

PrimeCare Retiree HMO (Under 65)	2022 Benefits
PROFESSIONAL SERVICES	
Visit to Physician, Physician Assistant or Nurse Practitioner at a Participating Provider Group (PPG)	\$0 (1)
Performed at a CVS MinuteClinic for preventive care services. Includes preventive physical examinations, other immunizations and preventive laboratory tests	\$0
Performed at a CVS MinuteClinic for all other non-preventive care services	\$0
Periodic health evaluations. 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
Telemedicine Services	Refer to footnote 3
Annual routine physical examinations provided for employment, school, camp or sports	Not Covered
Vision and hearing examinations (refractive eye exams & hearing exams for hearing loss)	\$0
Specialist consultations. Includes OB/GYN self-referral for non-preventive services. For preventive services, refer to periodic health evaluations above (1)	\$0
Podiatry services, includes routine foot care for diabetes	\$0
Routine foot care (cutting/removal of corns, calluses, trimming of nails)	Not Covered
Physician visit to member's home (at discretion of physician)	\$0
Physician visit to hospital or skilled nursing facility (excluding care for mental disorders)	\$0
Other immunizations, includes foreign travel/occupational purposes.	\$0
Allergy testing	\$0
Allergy serum	\$0
Allergy injection services (serum not included)	\$0
All other injections	
Office based injectable medications (1)	\$0
Self-administered injectable medications	Refer to CVS pharmacy (866) 572-3879
Surgeon/assistant surgeon	\$0
Administration of anesthetics	\$0
X-ray and laboratory procedures, including genetic testing and complex radiology (CT, SPECT, MRI, MUGA, and PET). Preventive x-ray/lab, refer to periodic health evaluations above (1)	\$0
Rehabilitation therapy services (outpatient physical, speech and occupational), including ABA therapy services	\$0
Cardiac and respiratory therapy	\$0
Habilitation therapy (physical, occupational, speech, respiratory and cardiac therapy). For applied behavioral analysis (ABA), refer to the mental health benefits	\$0
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 and complications of pregnancy. Includes newborn inpatient professional care	\$0
Complications of pregnancy, including medically necessary abortions	\$0
Abortion services	\$0
Genetic testing of fetus	\$0
Circumcision of newborn	\$0

FAMILY PLANNING (professional services only)	
Contraceptive methods. Includes intrauterine device (IUD), injectable or implantable contraceptives (1)	\$0
Infertility services. Includes professional services, outpatient care, treatment by injection, prescription drugs if applicable, artificial insemination (AI), IUI and GIFT. ZIFT and IVF are not covered.	\$0
Sterilization of females (1)	\$0
Sterilization of males	\$0
Reversal of sterilization	Not Covered

ALCOHOL/DRUG REHABILITATION and MENTAL DISORDERS

Administered by Managed Health Network (MHN)

Refer to the MHN telephone number on the back of your Health Net ID card

OTHER SERVICES

Medical social services	\$0
Patient education. Includes smoking cessation/weight management	\$0
Ambulance services (air and ground)	\$0
Durable medical equipment. For preventive DME, refer to preventive care. (1)	\$0
Orthotics (braces and supports)	\$0
Corrective footwear. Custom made shoes and shoe inserts (custom foot orthotics).	\$0
Diabetic supplies	\$0
Hearing aids	Not Covered
Medical Supplies (1)	
Prosthesis (replacing body parts)	\$0
Wigs (cranial prosthesis)	Not Covered
Chiropractic services. Limited to \$1,500 each calendar year	50%
Blood and blood products	\$0
Blood-clotting factors	Refer to CVS pharmacy (866) 572-3879
Nuclear medicine	\$0
Organ, tissue and stem cell 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 4
Chemotherapy (administration, drugs and supplies)	\$0
Radiation therapy	\$0
Home health visit (includes home health rehab therapy)	\$0
Infusion therapy in home, office or outpatient facility	\$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. Excludes care for mental disorders	\$0
Confinement in a skilled nursing facility (limited to 100 days a calendar year)	\$0
Outpatient services	\$0

EMERGENCY CARE/URGENTLY NEEDED CARE

Note: Non-emergency care (including urgently needed care) received **within** the PPG service area must be performed or authorized by the member's PPG in order for services to be covered. When urgently needed care is provided **outside** the PPG service area, authorization is not mandatory in order for services to be covered. When services are provided that meet the criteria for emergency care, whether **within or outside** the PPG service area, the services are covered, even if the member never contacted the PPG.

Emergency room (professional services)	\$0
Use of emergency room (facility services)	\$0
Use of urgent care center (5)	\$0

OUT OF POCKET MAXIMUM

For each member	\$1,500 (2)
Two Party	N/A
For each family (3 or more members)	\$3,000 (2)

(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.

(2) Mental health and chemical dependency copayments apply toward the medical out-of-pocket (OOPM). Additionally, once the member meets the OOPM, then benefits are paid at 100% for the remaining of the calendar year PLUS the next calendar year.

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

(4) The gender reassignment 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).

(5) \$0 for medical services; \$0 for behavioral health, chemical dependency, or substance use disorders