

# Small Business Group Plan overview

# Health Net Variable HMO

# Hospital Copay

## Plan 25

Health Net's Variable HMO Hospital Copay plan allows you three levels of copayments, high, medium and low for hospital services available under this plan. While there is one set of benefits for all other services, the copayment for hospital inpatient services and outpatient surgery benefits will vary depending on the hospital where services are rendered. Your Physician Group may be affiliated with more than one hospital, each having a different copayment level. You will be subject to the copayment level applicable to those affiliated hospitals. If the hospital's copayment level has changed, your copayment for hospital inpatient services is determined by your date of admission and your copayment for outpatient surgery benefits is determined by your date of surgery.

Visit Health Net's DocSearch at [www.healthnet.com](http://www.healthnet.com) for a current hospital index.

For eligibility coverage, claims or other information, please call Member Services at **1-800-361-3366**.

**This is only a summary of your benefits. Please refer to your Evidence of Coverage and Plan Contract for terms and conditions of coverage, including which services are limited or excluded from coverage.**

<b>Deductibles</b>	none
<b>Lifetime maximums</b>	none
<b>Maximum copayment liability</b>	One member \$3,500 Family (two members or more) \$7,000

Payments for services not covered by this plan will not be applied to the yearly maximum copayment. You will need to continue making payments for any additional benefits as described in the "Additional plan benefits" section of your Evidence of Coverage and Plan Contract.

<b>TYPE OF SERVICES</b>	<b>WHAT YOU PAY FOR SERVICES<sup>1</sup></b>
<b>Professional services</b>	The following shows the copayments required for this plan's services.
Visit to physician (birth through day 30)	no charge
Visit to physician (day 31 and older)	\$25
Visit to physician for treatment of severe mental illness or serious emotional disturbances of a child <sup>2</sup>	\$25
Specialist consultations <sup>3</sup>	\$25
Physician visit to hospital or skilled nursing facility (excluding care for mental disorders)	no charge

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## Health Net Variable HMO Hospital Copay • Plan 25

TYPE OF SERVICES	WHAT YOU PAY FOR SERVICES
	The following shows the copayments required for this plan's services.
Allergy testing	\$25
Allergy injection services	\$25
Injectable contraceptives (including but not limited to Depo Provera)	no charge
All other injections	no charge
Surgeon or assistant surgeon services <sup>4</sup>	no charge
Anesthetics	no charge
X-ray and laboratory procedures	no charge
Rehabilitative therapy (includes physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy)	\$25
<b>Adult preventive care<sup>5</sup></b>	
Periodic health evaluations (age 18 and older) <sup>3</sup>	\$25
Vision screenings and examinations	\$25
Hearing screenings and examinations	\$25
Immunizations (standard)(age 18 and older)	\$25
Immunizations (foreign travel/occupational)	\$25
<b>Child preventive care<sup>5</sup></b>	
Periodic health evaluations, including well-baby care (age days 31 through 24 months)	no charge
Periodic health evaluations (age 2 through age 17) <sup>3</sup>	\$25
Immunizations (birth to age 2)	no charge
Immunizations (age 2 through age 17)	\$25
Vision exams and hearing exams	\$25
<b>Family planning (professional)</b>	
Prenatal and postnatal office visits	\$25
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
<b>Sterilization</b>	
Vasectomy	no charge
Tubal ligation	no charge
<b>Hospitalization services</b>	
Semi-private hospital room or intensive care unit with ancillary services (unlimited, 4 day maximum copayment per confinement) <sup>6</sup>	
Low Copay Hospitals	\$100 per day
Medium Copay Hospitals	\$300 per day
High Copay Hospitals	\$500 per day
Semi-private hospital room or intensive care unit with ancillary services for treatment of severe mental illness or serious emotional disturbances of a child (unlimited, 4 day maximum copayment per confinement) <sup>2</sup>	\$100 per day

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# Health Net Variable HMO Hospital Copay • Plan 25

## TYPE OF SERVICES

## WHAT YOU PAY FOR SERVICES

The following shows the copayments required for this plan's services.

Skilled nursing facility stay (limited to 100 days per calendar year, per confinement)	
Days 1-10	no charge
Days 11-100	\$75 per day
Maternity care in hospital or skilled nursing facility (4 day maximum copayment per confinement) <sup>6</sup>	
Low Copay Hospitals	\$100 per day
Medium Copay Hospitals	\$300 per day
High Copay Hospitals	\$500 per day
Outpatient facility services (other than surgery)	\$25
Outpatient surgery (free-standing ambulatory surgical center)	\$100
Outpatient surgery (hospital or outpatient surgery center charges only) <sup>6</sup>	
Low Copay Hospitals	\$100
Medium Copay Hospitals	\$300
High Copay Hospitals	\$500
<b>Behavioral health services</b>	
<b>Non-severe mental disorders</b>	
Inpatient (30-day maximum each calendar year)	\$100 per day/4-day copayment maximum per confinement <sup>7</sup>
Outpatient (20-visit maximum each calendar year)	\$25 <sup>8</sup> (individual session) \$12.50 <sup>8</sup> (group session)
<b>Severe mental illness and serious emotional disturbances of a child<sup>9</sup></b>	
Inpatient	\$100 per day/4-day copayment maximum per confinement
Outpatient	\$25 (individual session) \$12.50 (group session)
<b>Acute care detoxification</b>	\$100 per day/4-day copayment maximum per confinement
<b>Emergency health coverage</b>	
Emergency room (professional and facility charges)	\$100 <sup>10</sup>
Urgent care center (professional and facility charges)	\$50 <sup>10</sup>
Ground ambulance	20%
Air ambulance	20%
<b>Other services</b>	
Home health services (part-time or intermittent care only; 100 visits per calendar year maximum)	no charge
Diabetic equipment (coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Evidence of Coverage and Plan Contract for diabetic information.	20%
Organ and bone marrow transplants (nonexperimental and noninvestigational)	no charge

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# Health Net Variable HMO Hospital Copay • Plan 25

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The following shows the copayments required for this plan's services.	
Renal dialysis	no charge
Hospice services	no charge
Blood, blood plasma, blood derivatives and blood factors	no charge
Nuclear medicine	no charge
Chemotherapy	no charge
<b>Prescription drug coverage</b>	
Level I drugs listed on the Health Net Recommended Drug List (primarily generic drugs)	\$15
Level II drugs listed on the Health Net Recommended Drug List (primarily brand name drugs)	\$25
Level III drugs (drugs not listed on the recommended drug list)	\$50

<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 Evidence of Coverage and Plan Contract for the definitions of severe mental illness and serious emotional disturbances of a child and for non-severe mental disorder benefits

<sup>3</sup> Self-referrals are allowed for obstetrician and gynecological services including preventive care, pregnancy and gynecological ailments. Copayment requirements may differ depending on the service provided. Refer to the "Benefits and coverages" section of your Evidence of Coverage and Plan Contract.

<sup>4</sup> Surgery including 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.

<sup>5</sup> Provided on the basis of age, medical need and health status.

<sup>6</sup> Copayment levels will vary depending on hospital or surgical center where services are rendered. If the hospital's copayment level has changed, your copayment for hospital inpatient services is determined by your date of admission and your copayment for outpatient surgery benefits is determined by your date of surgery. For organ, tissue, or bone marrow transplant, if authorization is obtained and the transplant is performed at a Health Net designated transplant center, the lowest copayment level will apply. In exception cases, only when authorized by Health Net, transplants may be performed at non-Health Net designated transplant centers, and the lowest copayment level will apply.

<sup>7</sup> Inpatient admission means any admission to a hospital, day treatment program, residential treatment center or structured outpatient program. In addition, inpatient mental health is limited to a maximum number of days each calendar year.

<sup>8</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. A missed appointment may result in a copayment being charged and one of the counseling sessions being used. In addition, outpatient mental health is limited to a maximum number of visits each calendar year.

<sup>9</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 in your Evidence of Coverage and Plan Contract. Services for these conditions require whatever copayment would be required if the services were provided for a medical condition.

<sup>10</sup> Copayments for emergency room or urgent care center visits will not apply if you receive care from a facility owned and operated by your physician group or if you are admitted as an inpatient directly from the emergency room or urgent care center. A visit to one of your physician group's facilities will be considered an office visit and the office visit copayment, if any, will apply.

