

Plan Overview

CommunityCare HMO Open Access Silver \$30 / \$50 / \$2,000

<i>Benefits</i>	<i>Member pays^{1,2}</i>
Deductible per calendar year	\$2,000 single / \$4,000 family
Coinsurance	Subject to applicable coinsurance amounts, as stated herein
Out-of-pocket maximum including all deductibles, copays, and coinsurance	\$6,350 single / \$12,700 family
Maximum benefits in-network	Unlimited
Professional services	
Primary care physician (PCP)	\$30 copay / visit
Specialist physician	\$50 copay / visit
Preventive care ³	\$0 copay PCP / \$0 copay Specialist
Prenatal care and postpartum care	\$30 copay PCP / \$50 copay Specialist. Copay waived after initial diagnosis of pregnancy.
Hearing exam / hearing aid	One routine hearing exam/year. One hearing aid per ear/year.
Laboratory services	
Physician's office or Independent facility ⁴	\$20 copay / visit
Hospital	20%, after deductible
X-ray services	
Physician's office or Independent facility ⁴	\$50 copay / visit
Hospital	20%, after deductible
Imaging and testing services (including but not limited to MRIs, MRAs, and PET/SPECT, ECT, and BEAM scans)	
Physician's office or Independent facility ⁴	\$250 copay / visit
Hospital	20%, after deductible
Hospital services	
Inpatient hospital services (including physician, facility, and surgery charges, plus maternity care)	20%, after deductible
Outpatient hospital / ambulatory surgical center services	20%, after deductible
Skilled nursing facility (100 days max / calendar year)	20%, after deductible
Emergency and urgent care services	
Emergency room services (copayment waived if admitted)	\$400 copay / visit
Urgent care services	\$50 copay / visit
Ambulance services (medical emergencies only)	\$0 copay / visit
In-store health care clinic	\$30 copay / visit
Rehabilitative services	
Inpatient	20%, after deductible
Outpatient (max 60 days / calendar year for all therapies combined – physical, occupational, speech and language, etc.)	\$50 copay / visit
Habilitative services	
Inpatient	20%, after deductible
Outpatient (max 60 days / calendar year)	\$50 copay / visit
Outpatient prescription drugs⁵	
Brand name calendar year deductible (per insured)	\$500
Prescription drugs (up to a 30-day supply) – generic / preferred brand / non-preferred brand	\$20 / \$40 / \$70
Specialty drugs (most self-injectables)	20%, after Brand deductible

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Mail order program (90-day supply) – generic / preferred brand / non-preferred brand	\$60 / \$120 / \$210
Mental health / Substance abuse services	
Inpatient	20%, after deductible
Outpatient	\$30 copay / visit
Durable medical equipment (DME)	20%, after deductible
Home health care services (Limited to part-time and intermittent care. Up to 60 days or longer when preauthorized.)	\$0
Hospice care services	20%, after deductible
Chiropractic services (max 20 visits/calendar year)	\$50 copay / visit
Allergy testing / treatment	\$30 copay PCP / \$50 copay Specialist
Pediatric dental Pediatric dental services up to the age of 19 are covered when purchased through Health Net.	One exam every six months. Diagnostic and preventive services: 100%, after \$100 deductible. Basic and major services + medically necessary orthodontics: 50%, after \$100 deductible.
Pediatric vision services and (medically necessary supplies)	Covered for children up to age 19. Includes: One routine eye exam and one pair of eyeglasses (lenses and frame) or contact lenses per year. Exclusions and limitations apply.

This is a summary of benefits. Please refer to your Schedule of Benefits and Evidence of Coverage for terms and conditions of coverage, visit Health Net's website at www.healthnet.com, or call Health Net at 1-888-463-4875.

¹In accordance with the Affordable Care Act, American Indians and Alaskan Natives, as determined eligible by the Exchange and regardless of income, have no cost sharing obligation under this Plan for items or services that are Essential Health Benefits, if the items or services are provided by a participating provider that is also a provider of the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under contract health services, as defined by Federal law. Cost sharing means Your copayments, including coinsurance, and deductibles.

²Certain services require prior authorization from Health Net. Without prior authorization, the benefit is reduced by 50%.

³Preventive care services: This plan provides all coverage as required under the ACA including evidence-based screening and counseling, routine immunizations, childhood preventive services, and preventive services for women, at no cost to members with an in-network provider. This coverage includes services such as preventive office visits, preventive lab and X-ray, Pap test and mammogram, prostate screening, immunizations, and colorectal cancer screening. You can find all the details on the government's website at www.healthcare.gov. Click the menu tab that says Prevention & Wellness for preventive services recommended for coverage under the Affordable Care Act (ACA).

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.

⁴Some 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.

⁵The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to your Schedule of Benefits and Evidence of Coverage for complete information on prescription drugs. Plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Essential Rx Drug List for coverage, cost-share and tier information.

Prescription drugs can be filled through mail order (up to a 90-day supply).

Exclusions and limitations

The following services and/or procedures are either limited in coverage or excluded from coverage under this health plan:

Altered gender characteristics

- Any procedure or treatment designed to alter physical characteristics of the member from the member's biologically determined gender to those of another gender

Alternative Therapies

- Acupuncture, acupressure, hypnotherapy, behavior training, educational, recreational, art, dance, sex, sleep, massage, biofeedback, and music therapy
- Chiropractic Care
 - Any treatments or services, including X-rays, determined to not be related to neuromusculoskeletal disorders
 - Preventive care, educational programs, non-medical self-care, self-help training, or any related diagnostic testing, except that which occurs during the normal course of covered chiropractic treatment
 - Prescription medications. Vitamins, nutritional supplements or related products
 - Treatment primarily for purposes of obesity or weight control
 - Vocational rehabilitation and long-term rehabilitation
 - Adjunctive therapy not associated with spinal, muscle or joint manipulation
 - Manipulation under anesthesia

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Bariatric Surgery

- Jejunioileal bypass (jejunocolic bypass), Loop Gastric Bypass (i.e., "Mini-Gastric Bypass"), Open sleeve gastrectomy, Gastric balloon, Gastric wrapping, Gastric Imbrication, Gastric pacing, and Fobi pouch

Cosmetic Surgery or Reconstructive Surgery

- Cosmetic or reconstructive surgery to alter an abnormal or normal structure solely to render it more esthetically pleasing where no significant anatomical functional impairment exists
- Reconstructive surgery to correct an abnormal structure resulting from trauma or disease when there is no restorative function expected

Custodial Care

- Service, supply, care or treatment for rest, domiciliary, convalescent or custodial care

Diabetic Supplies, Equipment and Devices

- Supplies, medication and equipment deemed experimental, unproved or investigational
- Any non-prescription or over-the-counter drug that can be purchased without a prescription or physician order
- Supplies, medication and equipment for other than FDA approved indications or not medically necessary
- Replacement prescriptions for any reason
- Take home medications, supplies and equipment after discharge from a hospital, nursing home, skilled nursing facility or other inpatient or outpatient facility

Durable Medical Equipment/Prosthetics/Orthotics

- Braces that are over-the-counter, prophylactic, and/or used primarily for sports activities
- Breast implants, including replacement and removal, except when related to mastectomy
- Hearing aid batteries (except those for cochlear implants) and chargers
- Exercise equipment, air purifiers, central or unit air conditioners, water purifiers, allergenic pillows, mattresses, or waterbeds, escalators or elevators, ramps, automobile modifications, safety bars, saunas, swimming pools, Jacuzzi or whirlpools, and hygienic equipment
- Equipment for a patient in an institution that is ordinarily provided by an institution, such as wheelchairs, hospital beds and oxygen tents
- More than one device designed to provide essentially the same function
- Deluxe, electric, model upgrades, specialized, duplicate or custom equipment, prosthetics or orthotics or other non-standard equipment
- Transcutaneous Electrical Nerve Stimulation (TENS) units
- Scooters and other power operated vehicles
- Warning devices, stethoscopes, blood pressure cuffs, or other types of apparatus used for diagnosis or monitoring
- Repair, replacement or routine maintenance of equipment or parts due to misuse or abuse
- Over-the-counter items, braces and other devices
- Prophylactic braces, braces used primarily for sports activities
- ThAIRapy® vests
- Communication devices (speech generating devices) and/or training to use such devices
- Foot orthotics, except when attached to a permanent brace or when prescribed for the treatment of diabetes
- Medical supplies: consumable, disposable or necessary to operate a non-covered prosthetic device or item of durable medical equipment
- Tube feeding supplies
- Oxygen when services are outside of the service area and non-emergent or urgent, or when used for convenience when traveling within or outside of the service area or when non-medically necessary

Emergency Services

- Use of emergency facilities or transportation for non-emergency purposes. Routine care, follow-up care or continuing care provided in an emergency facility

Family Planning and Maternity

- Circumcisions: non-medically necessary after the newborn period, including cases of premature birth
- Genetic testing solely for the purpose of determining the gender of a fetus
- Home maternity services or supplies
- Treatment of impotence
- Treatment of infertility services, including but not limited to artificial insemination services, cost of donor sperm or sperm banking, foams and condoms, and medications used to treat infertility
- Paternity testing
- Penile implants
- Reversal of voluntary sterilization procedures

Mental Health

- Treatment for chronic or organic conditions, including Alzheimer's, dementia or delirium
- Ongoing treatment for mental disorders that are long-term or chronic in nature for which there is little or no reasonable expectation for improvement. These disorders include mental retardation, personality disorders, and organic brain disease.
- Counseling, testing, evaluation, treatment or other services in connection with learning disorders and/or disabilities, disruptive behavior disorders, conduct disorders, eating disorders, psychosexual disorders or transsexualism, motor skill disorders, communication disorders, attention deficit disorders
- Psychological testing or evaluation specifically for ability, aptitude, intelligence, interest or competency
- Psychiatric evaluation, therapy, counseling or other services in connection with child custody, parole and/or probation, and other court-ordered related issues
- Treatment in a residential treatment center except when voluntary or court-ordered for chemical and alcohol dependency

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- Therapy, counseling or other services related to relationship and/or communication issues
- Counseling for educational, social, occupational, religious, other maladjustments, marital counseling, behavior modification, biofeedback, or rest cures as treatment for mental disorders
- Sensitivity or stress-management training, self-help training, and/or residential treatment except as covered with chemical or alcohol dependency
- Applied Behavioral Health therapy that includes sensory integration, LOVAAS therapy and music therapy
- Psychiatric or psychological examinations, testing and/or other services in connection with obtaining or maintaining employment, insurance, type of license, medical research and competency issues
- Behavioral treatment or drug therapy for sexual dysfunction and sexual function disorders regardless of whether the cause of dysfunction is due to physical or psychological reasons

Outpatient Prescription Drugs

- Over-the-counter medications, except aspirin and smoking cessation medications
- Drugs obtained out of the service area
- Take home prescription drugs and medications from a facility
- Supplies, medications and equipment labeled "Caution - Limited by Federal Law to Investigational Use" and/or deemed experimental, unproved or investigational
- Drugs or dosage amounts to be ineffective, unproven or unsafe for the indication for which they have been prescribed
- Supplies, medications and equipment for other than FDA approved indications
- "Off label" use of medications, except for certain FDA approved drugs
- Replacement prescriptions for any reason
- Medications for sexual dysfunction or infertility
- Medications used for cosmetic purposes
- Vitamins, except those included on Health Net's Essential Rx Drug List
- Drugs, weight reduction programs and related supplies to treat obesity
- Human growth hormone, except with prior authorization
- Enteral nutrition in situations involving temporary impairments
- Enteral nutrition for Members with a functioning gastrointestinal tract whose need for enteral nutrition is due to anorexia, nausea associated with mood disorder, end-stage renal disease, or other impairments unrelated to the gastrointestinal tract
- Enteral nutrition when adequate nutrition is possible by dietary adjustment, counseling and/or oral supplements

Pediatric Dental Services

- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- Plaque control programs, oral hygiene instruction and dietary instruction
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth
- Gold foil restorations
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners
- Sealants for teeth other than permanent molars
- Precision attachments, personalization, precious metal bases and other specialized techniques
- Replacement of dentures that have been lost, stolen or misplaced
- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Fabrication of athletic mouth guard
- Internal bleaching
- Nitrous oxide
- Oral sedation

Pediatric Vision Services

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic Lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures that is not covered within the medical plan benefit
- Any safety eyewear
- Plano (non-prescription) lenses and/or contact lenses, sunglasses
- Two pair of glasses in lieu of bifocals

Private Duty Nursing

- Private duty nursing (outpatient) and private rooms, non-skilled care, custodial care, or respite care.

Professional Services

- Immunizations that are not medically necessary
- Routine foot care except for medically necessary treatment of diabetes.
- Physical health examinations in connection with obtaining or maintaining employment, school or camp attendance, sports participation, insurance qualification or at the request of a third party

Rehabilitative and Habilitative Services

- Maintenance and/or non-acute therapies, or therapies where a significant and measurable improvement of condition cannot be expected in a reasonable and generally predictable period of time. Rehabilitative and habilitative services related to 1) Developmental delay; 2) Maintaining physical condition; 3) Maintenance therapy for a chronic condition
- Speech therapy for occupational or recreational voice strain that could be needed by professional or amateur voice users, including, but not limited to, public speakers, singers, cheerleaders

Substance Abuse Services

- Court-ordered testing and/or evaluation
- Treatment for chronic conditions

Temporomandibular Joint Disorder

- Dental prosthesis or any treatment on, or to, the teeth, gums, or jaw and other services customarily provided by a dentist or dental Specialist
- Treatment of pain or infection due to a dental cause, surgical correction of malocclusion prognathic surgery, orthodontia treatment, including hospital and related costs resulting from these services when determined to relate to malocclusion
- Services related to injuries caused by or arising out of the act of chewing

Transplant Services

- Services, supplies and medications provided to a donor where the recipient is not a Member covered under this health Plan
- Donor searches
- Non-human or artificial organs and the related implantation services
- VADs when used as an artificial heart

Urgent Care Services

- Use of urgent care facilities for non-urgent purposes. Routine care, follow-up or continuing care provided in an urgent care facility

Other

- Convenience items
- Employment counseling
- Exercise programs
- Experimental/investigational procedures and medications
- Fraudulent services
- Household equipment/fixtures
- Long-term rehabilitative services
- Lost wages
- Missed appointments
- Radial keratotomy
- Self-inflicted injuries
- Thermography
- Travel expenses
- Vocational programs
- Work-related injuries
- Riots, war, misdemeanor, or felony-related injuries or illnesses

Health Net of Arizona, Inc. has entered into an agreement with CMS to provide health insurance coverage through Qualified Health Plans on the Health Insurance Marketplace.

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