



HMO BENEFIT PLAN AND RATE OVERVIEW



INDIVIDUAL HMO HEALTH COVERAGE MADE EASY AND AFFORDABLE

June 1, 2011

HEALTH MAINTENANCE ORGANIZATION (HMO)

Finding the right plan depends on your own personal needs. An HMO plan is designed for those who want predictable costs and the confidence of working closely with their doctor when making health care decisions.

You'll select a primary care physician (PCP) from our network of Health Net providers – one of the largest networks in the state. Plus, you pay fixed copays for a wide range of covered services. And there's no claim forms to file.

If this fits your needs, then the Health Net HMO Individual & Family Plan is the right choice for you.

YOUR MONTHLY PLAN PREMIUM RATES

Turn to the rate page in this brochure to find your monthly plan premium rate. Find your age, gender and the Arizona county where you live. It's that simple!

If other members of your family are also applying for coverage, follow the same process, then add up the rates for each individual.

For more information, call Health Net Individual & Family Plans at 1-888-463-4875, option 3.

www.healthnet.com



HEALTH NET OF ARIZONA OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE HMO PLANS

This benefit chart is a summary only. For benefit details, please see your Schedule of Benefits and Evidence of Coverage.

BENEFITS	HMO \$3,500 DEDUCTIBLE / 70% COINSURANCE
Deductible per calendar year	\$3,500 single / \$7,000 family
Maximum lifetime benefits in- and out-of-network combined	Unlimited
Out-of-pocket maximum, excluding deductible and copays for office visits and pharmacy benefits	\$3,500 single / \$7,000 family
Inpatient hospital services including physician, facility and surgery charges	30%, subject to deductible
Outpatient hospital services / ambulatory surgical center services	30%, subject to deductible
Office visits Primary care physician	\$30 copay/visit
Specialist	\$60 copay/visit
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), vision and hearing screenings	No charge
Outpatient laboratory / X-ray services Performed at a physician's office	No charge
Performed at an independent, non-hospital-affiliated lab facility¹	No charge
Performed at a hospital	\$100 copay/visit
Outpatient imaging and testing services including but not limited to CT scans, MRIs, MRAs and PET/SPECT scans Performed at a physician's office	\$500 copay/visit
Performed at an independent, non-hospital-affiliated facility¹	\$500 copay/visit
Performed at a hospital	\$500 copay/visit
Prenatal and postpartum care office visit copayment waived after diagnosis of pregnancy is confirmed	\$30 copay/PCP visit Covered after 12 months of enrollment
Maternity care Normal maternity deliveries are covered if the delivery occurs after the member's contract has been in force for 21 months or longer. Complications of pregnancy are covered regardless of the delivery date.	30%, subject to deductible
Outpatient prescription drugs up to a 31-day supply. Quantity limits may apply. Out-of-network coverage is for out-of-area emergencies only.	Tier 1: \$15 copay/prescription or refill Tier 2: \$40 copay/prescription or refill Tier 3: \$75 copay/prescription or refill Tier 4: \$100 copay/prescription or refill
Emergency room services Copayment waived if admitted, inpatient hospital benefit will then apply.	\$450 copay/visit
Ambulance services medical emergencies only	30%, not subject to deductible
Urgent care services	\$60 copay/visit
In-store health care clinic	\$30 copay/visit
Rehabilitative services limited to short-term, maximum of 60 days per calendar year, all therapies combined	Inpatient: 30%, subject to deductible Outpatient: \$60 copay/visit
Skilled nursing facility services limited to 60 days per calendar year	30%, subject to deductible
Chiropractic services limited to 12 medically necessary visits per calendar year	\$60 copay/visit
Mental health services Outpatient: limited to short-term evaluation or crisis intervention. Maximum of 10 visits per calendar year.	Inpatient: Not covered Outpatient: \$60

¹Some facilities are affiliated with a hospital. You will be charged a higher copay for services rendered at a hospital-affiliated facility. Contact the place of service for more information or our Customer Contact Center at 1-888-463-4875.

HMO PLAN RATES EFFECTIVE JUNE 1, 2011

COCHISE, MARICOPA, PINAL AND SANTA CRUZ COUNTIES			PIMA COUNTY			OTHER COUNTIES		
	\$3,500 / 70%			\$3,500 / 70%			\$3,500 / 70%	
Age	Male	Female	Age	Male	Female	Age	Male	Female
0	1115	1115	0	1088	1088	0	1730	1730
1	478	478	1	466	466	1	741	741
2-6	238	238	2-6	232	232	2-6	376	376
7-14	199	199	7-14	195	195	7-14	313	313
15-18	204	215	15-18	203	210	15-18	319	334
19-22	165	404	19-22	161	396	19-22	256	635
23	165	417	23	161	410	23	256	655
24	165	432	24	161	425	24	256	676
25	165	445	25	161	439	25	257	697
26	165	459	26	161	453	26	257	719
27	165	472	27	161	467	27	257	740
28	168	474	28	165	468	28	262	739
29	172	477	29	168	468	29	267	738
30	176	479	30	173	470	30	270	737
31	179	482	31	177	471	31	275	735
32	183	484	32	180	472	32	280	734
33	191	484	33	189	473	33	294	739
34	200	485	34	197	473	34	310	745
35	210	485	35	205	474	35	325	750
36	218	486	36	213	476	36	340	755
37	228	486	37	222	477	37	356	760
38	246	489	38	238	478	38	384	764
39	263	491	39	256	479	39	412	766
40	281	493	40	273	482	40	440	770
41	300	496	41	291	483	41	467	772
42	318	498	42	307	485	42	496	776
43	337	500	43	327	487	43	525	779
44	355	503	44	346	490	44	556	783
45	374	506	45	366	492	45	586	788
46	393	509	46	387	496	46	617	791
47	412	511	47	406	498	47	646	795
48	442	523	48	435	509	48	694	814
49	472	535	49	465	521	49	741	831
50	503	546	50	495	533	50	789	850
51	534	557	51	524	543	51	837	868
52	563	569	52	554	555	52	885	887
53	592	599	53	580	585	53	926	933
54	619	630	54	606	614	54	968	981
55	648	659	55	633	645	55	1010	1028
56	675	689	56	659	675	56	1052	1076
57	703	720	57	686	706	57	1093	1123
58	732	725	58	715	710	58	1140	1131
59	760	729	59	744	716	59	1185	1140
60	789	735	60	773	722	60	1230	1148
61	817	740	61	802	728	61	1276	1156
62	847	745	62	831	734	62	1321	1163
63	875	751	63	860	740	63	1367	1172
64	904	755	64	890	746	64	1413	1180

Rates are subject to change. The above rates are the Health Net standard rates. You may be assigned to a non-standard rate based upon the results of the medical underwriting process.



PROTECTING YOUR HEALTH INFORMATION

Once you become a Health Net member, Health Net uses and discloses a member's protected health information for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access and to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. Health Net releases protected health information to plan sponsors for administration of self-funded plans but does not release protected health information to plan sponsors or employers for insured products unless the plan sponsor is performing a payment or health care operation function for the plan.

EXCLUSIONS AND LIMITATIONS

The exclusions and limitations presented in this Benefit Overview are not comprehensive. For a full list of exclusions and limitations, see the Evidence of Coverage for HMO Plans or Policy for PPO Plans. You may obtain a copy of these documents prior to enrolling or at any time by contacting us at 1-888-463-4875.

Exclusions and limitations include but are not limited to:

HMO Plans: Hospital and professional services for a normal delivery are covered only for expectant members who have been enrolled for 21 consecutive months when delivery occurs. Hospital and professional services for members who have been enrolled less than 21 consecutive months are limited to prenatal care after 12 months of enrollment, and complications of pregnancy, as defined in the Evidence of Coverage.

With the exception of emergency care and direct access benefits, all services and items must be provided or arranged by your primary care physician. Selected services require authorization by Health Net of Arizona, Inc.

HMO and PPO Plans: The following services and/or procedures are either limited in coverage or excluded from coverage under these health plans. These services include, but are not limited to: comfort/convenience items, hearing aids, cosmetic surgery, court-ordered care, custodial care, experimental/investigational procedures and drugs, gender alterations, infertility services, inpatient mental health services, long-term rehabilitative services, obesity, paternity testing, radial keratotomy, substance abuse treatment programs, mail-order prescriptions, employment counseling, exercise programs, fraudulent services, missed appointments, temporomandibular joint disorder, vocational programs. For a complete list, refer to either the Evidence of Coverage for HMO Plans or Policy for PPO Plans.

In- and out-of-network benefits are subject to deductible, then a percentage of eligible medical expenses.

All drugs covered by your outpatient prescription benefit are placed in one of four tiers on the Preferred Drug List (PDL). The lower the tier, the lower your copayment. The Health Net PDL is a listing of covered medications. Some drugs on the PDL may require prior authorization from Health Net. Prescriptions are limited to a 31-day supply. Other quantity limitations may apply.

Skilled nursing coverage is limited to 60 days per calendar year.

Expenses you incur for the following cannot be used to satisfy the out-of-pocket maximum: failure to follow prior authorization/precertification guidelines, mental illness, substance abuse, infertility, use of emergency room for non-emergent care, prescription drugs, copayments, limitations, exclusions. Check your Evidence of Coverage or Policy.



Health Net®
A BETTER DECISION