

Plan facts	Member services Member services hours Web address Product name	(800) 522-0088 Annual enrollment information: (800) 522-0088 Mon-Fri: 8:00 AM-6:00 PM PT www.healthnet.com HMO
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit \$15 copay per visit \$500 copay per admission \$200 copay for hospital care. Office visit copay applies in physician's office Covered at 100% \$50 copay/visit (waived if admitted) \$15 copay/visit
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	\$20 copay (generic), \$40 copay (preferred brand), \$80 copay (non-preferred brand) per prescription up to 90-day supply
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Physical: \$15 copay per visit. Limits may apply. GYN: \$25 copay per visit Not covered \$15 copay per visit Covered at 100%. Limit 1 visit every 2 years
Mental health	Inpatient Outpatient	\$250 copay per admission. Limit 30 days per year combined with inpatient SA. Severe Mental Illness: Unlimited days \$25 (individual) or \$12.50 (group) copay per visit. Limit 52 visits/year combined with outpatient SA. Severe Illness: \$15 copay/visit, unlimited*
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$250 copay per admission. Limit 30 days per year combined with inpatient rehab and MH \$250 copay per admission. Limit 30 days per year combined with inpatient detox and MH Not covered \$25 (individual) or \$12.50 (group) copay per visit. Limit 52 visits/year combined with outpatient MH. Severe Illness: \$15 copay/visit, unlimited*
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$25 copay per visit. Limited to treatment where significant improvement expected \$15 copay per visit. Limit 20 visits per year
Out-of-network coverage	Out-of-network non-emergency care	Not covered
Key facts	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Domestic partner coverage available: Yes Domestic partner children coverage avail.: NA See website for details

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.