

Museum of Latin American Art

Medical	Health Net Full Network HMO Gold \$30 Effective Date: 12/1/2016	Health Net WholeCare HMO Platinum \$20 Effective Date: 12/1/2017
DEDUCTIBLE		
Individual	HMO: \$0	HMO: \$0
Family	HMO: \$0	HMO: \$0
OUT-OF-POCKET MAX		
Individual	HMO: \$6,000	HMO: \$6,000
Family	HMO: \$12,000 (embedded-aggregate)	HMO: \$12,000 (embedded)
PHYSICIAN SERVICES		
Office Visits	HMO: \$30/\$50	HMO: \$20/\$40
Preventive Care	HMO: \$0	HMO: \$0
Diagnostic Lab/X-Ray	HMO: \$40	HMO: \$20
Imaging (CT/PET scans, MRIs)	HMO: \$300	HMO: \$150
Rehabilitation/Habilitation (PT/OT/ST)	HMO: \$30	HMO: \$20
Chiropractic Care	HMO: Not Covered	HMO: Not Covered
PRESCRIPTION DRUGS		
Pharmacy Deductible	HMO: None	HMO: None
Tier 1 (Generic Formulary)	HMO: \$15 (up to a 30-day supply)	HMO: \$5 (up to 30 day supply)
Tier 2 (Preferred Brand Formulary)	HMO: \$50 (up to a 30-day supply)	HMO: \$30 (up to 30 day supply)
Tier 3 (Non-Preferred Brand Formulary)	HMO: \$70 (up to a 30-day supply)	HMO: \$50 (up to 30 day supply)
Tier 4 (Specialty Drugs)	HMO: 30% (up to a 30-day supply)	HMO: 30% up to \$250/prescription (up to 30 day supply)
Mail Order	HMO: Tier 1: 2x retail; Tier 2-3: 2.5x retail (up to 90 day supply)	HMO: Tier 1: 2x retail; Tier 2-3: 2.5x retail (up to 90 day supply)
HOSPITAL FACILITY SERVICES		
Inpatient Hospital Services	HMO: \$600	HMO: \$700/admission

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.
 # Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.
 Create Date: 11/3/2017

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Outpatient Surgery in a Hospital	HMO: \$400	HMO: \$500
Ambulatory Surgical Center	HMO: \$160	HMO: \$200
EMERGENCY SERVICES		
Emergency Room	HMO: \$300 (copay waived if admitted)	HMO: \$150 (copay waived if admitted)
Emergency Transport/Ambulance	HMO: \$300	HMO: \$150 copay
Urgent Care	HMO: \$100	HMO: \$40
MENTAL HEALTH/SUBSTANCE USE DISORDER		
Outpatient Services	HMO: \$30	HMO: \$20
Inpatient Services	HMO: \$600	HMO: \$700/admission
MATERNITY		
Prenatal and Postnatal Care	HMO: \$30	HMO: \$20
Delivery and All Inpatient Services	HMO: \$600	HMO: \$700/admission
PEDIATRIC SERVICES (UP TO AGE 19)		
Eye Exam	HMO: 0% (1 visit per year)	HMO: 0% (1 visit per year)
Glasses	HMO: \$0 (1 pair per year)	HMO: \$0 (1 pair per year)
Dental Check-up	HMO: Prev./Diag.: \$0	HMO: Prev./Diag.: \$0

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