HMO $15 / $15 / $250

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
DEDUCTIBLE per calendar year	None
COINSURANCE	Subject to applicable coinsurance amounts, as stated herein.
OUT-OF-POCKET MAXIMUM	Limited to Stated Copays $1,000 / Single, $2,000 / Family / Calendar Year (Excluding copay for pharmacy benefits and office visits.)
MAXIMUM BENEFITS	Unlimited
OFFICE VISITS	
Primary Care Physician	$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, well-baby care, immunizations, and vision and hearing screenings)	$15 Copay PCP / $15 Copay Specialist
EMERGENCY AND URGENT CARE SERVICES	
Emergency Room	$75 Copay / Visit
Urgent Care	$50 Copay / Visit
Ambulance	No Charge
HOSPITAL SERVICES	
Inpatient Hospital	$250 Copay / Admit
Outpatient Hospital and Surgical	$15 Copay / Visit
CHIROPRACTIC	$15 Copay / Visit
Limit	Max. 12 Visits / Calendar Year
LAB & X-RAY SERVICES	
At Physician's Office or Independent, Non-Hospital Affiliated Facility*	No Charge
At Hospital	$100 Copay / Visit
IMAGING & TESTING SERVICES (including but not limited to MRIs, MRAs and PET/SPECT scans)	
At Physician's Office or Independent, Non-Hospital Affiliated Facility*	$25 Copay / Visit
At Hospital	$200 Copay / Visit
MAMMOGRAPHY	No Charge
ALLERGY TESTING	Copay waived for routine allergy injections received in the physician office when performed by non-physician personnel. Office visit copay or coinsurance applies.
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC SERVICES	No Charge
Limit	Max. 1 Standard Size Wheelchair / Member / Lifetime
PROSTHETIC SERVICES	No Charge
Limit	Max. 1 Mastectomy Bra / Member / Calendar Year
EYE EXAMS AND EYEWEAR	Routine eye exam every 24 months.
HOME HEALTH CARE SERVICES	No Charge
Limit	Limited to part-time and intermittent care. Up to 21 days or longer when preauthorized.
HOSPICE CARE SERVICES	No Charge

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BENEFITS	IN-NETWORK MEMBER PAYS
MENTAL HEALTH	
INPATIENT	$250 Copay / Admit
Inpatient Limit	Max. 30 Days / Calendar Year
OUTPATIENT	$25 Copay / Visit Individual, $12.50 Copay / Visit Group
Outpatient Limit	Max. 20 Visits / Calendar Year
REHABILITATIVE SERVICES	
INPATIENT	$250 Copay / Admit
OUTPATIENT	$15 Copay / Visit
Inpatient/Outpatient Combined Limit	Max. 60 Days / Calendar Year, All Therapies Combined
SKILLED NURSING FACILITY	No Charge
Limit	Max. 100 Days / Calendar Year
SUBSTANCE ABUSE - DETOX ONLY	
INPATIENT	$250 Copay / Admit
OUTPATIENT	No Charge
Inpatient/Outpatient Combined Limit	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.

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