

Plan Facts

Health Net Plus CA HMO	
Web site	healthnet.com
Member services	1-800-275-4737; 1-800-596-6565 non-members
Find a network provider	Find a Doctor or Hospital
Binding arbitration	No; Medicare Advantage appeals and grievance process applies

Cost

Health Net Plus CA HMO	
Health Reimbursement Arrangement--Account Information	
Eligible expenses for reimbursement	Not applicable
General Medical Expenses	
Deductible: Individual/Family	\$0 Individual; \$0 Family
Primary doctor office visit	\$10 copay
Specialist office visit	\$10 copay; PCP referral required
Out-of-pocket maximum: Individual/Family	\$0 Individual; \$0 Family
Lifetime coverage limit	Limit does not apply
Inpatient Hospital Care	
Hospital copay	100% covered
Hospital semi-private room	100% covered
Inpatient lab and X-ray	100% covered
Inpatient physician and surgeon services	100% covered
Outpatient Care	
Outpatient surgery	100% covered
Outpatient laboratory services	100% covered
Outpatient X-ray	100% covered
Emergency room (not followed by admission)	\$50 copay
Urgent care clinic visit	\$50 copay
Prescription Drug Expenses	
Prescription drug vendor	Same as medical plan
Prescription drug Web site	Same as medical plan
Prescription drug member services	Same as medical plan
Annual prescription deductible	Not applicable
Retail generic	\$5 copay; 30 day supply; formulary generic at participating pharmacies only
Retail formulary brand	\$15 copay; 30 day supply; at participating pharmacies only
Retail nonformulary brand	Not covered
Mail order generic	\$10 copay; 90 day supply; formulary generic
Mail order formulary brand	\$30 copay; 90 day supply
Mail order nonformulary brand	Not covered
Oral contraceptives	Retail and mail order available; applicable prescription drug copay applies

Coverage

Health Net Plus CA HMO	
Adult Preventive Care	
Physical exam	100% covered

Well-woman exam (includes pap)	100% covered
Mammogram	100% covered
Cancer screenings	100% covered
Cardiovascular screenings	100% covered
Family Planning	
Fertility drugs	Not covered
Fertility services	Covered according to Medicare guidelines based on place of service; check with Plan for details
Artificial insemination	Not covered; medically necessary services covered according to Medicare guidelines; check with Plan for details
In vitro fertilization	Not covered
Male vasectomy	100% covered; outpatient hospital setting; \$10 copay office setting
Maternity Care	
Office visit: Pre/postnatal	\$10 copay
In-hospital delivery services	100% covered
Newborn nursery services	100% covered
Prenatal care management	Yes
Well-Baby/Well-Child Preventive Care	
Well-child exams	100% covered
Immunizations (child)	100% covered
Mental Health Care	
Mental Health: Combined with substance abuse	Yes
Mental Health: Outpatient coverage	\$10 copay; must be medically necessary
Mental Health: Inpatient coverage	100% covered; limited to 190 days per lifetime
Substance Abuse Care	
Detox: Outpatient coverage	100% covered
Detox: Inpatient coverage	100% covered; limited to 190 days per lifetime
Rehab: Outpatient coverage	\$10 copay
Rehab: Inpatient coverage	100% covered; limited to 190 days per lifetime
Dental Care	
Dental implants	Not covered
Accidental injury to teeth	Coverage based on place of service; check with Plan for details
Surgical removal of tumors, cysts, and impacted teeth	Tumor related examinations and treatment of the gums may be covered; limitations apply; check with Plan for details
Vision Care	
Routine vision exams	\$10 copay; limited to PCP screening or eye refraction exam through selected Medical Group; limited to one exam per benefit plan year
Regular lenses and frames	Not covered
Contact lenses	Not covered
Other Services	
Ambulance services	100% covered
Allergy tests and treatments	100% covered; testing, serum, and injection services
Durable medical equipment	100% covered

Hearing Care

Hearing evaluations	\$10 copay
Hearing aids	Not covered

Medical Therapy

Acupuncture	Not covered
Chiropractic	\$10 copay; limited to 20 visits per calendar year at ASHP provider; no PCP referral required
Outpatient physical therapy	\$10 copay
Outpatient speech therapy	\$10 copay
Outpatient occupational therapy	\$10 copay

Care at Alternate Sites

Noncustodial home health care	100% covered
Prescribed care in noncustodial skilled nursing facility	100% covered; limited to 150 days per calendar year
Hospice care	Covered under original Medicare program; check with Plan for details

Access

	Health Net Plus CA HMO
Out-of-area dependent coverage	No
Out-of-area participant coverage	No

Ease of Use

	Health Net Plus CA HMO
Need to file claims	No; except for covered urgent or emergency care received outside of Health Net service area
Number of PCP changes allowed/year	Not available
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	No

Care Management: Education and Assistance

	Health Net Plus CA HMO
Asthma care management	Yes
Cancer care management	Yes
Diabetes care management	Yes
Heart disease care management	Yes
Hypertension care management	Yes
Smoking cessation program	Yes; 12-week course of prescription drug therapy available per calendar year; check with Plan for details
Weight control program	Yes; limited to the treatment