



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.healthnet.com/cardinalcare](http://www.healthnet.com/cardinalcare) or call 1-800-250-5226. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or [www.healthnet.com/cardinalcare](http://www.healthnet.com/cardinalcare) or you can call 1-800-250-5226 to request a copy.

Important Questions	Answers	Why This Matters
<b>What is the overall <a href="#">deductible</a>?</b>	\$100 each member (EPO Tier 1)/\$500 each member (EPO Tier 2) per <a href="#">plan</a> year. EPO Tier 1 and EPO Tier 2 <a href="#">deductibles</a> cross accumulate.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Preventive care</a> , physician office visits, <a href="#">diagnostic tests</a> , imaging, <a href="#">prescription drugs</a> , <a href="#">emergency room care</a> , <a href="#">emergency medical transportation</a> , <a href="#">urgent care</a> , outpatient mental health & substance use disorder services, childbirth/delivery professional services, <a href="#">home health care</a> , <a href="#">rehabilitation</a> & <a href="#">habilitation</a> services, <a href="#">durable medical equipment</a> , <a href="#">hospice services</a> , pediatric dental and vision care are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	\$2,000 each member (EPO Tier 1) / \$4,000 each member (EPO Tier 2) per <a href="#">plan</a> year.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Premiums</a> , <a href="#">balance billing</a> charges, penalties for non-certification and healthcare this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. For a list of <b>preferred providers</b> , see <a href="http://www.healthnet.com/cardinalcare">www.healthnet.com/cardinalcare</a> or call 1-800-250-5226.	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	Yes. Requires <a href="#">referral</a> from Vaden for Tier 1. Tier 2 allows you to see any PPO <a href="#">provider</a> without <a href="#">referral</a> .	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay EPO Tier 1 (Access to Vaden Health Center and to HNCA PPO Providers in Monterey and Santa Cruz Counties)	What You Will Pay EPO Tier 2 (Access to HNCA PPO and First Health Networks)	Limitations, Exceptions & Other Important Information
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <a href="#">copay</a> /visit <a href="#">deductible</a> does not apply	\$25 <a href="#">copay</a> /visit <a href="#">deductible</a> does not apply	<a href="#">Copay</a> not required if primary care physician visit is performed at Vaden Health Center.
	<a href="#">Specialist</a> visit	\$35 <a href="#">copay</a> /visit <a href="#">deductible</a> does not apply	30% <a href="#">coinsurance</a>	None
	<a href="#">Preventive care/screening/immunization</a>	No charge <a href="#">deductible</a> does not apply	No charge <a href="#">deductible</a> does not apply	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge <a href="#">deductible</a> does not apply	30% <a href="#">coinsurance</a>	Preventive lab and x-ray covered at 100%.
	Imaging (CT/PET scans, MRIs)	\$100 <a href="#">copay</a> /procedure <a href="#">deductible</a> does not apply	30% <a href="#">coinsurance</a>	If certification is not obtained a \$100 penalty will apply through Tier 2. There is no certification penalty through Tier 1.
<b>If you need drugs to treat your illness or condition.</b>  <b>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.healthnet.com/cardinalcare">www.healthnet.com/cardinalcare</a></b>	Generic drugs	\$10 <a href="#">copay</a> /retail order <a href="#">deductible</a> does not apply	\$10 <a href="#">copay</a> /retail order <a href="#">deductible</a> does not apply	Supply/order: up to 30 day (retail); up to 90 day supply for maintenance drugs (one copayment will apply for each 30 day supply) except where quantity limits apply. <a href="#">Preauthorization</a> is required for select drugs. If <a href="#">preauthorization</a> is not obtained a penalty of 50% of the average wholesale price will apply, except for emergency or urgently needed care.
	Preferred brand drugs	\$35 <a href="#">copay</a> /retail order <a href="#">deductible</a> does not apply	\$35 <a href="#">copay</a> /retail order <a href="#">deductible</a> does not apply	
	Non-preferred brand drugs	\$50 <a href="#">copay</a> /retail order <a href="#">deductible</a> does not apply	\$50 <a href="#">copay</a> /retail order <a href="#">deductible</a> does not apply	

Common Medical Event	Services You May Need	What You Will Pay EPO Tier 1 (Access to Vaden Health Center and to HNCA PPO Providers in Monterey and Santa Cruz Counties)	What You Will Pay EPO Tier 2 (Access to HNCA PPO and First Health Networks)	Limitations, Exceptions & Other Important Information
<p><b>If you need drugs to treat your illness or condition.</b></p> <p>More information about <a href="http://www.healthnet.com/cardinalcare">prescription drug coverage</a> is available at <a href="http://www.healthnet.com/cardinalcare">www.healthnet.com/cardinalcare</a></p>	<p><a href="#">Specialty drugs</a></p>	<p>\$50 <a href="#">copay</a>/order <a href="#">deductible</a> does not apply</p>	<p>\$50 <a href="#">copay</a>/order <a href="#">deductible</a> does not apply</p>	<p>Supply/order up to a 30 day supply from specialty pharmacy except where quantity limits apply. <a href="#">Preauthorization</a> is required for select drugs. If prior authorization is not obtained a penalty of 50% of the average wholesale price will apply, except for emergency or urgently needed care.</p>
<p><b>If you have outpatient surgery</b></p>	<p>Facility fee (e.g., ambulatory surgery center)</p>	<p>\$250 <a href="#">copay</a>/admission</p>	<p>30% <a href="#">coinsurance</a></p>	<p>If certification is not obtained a \$100 penalty will apply through Tier 2. There is no certification penalty through Tier 1.</p>
<p><b>If you need immediate medical attention</b></p>	<p><a href="#">Emergency room care</a></p>	<p>\$100 <a href="#">copay</a>/visit <a href="#">deductible</a> does not apply</p>	<p>\$100 <a href="#">copay</a>/visit <a href="#">deductible</a> does not apply</p>	<p><a href="#">Copay</a> waived if admitted into the hospital.</p>
	<p><a href="#">Emergency medical transportation</a></p>	<p>No charge <a href="#">deductible</a> does not apply</p>	<p>No charge</p>	<p><a href="#">Deductible</a> applies through Tier 2.</p>
	<p><a href="#">Urgent care</a></p>	<p>Medical-\$50 <a href="#">copay</a>/visit <a href="#">deductible</a> does not apply Mental health &amp; substance use disorders-\$25 <a href="#">copay</a>/visit <a href="#">deductible</a> does not apply</p>	<p>Medical-\$50 <a href="#">copay</a>/visit <a href="#">deductible</a> does not apply Mental health &amp; substance use disorders-\$25 <a href="#">copay</a>/visit <a href="#">deductible</a> does not apply</p>	<p>None</p>
<p><b>If you have a hospital stay</b></p>	<p>Facility fee (e.g., hospital room)</p>	<p>\$500 <a href="#">copay</a>/admission</p>	<p>30% <a href="#">coinsurance</a></p>	<p>If certification is not obtained a \$500 penalty will apply through Tier 2. There is no certification penalty through Tier 1.</p>
	<p>Physician/surgeon fees</p>	<p>No charge <a href="#">deductible</a> does not apply</p>	<p>30% <a href="#">coinsurance</a></p>	<p>None</p>

Common Medical Event	Services You May Need	What You Will Pay EPO Tier 1 (Access to Vaden Health Center and to HNCA PPO Providers in Monterey and Santa Cruz Counties)	What You Will Pay EPO Tier 2 (Access to HNCA PPO and First Health Networks)	Limitations, Exceptions & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office-individual therapy session-\$25 <a href="#">copay</a> /visit group therapy session-\$12.50 <a href="#">copay</a> /visit Other than office-No charge <a href="#">deductible</a> does not apply	Not covered	None
	Inpatient services	\$500 <a href="#">copay</a> /admission	Not covered	Non-emergency services require certification. There is no certification penalty through Tier 1. Must use MHN network of providers.
If you are pregnant	Office visits	Prenatal-No charge <a href="#">deductible</a> does not apply Postnatal-\$25 <a href="#">copay</a> /visit <a href="#">deductible</a> does not apply	Prenatal-No charge <a href="#">deductible</a> does not apply Postnatal-30% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .
	Childbirth/delivery professional services	No charge <a href="#">deductible</a> does not apply	30% <a href="#">coinsurance</a>	None
	Childbirth/delivery facility services	\$500 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	None
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	\$25 <a href="#">copay</a> /visit <a href="#">deductible</a> does not apply	30% <a href="#">coinsurance</a>	Combined limit of 100 visits each plan year.
	<a href="#">Rehabilitation services</a>	\$35 <a href="#">copay</a> /visit <a href="#">deductible</a> does not apply	\$40 <a href="#">copay</a> /visit	Physical, occupational, and speech therapy require certification or a \$100 penalty will apply through Tier 2. There is no certification penalty through Tier 1.
	<a href="#">Habilitation services</a>	\$35 <a href="#">copay</a> /visit <a href="#">deductible</a> does not apply	\$40 <a href="#">copay</a> /visit	
	<a href="#">Skilled nursing center</a>	\$500 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	If certification is not obtained a \$500 penalty will apply through Tier 2. There is no certification penalty through Tier 1.

Common Medical Event	Services You May Need	What You Will Pay EPO Tier 1 (Access to Vaden Health Center and to HNCA PPO Providers in Monterey and Santa Cruz Counties)	What You Will Pay EPO Tier 2 (Access to HNCA PPO and First Health Networks)	Limitations, Exceptions & Other Important Information
If you need help recovering or have other special health needs	<a href="#">Durable medical equipment</a>	No charge <a href="#">deductible</a> does not apply	30% <a href="#">coinsurance</a>	If certification is not obtained a \$100 penalty will apply through Tier 2. There is no certification penalty through Tier 1.
	<a href="#">Hospice services</a>	No charge <a href="#">deductible</a> does not apply	30% <a href="#">coinsurance</a>	Inpatient <a href="#">hospice services</a> require certification or a \$500 penalty will apply through Tier 2. There is no certification penalty through Tier 1.
If your child needs dental or eye care	Children's eye exam	No charge <a href="#">deductible</a> does not apply	No charge <a href="#">deductible</a> does not apply	Through age 18. Limited to 1 visit per plan year.
	Children's glasses	No charge <a href="#">deductible</a> does not apply	No charge <a href="#">deductible</a> does not apply	Through age 18. Provider selected frames; 1 per plan year.
	Children's dental check-up	No charge <a href="#">deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">deductible</a> does not apply	Limited to 1 check-up in a 6 month period.

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• Glasses (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Long-term care</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care</li> <li>• Weight loss programs (exclusion does not apply to preventive care behavioral interventions)</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care-limited to 15 visits per plan year through Tier 1 and Tier 2 combined</li> <li>• Infertility treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Routine eye care (Adult)</li> </ul>

## Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

## Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Health Net's Customer Contact Center at 1-800-250-5226, submit a grievance form through [www.healthnet.com/cardinalcare](http://www.healthnet.com/cardinalcare), or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). If you have a grievance against Health Net, you can also contact the California Department of Insurance, Consumer Communications Bureau Health Unit, 300 South Spring Street, South Tower, Los Angeles, CA 90013 or at 1-800-927-HELP (4357), 1-800 482-4833 TDD or at [www.insurance.ca.gov](http://www.insurance.ca.gov). Additionally, a consumer assistance program can help you file your appeal. Contact the California Department of Insurance at the contact information provided above.

## Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

## Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-250-5226.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-250-5226.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-250-5226.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-250-5226.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist copayment](#) \$35
- Hospital (facility) [copayment](#) \$500
- Other [copayment](#) \$25

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist copayment](#) \$35
- Hospital (facility) [copayment](#) \$500
- Other [copayment](#) \$25

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist copayment](#) \$35
- Hospital (facility) [copayment](#) \$500
- Other [copayment](#) \$25

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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<b>Total Example Cost</b>	<b>\$5,600</b>
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<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$100
Copayments	\$600
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$760</b>

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$920</b>

**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$40
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$440</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.