the tier, the lower your copayment. The Health Net PDL is a listing of covered medications. Some drugs on the PDL may require prior authorization from Health Net. Prescriptions are limited to a 31-day supply. Other quantity limitations may apply.

Skilled nursing coverage is limited to 60 days per calendar year.

Expenses you incur for the following cannot be used to satisfy the out-of-pocket maximum: failure to follow prior authorization/precertification guidelines, mental illness, substance abuse, infertility, use of emergency room for non-emergent care, prescription drugs, copayments, limitations, exclusions. Check your Evidence of Coverage or Policy.

Pre-existing Condition Limitation (PPO Plans Only): Expenses for conditions for which a member received any medical advice, diagnosis, care or treatment during the 6 month period immediately preceding the member's effective date of coverage will be excluded from coverage the first 12 months of enrollment.

High-Deductible PPO Plans: Preventive health care services are defined as routine physical, pap smear, mammography and PSA screenings. For a complete list see Policy.