



Summary of Benefits
Health Net Insurance of New York, Inc.
Outlook EPO Split Copay Plan
Advantage Platinum Network
New York County Dental Society
Effective: June 2009

You are only covered for services and benefits when they are provided by your Health Net Advantage Platinum network physician. To see a physician who does not belong to the Advantage Platinum network (non-plan physician), you must have prior authorization from Health Net, unless it is a true medical emergency. In situations where you are responsible for obtaining prior authorization and you fail to do so, coverage for services may be denied.

To be eligible for the reduced copay under this Split Copay plan, the member must receive services from his or her Advantage Platinum network PCP. The reduced copay also applies to female members when accessing their OB/GYN.

Benefits	Outlook EPO Split Copay Plan
Prescription Drugs	
Retail Prescription Coverage, for up to 30-day supply Mail Order Prescription Coverage, for up to a 90-day supply, the mail order copayment is two times the retail copayment Please be aware that this benefit plan includes Step Therapy, which means that you may be required to try one or more "prerequisite" drugs before a tier three medication will be covered. This process typically helps you control out of pocket costs, while still using FDA-approved drugs, as tier one and tier two drugs require a smaller copayment than tier three drugs. All Step Therapy drugs require Prior Authorization. Please refer to your Evidence of Coverage (EOC) for further information.	\$10 Copayment for generic drugs \$30 Copayment for brand name drugs on the Preferred Drug List without a generic equivalent \$50 Copayment for brand name drugs on the Preferred Drug List with a generic equivalent or brand name drugs not on the Preferred Drug List Unlimited Maximum per Calendar Year
Preventive Care	
Physical Examination, for children through age 18 in accordance with Health Net's schedule of covered well exams	No Cost
Physical Examination, for adults age 19 and over in accordance with Health Net's schedule of well exams	\$25 Copayment per Visit
Preventive Immunizations, for children through age 18	No Cost
Preventive Immunizations, for adults age 19 and over	No Cost
Mammogram	No Cost
Routine Gynecological Care, one pap test and two pelvic exams per Year	\$25 Copayment per Visit
Inpatient Care	
Semi-Private Room and Board	No Cost ^a
Physicians', Surgeons' and Nursing Services and Medications	No Cost ^a
Inpatient Skilled Services such as Physical, Occupational Therapy, and Skilled Nursing Care to a combined maximum of 90 Days per Year	No Cost ^a
Outpatient Care	
Physician Office Visits	\$25 Copayment per Visit \$40 Copayment per Visit
Laboratory and Imaging Services	No Cost
Comprehensive Imaging Services (MRI, MRA, CT Scan, PET Scan, SPECT Scan, Nuclear Cardiology (MUGA), and Bone Densitometry)	No Cost ^a
Physical, Occupational, Cognitive and Speech Therapy, combined maximum, 30 Visits per Year	\$40 Copayment per Visit ^a
Chiropractic Care	\$40 Copayment per Visit
Outpatient Procedures and Surgery	No Cost ^a
Cardiac Rehabilitation, 36 Visits within 12 Months following myocardial infarction or cardiac surgery	\$40 Copayment per Visit
Allergy Services	\$40 Copayment per Visit
Medical Care for injury and illness to the eye	\$25 Copayment per Visit \$40 Copayment per Visit

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Emergency Care	
Urgent Care Center	\$25 Copayment per Visit
Emergency Room	\$100 Copayment per Visit
Maternity Care	
Pre-Natal and Post-Natal (from effective date of Health Net coverage)	No Cost
Hospital Services for Mother and Child (includes all newborn costs even if newborn requires continued hospitalization after mother is discharged)	No Cost ^a
Family Planning and Infertility Services (excludes In Vitro Fertilization, GIFT and ZIFT)	\$40 Copayment per Visit
Mental Health Care	
Inpatient Mental Health Care, for the combined diagnoses of Biologically- and Non-Biologically-based Mental Illness and for Children with Serious Emotional Disturbances, 30 Inpatient Days, exchangeable with 60 Partial Hospitalization Sessions per Year ^b	No Cost ^a
Outpatient Mental Health Care, for the combined diagnoses of Biologically- and Non-Biologically-based Mental Illness and for Children with Serious Emotional Disturbances, 20 Visits per Year ^b	\$40 Copayment per Visit ^a
Drug/Alcohol Addiction	
Inpatient Rehabilitative treatment for the abuse of, or addiction to drugs and alcohol, 30 Days per Year	No Cost ^a
Outpatient Rehabilitative Care for Drug/Alcohol Addiction, 60 Visits per Year; of the 60 Visits, 20 may be used for covered family members	\$40 Copayment per Visit ^a
Inpatient Diagnosis and Medical Treatment for Drug and Alcohol Detoxification, 7 Days per Year	No Cost ^a
Home Health Or Hospice Care	
Home Health Care, 40 Visits per Year	No Cost ^a
Hospice Care in the home, benefit limitation of 210 Visits (combined with Inpatient Hospice Care)	No Cost ^a
Inpatient Hospice Care, benefit limitation of 210 Visits (combined with Hospice Care in the home)	No Cost ^a
Other Services	
Durable Medical Equipment, \$1,500 per Year (certain devices require prior authorization)	50% of the cost of covered item(s)
Diabetic Medications and Supplies	
Diabetic Medications and Supplies at a Plan Pharmacy	\$25 Copayment per each Diabetic Medication and Supply
Limiting Age	
Dependents are covered to the end of the month in which the eligible dependent reaches age 19. If the eligible dependent is 19 or over, and is a full-time student, coverage will extend to the earlier of the end of the month in which the eligible dependent graduates, ceases to be a full-time student, or reaches age 25.	
Eligible Dependent Coverage	
Plan offers coverage to the subscriber's eligible dependents, which may include the following: subscriber's legal spouse, domestic partner, eligible dependent children. Please refer to your employer's benefits office for qualifying criteria.	

^aWhen medically necessary and approved in advance by a Health Net medical director

^bOnce the visit limit has been exhausted, benefits will ONLY be available for biologically-based mental illness and for children with serious emotional disturbances

Conditions and Limitations

You are covered for emergencies anywhere in the world. If the situation is life-threatening, go straight to the nearest hospital's emergency room or call 911. If at all possible, try to reach your Health Net Advantage Platinum network primary care physician. Please be sure it is a true emergency. Many people go to the emergency room for things like colds, sore throats, coughs and routine fevers because it is convenient. While none of these problems constitutes an emergency, you are covered for all of them through a visit to your physician's office. You will be responsible for any emergency room charges when it is not an emergency.

General Exclusions

You are not covered for physical exams for employment, insurance, school, premarital requirement or summer camp (unless substituted for a normal physical exam); prescription drugs and some injectible dispensed by a physician in his or her office; prescription drugs prescribed for a non-covered service; dental services unless provided by a rider to the Health Net Evidence of Coverage; eyeglasses or contact lenses unless provided by a rider to the Health Net Evidence of Coverage; hearing aids; routine foot care; foot orthotics; some transplant procedures; cosmetic or reconstructive surgery, unless medically necessary; custodial services; weight-reduction programs; marriage counseling; or long-term psychiatric treatment.

Health Net will not duplicate any benefits for which members are entitled under worker's compensation, No-Fault, Medicare, or other group health insurance coverage.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Health Net Evidence of Coverage is the final arbiter of coverage under Health Net. If you have any questions, please call the Health Net Customer Contact Center at 1-800-441-5741.

Directory by Web: www.healthnet.com
 Directory by Phone: 1.800.686.9847
 Customer Contact Center: 1.800.441.5741

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TTD/TTY: 1.888.747.2424 (For the hearing impaired)

Underwritten by Health Net of New York, Inc.