

# SUMMARY OF BENEFITS

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

BENEFITS	IN-NETWORK MEMBER PAYS
<b>DEDUCTIBLE</b> per calendar year	None
<b>COINSURANCE</b>	Subject to applicable coinsurance amounts, as stated herein.
<b>OUT-OF-POCKET MAXIMUM</b>	Limited to Stated Copays \$2,000 / Person / Calendar Year (Excluding copay for pharmacy benefits and office visits.)
<b>MAXIMUM BENEFITS</b>	Unlimited
<b>OFFICE VISITS</b> Primary Care Physician Specialist Physician OB/GYN Prenatal Care and Post-Partum Care (copay waived after diagnosis of pregnancy is confirmed) Preventive Care (routine physicals, annual GYN exams, well-baby care, immunizations, and vision and hearing screenings)	\$15 Copay / Visit \$30 Copay / Visit \$15 Copay / Visit \$15 Copay PCP / \$30 Copay Specialist \$15 Copay PCP / \$30 Copay Specialist
<b>EMERGENCY AND URGENT CARE SERVICES</b> Emergency Room Urgent Care Ambulance	\$100 Copay / Visit \$50 Copay / Visit No Charge
<b>HOSPITAL SERVICES</b> Inpatient Hospital Outpatient Hospital and Surgical	\$150 Copay / Day Up to 5 Days \$100 Copay / Visit
<b>CHIROPRACTIC</b> Limit	\$30 Copay / Visit Max. 12 Visits / Calendar Year
<b>LAB &amp; X-RAY SERVICES</b> At Physician's Office or Independent, Non-Hospital Affiliated Facility* At Hospital	No Charge No Charge
<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* At Hospital	\$25 Copay / Visit \$200 Copay / Visit
<b>MAMMOGRAPHY</b>	No Charge
<b>ALLERGY TESTING</b>	Copay waived for routine allergy injections received in the physician office when performed by non-physician personnel. Office visit copay or coinsurance applies.
<b>DURABLE MEDICAL EQUIPMENT AND PROSTHETIC SERVICES</b> Limit	20% Max. 1 Standard Size Wheelchair / Member / Lifetime
<b>PROSTHETIC SERVICES</b> Limit	20% Max. 1 Mastectomy Bra / Member / Calendar Year
<b>EYE EXAMS AND EYEWEAR</b>	Routine eye exam every 24 months.
<b>HOME HEALTH CARE SERVICES</b> Limit	No Charge Limited to part-time and intermittent care. Up to 21 days or longer when preauthorized.
<b>HOSPICE CARE SERVICES</b>	\$150 Copay / Day Up to 5 Days

BENEFITS	IN-NETWORK MEMBER PAYS
<b>MENTAL HEALTH</b>	
<b>INPATIENT</b> Inpatient Limit	\$150 Copay / Day Up to 5 Days Max. 30 Days / Calendar Year
<b>OUTPATIENT</b> Outpatient Limit	\$25 Copay / Visit Individual, \$12.50 Copay / Visit Group Max. 20 Visits / Calendar Year
<b>REHABILITATIVE SERVICES</b>	
<b>INPATIENT</b>	\$150 Copay / Day Up to 5 Days
<b>OUTPATIENT</b> Inpatient/Outpatient Combined Limit	\$30 Copay / Visit Max. 60 Days / Calendar Year, All Therapies Combined
<b>SKILLED NURSING FACILITY</b> Limit	\$150 Copay / Day Up to 5 Days Max. 100 Days / Calendar Year
<b>SUBSTANCE ABUSE - DETOX ONLY</b>	
<b>INPATIENT</b>	\$150 Copay / Day Up to 5 Days
<b>OUTPATIENT</b> Inpatient/Outpatient Combined Limit	No Charge Max. 2 Short Term Treatment Programs / Member / Lifetime

\*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.

Primary Care Physicians include doctors practicing in the areas of family practice, general practice, internal medicine and pediatrics. Obstetricians may also act as Primary Care Physicians during pregnancy and post-partum periods.

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.

**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, travel expenses, 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.