

HEALTH NET HMO PLAN

BENEFITS	HMO Plan	32F
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PROFESSIONAL SERVICES	
Visit to Physician, Physician Assistant or Nurse Practitioner at a PPG.	\$15
Periodic health evaluations. Includes routine, preventive care. --Birth through 30 days of life (Newborn care office visit). --Ages 31 days and older. Includes well-baby care.	\$15 \$15
Annual routine physical examinations.	No
Vision and hearing examinations.	\$15
Specialist consultations. Includes OB-GYN self-referral.	\$15
Physician visit to member's home (at discretion of physician) .	\$30
Physician visit to hospital or skilled nursing facility (excluding care for mental disorders).	Yes
Other immunizations (except foreign travel/occupational-see below).	Yes
Immunizations for foreign travel/occupational purposes.	20%
Allergy testing.	Yes
Allergy serum.	Yes
Allergy injection services (serum not included).	Yes
Injections related to infertility services.	50%
All other injections.	Yes
Surgeon/assistant surgeon in hospital or PPG.	Yes
Administration of anesthetics.	Yes
X-ray and laboratory procedures.	Yes
Rehabilitation therapy services (inpatient/outpatient physical, speech, occupational and respiratory therapy). Provided as long as significant improvement is expected. See Section 200 in <i>PPG Operations Manual</i> .	Yes
Dental services (when medically necessary to properly monitor, control or treat a severe medical condition when excluded dental services are being performed. See Section 200 in <i>Operations Manual</i>).	Yes

CARE FOR CONDITIONS OF PREGNANCY (professional services only)	
Prenatal and postnatal office visit.	\$15
Normal delivery, Cesarean section. Includes newborn inpatient care provided by a member physician.	Yes
Complications of pregnancy, including medically necessary abortions.	Yes
Elective abortions.	\$150
Genetic testing of fetus.	Yes
Circumcision of newborn.	Yes

FAMILY PLANNING (professional services only)	
Contraceptive devices.	No
Infertility services (including professional services, inpatient and outpatient care, treatment by injection and prescription drugs, if applicable. See Section 200 in <i>Operations Manual</i>).	50%
Sterilization of females.	\$150
Sterilization of males.	\$50
Reversal of sterilization.	No

ALCOHOL/DRUG REHABILITATION and CARE FOR MENTAL DISORDERS
<p>ADMINISTERED BY MANAGED HEALTH NETWORK (MHN) Refer members to the MHN telephone number on the back of their Health Net ID card.</p>

OTHER SERVICES	
Medical social services.	Yes
Patient education.	Yes
Ambulance.	Yes
Air ambulance.	Yes
Durable medical equipment.	Yes
Hearing Aids.	No
Prosthesis (replacing body parts).	Yes
Diabetic Supplies.	Yes
Blood, blood plasma, blood factors and blood derivatives.	Yes
Nuclear medicine (professional services only).	Yes
Organ and bone marrow transplants (non-experimental and noninvestigative. Professional services only).	Yes
Chemotherapy (professional services only).	Yes
Renal dialysis (professional services only).	Yes
Home health visit. The copayment starts the 31st calendar day after the first visit.	\$15
Hospice care.	Yes

HOSPITAL AND SKILLED NURSING FACILITY SERVICES	
Unlimited days of hospital care in a semi-private room or ICU with ancillary services. Excluding care for mental disorders.	\$250 **
--Confinement for infertility services	50%
Confinement in a skilled nursing facility (limited to 100 days a calendar year).	\$250 **
Maternity care. Includes routine nursery charges.	\$250 **
Outpatient services.	Yes

EMERGENCY SERVICES/URGENTLY NEEDED CARE - Within or outside the PPG service area - (Refer to the Introduction pages for more information)	
NOTE: Non-emergency care (including urgently needed care) received within the PPG service area must be performed or authorized by the member's PPG in order for services to be covered. When urgently needed care is provided outside the PPG service area, authorization is not mandatory in order for services to be covered. When services are provided that meet the criteria for emergency care, whether within or outside the PPG service area, the services are covered, even if the member never contacted the PPG. See the Introduction pages for more information.	
Use of emergency room (facility and professional services).*	\$100
Use of urgent care center (facility and professional services).*	\$50

MAXIMUM LIFETIME BENEFIT	
Maximum Life time Benefit	Unlimited

* The copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

** Hospital copayments are required for the first two admission in each calendar year. Once the requirement is satisfied, no copayment is required for futher admissions in the same calendar year. If the member is transferred from one hospital to another, there will be no additional copayment charge for that admission.