

PrimeCare Retiree HMO (Under 65)	2021 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 (1)	\$0
Performed at a CVS MinuteClinic for all other non-preventive care services	\$0
Telemedicine Services	Telehealth cost share mirrors in-person cost share based on type of service provided
Periodic health evaluations. Includes routine, preventive care, well baby care and annual preventive physical examinations	\$0 (1)
Vision and hearing examinations (refractive eye exams & hearing exams for hearing loss)	\$0
Specialist consultations. Includes second surgical opinion. Includes OB/GYN self-referral	\$0
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 (excluding those for foreign travel/occupational purposes)	\$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	\$0
Surgeon/assistant surgeon	\$0
Administration of anesthetics	\$0
X-ray and Laboratory Procedures	\$0
Rehabilitation therapy services (outpatient physical, speech, occupational and respiratory therapy). Provided as long as significant improvement is expected	\$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. Includes newborn inpatient care provided by a member physician	\$0
Complications of pregnancy, including medically necessary abortions	\$0
Elective abortions	\$0
Genetic testing of fetus	\$0
Circumcision of newborn	\$0

<i>FAMILY PLANNING (professional services only)</i>	
Contraceptive methods. Includes intrauterine device (IUD), injectable or implantable contraceptives	\$0
Infertility services (including professional services, inpatient and outpatient care, treatment by injection and prescription drugs) - includes artificial insemination, IUI and GIFT	\$0
ZIFT and In-vitro Fertilization	Not Covered
Sterilization of females	\$0
Sterilization of males	\$0
Reversal of sterilization	Not Covered
<i>ALCOHOL/DRUG REHABILITATION and MENTAL DISORDERS</i>	
Administered by Managed Health Network (MHN) / United Behavioral Health (UBH)	
<i>OTHER SERVICES</i>	
Medical social services	\$0
Patient education	\$0
Ground Ambulance	\$0
Air ambulance	\$0
Durable medical equipment	\$0
Orthotics (braces and supports)	\$0
Corrective footwear (corrective shoes, or other foot orthotics or inserts)	\$0
Diabetic supplies	\$0
Diabetic footwear	\$0
Hearing aids	Not Covered
Prosthesis (replacing body parts)	\$0
Chiropractic services. Limited to \$1,500 each calendar year	50%
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 (professional services only)	\$0
Renal dialysis (professional services only)	\$0
Home health visit	\$0
Hospice care	\$0
<i>HOSPITAL AND SKILLED NURSING FACILITY SERVICES</i>	
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 (no day limit a calendar year)	\$0
Maternity care - Includes routine nursery charges	\$0
Outpatient services other than surgery	\$0

<i>EMERGENCY CARE/URGENTLY NEEDED CARE</i>	
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.	
Use of emergency room (facility and professional services)	\$0
Use of urgent care center (facility and professional services)	\$0
<i>OUT OF POCKET MAXIMUM</i>	
For each member	\$1,500 (3)
Two Party	N/A
For each family (3 or more members)	\$3,000 (3)

(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) 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).

(3) 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%.