Health Net®

Summary of Benefits

HMO 10 $20 / $40 / $150

Benefits	*Member pays*
Deductible per calendar year	None
Coinsurance	Subject to applicable coinsurance amounts, as stated herein.
Copay maximum	Limited to stated copays $2,000/person/calendar year, excluding copay for pharmacy benefits and office visits.
Lifetime maximum benefits	Unlimited
Office visits Primary care physician (PCP)	$20 copay/visit
Specialist physician	$40 copay/visit
OB/GYN	$20 copay/visit
Prenatal care and post-partum care copay waived after initial diagnosis of pregnancy	$20 copay PCP / $40 copay specialist
Preventive care – preventive office visits, preventive lab and X-ray, Pap smear and mammogram, prostate screening, immunizations, colorectal cancer screening (including, but not limited to colonoscopy), Women's Preventive Services, and vision and hearing screenings.	$0 copay PCP / $0 copay specialist
Emergency and urgent care services Emergency room	$250 copay/visit
Urgent care	$50 copay/visit
In-store health care clinic	$20 copay/visit
Ambulance	No charge
Hospital services Inpatient hospital	$150 copay/day, up to 5 day(s)
Outpatient hospital and surgical	$150 copay/visit
Chiropractic	$40 copay/visit Max 12 visits/calendar year
Lab and X-ray services At physician's office or independent, non-hospital affiliated facility*	No charge
At hospital	No charge
Imaging and testing services – including but not limited to MRIs, MRAs and PET/SPECT scans At physician's office or independent, non-hospital affiliated facility*	$50 copay/visit
At hospital	$250 copay/visit
Mammography	No charge
Allergy testing	Copay waived for routine allergy injections received in the physician's office when performed by nonphysician personnel. Office visit copay or coinsurance applies.
Durable medical equipment (DME)	20% Max 1 standard size manual wheelchair/member/lifetime
Prosthetic services	20% Max 1 mastectomy bra/member/calendar year
Eye exams	No charge, every 24 months
Home health care services	No charge

(continued)

HMO 10 $20 / $40 / $150

Benefits	*Member pays*
	Limited to part-time and intermittent care. Up to 21 days or longer when preauthorized.
Hospice care services	$150 copay/day, up to 5 day(s)
Mental health Inpatient	$150 copay/day, up to 5 day(s)
Outpatient	$20 copay/visit
Rehabilitative services Inpatient	$150 copay/day, up to 5 day(s)
Outpatient	$40 copay/visit Max 60 days/calendar year / All therapies combined – physical, occupational, speech and language, etc.
Skilled nursing facility	$150 copay/day, up to 5 day(s) Max 100 days/calendar year
Substance abuse Inpatient – detox only	$150 copay/day, up to 5 day(s)
Outpatient – detox only	$20 copay/visit

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

*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.

Women's Preventive Services include screening for gestational diabetes; human papillomavirus (HPV) DNA testing for women 30 years and older; sexually-transmitted infection counseling; and human immunodeficiency virus (HIV) screening and counseling. These services also include FDA-approved contraception methods and sterilization procedures, and contraceptive counseling for women with reproductive capacity; breastfeeding support, supplies and counseling; and interpersonal and domestic violence screening and counseling.

Prior Authorization is the standard industry process of receiving approval for certain procedures and medical services within a HMO plan. Your PCP or specialist may obtain 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, or 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, vocational programs.