

HEALTH NET A Better Decision

PREFERRED PORTFOLIO: New Jersey



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	
J5A000	In-Network	Charter	\$5	\$5	\$0	\$5	\$5	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
J5B000	In-Network	Charter	\$10	\$10	\$0	\$10	\$10	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
TU1000	In-Network	Outlook	\$15	\$30	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$500 / \$1,000	10%	\$2,500 / \$5,000	\$100	Unlimited
J5D000	In-Network	Charter	\$20	\$20	\$0	\$20	\$20	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
T1A000	In-Network	Outlook	\$20	\$20	\$0	\$50	\$50	N/A	N/A	N/A	\$100	Unlimited
T1B000	In-Network	Outlook	\$25	\$25	\$0	\$50	\$50	N/A	N/A	N/A	\$100	Unlimited
T1C000	In-Network	Outlook	\$25	\$25	\$250 Copayment per Day to \$1,250 Maximum per Admission, \$2,500 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$100	Unlimited
T1D000	In-Network	Outlook	\$25	\$40	\$0	\$50	\$50	N/A	N/A	N/A	\$100	Unlimited
T1E000	In-Network	Outlook	\$25	\$40	\$250 Copayment per Day to \$1,250 Maximum per Admission, \$2,500 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$100	Unlimited
TU2000	In-Network	Outlook	\$25	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	\$150	Unlimited
T1F000	In-Network	Outlook	\$30	\$30	\$0	\$50	\$50	N/A	N/A	N/A	\$150	Unlimited
T1G000	In-Network	Outlook	\$30	\$30	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
T1H000	In-Network	Outlook	\$30	\$50	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$100	Unlimited
TU3000	In-Network	Outlook	\$30	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,000 / \$2,000	50%	\$3,500 / \$7,000	\$150	Unlimited

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HMO 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	
TU4000	In-Network	Outlook	\$30	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,500 / \$3,000	20%	\$3,500 / \$7,000	\$150	Unlimited
T1J000	In-Network	Outlook	\$40	\$40	\$400 Copayment per Day to \$2,000 Maximum per Admission, \$4,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
T1K000	In-Network	Outlook	\$50	\$50	\$500 Copayment per Day to \$2,500 Maximum per Admission, \$5,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited

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	
HZAH35	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,100 / \$2,200	0%	\$1,600 / \$3,200	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,200 / \$4,400	20%	\$3,600 / \$7,200	Subject to Ded. & Coins.	\$5,000,000
HZBH36	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,100 / \$2,200	10%	\$2,600 / \$5,200	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,200 / \$4,400	30%	\$5,100 / \$10,200	Subject to Ded. & Coins.	\$5,000,000
HZCH37	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,100 / \$2,200	20%	\$4,100 / \$8,200	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,200 / \$4,400	40%	\$6,500 / \$13,000	Subject to Ded. & Coins.	\$5,000,000

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HSA continued

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HZDH38	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,500 / \$3,000	0%	\$2,000 / \$4,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	20%	\$4,000 / \$8,000	Subject to Ded. & Coins.	\$5,000,000
HZEH39	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,500 / \$3,000	10%	\$3,000 / \$6,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$5,500 / \$11,000	Subject to Ded. & Coins.	\$5,000,000
HZFH40	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,500 / \$3,000	20%	\$4,500 / \$9,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	40%	\$7,000 / \$14,000	Subject to Ded. & Coins.	\$5,000,000
HZGH41	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,000 / \$4,000	0%	\$2,500 / \$5,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	20%	\$4,500 / \$9,000	Subject to Ded. & Coins.	\$5,000,000
HZHH42	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,000 / \$4,000	10%	\$3,500 / \$7,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	30%	\$6,000 / \$12,000	Subject to Ded. & Coins.	\$5,000,000
HZJH43	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,000 / \$4,000	20%	\$5,000 / \$10,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	40%	\$7,500 / \$15,000	Subject to Ded. & Coins.	\$5,000,000

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HSA continued

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HZKH44	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	0%	\$3,000 / \$6,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,500 / \$7,000	20%	\$5,000 / \$10,000	Subject to Ded. & Coins.	\$5,000,000
HZLH45	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	10%	\$4,000 / \$8,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,500 / \$7,000	30%	\$6,500 / \$13,000	Subject to Ded. & Coins.	\$5,000,000
HZMH46	In-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	Subject to Ded. & Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,500 / \$7,000	40%	\$8,000 / \$16,000	Subject to Ded. & 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	
J5RS11	In-Network	Charter	\$5	\$5	\$0	\$0	\$5	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$200 / \$500	20%	\$2,200 / \$4,400	\$50	\$5,000,000
J5SS14	In-Network	Charter	\$10	\$10	\$0	\$0	\$10	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$250 / \$500	20%	\$2,200 / \$4,400	\$50	\$5,000,000
J5TS19	In-Network	Charter	\$15	\$15	\$0	\$15	\$15	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$500 / \$1,000	20%	\$3,350 / \$6,700	\$50	\$5,000,000

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POS continued

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J5TS23	In-Network	Charter	\$15	\$15	\$0	\$15	\$15	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
J5US20	In-Network	Charter	\$20	\$20	\$0	\$20	\$20	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$500 / \$1,000	30%	\$3,350 / \$6,700	\$50	\$5,000,000
J5US21	In-Network	Charter	\$20	\$20	\$0	\$20	\$20	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
TJWT98	In-Network	Charter	\$20	\$40	\$200 Day Copayment Per Day to \$1,000 per Admission, \$2,000 CY Maximum	\$0	\$40	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
J5VS25	In-Network	Charter	\$30	\$30	\$0	\$30	\$30	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$500 / \$1,000	30%	\$3,350 / \$6,700	\$50	\$5,000,000
J5VS27	In-Network	Charter	\$30	\$30	\$0	\$30	\$30	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
J5QS27	In-Network	Charter	\$30	\$30	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$30	\$30	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$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	
TJTT95	In-Network	Charter	\$30	\$30	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$30	\$30	N/A	N/A	\$5,000 / \$10,000	\$75	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$5,500 / \$11,000	\$75	\$5,000,000
TJYT99	In-Network	Charter	\$30	\$50	\$300 Copayment Per Day to \$1,500 per Admission, \$3,000 CY Maximum	\$0	\$50	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
TSHT9J	In-Network	Outlook	\$20	\$40	\$200 Copayment per Day to \$1,000 Maximum per Admission, \$2,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$100	\$5,000,000
TSET9F	In-Network	Outlook	\$25	\$25	\$0	\$50	\$50	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$100	\$5,000,000
TSFT9G	In-Network	Outlook	\$25	\$25	\$250 Copayment per Day to \$1,250 Maximum per Admission, \$2,500 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$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	
TE3T38	In-Network	Outlook	\$25	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$500 / \$1,000	20%	\$2,500 / \$5,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,500 / \$3,000	40%	\$5,000 / \$10,000	\$150	\$5,000,000
TE2T37	In-Network	Outlook	\$25	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,000 / \$2,000	10%	\$2,000 / \$4,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$150	\$5,000,000
TE1T36	In-Network	Outlook	\$25	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,000 / \$4,000	40%	\$6,000 / \$12,000	\$100	\$5,000,000
TSGT9H	In-Network	Outlook	\$25	\$40	\$250 Copayment per Day to \$1,250 Maximum per Admission, \$2,500 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$10,000 / \$20,000	\$150	\$5,000,000
TSCT9D	In-Network	Outlook	\$30	\$30	\$0	\$50	\$50	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$100	\$5,000,000
TSDT9E	In-Network	Outlook	\$30	\$30	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$150	\$5,000,000
TSJT9K	In-Network	Outlook	\$30	\$30	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$10,000 / \$20,000	\$150	\$5,000,000

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TE4T39	In-Network	Outlook	\$30	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,500 / \$3,000	20%	\$3,500 / \$7,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	40%	\$4,000 / \$8,000	\$150	\$5,000,000
TSBT9C	In-Network	Outlook	\$30	\$50	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000	\$150	\$5,000,000
TE5T39	In-Network	Outlook	\$35	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,500 / \$3,000	20%	\$3,500 / \$7,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	40%	\$10,000 / \$20,000	\$150	\$5,000,000
TSAT9B	In-Network	Outlook	\$40	\$40	\$400 Copayment per Day to \$2,000 Maximum per Admission, \$4,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$10,000 / \$20,000	\$150	\$5,000,000
TJZT9A	In-Network	Outlook	\$50	\$50	\$500 Copayment per Day to \$2,500 Maximum per Admission, \$5,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$10,000 / \$20,000	\$150	\$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	
VJVVJW	In-Network	Charter	\$20	\$20	\$0	\$20	\$20	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$500 / \$1,000	30%	\$3,350 / \$6,700	\$50	\$5,000,000
VJTVJT	In-Network	Charter	\$20	\$20	\$0	\$20	\$20	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
VJUVJU	In-Network	Charter	\$20	\$20	\$200 Copayment per Day to \$1,000 Maximum per Admission, \$2,000 Maximum per Year	\$20	\$20	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
VJFVJF	In-Network	Charter	\$20	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	N/A	10%	\$3,000 / \$6,000	\$100	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,500 / \$3,000	30%	\$7,500 / \$15,000	\$100	\$5,000,000
VJSVJS	In-Network	Charter	\$30	\$30	\$0	\$30	\$30	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$50	\$5,000,000
VJVJVJ	In-Network	Charter	\$30	\$30	\$300 Inpatient Hospital Copay per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$30	\$30	N/A	N/A	\$5,000 / \$10,000	\$50	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$5,500 / \$11,000	\$50	\$5,000,000
VJGVJG	In-Network	Charter	\$30	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	N/A	10%	\$3,000 / \$6,000	\$150	Unlimited
	Out-of-Network	Charter	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,500 / \$3,000	30%	\$7,500 / \$15,000	\$150	\$5,000,000

HEALTH NET A Better Decision

PREFERRED PORTFOLIO: New Jersey



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	
VJRVJR	In-Network	Outlook	\$20	\$40	\$200 Copayment per Day to \$1,000 Maximum per Admission, \$2,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$100	\$5,000,000
VJNVJN	In-Network	Outlook	\$25	\$25	\$0	\$50	\$50	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$100	\$5,000,000
VJVPJP	In-Network	Outlook	\$25	\$25	\$250 Inpatient Hospital Copay per Day to \$1,250 Maximum per Admission, \$2,500 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$100	\$5,000,000
VJQVJQ	In-Network	Outlook	\$25	\$40	\$250 Copayment per Day to \$1,250 Maximum per Admission, \$2,500 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$10,000 / \$20,000	\$150	\$5,000,000
VJBVJB	In-Network	Outlook	\$25	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,000 / \$2,000	10%	\$2,000 / \$4,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$3,700 / \$7,400	\$150	\$5,000,000
VJEVJE	In-Network	Outlook	\$25	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$500 / \$1,000	20%	\$2,500 / \$5,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,500 / \$3,000	40%	\$5,000 / \$10,000	\$150	\$5,000,000

HEALTH NET A Better Decision

PREFERRED PORTFOLIO: New Jersey



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	
VJAVJA	In-Network	Outlook	\$25	\$40	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,000 / \$4,000	40%	\$6,000 / \$12,000	\$100	\$5,000,000
VJXVJX	In-Network	Outlook	\$25	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,000 / \$2,000	20%	\$4,000 / \$8,000	Subject to INET Ded. and Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,000 / \$4,000	40%	\$10,000 / \$20,000	Subject to INET Ded. and Coins.	\$5,000,000
VJYVJY	In-Network	Outlook	\$25	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,500 / \$3,000	20%	\$4,500 / \$9,000	Subject to INET Ded. and Coins.	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	40%	\$10,000 / \$20,000	Subject to INET Ded. and Coins.	\$5,000,000
VJLVJL	In-Network	Outlook	\$30	\$30	\$0	\$50	\$50	N/A	N/A	N/A	\$100	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$100	\$5,000,000
VJMVJM	In-Network	Outlook	\$30	\$30	\$300 Inpatient Hospital Copay per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$150	\$5,000,000
VJKVJK	In-Network	Outlook	\$30	\$50	\$300 Copayment per Day to \$1,500 Maximum per Admission, \$3,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$1,000 / \$2,000	30%	\$4,000 / \$8,000	\$150	\$5,000,000

HEALTH NET A Better Decision

PREFERRED PORTFOLIO: New Jersey



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	
VJDVJD	In-Network	Outlook	\$30	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,500 / \$3,000	20%	\$3,500 / \$7,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	40%	\$10,000 / \$20,000	\$150	\$5,000,000
VJCVJC	In-Network	Outlook	\$35	\$50	Subject to Ded. & Coins.	\$0	Subject to Ded. & Coins.	\$1,500 / \$3,000	20%	\$3,500 / \$7,000	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$3,000 / \$6,000	40%	\$10,000 / \$20,000	\$150	\$5,000,000
VJVVJJ	In-Network	Outlook	\$40	\$40	\$400 Inpatient Hospital Copay per Day to \$2,000 Maximum per Admission, \$4,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$10,000 / \$20,000	\$150	\$5,000,000
VJHVJH	In-Network	Outlook	\$50	\$50	\$500 Inpatient Hospital Copay per Day to \$2,000 Maximum per Admission, \$4,000 Maximum per Year	\$125	\$125	N/A	N/A	N/A	\$150	Unlimited
	Out-of-Network	Outlook	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	Subject to Ded. & Coins.	\$2,500 / \$5,000	30%	\$10,000 / \$20,000	\$150	\$5,000,000



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