

FLEX ACTIVE AND UNDER 65 RETIREE BENEFITS	2021 Plan Benefits
PROFESSIONAL SERVICES	
Visit to Physician, Physician Assistant or Nurse Practitioner at a Participating Provider Group (PPG) (1)	\$30
Performed at a CVS MinuteClinic for preventive care services (1)	\$0
Performed at a CVS MinuteClinic for all other non-preventive care services	\$30
Telemedicine Services	Telehealth cost share mirrors in-person cost share based on type of service provided
Periodic health evaluations. Includes annual preventive physicals, well baby care, well woman exams, vision/hearing screenings and preventiv x-ray/lab tests (1)	\$0
Annual routine physical examinations - Example: employment, sports, school, camp, etc.	Not covered
Vision examinations for refractive eye exams (birth through age 17)	\$0
Vision examinations for refractive eye exams (age 18 and older)	Not covered
Hearing exams for hearing loss	\$0
Specialist consultations. Includes self referral to OBGYN for non-preventive services (1)	\$30
Physician visit to member's home (at discretion of physician)	\$30
Physician visit to hospital or skilled nursing facility	\$0
Other immunizations (except foreign travel/occupational-see below).	\$0
Immunizations for foreign travel/occupational purposes	\$0
Allergy testing	\$0
Allergy serum	\$0
Allergy injection services (serum not included)	\$0
Injections related to infertility services	\$0
All other injections (except self administered injectables - see below)(1)	\$0
-- Self administered injectables	\$0
-- Hormonal therapy treatment related to Gender Identity Disorder (GID)	\$0
Surgeon/assistant surgeon	\$0
Administration of anesthetics	\$0
X-ray and laboratory procedures. Preventive xray/lab, refer to periodic health evaluations(1)	\$0
Complex radiology (CT, SPECT, MRI, and PET)	\$150
Acupuncture Services - Provided as long as significant improvement is expected (30 visit max)	\$30
Chiropractic Services - Provided as long as significant improvement is expected (30 visit max)	\$30
Rehabilitation therapy services (physical, speech, occupational and respiratory therapy) - Provided as long as significant improvement is expected	\$30
Habilitation therapy (physical, occupational, speech, respiratory and cardiac therapy). For applied behavioral analysis (ABA), refer to the mental health benefits.	\$30
Dental services (when medically necessary to properly monitor, control or treat a severe medical condition when excluded dental services are being performed)	\$0
CARE FOR CONDITIONS OF PREGNANCY (professional services only)	
Prenatal and postnatal office visit	\$0
Normal delivery, Cesarean section Includes newborn inpatient care provided by a member physician	\$0
Abortions (professional services)	\$150
Genetic testing of fetus	\$0
Circumcision of newborn	\$0
FAMILY PLANNING (professional services only)	
Contraceptive devices- Intrauterine device (IUD)Injectible or implantable(1)	\$0(1)
Infertility services (including professional services, inpatient and outpatient care, treatment by injection and prescription drugs) - includes artificial insemination, IUI and GIFT	
ZIFT and In-vitro Fertilization	Not covered
Basic infertility professional services	\$30
Infertility injections	\$0
Sterilization of females	\$0
Sterilization of males	\$150
Reversal of sterilization	Not covered

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OTHER SERVICES	
Medical social services	\$0
Patient education	\$0
Ground Ambulance	\$0
Air ambulance	\$0
Durable medical equipment	\$0
Orthotics (braces and supports)	\$0
Corrective footwear	Not covered
Diabetic supplies (except footwear; see below)	\$0
Diabetic footwear	\$0
Hearing Aids	Not covered
Prosthesis (replacing body parts).	\$0
Blood and blood products	\$0
Nuclear medicine	\$0
Organ and bone marrow transplants (non-experimental and noninvestigative - Professional services only)	\$0
Companion travel (When medically necessary)	\$0
Non-familial search for organ donors	\$0
Gender reassignment travel, lodging and meals	Refer to footnote 2
Chemotherapy / Radiation Therapy	\$0
Renal dialysis	\$0
Home health visit - Limited to 100 visits each calendar year	\$0
Hospice care	\$0
HOSPITAL AND SKILLED NURSING FACILITY SERVICES	
Unlimited days of hospital care in a semi-private room or ICU with ancillary services	\$340 per admit
Confinement in a skilled nursing facility - <i>Limited to 100 days per calendar year</i>	\$340 per admit
Maternity care - Includes routine nursery charges	\$340 per admit
Outpatient services other than surgery	\$30
Outpatient surgery at a hospital or ambulatory surgical center	150 (2)
EMERGENCY CARE/URGENTLY NEEDED CARE	
<i>The emergency room or urgent care copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.</i>	
Use of emergency room (facility services)	\$225
Emergency professional services	\$0
Use of urgent care center (facility and professional services)	\$40
OUT OF POCKET MAXIMUM (OOPM)	
For each member	\$3,490
For two-party	n/a
For each family	\$6,980
All copayments and coinsurance apply to OOPM	YES
<p>(1) Women's preventive care services include the following: Screening for gestational diabetes; human papillomavirus (HPV); DNA testing for women 30 years and older; sexually-transmitted infection counseling; human immunodeficiency virus (HIV) screening and counseling; family planning; FDA-approved contraception methods and contraceptive counseling; breastfeeding support, supplies and counseling; domestic violence screening and counseling; and preventive sterilizations. The applicable cost sharing for preventive care will apply to these services.</p>	
<p>(2) The transgender surgery must be performed by a Health Net qualified provider in conjunction with gender transformation treatment. The treatment plan must conform to Harry Benjamin International Gender Dysphoria Association (HBI/GDA) standards. HBI/GDA, now called WPATH (World Professional Association of Transgender Health).. Prior Authorization is required from Health Net. Beyond the actual surgery no cosmetic procedures are covered. Travel & Lodging expenses are covered as part of the Transgender Surgery. Prior Authorization required. Health Net's Case Manager will determine and set guidelines for lodging/travel/meal expenses using Health Net's Corporate Travel Policies and Procedures Manual Guidelines. Travel/Lodging expenses only available for the patient (companion not covered), which includes coverage for the following: Pre-op, operation, post-op visits to Northern CA Transgender surgeon only, meals at a maximum of \$55 per day, coach airfare (patient will pay the difference to upgrade) and airport parking limited to long term parking rates for all overnight trips in excess of one night. Must be more than 100 miles from provider for HN to cover travel/lodging expenses. Health Net will not prepay for Travel/Lodging/Meals expenses. Reimbursement will be provided with submission of the Claims Reimbursement form along with receipts for pre-approved expenses; authorization needs to be indicated on the form. For use of personal car, member must provide: purpose of trip, date, location, receipts for tolls and parking (mileage will be reimbursed at federal mileage allowance rates).</p>	