

Plan Overview

SmartCare HMO 10 Standard - 6EQ1

<i>Benefit description</i>	<i>Member responsibility</i>
Plan maximums	
Out-of-pocket maximum	\$1,500 single / \$3,000 family
Lifetime benefit maximum	No maximum
Professional services	
Office visit (including specialist consultation)	\$10 copay
CVS MinuteClinic services ²	\$10 copay
Preventive care services ³	Covered in full
X-ray and laboratory procedures ⁴	Covered in full
Self-injectables	30%
Hospital services	
Inpatient care (includes maternity)	\$250 copay per day; 3-day copay max/admit
Outpatient facility services (other than surgery)	10%
Outpatient surgery (hospital charges only)	\$250 copay
Outpatient surgery (Ambulatory Surgery Center charges only)	\$100 copay
Emergency services	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$100 copay
Urgent care facility (copayment waived if admitted)	\$50 copay
Behavioral services⁵	
Severe mental health (outpatient / inpatient)	\$10 copay / \$250 copay per day (3-day copay max/admit)
Non-severe mental health (outpatient / inpatient)	\$10 copay (20 visits/year) / \$250 copay per day (3-day copay max/admit / 30 days/year)
Chemical dependency rehabilitation (outpatient / inpatient)	Not covered
Acute care detoxification	\$250 copay per day (3-day copay max/admit)
Other services	
Diabetic equipment	20%
Acupuncture and chiropractic services	\$15 copay (rider included; 10 visits per calendar year, chiropractic and acupuncture combined)
Prescription drug coverage⁶	
Brand name calendar year deductible (per member)	\$100
Prescription drugs (up to a 30-day supply) ⁷	\$15 / \$40 / \$60

SmartCare Wellness Incentive Program

SmartCare members can earn a \$50 gift card reward to select retailers just by spending a little time on their health.

¹ For a complete SmartCare Network service area listing, please refer to the SBG Benefits Guide.

² For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

³ Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab, and X-ray services. Preventive services through CVS MinuteClinics are covered in full.

⁴ Complex radiology (includes CT, SPECT, PET and MRI) requires a \$100 copayment.

⁵ All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

⁶ Maintenance Drugs must be obtained through the mail order drug program. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

⁷ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

Plan Overview

SmartCare HMO 20 Standard - 6EP1

<i>Benefit description</i>	<i>Member responsibility</i>
Plan maximums	
Out-of-pocket maximum	\$2,500 single / \$5,000 family
Lifetime benefit maximum	No maximum
Professional services	
Office visit (including specialist consultation)	\$20 copay
CVS MinuteClinic services ²	\$20 copay
Preventive care services ³	Covered in full
X-ray and laboratory procedures ⁴	Covered in full
Self-injectables	30%
Hospital services	
Inpatient care (includes maternity)	\$500 copay per day; 3-day copay max/admit
Outpatient facility services (other than surgery)	20%
Outpatient surgery (hospital charges only)	\$500 copay
Outpatient surgery (Ambulatory Surgery Center charges only)	\$250 copay
Emergency services	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$150 copay
Urgent care facility (copayment waived if admitted)	\$50 copay
Behavioral services⁵	
Severe mental health (outpatient / inpatient)	\$20 copay / \$500 copay per day (3-day copay max/admit)
Non-severe mental health (outpatient / inpatient)	\$20 copay (20 visits/year) / \$500 copay per day (3-day copay max/admit / 30 days/year)
Chemical dependency rehabilitation (outpatient / inpatient)	Not covered
Acute care detoxification	\$500 copay per day (3-day copay max/admit)
Other services	
Diabetic equipment	20%
Acupuncture and chiropractic services	\$15 copay (rider included; 10 visits per calendar year, chiropractic and acupuncture combined)
Prescription drug coverage⁶	
Brand name calendar year deductible (per member)	\$150
Prescription drugs (up to a 30-day supply) ⁷	\$15 / \$40 / \$60

SmartCare Wellness Incentive Program

SmartCare members can earn a \$50 gift card reward to select retailers just by spending a little time on their health.

¹ For a complete SmartCare Network service area listing, please refer to the SBG Benefits Guide.

² For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

³ Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab, and X-ray services. Preventive services through CVS MinuteClinics are covered in full.

⁴ Complex radiology (includes CT, SPECT, PET and MRI) requires a \$150 copayment.

⁵ All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

⁶ Maintenance Drugs must be obtained through the mail order drug program. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

⁷ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

Plan Overview

SmartCare HMO 30 Standard - 6EN1

<i>Benefit description</i>	<i>Member responsibility</i>
Plan maximums	
Out-of-pocket maximum	\$3,500 single / \$7,000 family
Lifetime benefit maximum	No maximum
Professional services	
Office visit (including specialist consultation)	\$30 copay
CVS MinuteClinic services ²	\$30 copay
Preventive care services ³	Covered in full
X-ray and laboratory procedures ⁴	Covered in full
Self-injectables	30%
Hospital services	
Inpatient care (includes maternity)	\$750 copay per day; 3-day copay max/admit
Outpatient facility services (other than surgery)	30%
Outpatient surgery (hospital charges only)	\$750 copay
Outpatient surgery (Ambulatory Surgery Center charges only)	\$500 copay
Emergency services	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$200 copay
Urgent care facility (copayment waived if admitted)	\$50 copay
Behavioral services⁵	
Severe mental health (outpatient / inpatient)	\$30 copay / \$750 copay per day (3-day copay max/admit)
Non-severe mental health (outpatient / inpatient)	\$30 copay (20 visits/year) / \$750 copay per day (3-day copay max/admit / 30 days/year)
Chemical dependency rehabilitation (outpatient / inpatient)	Not covered
Acute care detoxification	\$750 copay per day (3-day copay max/admit)
Other services	
Diabetic equipment	20%
Acupuncture and chiropractic services	\$15 copay (rider included; 10 visits per calendar year, chiropractic and acupuncture combined)
Prescription drug coverage⁶	
Brand name calendar year deductible (per member)	\$200
Prescription drugs (up to a 30-day supply) ⁷	\$15 / \$40 / \$60

SmartCare Wellness Incentive Program

SmartCare members can earn a \$50 gift card reward to select retailers just by spending a little time on their health.

¹ For a complete SmartCare Network service area listing, please refer to the SBG Benefits Guide.

² For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

³ Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab, and X-ray services. Preventive services through CVS MinuteClinics are covered in full.

⁴ Complex radiology (includes CT, SPECT, PET and MRI) requires a \$200 copayment.

⁵ All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

⁶ Maintenance Drugs must be obtained through the mail order drug program. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

⁷ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

Plan Overview

SmartCare HMO 40 Standard - 6EM1

<i>Benefit description</i>	<i>Member responsibility</i>
Plan maximums	
Out-of-pocket maximum	\$4,500 single / \$9,000 family
Lifetime benefit maximum	No maximum
Professional services	
Office visit (including specialist consultation)	\$40 copay
CVS MinuteClinic services ²	\$30 copay
Preventive care services ³	Covered in full
X-ray and laboratory procedures ⁴	Covered in full
Self-injectables	30%
Hospital services	
Inpatient care (includes maternity)	\$1,000 copay per day; 3-day copay max/admit
Outpatient facility services (other than surgery)	40%
Outpatient surgery (hospital charges only)	\$1,000 copay
Outpatient surgery (Ambulatory Surgery Center charges only)	\$750 copay
Emergency services	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$250 copay
Urgent care facility (copayment waived if admitted)	\$75 copay
Behavioral services⁵	
Severe mental health (outpatient / inpatient)	\$40 copay / \$1,000 copay per day (3-day copay max/admit)
Non-severe mental health (outpatient / inpatient)	\$40 copay (20 visits/year) / \$1,000 copay per day (3-day copay max/admit / 30 days/year)
Chemical dependency rehabilitation (outpatient / inpatient)	Not covered
Acute care detoxification	\$1,000 copay per day (3-day copay max/admit)
Other services	
Diabetic equipment	20%
Acupuncture and chiropractic services	\$15 copay (rider included; 10 visits per calendar year, chiropractic and acupuncture combined)
Prescription drug coverage⁶	
Brand name calendar year deductible (per member)	\$250
Prescription drugs (up to a 30-day supply) ⁷	\$15 / \$40 / \$60

SmartCare Wellness Incentive Program

SmartCare members can earn a \$50 gift card reward to select retailers just by spending a little time on their health.

¹ For a complete SmartCare Network service area listing, please refer to the SBG Benefits Guide.

² For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

³ Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab, and X-ray services. Preventive services through CVS MinuteClinics are covered in full.

⁴ Complex radiology (includes CT, SPECT, PET and MRI) requires a \$250 copayment.

⁵ All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

⁶ Maintenance Drugs must be obtained through the mail order drug program. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

⁷ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

Plan Overview

SmartCare HMO 50 Standard - 6EL1

<i>Benefit description</i>	<i>Member responsibility</i>
Plan maximums	
Out-of-pocket maximum	\$5,500 single / \$11,000 family
Lifetime benefit maximum	No maximum
Professional services	
Office visit (including specialist consultation)	\$50 copay
CVS MinuteClinic services ²	\$30 copay
Preventive care services ³	Covered in full
X-ray and laboratory procedures ⁴	Covered in full
Self-injectables	30%
Hospital services	
Inpatient care (includes maternity)	\$1,500 copay per day; 3-day copay max/admit
Outpatient facility services (other than surgery)	50%
Outpatient surgery (hospital charges only)	\$1,500 copay
Outpatient surgery (Ambulatory Surgery Center charges only)	\$1,250 copay
Emergency services	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$300 copay
Urgent care facility (copayment waived if admitted)	\$75 copay
Behavioral services⁵	
Severe mental health (outpatient / inpatient)	\$50 copay / \$1,500 copay per day (3-day copay max/admit)
Non-severe mental health (outpatient / inpatient)	\$50 copay (20 visits/year) / \$1,500 copay per day (3-day copay max/admit / 30 days/year)
Chemical dependency rehabilitation (outpatient / inpatient)	Not covered
Acute care detoxification	\$1,500 copay per day (3-day copay max/admit)
Other services	
Diabetic equipment	20%
Acupuncture and chiropractic services	\$15 copay (rider included; 10 visits per calendar year, chiropractic and acupuncture combined)
Prescription drug coverage⁶	
Brand name calendar year deductible (per member)	\$300
Prescription drugs (up to a 30-day supply) ⁷	\$15 / \$40 / \$60

SmartCare Wellness Incentive Program

SmartCare members can earn a \$50 gift card reward to select retailers just by spending a little time on their health.

¹ For a complete SmartCare Network service area listing, please refer to the SBG Benefits Guide.

² For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

³ Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab, and X-ray services. Preventive services through CVS MinuteClinics are covered in full.

⁴ Complex radiology (includes CT, SPECT, PET and MRI) requires a \$300 copayment.

⁵ All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

⁶ Maintenance Drugs must be obtained through the mail order drug program. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

⁷ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

Plan Overview

SmartCare HMO 50 Value - 6EK1

<i>Benefit description</i>	<i>Member responsibility</i>
Plan maximums	
Out-of-pocket maximum	\$5,750 single / \$11,500 family
Lifetime benefit maximum	No maximum
Professional services	
Office visit (including specialist consultation)	\$50 copay
CVS MinuteClinic services ²	\$30 copay
Preventive care services ³	Covered in full
X-ray and laboratory procedures ⁴	Covered in full
Self-injectables	30%
Hospital services	
Inpatient care (includes maternity)	50%
Outpatient facility services (other than surgery)	50%
Outpatient surgery (hospital charges only)	50%
Outpatient surgery (Ambulatory Surgery Center charges only)	45%
Emergency services	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$300 copay
Urgent care facility (copayment waived if admitted)	\$75 copay
Behavioral services⁵	
Severe mental health (outpatient / inpatient)	\$50 copay / 50%
Non-severe mental health (outpatient / inpatient)	\$50 copay (20 visits/year) / 50% (30 days/year)
Chemical dependency rehabilitation (outpatient / inpatient)	Not covered
Acute care detoxification	50%
Other services	
Diabetic equipment	20%
Acupuncture and chiropractic services	\$15 copay (rider included; 10 visits per calendar year, chiropractic and acupuncture combined)
Prescription drug coverage⁶	
Brand name calendar year deductible (per member)	\$300
Prescription drugs (up to a 30-day supply) ⁷	\$15 / \$40 / \$60

SmartCare Wellness Incentive Program

SmartCare members can earn a \$50 gift card reward to select retailers just by spending a little time on their health.

¹ For a complete SmartCare Network service area listing, please refer to the SBG Benefits Guide.

² For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

³ Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab, and X-ray services. Preventive services through CVS MinuteClinics are covered in full.

⁴ Complex radiology (includes CT, SPECT, PET and MRI) requires a \$300 copayment.

⁵ All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

⁶ Maintenance Drugs must be obtained through the mail order drug program. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

⁷ The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.