

# HEALTH NET A Better Decision

## PREFERRED PORTFOLIO: Connecticut



### HMO

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max
<b>C7C000</b>	In-Network	Charter	\$15	\$15	\$0	\$0	\$2,500 / \$5,000	N/A	N/A	\$75	Unlimited
<b>C6C000</b>	In-Network	Charter	\$15	\$15	\$2,000	\$0	\$2,000	N/A	N/A	\$50	Unlimited
<b>C7G000</b>	In-Network	Charter	\$20	\$20	\$0	\$0	\$1,500 / \$3,000	N/A	N/A	\$100	Unlimited
<b>C5J000</b>	In-Network	Charter	\$20	\$20	\$500	\$0	\$75	N/A	N/A	\$50	Unlimited
<b>C6H000</b>	In-Network	Charter	\$20	\$20	\$1,500	\$0	\$1,500	N/A	N/A	\$50	Unlimited
<b>C6J000</b>	In-Network	Charter	\$20	\$20	\$2,000	\$0	\$2,000	N/A	N/A	\$50	Unlimited
<b>C6K000</b>	In-Network	Outlook	\$20	\$20	\$2,500	\$0	\$2,500	N/A	N/A	\$50	Unlimited
<b>C6N000</b>	In-Network	Outlook	\$20	\$20	\$5,000	\$0	\$5,000	N/A	N/A	\$50	Unlimited
<b>C5K000</b>	In-Network	Outlook	\$30	\$30	\$500	\$75	\$250	N/A	N/A	\$150	Unlimited
<b>C7N000</b>	In-Network	Outlook	\$30	\$45	\$0	\$0	\$1,500 / \$3,000	N/A	N/A	\$150	Unlimited
<b>C5T000</b>	In-Network	Outlook	\$30	\$45	\$500 Copayment per Day	\$75	\$500	N/A	N/A	\$150	Unlimited
<b>TP1000</b>	In-Network	Outlook	\$20	\$40	\$1,500	\$75	\$1,500	N/A	N/A	\$150	Unlimited
<b>TP2000</b>	In-Network	Outlook	\$20	\$40	\$2,500	\$75	\$2,500	N/A	N/A	\$150	Unlimited
<b>TP4000</b>	In-Network	Outlook	\$30	\$45	\$1,500	\$75	\$1,500	N/A	N/A	\$150	Unlimited
<b>TP5000</b>	In-Network	Outlook	\$30	\$45	\$2,500	\$75	\$2,500	N/A	N/A	\$150	Unlimited

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### HSA

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max	
HVAH23	In-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,100 / \$2,200	0%	\$1,600 / \$3,200	Subject to Ded. and Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,200 / \$4,400	20%	\$3,600 / \$7,200	Subject to Ded. and Coins.	\$5,000,000
HVGH29	In-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,100 / \$2,200	20%	\$4,100 / \$8,200	Subject to Ded. and Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,200 / \$4,400	40%	\$6,600 / \$13,200	Subject to Ded. and Coins.	\$5,000,000
HYAH47	In-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,000 / \$4,000	0%	\$2,500 / \$5,000	Subject to Ded. and Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$3,000 / \$6,000	20%	\$4,500 / \$9,000	Subject to Ded. and Coins.	\$5,000,000
HYDH50	In-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,500 / \$5,000	0%	\$3,000 / \$6,000	Subject to Ded. and Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$3,500 / \$7,000	20%	\$5,000 / \$10,000	Subject to Ded. and Coins.	\$5,000,000

### POS

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max	
C5AT2A	In-Network	Charter	\$10	\$10	\$0	\$0	\$0	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,000	30%	\$2,000 / \$4,000	\$50	Unlimited
C5AT2B	In-Network	Charter	\$10	\$10	\$0	\$0	\$0	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,250	20%	\$1,500 / \$3,750	\$50	Unlimited
C5MT2C	In-Network	Charter	\$10	\$20	\$0	\$0	\$0	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,000	30%	\$3,500 / \$7,000	\$50	Unlimited

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### POS Continued

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max	
<b>TCGPBE</b>	In-Network	Charter	\$5	\$5	\$0	\$0	\$0	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$300 / \$750	20%	\$1,300 / \$3,250	\$50	Unlimited
<b>TCGPBD</b>	In-Network	Charter	\$5	\$5	\$0	\$0	\$0	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$250 / \$500	30%	\$1,750 / \$3,500	\$50	Unlimited
<b>C6HT2S</b>	In-Network	Charter	\$20	\$20	\$1,500 Hospital Services Calendar Year Deductible	\$0	\$1,500 Hospital Services Calendar Year Deductible	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,500 / \$3,000	30%	\$4,500 / \$9,000	\$50	Unlimited
<b>C6KT2J</b>	In-Network	Charter	\$20	\$20	\$2,500 Hospital Services Calendar Year Deductible	\$0	\$2,500 Hospital Services Calendar Year Deductible	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,500 / \$5,000	30%	\$5,500 / \$11,000	\$50	Unlimited
<b>C5JT2A</b>	In-Network	Charter	\$20	\$20	\$500	\$0	\$75	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,000	30%	\$2,000 / \$4,000	\$50	Unlimited
<b>C5JT2E</b>	In-Network	Charter	\$20	\$20	\$500	\$0	\$75	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$50	Unlimited
<b>C5LT2H</b>	In-Network	Charter	\$25	\$25	\$500 Per Day to \$2,000 CY Maximum	\$75	\$250	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$100	Unlimited

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### POS Continued

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max	
<b>C5NT2G</b>	In-Network	Charter	\$25	\$40	\$0	\$50	\$50	N/A	N/A	N/A	\$75	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,000	20%	\$1,500 / \$3,000	\$75	Unlimited
<b>C5ST2H</b>	In-Network	Charter	\$25	\$40	\$400 Per Day to \$2,000 CY Maximum	\$75	\$75	N/A	N/A	N/A	\$75	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$75	Unlimited
<b>C5KT2G</b>	In-Network	Charter	\$30	\$30	\$500	\$75	\$250	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,000	20%	\$1,500 / \$3,000	\$150	Unlimited
<b>C5TT2H</b>	In-Network	Charter	\$30	\$45	\$500 Per Day to \$2,000 CY Maximum	\$75	\$500	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$150	Unlimited
<b>TDETDE</b>	In-Network	Outlook	\$20	\$40	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,500	10%	\$1,500 / \$4,500	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$3,000	30%	\$4,000 / \$12,000	\$150	\$5,000,000
<b>TBDTBC</b>	In-Network	Outlook	\$20	\$40	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,500	10%	\$2,000 / \$6,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$3,000	30%	\$4,000 / \$12,000	\$150	\$5,000,000
<b>TBATBA</b>	In-Network	Outlook	\$25	\$25	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,500	10%	\$2,000 / \$6,000	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,500 / \$4,500	30%	\$4,500 / \$13,500	\$100	\$5,000,000

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### POS Continued

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max	
<b>TBBTBA</b>	In-Network	Outlook	\$25	\$40	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,500	10%	\$2,000 / \$6,000	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,500 / \$4,500	30%	\$4,500 / \$13,500	\$100	\$5,000,000
<b>TBCTBB</b>	In-Network	Outlook	\$25	\$40	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,000 / \$4,000	40%	\$6,000 / \$12,000	\$100	\$5,000,000
<b>TDATDA</b>	In-Network	Outlook	\$30	\$45	\$1,500	\$75	\$1,500	N/A	N/A	\$3,000 / \$6,000	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,500 / \$3,000	30%	\$4,500 / \$9,000	\$100	\$5,000,000
<b>TDBTDB</b>	In-Network	Outlook	\$30	\$45	\$2,500	\$75	\$2,500	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,500 / \$5,000	30%	\$5,500 / \$11,000	\$100	\$5,000,000
<b>TDCTDC</b>	In-Network	Outlook	\$30	\$45	\$5,000	\$75	\$5,000	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$5,000 / \$10,000	30%	\$11,000 / \$22,000	\$100	\$5,000,000

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### OUT-OF-AREA PPO

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max	
<b>VCFVCF</b>	In-Network	Charter	\$15	\$15	\$0	\$0	\$0	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$50	\$5,000,000
<b>VCAVCA</b>	In-Network	Charter	\$20	\$20	\$500	\$0	\$75	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$50	\$5,000,000
<b>VCEVCE</b>	In-Network	Charter	\$20	\$20	\$1,500 Hospital Services CY Deductible	\$0	\$1,500 Hospital Services CY Deductible	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,500 / \$3,000	30%	\$4,500 / \$9,000	\$50	\$5,000,000
<b>VCGVCG</b>	In-Network	Charter	\$20	\$20	\$2,500 Hospital Services CY Deductible	\$0	\$2,500 Hospital Services CY Deductible	N/A	N/A	N/A	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,500 / \$5,000	30%	\$5,500 / \$11,000	\$50	\$5,000,000
<b>VCCVCC</b>	In-Network	Charter	\$25	\$40	\$0	\$50	\$50	N/A	N/A	N/A	\$75	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,000	20%	\$1,500 / \$3,000	\$75	\$5,000,000
<b>VCBVCB</b>	In-Network	Charter	\$30	\$30	\$500	\$75	\$250	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,000	20%	\$1,500 / \$3,000	\$150	\$5,000,000

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### OUT-OF-AREA PPO continued

Plan Code	Product Line	PCP Copay	Specialist Copay	Inpatient Admission	Outpatient Diagnostic	Outpatient Surgery	Individual/Family Deductible	Coinsurance	Individual/Family OOP Max	ER Copay	Lifetime Max	
<b>VCDVCD</b>	In-Network	Charter	\$30	\$45	\$500 Per Day to \$2,000 CY Maximum	\$75	\$500	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Charter	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$150	\$5,000,000
<b>VCLVCL</b>	In-Network	Outlook	\$20	\$20	\$5,000 Hospital Services CY Deductible	\$75	\$5,000 Hospital Services CY Deductible	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$5,000 / \$10,000	30%	\$8,000 / \$16,000	\$150	\$5,000,000
<b>VCKVCK</b>	In-Network	Outlook	\$20	\$40	\$1,500 Hospital Services CY Deductible	\$75	\$1,500 Hospital Services CY Deductible	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,500 / \$3,000	30%	\$4,500 / \$9,000	\$150	\$5,000,000
<b>VCPVCP</b>	In-Network	Outlook	\$20	\$40	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,500	10%	\$2,000 / \$6,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$3,000	30%	\$4,000 / \$12,000	\$150	\$5,000,000
<b>VCNVCN</b>	In-Network	Outlook	\$25	\$25	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$500 / \$1,500	10%	\$2,000 / \$6,000	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,500 / \$4,500	30%	\$4,500 / \$13,500	\$100	\$5,000,000

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<b>VCJVCJ</b>	In-Network	Outlook	\$30	\$45	\$2,500 Hospital Services CY Deductible	\$75	\$2,500 Hospital Services CY Deductible	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,500 / \$5,000	30%	\$5,500 / \$11,000	\$100	\$5,000,000
<b>VCMVCM</b>	In-Network	Outlook	\$30	\$45	\$5,000	\$75	\$5,000	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$5,000 / \$10,000	30%	\$11,000 / \$22,000	\$100	\$5,000,000
<b>VCHVCH</b>	In-Network	Outlook	\$30	\$45	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$1,000 / \$2,000	30%	\$5,000 / \$10,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	Subject to Ded. and Coins.	\$2,000 / \$4,000	30%	\$5,000 / \$10,000	\$150	\$5,000,000



**Health Net®**  
A Better Decision

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