



## Medical Benefits Summary

### 209NJSO OUTLOOK HMO COPAYMENT PLAN For Employers with 2 - 50 Employees

You are only covered for services and benefits when they are provided by a Health Net network physician. There are thousands of participating physicians and dozens of hospitals in New Jersey. To see a physician who does not belong to the network (non-plan physician), you must have prior authorization from Health Net, unless it is a true medical emergency.

BENEFITS	CHARTER HMO 30
<b>FINANCIAL</b>	
Deductible	None
Maximum Out-of Pocket Cost (does not include charges in excess of allowed amount or non-covered benefits)	N/A Member per calendar year
Maximum Lifetime Benefit Per Member	Unlimited
Coinsurance Level	N/A
<b>PRESCRIPTION DRUGS</b>	
Prescription Coverage: (Note: Diabetic Medications and Supplies, Oral Contraceptives, contraceptive devices and Norplant are covered as part of the members prescription drug coverage, subject to the applicable copayment) Optional riders are available upon request	\$15/25/40 Copayment per Member per Prescription Unlimited Maximum per member, per Calendar Year In NJ-Member must use Health Net Pharmacy Network. Outside NJ-covered in the event of an emergency.
<b>PREVENTIVE CARE</b>	
Physical Examinations, including immunizations	\$30 Copayment per Visit
Routine Gynecological Care	\$30 Copayment per Visit
<b>MATERNITY CARE***</b>	
Pre-Natal and Post-Natal (from eff. date of Health Net coverage)	\$30 Copayment for Initial Visit Only
Hospital Services for Mother and Child (Includes newborn costs even if mother is discharged and newborn requires continued hospitalization)	Same copayment as inpatient care*
Family Planning and Infertility Services (Excludes In-Vitro Fertilization and GIFT, among other procedures)	\$30 Copayment per Visit when rendered by a PCP or OB/Gyn. \$50 Copayment per Visit when rendered by a Health Net participating specialist.
<b>OUTPATIENT CARE</b>	
Physician Office Visits	\$30 Copayment per Visit when rendered by a PCP or OB/Gyn. \$50 Copayment per Visit when rendered by a Health Net participating specialist.
X-Rays and Laboratory Tests	\$30 Copayment per Visit when rendered by a PCP or OB/Gyn. \$50 Copayment per Visit when rendered by a Health Net participating specialist.
Comprehensive Imaging Services (includes MRI, MRA, CT, PET)	\$125 Copayment per Visit.
Therapy Services	\$50 Copayment per Visit.
Physical Therapy, Occupational Therapy Speech and Cognitive therapy up to a combined treatment limit of 30 visits per Calendar Year	
Therapeutic Manipulation (Chiropractic Care Services), up to 20 Visits per Calendar Year	\$50 Copayment per Visit.
Cardiac Rehabilitation for up to 36 visits within 12 months following myocardial infarction or cardiac surgery	\$50 Copayment per Visit.
Diagnostic Procedures and/or Surgery Performed in a Hospital or Outpatient Surgical Care Center	\$125 Copayment per Visit. <sup>3</sup>
<b>INPATIENT CARE</b>	
Semi-Private Room and Board	\$300 Copayment per day/\$1,500 Copayment maximum per admission* \$3,000 Maximum copayment per calendar year for inpatient admissions*
Physicians' and Surgeons' Services, Nursing Services and Medications	Covered in Full
Extended Care-Limited to 90 Days per Calendar year. (Combined with rehabilitation)	\$300 Copayment per day/\$1,500 Copayment maximum per admission* \$3,000 Maximum copayment per calendar year for inpatient admissions*
Rehabilitation Charges-Limited to 90 Days per Calendar year. (Combined with Extended Care)	\$300 Copayment per day/\$1,500 Copayment maximum per admission* \$3,000 Maximum copayment per calendar year for inpatient admissions*

## Medical Benefits Summary (continued)

BENEFITS	CHARTER HMO 30
<b>VISION CARE</b>	
Routine Eye Exams	Not Covered
Medical Care for Injury or Illness to the Eye	\$30 Copayment per Visit when rendered by a PCP or OB/Gyn. \$50 Copayment per Visit when rendered by a Health Net participating specialist.
<b>MENTAL HEALTH CARE &amp; SUBSTANCE ABUSE (DRUG)</b>	
<b>For non-biologically-based mental and nervous benefits, the following benefit applies:</b>	
Up to 20 Outpatient Visits each Calendar Year	\$50 Copayment per Visit Outpatient visits may require approval in advance. Please refer to your plan document for details.
Up to 30 Inpatient Days, per Calendar Year, each day exchangeable for two Outpatient Visits or Partial Hospitalization Sessions	\$300 Copayment per day/\$1,500 Copayment maximum per admission* \$3,000 Maximum copayment per calendar year for inpatient admissions*
<b>For biologically based mental and nervous benefits, the following benefit applies:**</b>	
Outpatient Visits each Calendar Year	\$50 Copayment per Visit Outpatient visits may require approval in advance. Please refer to your plan document for details.
Inpatient Days, per Calendar Year, each day Exchangeable for two Outpatient Visits or Partial Hospitalization Sessions	\$300 Copayment per day/\$1,500 Copayment maximum per admission* \$3,000 Maximum copayment per calendar year for inpatient admissions*
<b>ALCOHOL ADDICTION</b>	
<b>Covered as any other illness</b>	
Outpatient Visit	\$50 Copayment per Visit
Inpatient	\$300 Copayment per day/\$1,500 Copayment maximum per admission* \$3,000 Maximum copayment per calendar year for inpatient admissions*
<b>HOME HEALTH OR HOSPICE CARE</b>	
Physician House Calls	\$30 Copayment per Visit when rendered by a PCP or OB/Gyn. \$50 Copayment per Visit when rendered by a Health Net participating specialist.
Home Health Care when Skilled Services are Required-Limited to 60 Visits per Calendar Year	No Cost*
Outpatient or Inpatient Hospice Care	No Cost*
<b>OTHER SERVICES</b>	
Durable Medical Equipment, when medically necessary and ordered by a Health Net CHARTER physician	Health Net pays 50% of the cost of covered item(s) after the deductible up to a maximum of \$1,500 per year after member meets their deductible
<b>EMERGENCY CARE</b>	
At Physician's Office	\$30 Copayment per Visit when rendered by a PCP or OB/Gyn.
Urgent Care at an Urgent Care Center	\$50 Copayment per Visit when rendered by a Health Net participating specialist. Same Benefits as emergency care at physicians office
At Hospital Emergency Room	\$100 Copayment per Visit, waived if admitted within 24 hours of an emergency room visit.
<b>LIMITING AGE</b>	
Dependents are covered to age 19 if non-student; to age 23 if full-time student as defined by Health Net. The members coverage terminates as of either the date of the disqualifying event, or the end of the month in which the disqualifying event occurs, depending upon the billing arrangement between Health Net and the employer (20/26 optional rider available).****	

\* When medically necessary and approved in advanced by the Health Net Medical Director.

\*\* Biologically based mental illnesses include: Schizoaffective Disorder, Major Depressive Disorder, Bi-Polar, Paranoia and other Psychotic Disorders, Obsessive-Compulsive Disorder, Panic Disorder, Pervasive Development Disorder or Autism.

\*\*\* New Jersey mandates coverage of a mother and baby for up to 48 hours after vaginal delivery, and up to 96 hours for a Cesarean Section.

\*\*\*\* The State of New Jersey has enacted legislation (Chapter 375) giving a dependent covered under a group medical plan the option to continue coverage until age 30. This change in dependent eligibility is effective for group medical plans issued or renewed on or after May 12, 2006.

The rate for a New Jersey dependent who qualifies as a dependent under the Chapter 375 legislation will be 70% of the employee rate. This rate will apply to each overaged dependent that is insured under the plan.

### Pre-existing condition limitation

This provision only apply to contracts issued to Contractholders of at least two but not more than five eligible employees.

A pre-existing condition is an Illness or Injury which manifests itself in the six months before a Member's Enrollment Date, and for which medical advice, diagnosis, care, or treatment was recommended or received during the six months immediately preceding the Enrollment Date.

Please contact your Benefits Administrator, or refer to your Evidence of Coverage, for more information.

Presented to Generic.

## Medical Benefits Summary (continued)

**Additional Riders:**

Medicare Primary

(-- ) - Dep Child To Age 19/23 If FT Student

This benefit summary provides only a brief outline of a New Jersey Small Employer Standardized Plan Design.

The complete terms of this plan will be governed by the standard policy forms developed by the New Jersey Small Employer Health Benefits Program Board. This summary is not a contract, an exhaustive list of provisions, or a proposal of benefits.

This matrix presents highlights of Guardian and Health Net Healthcare Solutions Standard Small Group HMO Plan. [NJ G/Health Net 209NJSO]. The full terms and conditions governing this plan are set forth in the HMO contract. Annual maximum benefits apply to a calendar year. Coverage under this plan is provided by Health Net of the Northeast Inc., 90 Matawan Road, Floor 5, Matawan, NJ 07747.

The New Jersey Standard HMO General Exclusions: Services which the plan does not cover, include but are not limited to the following: dental services, routine eye care exams (no illness or injury diagnosed); eyeglasses or contact lenses; hearing aids, routine foot care; some transplant procedures; cosmetic or reconstructive surgery, unless medically necessary; custodial services; weight-reduction programs; marriage counseling, and any Non-Covered Services or Supply and Non-Covered Charge specifically limited or not covered elsewhere in the Contract, or which is not Medically Necessary and Appropriate.