



A COMPLETE

explanation  
of your plan

Evidence of Coverage and  
Plan Document  
Health Net of California HMO  
PLAN 54Y 121488

Important benefit information – please read.

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**Rehabilitation Therapy**

Coverage for rehabilitation therapy is limited to Medically Necessary services provided by a licensed physical, speech or occupational therapist for treatment of conditions resulting from a Defined Disease, injury or surgical procedure. The services must be at a level of complexity that requires the judgment, knowledge and skills of a licensed physical, speech or occupational therapist, be based on a treatment plan and be provided by such therapist or under the therapist's direct supervision. Such services are not covered when medical documentation does not support the Medical Necessity because of the Member's inability to progress toward the treatment plan goals or when a Member has already met the treatment plan goals. See "General Provisions," Section 700, for the procedure to request Independent Medical Review of a Plan denial of coverage on the basis of Medical Necessity.

**Reversal of Surgical Sterilization**

This Plan does not cover services to reverse voluntary, surgically induced sterility.

**Routine Physical Examinations**

This Plan does not cover routine physical examinations for insurance, licensing, employment, school, camp, or other nonpreventive purposes.

**Sex Change**

This Plan does not cover procedures or treatment related to changing a Member's physical characteristics to those of the opposite sex.

**Services Not Related To Covered Condition, Illness Or Injury**

Any services or supplies not related to the diagnosis or treatment of a covered condition, illness or injury. However, the Plan does cover Medically Necessary services or supplies for medical conditions directly related to non-covered services when complications exceed routine Follow-Up Care (such as life-threatening complications of cosmetic surgery).

**Surrogate Pregnancy**

This Plan covers services for a surrogate pregnancy, but when compensation is obtained for the surrogacy, the Plan shall have a lien on such compensation to recover its medical expense. A surrogate pregnancy is one in which a woman has agreed to become pregnant with the intention of surrendering custody of the child to another person.

**Treatment of Obesity**

Treatment or surgery for obesity, weight reduction or weight control is limited to the treatment of morbid obesity.

**Unauthorized Services and Supplies**

This Plan only covers medical services or supplies that are authorized by Health Net or the Physician Group according to Health Net's procedures, except for emergency services.

**Vision Therapy, Eyeglasses and Contact Lenses**

This Plan does not cover vision therapy, eyeglasses or contact lenses. However, this exclusion does not apply to an implanted lens that replaces the organic eye lens.