

PrimeCare Retiree PPO Living Inside and Outside of California	2022 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)
<b>PROFESSIONAL SERVICES</b>		
Visit to Physician's office.	\$0	10% of MAA
Telemedicine Services.	Refer to footnote 1	Not Covered
Visit to a Christian Science Practitioner.	Not Covered	10% of MAA
Preventive care. Includes annual preventive physical examinations, preventive vision/hearing screenings, well-woman exam and other women's preventive services, preventive laboratory tests and x-rays. (1)	\$0	10% of MAA
Annual routine physical examinations. Limited to coverage provided for sports, school, camp, etc.	Not Covered	Not Covered
Vision and hearing examinations. Routine preventive exams only for children through age 17.	\$0	10% of MAA
Adult (age 18 and older).	Not Covered	Not Covered
Specialist Consultations (includes second surgical opinion).	\$0	10% of MAA
Podiatry services, includes routine foot care for diabetes.	\$0	10% of MAA
Routine foot care (cutting/removal of corns, calluses, trimming of nails).	Not Covered	Not Covered
Physician visit to member's home.	\$0	10% of MAA
Physician visit to Hospital or Skilled Nursing Facility (excludes care for mental disorders).	\$0	10% of MAA
Immunizations, including for foreign travel/occupational purposes.	\$0	10% of MAA
Allergy Testing.	\$0	10% of MAA
Allergy Serum.	\$0	10% of MAA
Allergy injection services (serum not included).	\$0	10% of MAA
Injections for treatment of infertility.	\$0	10% of MAA
Office based injectable medications.	\$0	10% of MAA
Self Administered Injectables.	\$0	10% of MAA
Surgeon/Assistant Surgeon.	\$0	10% of MAA
Administration of anesthetics.	\$0	10% of MAA
X-ray and Laboratory procedures, including genetic testing and complex radiology (CT scan, PET, MRI, SPECT, MUGA). Preventive x-ray/lab, refer to preventive care above.	\$0	10% of MAA
Rehabilitation therapy. (outpatient physical, speech, and occupational), including ABA therapy services.	\$0	10% of MAA
Cardiac and respiratory therapy.	\$0	10% of MAA
Habilitation Therapy (physical, occupational, speech, cognitive and cardiac therapy). For applied behavioral analysis (ABA), refer to the mental health benefits.	\$0	10% of MAA
Dental services (when medically necessary to properly monitor, control or treat a severe medical condition when excluded dental services are being performed).	\$0	10% of MAA

PrimeCare Retiree PPO Living Inside and Outside of California	2022 PPO Plan Benefits	
	IN-NETWORK	OUT-OF-NETWORK
<b>CARE FOR CONDITIONS OF PREGNANCY</b> (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
Abortion services.	\$0	10% of MAA
Genetic testing of fetus.	\$0	10% of MAA
Circumcision of newborn.	\$0	10% of MAA
<b>FAMILY PLANNING</b> (professional services only)		
Contraceptive Methods. Includes intrauterine device (IUD), injectable or implantable contraceptives.	\$0	10% of MAA
Infertility services. Includes professional services, outpatient care, treatment by injection, prescription drugs if applicable, artificial insemination (AI), IUI and GIFT. <b>ZIFT and IVF are not covered.</b>	\$0	10% of MAA
Sterilization of females.	\$0	10% of MAA
Sterilization of males.	\$0	10% of MAA
Reversal of sterilization.	NOT COVERED	
<b>OTHER SERVICES</b>		
Medical Social Services.	\$0	10% of MAA
Patient education for diabetes and smoking cessation/weight management.	\$0	Not Covered
All other patient education.	Not Covered	Not Covered
Ambulance services (air and ground).	\$0	\$0
Durable Medical Equipment.	\$0	10% of MAA
Orthotics (braces and supports).	\$0	10% of MAA
Corrective footwear. Custom made shoes and shoe inserts (custom foot orthotics).	\$0	10% of MAA
Diabetic Supplies.	\$0	10% of MAA
Medical supplies.	\$0	10% of MAA
Hearing aids.	\$0	\$0
Prosthesis - replacing body parts	\$0	10% of MAA
Wigs (cranial prosthesis).	Not Covered	Not Covered
Acupuncture	\$0	10% of MAA
Chiropractic Care. Coinsurance does not apply to the OOPM.	10%	10% of MAA
Max Visits per calendar year =	N/A	
Max allowable=	Combined benefit limit of \$1,500 per calendar year (PPO/OON)	
Blood and blood products, including blood clotting factors.	\$0	10% of MAA
Nuclear Medicine	\$0	10% of MAA
Organ, tissue and stem cell transplants (non-experimental and noninvestigative. Professional services only).	\$0	10% of MAA
Companion and donor travel and lodging. (2)	\$0	10% of MAA
Chemotherapy.	\$0	10% of MAA
Radiation therapy.	\$0	10% of MAA
Renal dialysis.	\$0	10% of MAA
Home Health Care. Includes home health rehabilitation.	\$0	10% of MAA
Infusion therapy (home, physician's office or outpatient).	\$0	10% of MAA
Hospice Services (elected by member)	\$0	10% of MAA
<b>HOSPITAL AND SKILLED NURSING FACILITY SERVICES</b>		
Unlimited days of hospital care (medical, surgical & maternity, including routine normal nursery charges) provided in a medically necessary private room, semi-private room or special care unit with ancillary services. Excludes care for mental disorders. For newborns, a separate coinsurance will apply to a newborn requiring admission to a special care unit.	\$0	10% of MAA
Confinement in a skilled nursing facility.	\$0	10% of MAA
Outpatient services	\$0	10% of MAA
<b>EMERGENCY ROOM / URGENT CARE CENTER</b>		
Emergency Room (professional services).	\$0	\$0
Use of emergency room (facility services).	\$0	10% of MAA
Use of urgent care center.	\$0 (3)	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.**

(1) Telehealth cost share mirrors in-person cost share based on type of service provided.

(2) 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.

(3) \$0 for medical services; \$0 for behavioral health, chemical dependency, or substance use disorders.