

# HEALTH NET SMALL BUSINESS GROUP ELECT OPEN ACCESS 10

## Plan QKA

Health Net's ELECT Open Access plan offers you choice, flexibility and value. You enjoy the security of a Health Net HMO with set copayments, unlimited lifetime benefits and a primary care doctor to coordinate all of your care. You also have the flexibility to see any specialist in Health Net's PPO provider network for faster, no-referral, easy access to see a specialist. For eligibility coverage, claims or other information, please call Customer Contact Center at **1-800-361-3366**.

**This is only a summary of your benefits. It does not include all services, limitations or exclusions. Please refer to the Evidence of Coverage for terms and conditions of coverage.**

### DEDUCTIBLES & PLAN MAXIMUMS (MEDICAL BENEFITS)

#### Out-of-pocket maximum (OOPM)

Once your payment of coinsurance equals the amount shown below in any one calendar year, no additional coinsurance for covered services is required for the remainder of that year. Payments for services not covered by this plan or for certain services as specified in the "Payment of fees and charges" section of your Summary of Benefits and Disclosure Form (SB/DF) will not be applied to this yearly out-of-pocket maximum. You will need to continue making payments for any additional benefits as described in the "Additional plan benefit information" section of your SB/DF

One member	\$1,500
Two members	\$3,000
Family (three members or more)	\$4,000

### COVERED SERVICE & WHAT YOU PAY FOR SERVICES (MEDICAL BENEFITS)<sup>1</sup>

#### PER MEMBER COPAY

#### Professional services

• Visit to physician	\$10
• Visit to physician for treatment of severe mental illness or serious emotional disturbances of a child <sup>2A</sup>	\$10
• Specialist consultations <sup>3</sup>	\$10
• Physician visit to hospital or skilled nursing facility (excluding care for mental disorders)	\$10
• Immunization (occupation or foreign travel purposes)	No charge
• Allergy testing	\$10



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### Professional services (continued)

• Allergy serum	No charge
• Allergy injections services	\$10
• All other injections (excluding infertility injection)	No charge
• Surgeon or assistant surgeon service <sup>4</sup>	No charge
• Administration of anesthetics	No charge
• X-ray and laboratory procedures	No charge
• Rehabilitative therapy, includes physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy	\$10

### Adult preventive care

• Periodic health evaluations, including well-woman exam (age 18 and older) <sup>3,5</sup>	\$10
• Vision or hearing examinations	\$10
• Immunizations (age 18 and older)	No charge

### Child preventive care

• Periodic health evaluations, including newborn, well-baby care, and immunizations (birth through age 2) <sup>3,5</sup>	No charge
• Periodic health evaluations, including immunizations (age 2 and older) <sup>3</sup>	\$10
• Vision and hearing examinations (birth through age 17)	\$10

### Family planning (professional services)<sup>8</sup>

• Prenatal and postnatal office visits	\$10
• Normal delivery, cesarean section, newborn inpatient care,	No charge
• Treatment of complications of pregnancy, including medically necessary abortions	No charge
• Elective abortions	\$150
• Genetic testing of fetus	No charge
• Circumcision of newborn males	No charge
• Injectable contraceptives (including but not limited to Depo Provera)	No charge
• Infertility services and supplies (including injections related to covered infertility treatment)	50%

### Sterilization

• Vasectomy	No charge
• Tubal ligation	No charge

### Hospital services

• Semi-private hospital room or intensive care unit with ancillary services, including delivery and maternity care (unlimited days)	No charge
• Semi-private hospital room or intensive care unit with ancillary services for treatment of severe mental illness or severe emotional disturbances of a child <sup>2</sup>	No charge
• Hospitalization for infertility services	50%
• Skilled nursing facility stay (limited to a calendar year maximum of 100 days)	No charge
• Outpatient facility services (other than surgery)	No charge
• Outpatient surgery (hospital or outpatient surgery center charges only)	No charge

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### Emergency health coverage

• Emergency room (professional and facility charges) <sup>7</sup>	\$50
• Urgent care center (professional and facility charges) <sup>7</sup>	\$50
• Ground ambulance	No charge
• Air ambulance	No charge

### Other services

• Durable medical equipment	50%
• Corrective foot orthotics	20%
• Diabetic equipment (Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices. See the “Prescription drug program” section of your SB/DF for diabetic supplies benefit information) <sup>8</sup>	20%
• Prosthetic devices	50%
• Blood, blood plasma, blood derivatives and blood factors	No charge
• Nuclear medicine	No charge
• Organ and bone marrow transplants (nonexperimental and noninvestigational)	No charge
• Chemotherapy	No charge
• Renal dialysis	No charge
• Home health services	No charge
• Hospice services	No charge

## ADDITIONAL PLAN BENEFIT INFORMATION (SUPPLEMENTAL)

### BEHAVIORAL HEALTH SERVICES

(The percentage amounts below represent HNL’s payment level. Please refer to the “Behavioral health services” section of your SB/DF for the definitions, benefits and limitations.)

#### Non-severe mental disorder<sup>2A</sup>

• Outpatient consultation (20-visit maximum each calendar year) <sup>2B</sup>	
<i>Individual session</i>	\$30
<i>Group session</i>	\$15
• Inpatient (30-day maximum each calendar year) <sup>2C</sup>	No charge

#### Chemical dependency

• Acute care detoxification	No charge
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### PRESCRIPTION DRUG COVERAGE<sup>9</sup>

(Please refer to the “Prescription drug program” section of your SB/DF for the definitions, benefits and limitations.)

#### Retail pharmacy (up to a 30-day supply)

• Level I drugs listed on the Health Net Recommended Drug List (primarily generic)	\$10
• Level II drugs listed on the Health Net Recommended Drug List (primarily brand name) and diabetic supplies (including insulin) <sup>10</sup>	\$20

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### Retail pharmacy (continued)

• Level III drugs (drugs not listed on the Health Net Recommended Drug List) <sup>10</sup>	\$35
• Lancets	No charge
• Smoking cessation drugs (covered up to a 12-week course of therapy per calendar year if you are currently enrolled in a comprehensive smoking cessation program) <sup>11</sup>	50%
• Sexual dysfunction drugs (including injections, limited to two doses per week or eight tablets per month) <sup>11</sup>	50%
• Oral infertility drugs <sup>11</sup>	50%

### Mail-order program (up to a 90-day supply of maintenance medication)

• Level I drugs listed on the Health Net Recommended Drug List (primarily generic)	\$20
• Level II drugs listed on the Health Net Recommended Drug List (primarily brand name) and diabetic supplies (including insulin) <sup>10</sup>	\$40
• Level III drugs (drugs not listed on the Health Net Recommended Drug List) <sup>10</sup>	\$70
• Lancets	No charge

<sup>1</sup>The percentages that appear in this chart are based on amounts agreed to in advance by Health Net and the member's physician group or other authorized health care provider.

<sup>2</sup>Please refer to the "Behavioral health services" section of your SB/DF for the definitions of severe mental illness and serious emotional disturbances of a child. Benefits are administered through Managed Health Network (MHN).

<sup>2A</sup>The mental disorder copayments and day or visit limits will not apply for severe mental illness or serious emotional disturbances of a child as defined. Services for these conditions require whatever copayment would be required if the services were provided for a medical condition. Refer to the "Schedule of benefits and coverage" section of your SB/DF to determine the applicable copayment. All other mental disorders will be subject to the copayments shown under the heading "Non-severe mental disorder services."

<sup>2B</sup>Applicable only for outpatient counseling defined as individual office visits and group therapy sessions. Group sessions are equal to half of an individual session and count towards the visit maximum.

<sup>2C</sup>Inpatient admission means any admission to a hospital, day treatment program, residential treatment center or structured outpatient program.

<sup>3</sup>Self-referrals are allowed for obstetrics and gynecological services including preventive care, pregnancy and gynecological ailments. Copayment requirements may differ depending on the services provided.

<sup>4</sup>Surgery includes surgical reconstruction of a breast incident to mastectomy, including surgery to restore symmetry; also includes prosthesis and treatment of physical complications at all stages of mastectomy, including lymphedema. While Health Net and your physician group will determine the most appropriate services, the length of hospital stay will be determined solely by your Primary Care Physician (PCP).

<sup>5</sup>For preventive health purposes, a periodic health evaluation and diagnostic preventive procedures are covered, based on recommendations published by the U.S. Preventive Services Task Force.

<sup>6</sup>These copayments apply to professional services only. Services that are rendered in a hospital are also subject to the hospital services copayment. See "Hospital services" in this schedule of to determine if any additional copayments may apply.

<sup>7</sup>Copayments for emergency room or urgent care center visits will not apply if the member receives care from a facility owned and operated by the member's physician group or if admitted as an inpatient directly from the emergency room or urgent care center. A visit to one of the physician group's facilities will be considered an office visit and the office visit copayment, if any will apply.

<sup>8</sup>Diabetic equipment covered under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices.

<sup>9</sup>Copayments for outpatient prescription drugs do not apply to the out-of-pocket maximum.

<sup>10</sup>Generic drugs will be dispensed when a generic drug equivalent is available. If the member requests a brand name drug when a generic equivalent is commercially available, the member must pay the difference between the generic equivalent and the brand name drug plus the level I drug copayment. However, if the prescription drug order states "dispense as written," "do not substitute" or words of similar meaning in the physician's handwriting, only the Level II or Level III copayment, as appropriate, will be applicable.

<sup>11</sup>Must be approved by Health Net and the member's physician group.

### ELECT OPEN ACCESS BENEFITS<sup>1</sup>

• Office visit (including specialist consultation and evaluations)	\$30
• Vision or hearing examination	\$30
• Specialist consultation	\$30
• Immunizations for foreign travel or occupational purposes	No charge
• Allergy testing	\$30
• Allergy serum	No charge
• Allergy injection services	\$30
• All other injections (excluding infertility services)	\$30
• Rehabilitative therapy, includes physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy (limited to 12 visits per calendar year) <sup>2</sup>	\$30

<sup>1</sup>Payment for Open Access specialist benefits and services not covered by this plan will not be applied to the MCL. You will also need to continue making payment for any additional benefits as described in the “Additional plan benefits” section of your SB/DF. The percentage that appears in this chart are based on amounts agreed to in advance by our health plan and the member’s physician group or other contracted health care professionals. Diagnostic X-ray and laboratory services (such as: MRI, MUGA, PET, and SPECT) will not be covered when provided at the PPO physician’s office or PPO laboratory. All other benefits must be provided or coordinated by your PCP.

<sup>2</sup>Benefits are limited to therapy provided only in an office.