

which health plan is right for me?

"I want to pay a set amount for office visits, exams and immunizations."

"I want a lower monthly premium. I'll pay a higher deductible, coinsurance or office copay in exchange."

"I don't want to pay a deductible."

"It's important to me to be able to go to a specialist directly, without having to get a referral first."

HMO PLANS

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ATB000TO

A45000TU

PPO PLANS

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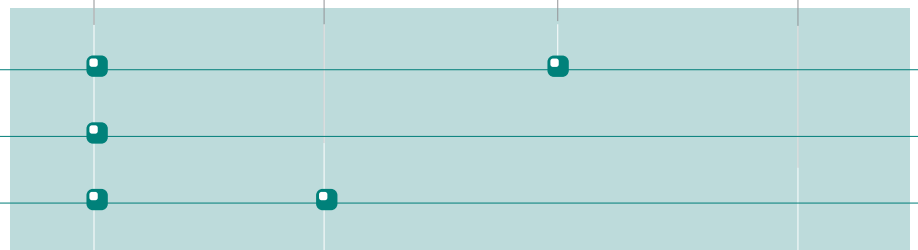
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The answers you're looking for

What is coinsurance?

Coinsurance is the percentage of covered expenses for which you are responsible. For example: if you enroll in a 90/60 PPO plan, your coinsurance amount is 10 percent. You would pay 10 percent of the contracted fee for that expense with an in-network physician or other practitioner. If you use an out-of-network physician, you would pay 40 percent of the allowed charges, plus any amount charged by the physician in excess of the allowed amount.

What is the out-of-pocket maximum?

This is the most you would have to pay, per calendar year, for covered health care services. Once you reach this amount, all other care covered under the plan will be paid by Health Net. See the benefits matrix in this guide for details. Deductibles and copayments do not apply toward your out-of-pocket maximum.

What are in-network benefits vs. out-of-network benefits?

In-network benefits apply when you see any of Health Net's PPO contracted practitioners in Arizona. You can also use practitioners contracted with the Beech Street provider network when traveling outside Arizona and receive in-network benefits. When using in-network benefits, your out-of-pocket expenses are lower. Out-of-network benefits apply when you choose to see a practitioner who is not contracted with Health Net or the Beech Street provider network. When using out-of-network benefits, your out-of-pocket expenses are higher.

Do I need prior authorization or precertification for services?

If you choose an HMO plan, your Primary Care Physician or referring practitioner will handle any prior authorization requirements.

If you choose a PPO plan, it is your responsibility to make sure you get precertification when required. Precertification is required at least two business days prior to receiving the care, service or supply by calling **1-800-977-7518**. Services that require precertification are listed in your policy. Precertification requirements are subject to change with prior written notice to you.

Where can I get my prescription covered under the plan's pharmacy program?

If you choose an HMO plan, you can use Health Net's extensive network of independent pharmacies in Arizona. Some of the pharmacies in our network include Albertson's, Bashas', Fry's, Osco, Safeway, Costco, Target and Walgreens. Please refer to the HMO Provider Directory or visit our website at www.health.net for a complete listing of contracted pharmacies.

If you choose a PPO plan, you will be able to use most national pharmacy chains. Be sure to verify with your pharmacy that they honor your prescription card.

Whom do I call when I have questions regarding my coverage?

Whenever you have questions about coverage or need an explanation of your plan's policies and procedures, you can call Health Net's Customer Contact Center, Monday through Friday (excluding holidays) from 7:00 a.m. to 6:00 p.m. Arizona standard time at **1-800-289-2818**, or, for the hearing impaired, our TTY line at **1-800-977-6757**.

What if I need treatment when I'm out of town?

If it's an emergency, call 911 or go to the nearest emergency room. If you choose an HMO plan and it's urgent but not an emergency, call your Primary Care Physician for instructions. Your Primary Care Physician, or his or her designee, will give you instructions on obtaining care. Coverage will be determined based on the care you receive and the terms and conditions of your benefit plan.

If you choose a PPO plan, you may receive treatment from any practitioner. Just remember that if you see an out-of-network practitioner, you will have higher out-of-pocket costs. PPO members may use the Beech Street provider network to receive in-network coverage outside of Arizona.

What is my effective date?

Your effective date is determined upon the completion and approval of your application and Statement of Health. You may request a first of the month effective date if your application is **received by the 25th day of the month**. A check for your first month's premium must accompany your application.

You may request a 15th of the month effective date if your application is received after the 25th of the month. A check for 1-1/2 months' premium must accompany your application.

What happens if I become eligible for health coverage through my employer?

You may have the option to enroll through your employer's group plan or you may maintain your own individual plan.

Does Health Net have health plans available that meet provisions of the Health Insurance Portability and Accountability Act (HIPAA)?

If your group or COBRA health plan (employer-provided health coverage) terminated within the past 63 days, you may be eligible for Individual Portability Coverage. This coverage does not require medical underwriting and there is no pre-existing condition waiting period. In order to qualify for this coverage, you must meet specific criteria. Please contact your Broker or Sales Representative for further information. If you are applying for Individual Portability coverage, you'll also need to complete the Individual Portability Questionnaire. *Note:* Not all benefit plans are available for Individual Portability coverage.

What happens when I turn 65 or become eligible for Medicare?

Once you turn age 65 and are Medicare eligible, you may enroll in a Medicare Supplement or Medicare+Choice plan.

If you have questions choosing a coverage option, selecting a doctor or completing the application, please contact your broker or call **1-888-463-4875**. A Health Net sales representative will be happy to help you.

Who is eligible for Individual & Family HMO and PPO plans?

Any individual who is under 64-1/2 and not eligible for Medicare may apply. However, the primary applicant must be an Arizona resident. There is no minimum age requirement as long as a parent or legal guardian agrees to sign the Application and the Statement of Health. Dependents may be covered under a family contract up to their 25th birthday. Children can be signed up independently (parents don't have to enroll – we call this "child only" coverage). All applicants who wish to enroll in an HMO or PPO plan must go through a medical underwriting process.

When can dependents be enrolled?

Newborns, children placed for adoption or newly adopted children are automatically covered, effective on the first day of the event, for the first 31 days. You will be charged the premium retroactive to the date of birth, adoption or placement of adoption. To continue coverage past the first 31 days, you must notify Health Net that you want to continue coverage for your dependent, complete an application and pay any required premium. If you don't notify Health Net, coverage for your dependent will be terminated.

What is a Primary Care Physician?

A Primary Care Physician is the physician who coordinates all medical care for HMO members. Primary Care Physicians include general and family practitioners, internists and pediatricians. When you need to see your doctor, just call for an appointment. To obtain health care, simply present your ID card and pay the appropriate copayment.

Do I need a Primary Care Physician? If so, how do I select one?

If you choose an HMO plan, you must choose a Primary Care Physician. Selecting your Primary Care Physician is an important decision, and we urge you to make it carefully. You can choose a Primary Care Physician from doctors who specialize in Family Practice, General Practice, Internal Medicine or Pediatrics. Please refer to the Provider Directory for detailed instructions on how to select a Primary Care Physician and a list of private practice Primary Care Physicians who accept coverage from Health Net's HMO plans.

If you choose a PPO plan, you do not need to select a Primary Care Physician. You may go to any practitioner you wish.

Can I change my Primary Care Physician?

You can change to another Primary Care Physician at any time and your change will be effective immediately. To change your Primary Care Physician, call our Customer Contact Center at **1-800-289-2818**.

What is a copayment?

A copayment is a fixed dollar amount charged to you for health care services.

You pay the copayment to the physician or other health care practitioner at the time services are rendered.