

HMO PLAN OVERVIEW 20/250a NG

Full Network HMO: Plan code 1YC

HMO Silver Network: Plan code 2BJ

HMO Bronze Network: Plan code 1XG

MEMBER RESPONSIBILITY	
PLAN MAXIMUMS	
Out-of-pocket maximum	\$1,500 / \$4,500
Lifetime maximum	Unlimited
PROFESSIONAL SERVICES	
Office visit copay (including specialist consultation)	\$20
Preventive care services ¹	No charge
X-ray and laboratory procedures (includes CT, SPECT, PET, MUGA, and MRI)	\$100
Rehabilitation therapy ²	\$20
Self-injectables	20% (\$100 max copay per script)
HOSPITAL SERVICES	
Inpatient care	\$250 per admit
Outpatient services	No charge
Outpatient surgery	\$250 per surgery
Skilled nursing facility	No charge (days 1-10) / \$25 per day (days 11-100)
EMERGENCY SERVICES	
Emergency room facility (copayment waived if admitted)	\$100
Urgent care facility	\$20
Ambulance services (ground and air)	\$100
BEHAVIORAL SERVICES⁴	
Severe mental health (outpatient/inpatient)	\$20 / \$250 per admit
Non-severe mental health (outpatient/inpatient)	\$20 / \$250 per admit
Chemical dependency rehabilitation (outpatient/inpatient)	\$20 / \$250 per admit
Acute care detoxification	\$250 per admit
OTHER SERVICES	
Durable medical equipment	No charge; \$5,000 max per calendar year (in- and out-of-network combined)
Orthotics and prosthetics	No charge
Diabetic equipment	No charge
Acupuncture	Optional rider available
Chiropractic services	Optional rider available

¹Preventive care: Includes annual preventive physical, newborn and well child care, well woman exams, preventive lab & X-ray services.

²Rehab therapy: Includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

³The inpatient hospital copay is required each day for the first four days of confinement per admission.

⁴All mental health and chemical dependency services are administered by MHN Services (an affiliate of Managed Health Network). The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa and serious emotional disturbances of children (SED).

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Evidence of Coverage for terms and conditions of coverage. Insurance plan is underwritten by Health Net Life Insurance Company.