

PrimeCare Retiree PPO Living Inside and Outside of California	2021 PPO Plan Benefits	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE per Cal Year		
Per Member	N/A	N/A
Per Family	N/A	N/A
COINSURANCES	100%	90%
OUT OF POCKET MAXIMUM (OOPM)		
<i>Once the OOPM is satisfied, then eligible benefits are paid at 100% for the remainder of the calendar year.</i>		
Individual	\$1,500	
Family	\$3,000	
All copayments and coinsurance apply to OOPM?	YES	YES
Do the in-network and OON OOPM cross-accumulate?	YES	YES
MAXIMUM LIFETIME BENEFIT	Unlimited	
PENALTIES for Non-Certification		
Inpatient	None	
Outpatient	None	
PRE-EXISTING CONDITIONS	None	
Professional Basis of Reimbursement	Contracted Rate	Maximum Allowable Amount (MAA)
Institutional Basis of Reimbursement	Contracted Rate	Maximum Allowable Amount (MAA)
PROFESSIONAL SERVICES		
Physician visit to Hospital or Skilled Nursing Facility (<i>excludes care for mental disorders</i>)	\$0	10% of MAA
Telemedicine Services	Telehealth cost share mirrors in-person cost share based on type of service provided	Not Covered
Visit to Physician's office	\$0	10% of MAA
Visit to a Christian Science Practitioner	Not Covered	10% of MAA
Specialist Consultations (includes second surgical opinion)	\$0	10% of MAA
Physician visit to member's home	\$0	10% of MAA
Preventive child care examinations (newborn thru age 17; includes: annual preventive physicals newborn well-baby care & immunizations)	\$0	10% of MAA
Adult Preventive Care age 18 and older includes: annual preventive physicals	\$0	10% of MAA
Adult Annual Routine Physical Examinations age 17 and older - limited to coverage provided for: sports, school, camp, etc.	Not Covered	Not Covered
Immunizations (excluding those for foreign travel/occupational purposes)	\$0	10% of MAA
Immunizations for foreign travel/occupational purposes	\$0	10% of MAA
Eye surgeries to correct refractive defects	NOT COVERED	
Injections and injected substances (for infertility, see family planning)	\$0	10% of MAA
Self Administered Injectables	\$0	10% of MAA
Surgeon/Assistant Surgeon	\$0	10% of MAA
Anesthesia	\$0	10% of MAA
Chemotherapy/Radiation Therapy	\$0	10% of MAA
Nuclear Medicine	\$0	10% of MAA
X-ray and Laboratory procedures	\$0	10% of MAA
Allergy Testing	\$0	10% of MAA
Allergy Serum	\$0	10% of MAA
Rehabilitation therapy. Outpatient physical, speech, occupational, respiratory, cardiac therapy	\$0	10% of MAA
Habilitation Therapy (Excluding ABA Therapy Services)	\$0	10% of MAA

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CARE FOR CONDITIONS OF PREGNANCY (professional services only)		
Prenatal and Postnatal Office Visit (Global Fees)	\$0	10% of MAA
Normal delivery, Cesarean section Includes newborn inpatient professional care	\$0	10% of MAA
Abortions	\$0	10% of MAA
Genetic testing of fetus	\$0	10% of MAA
Circumcision of newborn	\$0	10% of MAA
FAMILY PLANNING (professional services only)		
Contraceptive Methods. Includes intrauterine device (IUD), injectable or implantable contraceptives	\$0	10% of MAA
Infertility Services (includes professional services, inpatient and outpatient care and treatment by injection) - includes artificial insemination, IUI and GIFT	\$0	10% of MAA
Zift and Invitro fertilization	NOT COVERED	
Sterilization of females	\$0	10% of MAA
Sterilization of males	\$0	10% of MAA
Reversal of sterilization	NOT COVERED	
OTHER SERVICES		
Durable Medical Equipment	\$0	10% of MAA
Orthotics	\$0	10% of MAA
Corrective footwear	\$0	10% of MAA
Diabetic Footwear	\$0	10% of MAA
Diabetic Supplies	\$0	10% of MAA
Prosthesis - replacing body parts	\$0	10% of MAA
Medical Social Services	\$0	10% of MAA
Patient Education (diabetes only)	\$0	Not Covered
Dental Services (when medically necessary to properly monitor, control or treat a severe medical condition when excluded dental services are performed)	\$0	10% of MAA
Chiropractic Care. Does not apply to OOPM	10%	10% of MAA
Max Visits per calendar year =	N/A	
Max allowable=	\$1,500	
Acupuncture	\$0	10% of MAA
Blood and blood products	\$0	10% of MAA
Ambulance (ground) and (air)	\$0	\$0
Hemodialysis	\$0	10% of MAA
Home Health Care	\$0	10% of MAA
Hospice Services (elected by member)	\$0	10% of MAA
Outpatient Infusion Therapy (home or physician's office)	\$0	10% of MAA

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HOSPITAL AND SKILLED NURSING FACILITY SERVICES		
Acute Facility - unlimited days of hospital care in a semi-private room or ICU with ancillary services. Excludes care for mental disorders.	\$0	10% of MAA
Acute Facility - unlimited days semi-private room or ICU (Bariatric Surgery)	\$0	10% of MAA
Christian Science sanatorium	Not Covered	10% of MAA
Skilled Nursing Facility	\$0	10% of MAA
Maternity care - Includes routine nursery charges	\$0	10% of MAA
Outpatient Surgery (includes Ambulatory Surgery Center) - excludes Bariatric Surgery	\$0	10% of MAA
Outpatient Surgery (includes Ambulatory Surgery Center) - Bariatric Surgery	\$0	10% of MAA
Outpatient services	\$0	10% of MAA
Organ and Bone Marrow Transplants (professional services only)	\$0	10% of MAA
<i>Companion and donor travel is limited to the cost of one round trip coach airfare. Additionally, hotel or motel accommodations are limited to the same number of days the member is confined in a hospital or medical facility.</i>	\$0	10% of MAA
EMERGENCY SERVICES		
Professional Services (\$0 if true emergency)	\$0	10% of MAA
Emergency Room (\$0 if true emergency)	\$0	10% of MAA
Urgent Care Facility (\$0 if true urgent situation)	\$0	10% of MAA
MEDICALLY NECESSARY but NON-EMERGENCY SERVICES		
Professional Services	\$0	10% of MAA
Emergency Room	\$0	10% of MAA
Urgent Care Facility	\$0	10% of MAA
ALCOHOL/DRUG REHABILITATION and MENTAL DISORDERS		
Administered by Managed Health Network (MHN) / United Behavioral Health (UBH)		
Inpatient Hospital Care for mental health disorders	\$0	10% of MAA
Physician Mental Health visit to Hospital	\$0	10% of MAA
Outpatient Mental Health Consultation	\$0	10% of MAA
Outpatient Mental Health - Other (Includes Alternate Care: Partial Hospitalization/ Day Treatment/ Intensive Outpatient Programs)	\$0	10% of MAA
Inpatient Hospital Care for mental health disorders	\$0	10% of MAA
Physician Mental Health visit to Hospital	\$0	10% of MAA
Outpatient Mental Health Consultation	\$0	10% of MAA
Outpatient Mental Health - Other (Includes Alternate Care: Partial Hospitalization/ Day Treatment/ Intensive Outpatient Programs)	\$0	10% of MAA
Acute Inpatient Hospital / Residential Care for chem dependency, except detox	\$0	10% of MAA
Detoxification (acute care for substance abuse)	\$0	10% of MAA
Outpatient Chemical Dependency Consultation (therapy, counseling and/or psychological testing) in an outpatient chemical dependency rehab facility	\$0	10% of MAA
Outpatient Chemical Dependency - Other (Includes Alternate Care: Partial Hospitalization/ Day Treatment/ Intensive Outpatient Programs)	\$0	10% of MAA

Footnote: Certain services require prior certification before being provided or received. If prior certification is not acquired, there are no certification penalties. Refer to the Health Net Standard PPO Certification list for additional information. NOTE: Routine care for conditions of pregnancy and renal dialysis do not require prior certification. However, notification is requested.