

# SUMMARY OF BENEFITS

HMO \$15 / \$15 / \$250

BENEFITS	MEMBER PAYS
<b>DEDUCTIBLE</b> per calendar year	None
<b>COINSURANCE</b>	Subject to applicable coinsurance amounts, as stated herein
<b>COPAYMENT MAXIMUM</b>	Limited to stated Copays \$1,000 / Single / \$2,000 Family Calendar Year Excluding copay for pharmacy benefits and office visits.
<b>LIFETIME MAXIMUM BENEFITS</b>	Unlimited
<b>OFFICE VISITS</b>	
Primary Care Physician (PCP)	\$15 Copay / Visit
Specialist Physician	\$15 Copay / Visit
OB/GYN	\$15 Copay / Visit
Prenatal Care and Post-Partum Care - copay waived after diagnosis of pregnancy is confirmed	\$15 Copay PCP, \$15 Copay Specialist
Preventive Care - routine physicals, annual GYN exams and associated lab, well-baby care, immunizations, and vision and hearing screenings	\$15 Copay PCP, \$15 Copay Specialist
<b>EMERGENCY AND URGENT CARE SERVICES</b>	
Emergency Room	\$75 Copay / Visit
Urgent Care	\$50 Copay / Visit
In Store Health care Clinic	\$15 Copay / Visit
Ambulance	No Charge
<b>HOSPITAL SERVICES</b>	
Inpatient Hospital	\$250 Copay / Admit
Outpatient Hospital and Surgical	\$15 Copay / Visit
<b>CHIROPRACTIC</b>	\$15 Copay / Visit
Limit	Max. 12 Visits / Calendar Year
<b>LAB &amp; X-RAY SERVICES</b>	
At Physician's Office or Independent, Non-Hospital Affiliated Facility*	No Charge
At Hospital	\$100 Copay / Visit
<b>IMAGING &amp; TESTING SERVICES including but not limited to MRIs, MRAs and PET/SPECT scans</b>	
At Physician's Office or Independent, Non-Hospital Affiliated Facility*	\$25 Copay / Visit
At Hospital	\$200 Copay / Visit
<b>MAMMOGRAPHY</b>	No Charge
<b>ALLERGY TESTING</b>	Copay waived for routine allergy injections received in the physician's office when performed by non-physician personnel. Office visit copay or coinsurance applies.
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	No Charge
Limit	Max. 1 Standard Size Manual Wheelchair / Member / Lifetime
<b>PROSTHETIC SERVICES</b>	No Charge
Limit	Max. 1 Mastectomy Bra / Member / Lifetime

BENEFITS	MEMBER PAYS
EYE EXAMS	No Charge, every 24 months
HOME HEALTH CARE SERVICES Limit	No Charge Limited to part-time and intermittent care. Up to 21 days or longer when preauthorized.
HOSPICE CARE SERVICES	No Charge
MENTAL HEALTH  INPATIENT  OUTPATIENT	  \$250 Copay / Admit  \$15 Copay / Visit
REHABILITATIVE SERVICES - including but not limited to physical, occupational and speech therapy  INPATIENT  OUTPATIENT  Inpatient/Outpatient Combined Limit	  \$250 Copay / Admit  \$15 Copay / Visit  Max. 60 Days / Calendar Year, All Therapies Combined physical, occupational, speech and language, etc.
SKILLED NURSING FACILITY  Limit	No Charge  Max. 100 Days / Calendar Year
SUBSTANCE ABUSE  INPATIENT - DETOX ONLY  OUTPATIENT - DETOX ONLY	  \$250 Copay / Admit  \$15 Copay / Visit

**This is a brief summary only. For benefit details, refer to your Schedule of Benefits or Evidence of Coverage.**

Health Net believes this Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Health Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Health Net representative. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

\*Some facilities are affiliated with a hospital. You will be charged a higher copay for services at a hospital affiliated facility. Contact the place of service for more information or the Customer Contact Center at the number on the back of your ID card.

Prior authorization is the standard industry process of receiving approval for certain procedures and medical services within an HMO plan. Your PCP or specialist obtains this on your behalf. Locally staffed medical professionals answer calls to the Health Net prior authorization unit 24/7, 365 days a year.

Emergency Services means health care services that are provided to a Member in a licensed medical Facility by a Provider after the recent onset of a medical condition that manifests itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in any of the following: serious jeopardy to the patient's health, serious impairment to bodily functions, serious dysfunction of any bodily organ or part.

**Exclusions and Limitations:**

The following services and/or procedures are either limited in coverage or excluded from coverage under this health plan: convenience items, cosmetic surgery, court ordered care, custodial care, employment counseling, exercise programs, experimental/investigational procedures and medications, foot orthotics, fraudulent services, gender alterations, household equipment/fixtures, infertility, long-term rehabilitative services, lost wages, missed appointments, obesity, paternity testing, radial keratotomy, routine foot care, self-inflicted injuries, temporomandibular joint disorder, thermography, and vocational programs.

In Arizona, benefits are insured and/or administered by Health Net of Arizona, Inc. for HMO plans and Health Net Life Insurance Company for Indemnity plans and life insurance coverage. The Health Net of Arizona, Inc. service area includes all Arizona counties. Participating providers are neither agents nor employees of Health Net of Arizona, but are independently contracted entities that are legally responsible for their own care, treatment and other services provided to Health Net members.