



HMO BENEFIT PLAN AND RATE OVERVIEW



INDIVIDUAL HMO HEALTH COVERAGE MADE EASY AND AFFORDABLE.

Effective January 1, 2010

HEALTH MAINTENANCE ORGANIZATION (HMO)

Finding the right plan depends on your own personal needs. An HMO plan is designed for those who want predictable costs and the confidence of working closely with their doctor when making health care decisions.

You'll select a primary care physician (PCP) from our network of Health Net providers – one of the largest networks in the state. Plus, you pay fixed copays for a wide range of covered services. And there's no claim forms to file.

If this fits your needs, then the Health Net HMO Individual & Family Plan is the right choice for you.

YOUR MONTHLY PLAN PREMIUM RATES

Turn to the rate page in this brochure to find your monthly plan premium rate. Find your age, gender and the Arizona county where you live. It's that simple!

If other members of your family are also applying for coverage, follow the same process, then add up the rates for each individual.

For more information, call Health Net Individual & Family Plans at 1-888-463-4875, option 3.



www.healthnet.com

HEALTH NET OF ARIZONA OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE HMO PLANS

This benefit chart is a summary only. For benefit details, please see your Schedule of Benefits and Evidence of Coverage.

BENEFITS	HMO \$1,000 DEDUCTIBLE/70% COINSURANCE
Deductible per calendar year	\$1,000 Single/\$2,000 Family
Maximum lifetime benefits in- and out-of-network combined	Unlimited
Out-of-pocket maximum, excluding deductible and copays for office visits and pharmacy benefits	\$3,500 Single/\$7,000 Family
Inpatient hospital services including physician, facility and surgery charges	30%, Subject to Deductible
Outpatient hospital services/ ambulatory surgical center services	30%, Subject to Deductible
Office visits Primary care physician	\$25 Copay/Visit
Specialist	\$50 Copay/Visit
Preventive care routine physicals, annual GYN exams, well-baby care, immunizations and vision and hearing screenings	\$25 Copay/PCP Visit \$50 Copay/Specialist Visit
Outpatient laboratory, X-ray and mammography services Performed at a physician's office	No Charge
Performed at an independent, non-hospital affiliated lab facility*	No Charge
Performed at a hospital	\$100 Copay/Visit (No Charge for mammography)
Outpatient imaging and testing services including but not limited to CT scans, MRIs, MRAs and PET/SPECT scans Performed at a physician's office	\$50 Copay/Visit
Performed at an independent, non-hospital affiliated facility*	\$50 Copay/Visit
Performed at a hospital	\$250 Copay/Visit
Prenatal and postpartum care office visit copayment waived after diagnosis of pregnancy is confirmed	\$25 Copay/PCP Visit Covered after 12 months of enrollment
Maternity care normal maternity deliveries are covered if the delivery occurs after the member's contract has been in force for 21 months or longer. Complications of pregnancy are covered regardless of the delivery date.	30%, Subject to Deductible
Outpatient prescription drugs up to a 31-day supply. Quantity limits may apply. Out-of-network coverage is for out-of-area emergencies only.	Tier 1: \$15 Copay/Prescription or Refill Tier 2: \$40 Copay/Prescription or Refill Tier 3: \$75 Copay/Prescription or Refill Tier 4: \$100 Copay/Prescription or Refill
Emergency room services copayment waived if admitted, inpatient hospital benefit will then apply	\$300 Copay/Visit
Ambulance services medical emergencies only	30%, not Subject to Deductible
Urgent care services	\$60 Copay/Visit
In-store health care clinic	\$25 Copay/Visit
Rehabilitative services limited to short-term, maximum of 60 days per calendar year, all therapies combined	Inpatient: 30%, Subject to Deductible Outpatient: \$50 Copay/Visit
Skilled nursing facility services limited to 60 days per calendar year	30%, Subject to Deductible
Chiropractic services limited to 12 medically necessary visits per calendar year	\$50 Copay/Visit
Mental health services outpatient: limited to short-term evaluation or crisis intervention. Maximum of 10 visits per calendar year.	Inpatient: Not Covered Outpatient: \$50

*Some facilities are affiliated with a hospital. You will be charged a higher copay for services rendered at a hospital-affiliated facility. Contact the place of service for more information or our Customer Contact Center at 1-888-463-4875.

HMO PLAN RATES EFFECTIVE JANUARY 1, 2010

COCHISE, MARICOPA, PINAL AND SANTA CRUZ COUNTIES

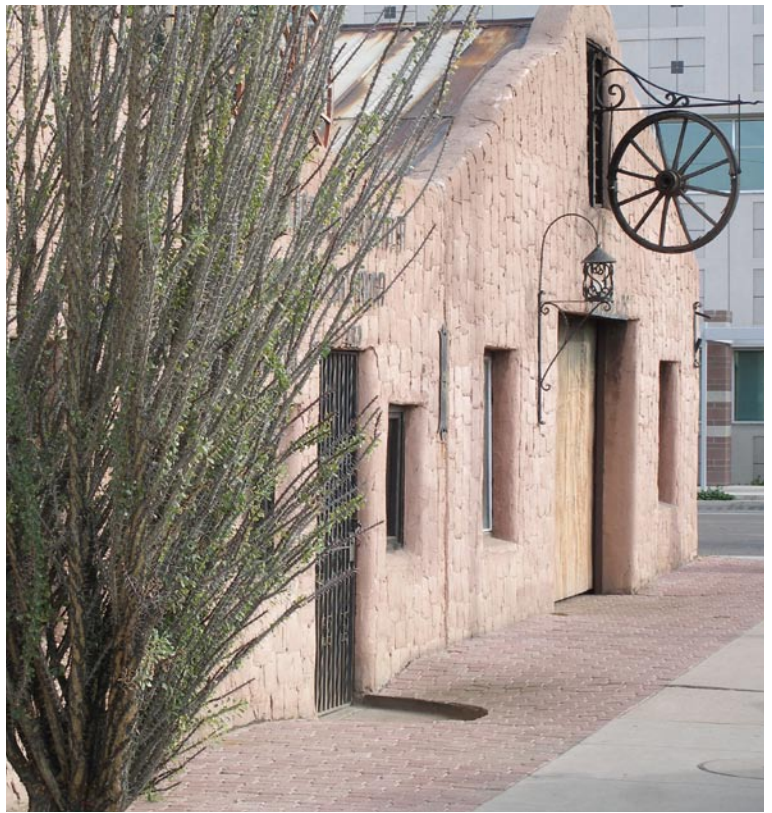
Age	\$1,000/70%	
	Male	Female
Under 2	497	497
2-6	149	149
7-10	124	124
11-14	124	124
15-17	128	134
18-24	139	341
25-29	139	398
30-34	154	408
35-39	192	410
40-44	268	420
45-49	347	431
50-54	476	480
55-59	593	607
60-64	714	629

PIMA COUNTY

Age	\$1,000/70%	
	Male	Female
Under 2	485	485
2-6	145	145
7-10	122	122
11-14	122	122
15-17	127	131
18-24	136	334
25-29	136	394
30-34	152	398
35-39	187	402
40-44	259	409
45-49	343	420
50-54	467	468
55-59	578	595
60-64	701	619

ALL OTHER COUNTIES

Age	\$1,000/70%	
	Male	Female
Under 2	772	772
2-6	235	235
7-10	196	196
11-14	196	196
15-17	199	209
18-24	216	535
25-29	217	624
30-34	236	619
35-39	300	642
40-44	418	654
45-49	545	670
50-54	746	748
55-59	923	948
60-64	1,115	982



Rates are subject to change. The above rates are the Health Net standard rates. You may be assigned to a non-standard rate based upon the results of the medical underwriting process.



PROTECTING YOUR HEALTH INFORMATION

Once you become a Health Net member, Health Net uses and discloses a member's protected health information for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. Health Net releases protected health information to plan sponsors for administration of self-funded plans but does not release protected health information to plan sponsors/employers for insured products unless the plan sponsor is performing a payment or health care operation function for the plan.

EXCLUSIONS AND LIMITATIONS

The exclusions and limitations presented in this Benefit Overview are not comprehensive. For a full list of exclusions and limitations see the Evidence of Coverage for HMO Plans or Policy for PPO Plans. You may obtain a copy of these documents prior to enrolling or at any time by contacting us at 1-888-463-4875.

Exclusions and limitations include but are not limited to:

HMO Plans: Hospital and professional services for a normal delivery are covered only for expectant members who have been enrolled for 21 consecutive months when delivery occurs. Hospital and professional services for members who have been enrolled less than 21 consecutive months are limited to prenatal care, after 12 months of enrollment, and complications of pregnancy, as defined in the Evidence of Coverage.

With the exception of emergency care and direct access benefits, all services and items must be provided or arranged by your primary care physician. Selected services require authorization by Health Net of Arizona, Inc.

HMO and PPO Plans: The following services and/or procedures are either limited in coverage or excluded from coverage under these health plans. These services include, but are not limited to: comfort/convenience items, hearing aids, cosmetic surgery, court ordered care, custodial care, experimental/investigational procedures and drugs, gender alterations, infertility services, inpatient mental health services, long-term rehabilitative services, obesity, paternity testing, radial keratotomy, substance abuse treatment programs, mail order prescriptions, employment counseling, exercise programs, fraudulent services, missed appointments, temporomandibular joint disorder, vocational programs. For a complete list, refer to either the Evidence of Coverage for HMO Plans or Policy for PPO Plans.

In- and out-of-network benefits are subject to deductible, then a percentage of eligible medical expenses.

All drugs covered by your outpatient prescription benefit are placed in one of four tiers on the Preferred Drug List (PDL). The lower the tier, the lower your copayment. The Health Net PDL is a listing of covered medications. Some drugs on the PDL may require prior authorization from Health Net. Prescriptions are limited to a 31-day supply. Other quantity limitations may apply.

Skilled nursing coverage is limited to 60 days per calendar year.

Expenses you incur for the following cannot be used to satisfy the out-of-pocket maximum: failure to follow prior authorization/precertification guidelines, mental illness, substance abuse, infertility, use of emergency room for non-emergent care, prescription drugs, copayments, limitations, exclusions. Check your Evidence of Coverage or Policy.