

# PLAN OVERVIEW GF

## *Standard HMO 40 1AE (1BR) (1BZ)<sup>1</sup>*

	MEMBER RESPONSIBILITY
<b>PLAN MAXIMUMS</b>	
Out-of-pocket maximum	\$4,000 single; \$8,000 family
Lifetime maximum	No maximum
<b>PROFESSIONAL SERVICES</b>	
Office visit copay (including specialist consultation)	\$40 copayment
Preventive care services <sup>2</sup>	\$40 copayment; birth through age 2 covered in full
X-ray and laboratory procedures <sup>3</sup>	Covered in full
Rehabilitation therapy <sup>4</sup>	\$40 copayment
Self-injectables	30%
<b>HOSPITAL SERVICES</b>	
Inpatient care (includes maternity)	\$1,000 copayment per day; 3-day copay max/admit
Outpatient services (other than surgery)	40%
Outpatient surgery (hospital or outpatient surgery center charges only)	\$1,000 copayment
Skilled nursing facility	Days 1–10: covered in full; Days 11–100: \$25 per day
<b>EMERGENCY SERVICES</b>	
Professional services	Covered in full
Emergency room facility (copayment waived if admitted)	\$100 copayment
Urgent care facility	\$50 copayment
Ambulance services (ground and air)	\$100 copayment
<b>BEHAVIORAL SERVICES<sup>5</sup></b>	
Severe mental health (outpatient/inpatient)	\$40 copayment / \$1,000 copayment per day (3-day copayment max/admit)
Non-severe mental health (outpatient/inpatient)	\$40 copayment (20 visits/year) / \$1,000 copayment per day (3-day copay max/admit) (30 days/year)
Chemical dependency rehabilitation (outpatient/inpatient)	Not covered
Acute care detoxification	\$1,000 copayment/day (3-day copay max/admit)
<b>OTHER SERVICES</b>	
Durable medical equipment	50% (\$2,000 maximum per calendar year)
Orthotics and prosthetics	Covered in full
Diabetic equipment	20%
Acupuncture and chiropractic services <sup>6</sup>	Optional rider available
<b>PRESCRIPTION DRUG COVERAGE<sup>7</sup></b>	
Brand name calendar year deductible (per member)	No deductible
Prescription drugs (up to a 30-day supply) <sup>8</sup>	\$15/\$30/\$50

<sup>1</sup> The plan codes listed are: Full network; Silver Network; Bronze Network. For a complete Silver Network and Bronze Network service area listing, please refer to the SBG Benefits Guide.

<sup>2</sup> Includes annual preventive physical, newborn and well-child care, well-woman exams, preventive lab, and x-ray services.

<sup>3</sup> Complex radiology (includes CT, SPECT, PET and MRI) requires a \$100 copayment.

<sup>4</sup> Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>5</sup> All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

<sup>6</sup> Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the HMO plan shown above. Features of Health Net's chiropractic coverage include a \$10 per visit copayment and up to 20 visits per calendar year.

<sup>7</sup> Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to [www.healthnet.com](http://www.healthnet.com).

<sup>8</sup> The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

This health care service plan believes this is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be determined by contacting your Health Net representative.

**This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Evidence of Coverage for terms and conditions of coverage. HMO, EOA and POS plans offered by Health Net of California.**

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