## Important Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$0</td>
<td>See the chart starting on page 2 for your costs for services under this plan.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No</td>
<td>You don’t have to meet <strong>deductibles</strong> for specific services, but see the chart starting on page 2 for other costs for services under this plan.</td>
</tr>
<tr>
<td>Is there an out-of-pocket limit on my expenses?</td>
<td>$1,500 - Participant&lt;br&gt;$3,000 - Participant plus one dependent&lt;br&gt;$4,500 family</td>
<td>The <strong>out-of-pocket limit</strong> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, drug costs and health care not covered by this plan.</td>
<td>Even though you pay these expenses, they don’t count toward your <strong>out-of-pocket limit</strong>.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No</td>
<td>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.</td>
</tr>
<tr>
<td>Does this plan use a network of providers?</td>
<td>Yes. For a list of <strong>preferred providers</strong>, see <a href="http://www.healthnet.com">www.healthnet.com</a> or call 1-800-522-0088.</td>
<td>If you use an in-network doctor or other health care <strong>provider</strong>, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <strong>provider</strong> for some services. Plans use the term in-network, <strong>preferred</strong>, or participating for <strong>providers</strong> in their <strong>network</strong>. See the chart starting on page 2 for how this plan pays different kinds of <strong>providers</strong>.</td>
</tr>
<tr>
<td>Do I need a referral to see a specialist?</td>
<td>Yes. Requires prior written authorization.</td>
<td>This plan will pay some or all of the costs to see a <strong>specialist</strong> for covered services but only if you have the plan’s permission before you see the <strong>specialist</strong>.</td>
</tr>
<tr>
<td>Are there services this plan doesn’t cover?</td>
<td>Yes</td>
<td>Some of the services not covered by this plan are listed on page 5. See your policy or plan document for additional information about <strong>excluded services</strong>.</td>
</tr>
</tbody>
</table>

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Summary of Benefits and Coverage
What this Plan Covers & What it Costs - 2016

- **Co-insurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan’s **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 10% would be $100. This may change if you haven’t met your **deductible**.

- **Co-pays** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.

- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)

- This plan may encourage you to use **in-network providers** by charging you lower **co-insurance**, **deductibles**, and **co-payments**.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary care visit to treat an injury or illness</td>
<td>$15 co-pay</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$15 co-pay</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td></td>
<td>Other practitioner office visit</td>
<td>Not covered</td>
<td>Not covered</td>
<td>If your medical group authorizes medically necessary acupuncture or chiropractic care, it is covered as a specialist visit (see above).</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>$15 co-pay</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>$0</td>
<td>Not covered</td>
<td>Requires referral</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$0</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
</tbody>
</table>

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What this Plan Covers & What it Costs - 2016

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<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>Retail: $10 Co-pay</td>
<td>Retail: $10 Co-pay</td>
<td>The first two times that you purchase a long-term drug at a participating retail pharmacy, you’ll pay your retail co-pay for up to a 30 day supply. After the second purchase at retail, you’ll pay the entire cost if you continue to purchase it at retail.</td>
</tr>
<tr>
<td></td>
<td>Preferred brand-name drugs</td>
<td>Retail: $25 Co-pay</td>
<td>Retail: $25 Co-pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mail Order: $65 Co-pay (90 day)</td>
<td>Mail Order: $65 Co-pay (90 day)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All other brand-name drugs</td>
<td>Retail: $40 Co-pay</td>
<td>Retail: $40 Co-pay</td>
<td>Prior authorization is required for some medications including compounds and Hepatitis C drugs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mail Order: $100 Co-pay (90 day)</td>
<td>Mail Order: $100 Co-pay (90 day)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>Retail: $40 Co-pay</td>
<td>Retail: $40 Co-pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mail Order: $100 Co-pay (90 day)</td>
<td>Mail Order: $100 Co-pay (90 day)</td>
<td></td>
</tr>
</tbody>
</table>

| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | $0 | Not covered | Requires prior authorization |
| | Physician/surgeon fees | $0 | Not covered | |

| If you need immediate medical attention | Emergency room services | $35 co-pay both in and out of Network | Not covered | Co-pay waived if admitted as inpatient. |
| | Emergency medical transportation | $0 both in and out of Network | Not covered | |
| | Urgent care | $35 co-pay both in and out of Network | Not covered | Co-pay waived if admitted as inpatient. |

| If you have a hospital stay | Facility fee (e.g., hospital room) | $0 | Not covered | |
| | Physician/surgeon fee | $0 | Not covered | |

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### Summary of Benefits and Coverage
What this Plan Covers & What it Costs - 2016

#### Health Net Active Plan
- **Coverage for:** Participant + Dependents
- **Plan Type:** HMO

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you have mental health, behavioral health, or substance abuse needs</strong></td>
<td>Mental/Behavioral health outpatient services</td>
<td>$15 co-pay</td>
<td>Not covered</td>
<td>Prior authorization required except for office visits</td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health inpatient services</td>
<td>$0</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder outpatient services</td>
<td>$15 Office visit single therapy session $7.50 Office visit group therapy session Other than office – No charge</td>
<td>Not covered</td>
<td>Prior authorization required except for office visits.</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder inpatient services</td>
<td>No charge</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td><strong>If you are pregnant</strong></td>
<td>Prenatal and postnatal care</td>
<td>$15 co-pay</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>$0</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td><strong>If you need help recovering or have other special health needs</strong></td>
<td>Home health care</td>
<td>$10 co-pay</td>
<td>Not covered</td>
<td>Co-pay starts 31st calendar day after first visit. Requires prior authorization.</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$0</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>$0</td>
<td>Not covered</td>
<td>Limited to 100 days per calendar year. Requires prior authorization.</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>$0</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td></td>
<td>Hospice service</td>
<td>$0</td>
<td>Not covered</td>
<td>Requires prior authorization</td>
</tr>
</tbody>
</table>

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## Summary of Benefits and Coverage
### What this Plan Covers & What it Costs - 2016

<table>
<thead>
<tr>
<th>Health Net Active Plan</th>
<th>Coverage for: Participant + Dependents</th>
<th>Plan Type: HMO</th>
</tr>
</thead>
</table>

### If you need eye care
- **Eye exam**
  - VSP Vision Services – 1-800-877-7195
  - $20 co-pay
  - Exam once per year
  - $20 co-pay plus up to $40 once per year
- **Glasses**
  - $20 co-pay
  - Frames covered up to $145
  - Lenses - $0
- **Basic benefits (Delta Dental PPO – nationwide 1-800-335-8227)**
  - 20% of allowable rate for PPO; 30% of allowable rate for Premier PPO; $25 annual deductible per person; up to a $50 max per family
  - 50% of UCR rates; $25 annual deductible per person; up to a $50 max per family
  - (out-of-network deductible is combined with in-network deductible)

### If you need dental care
- **Basic benefits (DeltaCare USA – CA only 1-800-422-4234)**
  - 0%/No deductible

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Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover** (This isn’t a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Long-term care
- Halibiliation services
- Non-emergency care when traveling outside the U.S
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services** (This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Infertility services
- Routine eye care (Adult)

**Your Rights to Continue Coverage:**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) offers the opportunity to purchase continued health care coverage in certain circumstances where your coverage would otherwise terminate. Under COBRA, if you lose coverage from the Motion Picture Industry (MPI) Active Health Plan due to termination of employment (for a reason other than gross misconduct) or a reduction of hours, you may purchase continued coverage under the group plan for you, your enrolled spouse and dependent children for up to 18 months. If you reside in California and are receiving MPI health benefits through COBRA, you may be able to extend your COBRA benefits up to an additional 18 months through a special state COBRA program coordinated through the HMOs. In order to qualify, you must be enrolled in an HMO at the time your federal COBRA coverage is terminated. You cannot retroactively enroll in an HMO to extend your COBRA.

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Summary of Benefits and Coverage
What this Plan Covers & What it Costs - 2016

Health Net Active Plan
Coverage for: Participant + Dependents
Plan Type: HMO

You will have 60 days from the later of your Termination of Coverage date or the date of your notice to elect continuation coverage through COBRA by submitting your COBRA Extended Health Coverage Election Form and Notice. Once you elect to purchase continuation coverage, you will have an additional 45 days to make your first payment to MPI, and if you elect continuation coverage through COBRA, you must pay the full cost of coverage plus 2% each month to MPI. Until MPI receives your payment, you will not have health insurance coverage after your Termination of Coverage date.

COBRA requires that there be no break in your health insurance coverage. Therefore, your payment must be for coverage from your Termination of Coverage date to the date that MPI receives your payment. When MPI receives your payment, you will be covered retroactively to your Termination of Coverage date. If you have incurred any medical expenses in that time, MPI will reprocess those claims.

If you are eligible for Medicare, you must enroll in Medicare Part B in order to purchase continuation coverage through COBRA. Once enrolled, Medicare becomes your primary coverage and MPI becomes your secondary coverage. Please refer to MPI’s Summary Plan Description for additional information regarding Coordination of Benefits.

For more information about your rights to continue coverage, contact MPI at 1-855-275-4674 or visit us at www.mpiphp.org. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Health Net’s Customer Contact Center at 1-800-522-0088, submit a grievance form through www.healthnet.com, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. If you have a grievance against Health Net, you can also contact the California Department of Managed Health Care, at 1-800-HMO-2219 or www.hmohelp.ca.gov. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor’s Employee Benefits Security Administration at 1-866-444 (EBSA (3272) or www.dol.gov/ebsa/healthreform

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-522-0088.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-522-0088.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.
Summary of Benefits and Coverage
What this Plan Covers & What it Costs - 2016

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don’t use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- Amount owed to providers: $7,540
- Plan pays: $7,380
- Patient pays: $160

Sample care costs:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital charges (mother)</td>
<td>$2,700</td>
</tr>
<tr>
<td>Routine obstetric care</td>
<td>$2,100</td>
</tr>
<tr>
<td>Hospital charges (baby)</td>
<td>$900</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$900</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$500</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$200</td>
</tr>
<tr>
<td>Radiology</td>
<td>$200</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$7,540</td>
</tr>
</tbody>
</table>

Patient pays:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>$0</td>
</tr>
<tr>
<td>Co-pays</td>
<td>$10</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$160</td>
</tr>
</tbody>
</table>

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- Amount owed to providers: $5,400
- Plan pays: $1,330
- Patient pays: $4,070

Sample care costs:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2,900</td>
</tr>
<tr>
<td>Medical Equipment and Supplies</td>
<td>$1,300</td>
</tr>
<tr>
<td>Office Visits and Procedures</td>
<td>$700</td>
</tr>
<tr>
<td>Education</td>
<td>$300</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$100</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$5,400</td>
</tr>
</tbody>
</table>

Patient pays:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>$0</td>
</tr>
<tr>
<td>Co-pays</td>
<td>$90</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$3,980</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$4,070</td>
</tr>
</tbody>
</table>

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don’t include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient’s condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **co-insurance**, **deductibles**, and **co-payments** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn’t covered or payment is limited.

Does the Coverage Example predict my own care needs?

**No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor’s advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

**No.** Coverage Examples are not cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

> **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

> **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you’ll pay in out-of-pocket costs, such as **co-insurance**, **deductibles**, and **co-payments**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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