




 Health Net		 blue		 Cigna	
<b>Plan Name</b>	PPO Value 4500		Shield Wise 2500		Open Access Value 1500	
<b>Apply</b>						
<b>Estimated Monthly Premium</b>	\$94-\$118		\$129-\$144		\$159-\$191	
<b>Plan Type</b>	PPO		PPO		PPO	
<b>Networks</b>	<a href="#">See provider details</a>		<a href="#">See provider details</a>		<a href="#">See provider details</a>	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Copay</b>	\$35	50%	Physician and specialist office visits: \$25 for first 2 visits per Calendar Year prior to deductible, then \$25 after deductible	50%	Primary Care Physician: \$40 (Deductible waived) Specialist Physician: \$60 (Deductible waived)	Cigna pays 50%
<b>Deductible</b>	\$4,500	\$10,000	\$2,500 per individual / \$5,000 per family ( For family coverage, each individual will receive benefits for covered services once the individual deductible has been satisfied, and that amount will accumulate to the family deductible, all providers combined)		Individual: \$1,500, Family: \$3,000 (All benefits listed are subject tot he deductible unless otherwise noted)	Individual: \$3,000, Family: \$6,000 (All benefits listed are subject tot he deductible unless otherwise noted)
<b>Coinsurance</b>	40% after deductible	50% after deductible	25%	50%	Cigna pays 70% of eligible charges	Cigna pays 50% of eligible charges
<b>Coinsurance Limit</b>	<a href="#">see brochure</a>		<a href="#">see brochure</a>		N/A	
<b>Out-of-Pocket Maximum</b>	\$2,500	\$5,000	\$7,500 per individual / \$15,000 per family (Includes the medical plan deductible Copayments for Preferred Providers accrue to both Preferred and Non-Preferred Provider Calendar Year Copayment Maximum amounts.)	\$10,000 per individual / \$20,000 per family (Includes the medical plan deductible Copayments for Preferred Providers accrue to both Preferred and Non-Preferred Provider Calendar Year Copayment Maximum amounts.)	Individual: \$3,000, Family: \$6,000 (Individual/Family copays, deductibles, and pharmacy charges do not apply to the out-of-pocket maximum)	Individual: \$6,000, Family: \$12,000 (Individual/Family copays, deductibles, and pharmacy charges do not apply to the out-of-pocket maximum)
<b>Lifetime Maximum</b>	Unlimited		Lifetime Benefit Maximum: None		Unlimited	
<b>Office Visit</b>	\$35 for first 2 visits (deductible waived), then 40% after deductible	50%	Physician and specialist office visits: \$25 for first 2 visits per Calendar Year prior to deductible, then \$25 after deductible	50%	Office Visit - Primary Care Physician: \$40 copay (Deductible waived) Specialist Physician: \$60 copay (Deductible waived)	Office Visit - Primary Care Physician: Cigna pays 50% Specialist Physician: Cigna pays 50%
<b>Prescription Drugs</b>	\$2,500 brand deductible Level I- Generic: \$15 Level II- Formulary Brand: \$40 Level III- Non Formulary Brand: \$60 Specialty drugs- 50% or \$500 (whichever is less)	Not covered	Prescription Drug Coverage: Retail prescription (up to a 30-day supply): Formulary Generic drugs: \$10 per prescription Formulary brand-name drugs: \$35 per prescription Non-formulary brand-name drugs: \$60 or 50% per prescription whichever is greater per prescription (\$150 maximum per prescription) Mail Services Prescription (up to a 60-day supply): Formulary Generic drugs: \$20 per prescription Formulary brand-name drugs: \$70 per prescription Non-formulary brand-name drugs: \$120 or 50% (whichever is greater) per prescription (\$300 maximum per prescription) Specialty Pharmacies (up to a 30-day supply) Specialty Drugs: 30% of negotiated rate up to \$150 maximum	Prescription Drug Coverage: Retail prescription (up to a 30-day supply): Formulary Generic drugs: Not Covered Formulary brand-name drugs: Not Covered Non-formulary brand-name drugs: Not Covered Mail Services Prescription (up to a 60-day supply): Formulary Generic drugs: Not Covered Formulary brand-name drugs: Not Covered Non-formulary brand-name drugs: Not Covered Specialty Pharmacies (up to a 30-day supply) Specialty Drugs: Not Covered	Prescription Drug Deductible (Combined Retail & Home Delivery Pharmacy, deductible only applies to Brand Name Drugs): \$3500 per member per year Retail Pharmacy - Generic: You pay \$15 per 30-day supply Brand Name: You pay \$50 per 30-day supply Non-Preferred Brand Name: You pay \$70 per 30-day supply Self- Administered Injectable Drugs: Cigna pays 50% Home Delivery Pharmacy - Generic: You pay \$37.50 per 90-day supply Brand Name: You pay \$125 per 90-day supply Non-Preferred Brand Name: You pay \$175 per 90-day supply Self-Administered Injectable Drugs: Cigna pays 50%	Prescription Drug Deductible (Combined Retail & Home Delivery Pharmacy, deductible only applies to Brand Name Drugs): \$3500 per member per year Retail Pharmacy - Generic: Cigna pays 50% Brand Name: Cigna pays 50% Self-Administered Injectable Drugs: Cigna pays 50% Home Delivery Pharmacy - Generic: Not Available Brand Name: Not Available Non-Preferred Brand Name: Not Available Self-Administered Injectable Drugs: Not Available

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<b>Emergency Room</b>	Emergency room- professional and facility charges (copay waived if admitted)Urgent care center- facility charges (copay waived if admitted) \$50 copay + 40%Ambulance (ground and air)- 40%	Emergency Health Coverage: Emergency room Services not resulting in admission (Copayment does not apply if the member is directly admitted to the hospital for inpatient services): \$100 per visit + 25%Emergency room Services resulting in admission (when the member is admitted directly from the ER) : 25% Emergency room Physician Services: 25% Ambulance servicesEmergency or authorized transport: 25%		Emergency & Urgent Care Services - Hospital Emergency Room (\$250 Access Fee, waived if admitted): Cigna pays 70% Outpatient Professional Services (Including Radiology, Pathology and ER Physician): Cigna pays 70% Urgent Care Services: Cigna pays 70% Ambulance (Emergency transport only): Cigna pays 70%	Emergency & Urgent Care Services - Hospital Emergency Room (\$250 Access Fee, waived if admitted): Cigna pays the same level as in Network if "true" emergency as defined in your plan, otherwise Cigna pays 50% Outpatient Professional Services (Including Radiology, Pathology and ER Physician): Cigna pays the same level as in Network if "true" emergency as defined in your plan, otherwise Cigna pays 50% Ambulance (Emergency transport only): Cigna pays the same level as in Network if "true" emergency as defined in your plan, otherwise Cigna pays 50%	
<b>Adult Preventive Care</b>	Adult Preventive Care (age 19 and older)- Covered in full (deductible waived)	Not Covered	Preventive Health Services: \$0	Preventive Health Services: Not covered	Preventive Care for All Ages (Routine physicals and other routine preventive services): Cigna pays 100% (Deductible waived)	Preventive Care for All Ages (Routine physicals and other routine preventive services): Cigna pays 50%
<b>Child Preventive Care</b>	Child Preventive Care (newborn to age 18)- Covered in full (deductible waived)	Not Covered	Preventive Health Services: \$0	Preventive Health Services: Not covered	Preventive Care for All Ages (Routine physicals and other routine preventive services): Cigna pays 100% (Deductible waived)	Preventive Care for All Ages (Routine physicals and other routine preventive services): Cigna pays 50%
<b>Lab/X-ray</b>	Laboratory and X-ray services- 40%	Laboratory and X-ray services- 50%	25%	50%	Lab, X-ray, and Ultrasound: Cigna pays 70% CT/PET Scans and MRI: Cigna pays 70%	Lab, X-ray, and Ultrasound: Cigna pays 50% CT/PET Scans and MRI: Cigna pays 50%
<b>Maternity</b>	\$500 copay per admission+ 40%	\$500 copay per admission+ 50%	Pregnancy and Maternity Care Benefits: Prenatal and postnatal Physician office visits: 25% All necessary Inpatient Hospital Services for normal delivery and Cesarean section: 25%Family Planning Benefits Counseling and consulting: \$0Tubal ligation: \$0Vasectomy, Elective abortion: 25%	Pregnancy and Maternity Care Benefits: Prenatal and postnatal Physician office visits: 50% All necessary Inpatient Hospital Services for normal delivery and Cesarean section: 50%Family Planning Benefits Counseling and consulting, Tubal ligation, Vasectomy, Elective abortion: Not covered	Maternity, Inpatient Hospital Stay and Pre and Post Natal OBGYN Visits: 70% after deductible Infertility Services: Not covered	Maternity, Inpatient Hospital Stay and Pre and Post Natal OBGYN Visits: 50% after deductible Infertility Services: Not covered
<b>Physical Therapy</b>	Physical, speech, occupational, respiratory and cardiac therapy. 12 visits maximum per calendar year: 40%	Physical, speech, occupational, respiratory and cardiac therapy. 12 visits maximum per calendar year: 50%	Rehabilitation Benefits - Office location: 25%	Rehabilitation Benefits- Office location: 50%	Cardiac & Pulmonary Rehabilitation (Unlimited visits): Cigna pays 70% Physical, Occupational, Speech Therapy and Spinal Manipulation (Calendar year maximum of 24 visits, combined in and out-of-network): Cigna pays 70%	Cardiac & Pulmonary Rehabilitation (Unlimited visits): Cigna pays 50% Physical, Occupational, Speech Therapy and Spinal Manipulation (Calendar year maximum of 24 visits, combined in and out-of-network): Cigna pays 50%
<b>Skilled Nursing</b>	Not covered		N/A		Skilled Nursing Facility, Rehabilitation Hospital & Sub-acute Facilities (Calendar year maximum of 30 days, combined in and out-of-network): Cigna pays 70%	Skilled Nursing Facility, Rehabilitation Hospital & Sub-acute Facilities (Calendar year maximum of 30 days, combined in and out-of-network): Cigna pays 50%
<b>Home Health Care</b>	<a href="#">see brochure</a>		Home health care agency Services (up to 90 prior authorized visits per calendar year): 25%	Home health care agency Services (up to 90 prior authorized visits per calendar year): Not covered	Home Health (Calendar year maximum of 30 visits, combined in and out-of-network): Cigna pays 70% Hospice: Cigna pays 70%	Home Health (Calendar year maximum of 30 visits, combined in and out-of-network): Cigna pays 50% Hospice: Cigna pays 50%

<b>Mental Health</b>	Inpatient: \$500 copay + 40% Outpatient: 40%	Inpatient: \$500 copay + 50% Outpatient: Not covered	Mental Health Services (psychiatric): Inpatient hospital Services: 25% Outpatient visits for severe mental health conditions: \$25 Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits): 25% Chemical Dependency Services (substance abuse): Inpatient Hospital Services for medical acute detoxification: 25% Outpatient visits (up to 20 visits per calendar year combined with Outpatient non-severe mental health Services): 25%	Mental Health Services (psychiatric): Inpatient hospital Services: 50% Outpatient visits for severe mental health conditions: 50% Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits): Not covered Chemical dependency services (substance abuse): Inpatient Hospital Services for medical acute detoxification: 50% Outpatient visits (up to 20 visits per calendar year combined with Outpatient non-severe mental health Services): Not covered	Inpatient (Includes Acute, Partial & Residential Treatment; Calendar year maximum of 30 days, combined in and out-of-network): Cigna pays 70% Outpatient (Includes Individual, Group & Intensive Outpatient Treatment (Calendar year maximum of 20 visits, combined in and out-of-network): Cigna pays 70%	Inpatient (Includes Acute, Partial & Residential Treatment; Calendar year maximum of 30 days, combined in and out-of-network): Cigna pays 50% Outpatient (Includes Individual, Group & Intensive Outpatient Treatment (Calendar year maximum of 20 visits, combined in and out-of-network): Cigna pays 50%
<b>Hospital Care</b>	\$500 copay per admission+ 40%	\$500 copay per admission+ 50%	Hospitalization Services: Inpatient Physician Services: 25% Inpatient Non-emergency Facility Services (Semi-private room and board, and medically necessary Services and supplies, including Subacute Care): 25% Bariatric surgery inpatient services (prior authorization required by the Plan: medically necessary surgery for weight loss, only for morbid obesity only): 25% Outpatient Services: Outpatient surgery in hospital: 25% Outpatient surgery performed at an Ambulatory Surgery Center: 25% Outpatient Services for treatment of illness or injury and necessary supplies: 25%	Hospitalization Services: Inpatient Physician Services: 50% Inpatient Non-emergency Facility Services (Semi-private room and board, and medically necessary Services and supplies, including Subacute Care): 50% Bariatric surgery inpatient services (prior authorization required: medically necessary surgery for weight loss, only for morbid obesity only): Not covered Outpatient Services: Outpatient surgery in hospital: 50% Outpatient surgery performed at an Ambulatory Surgery Center: 50% Outpatient Services for treatment of illness or injury and necessary supplies: 50%	Surgery (in any setting): Cigna pays 70% Facility Services (Inpatient Room and Board, Pharmacy, Lab & X-ray, Operating Room, etc.): Cigna pays 70% Physician Services: Cigna pays 70% Outpatient Surgery: Cigna pays 70%	Surgery (in any setting): Cigna pays 50% Facility Services (Inpatient Room and Board, Pharmacy, Lab & X-ray, Operating Room, etc.): Cigna pays 50% Physician Services: Cigna pays 50% Outpatient Surgery: Cigna pays 50%
<b>Included Benefits</b>	<a href="#">see brochure</a>		<a href="#">see brochure</a>		N/A	
<b>Optional Benefits (not included in base rate quotation)</b>						
<b>Fees</b>						
<b>Policy Form Number</b>	<a href="#">see brochure</a>		<a href="#">see brochure</a>		N/A	
<b>Note</b>	<a href="#">see brochure</a>		<a href="#">see brochure</a>		This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.	
<b>Product Brochure</b>	<a href="#">Brochure</a>		<a href="#">Brochure</a>		<a href="#">Brochure</a>	
<b>Summary of Benefits and Coverage</b>						
<b>Optional Riders included in the quote</b>						
<b>Optional Riders not included in the quote</b>			<input type="checkbox"/> Dental PPO : \$38.50 <input type="checkbox"/> Specialty Duo package : \$51.70 <input type="checkbox"/> Dental HMO : \$18.40 <input type="checkbox"/> Dental PPO Value : \$23.50		<input type="checkbox"/> Dental : \$37.00	

## General Disclaimers

The quotes shown above are estimates only, and are subject to change based on the proposed insured's medical history, the underwriting practices of the health plan, the selection of the appropriate Provider Network, the optional benefits selected, occupation (where allowed by state), if any, and other relevant factors. The insurance company reserves the right to change the terms of a policy upon proper notification.

The quotes shown above are for the requested effective date ONLY. If the actual effective date of coverage is different from the requested effective date, the actual cost may differ from the quote above due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) The carrier selected may not guarantee its rates for any period of time.

Applicants should not cancel any in-force health coverage until written formal approval from the insurance company selected is received.

This is not a complete solicitation of health insurance coverage. Please refer to sales brochure and applicable inserts for further information. Sales brochures and applicable inserts may be downloaded or can be obtained by calling our contact number near the top of this page.

The benefits shown in the details summary are not guaranteed. Please refer to the sales brochure and applicable inserts for further information.

### **Carrier Specific Disclaimers**

#### **Cigna**

These plans are intended to comply with the federal Patient Protection and Affordable Care Act (PPACA). Provisions are subject to change as additional regulatory guidance becomes available.

Rates are guaranteed for a rating period of twelve months effective when the insurance policy is issued with the exception of any policy amendment activities, such as any benefit changes, switching to a different plan, adding or dropping dependents and moving to a different rating area.

Please note that Cigna Individual & Family Plans offers effective date options of the 1st and 15th of each month.

#### **Health Net California**

Rates for children younger than age 19: Health Net may charge up to two times the standard rate due to health status during an open enrollment or late enrollment period. Outside of these periods, Health Net may charge more than two times the standard rate. If Health Net coverage is issued at more than two times the standard rate, the rate will automatically change to two times the standard rate at the child's next open enrollment period. In addition, if the child has not maintained coverage for the full 90-day period prior to the application date, an additional 20% surcharge will apply for the first 12 months of coverage (does not apply to late enrollees). Health Net or your broker will contact you if a rate other than the standard rate is offered.

Norvax form #DS-1