

FERN RIDGE SCHOOL DISTRICT 28J
Summary of Benefit Plans
October 1, 2014 - September 30, 2015

	Health Net PPO Advantage Plan (\$500 Deductible)		Health Net PPO Advantage Plan (\$1,000 Deductible)		Health Net PPO High Deductible Health Plan (HSA) - Single Coverage		Health Net PPO High Deductible Health Plan (HSA) - Family Coverage	
	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Annual Deductible	\$500 per person ^{1,2}		\$1,000 per person ^{1,2}		\$1,500 ¹	\$3,000 ¹	\$3,000 ¹	\$6,000 ¹
	\$1,500 per family ^{1,2}		\$3,000 per family ^{1,2}					
Annual Out-of-Pocket Maximum	\$2,500 per person ⁵		\$2,500 per person ⁵		\$3,000 ⁶	\$9,000 ⁶	\$6,000 ⁶	\$18,000 ⁶
	\$7,500 per family ⁵		\$7,500 per family ⁵					
Preventative Care	No charge ³	40% MAA ³	No charge ³	40% MAA ³	No charge ³	40% MAA ³	No charge ³	40% MAA ³
Physician Services, Office Call	\$15 per visit ³	40% MAA	\$25 per visit ³	40% MAA	20% contract rate	40% MAA	20% contract rate	40% MAA
Physician Services, Urgent Care	\$50 per visit ³	\$50 per visit MAA ³	\$50 per visit ³	\$50 per visit MAA ³	20% contract rate	20% MAA	20% contract rate	20% MAA
Diagnostic X-ray/EKG/Ultrasound	20% contract rate ³	40% MAA	20% contract rate ³	40% MAA	20% contract rate	20% MAA	20% contract rate	20% MAA
Diagnostic Laboratory Tests	20% contract rate ³	40% MAA	20% contract rate ³	40% MAA	20% contract rate	20% MAA	20% contract rate	20% MAA
High Cost Imaging (CT, MRI, PET, etc.)	20% contract rate	40% MAA	20% contract rate	40% MAA	20% contract rate	20% MAA	20% contract rate	20% MAA
Hospital Inpatient Services	20% contract rate	40% MAA	20% contract rate	40% MAA	20% contract rate	20% MAA	20% contract rate	20% MAA
Outpatient Emergency Room Services	\$150 per visit ⁴ then 20% contract rate ³	\$150 per visit ⁴ then 20% ³	\$150 per visit ⁴ then 20% contract rate ³	\$150 per visit ⁴ then 20% ³	20% contract rate	20%	20% contract rate	20%
In Pharmacy Prescription (Tier 1/2/3)	\$15/\$30/\$50 ³	Not Covered	\$15/\$30/\$50 ³	Not Covered	20%	Not Covered	20%	Not Covered
Mail Order Prescription (Tier 1/2/3)	\$30/\$60/\$100 ³	Not Covered	\$30/\$60/\$100 ³	Not Covered	20%	Not Covered	20%	Not Covered
Chiropractic Services	Available	Not Covered	Available	Not Covered	Available	Not Covered	Available	Not Covered
Acupuncture Services	Available	Not Covered	Available	Not Covered	Available	Not Covered	Available	Not Covered
Massage Therapy	Available	Not Covered	Available	Not Covered	Available	Not Covered	Available	Not Covered
Naturopathic Services	Available	Not Covered	Available	Not Covered	Available	Not Covered	Available	Not Covered

¹ You must meet the specified deductible each Calendar Year (January 1 through December 31) before Health Net pays any claims.

² Your payments do not apply to the annual out-of-pocket maximum.

³ Deductible is waived.

⁴ Copayment is waived if you are admitted.

⁵ The annual out-of-pocket maximum does not include the annual deductible. After you reach the out-of-pocket maximum in a calendar year, Health Net will pay your covered services during the rest of that calendar year at 100% of the contract rate for PPO services and at 100% of MAA for Out-of-Network (OON) services. You are still responsible for OON billed charges that exceed MAA.

⁶ The annual out-of-pocket maximum includes the annual deductible. After you reach the out-of-pocket maximum in a calendar year, Health Net will pay your covered services during the rest of that calendar year at 100% of the contract rates.

PacificSource Dental Plan		
Diagnostic & Preventative Treatment	Plan pays 100%	\$1,500 annual max per person
Basic and Restorative Services	Plan pays 100%	
Complicated Treatment	Plan pays 100%	
Major Treatment	Plan pays 100%	
Orthodontia	Plan pays 50%	\$1,000 lifetime max per person

	Health Net Vision Plan (EyeMed)	
	In Network	Out-of-Network
Exam	\$10 co-pay	Reimbursed \$40
Frames	\$150 allowance	Reimbursed \$45
Single vision lenses	\$10 co-pay	Reimbursed \$40
Lined bifocal lenses	\$10 co-pay	Reimbursed \$60
Standard progressive lenses	\$75 co-pay	Reimbursed \$60