

# Plan Overview

EXCELCARE EOA  
50/1500d (\$7,500 / \$15,000)

| Benefit description  | Member responsibility                              |
|--|--|
| <b>Plan maximums</b><br>Out-of-pocket maximum (combined with Rx) (Individual / Family)   | HMO: \$7,500 / \$15,000<br>PPO: \$9,450 / \$18,900 |
| <b>Facility deductible</b><br>Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family) | N/A / N/A  |
| <b>Professional services</b><br>PCP Office visit <sup>1</sup>  | HMO: \$50<br>PPO: \$70                             |
| Specialist Office visit <sup>1</sup>   | HMO: \$70<br>PPO: \$70                             |
| Preventive care services <sup>1</sup>  | \$0  |
| Telehealth services through the Select Telehealth Services Provider <sup>2</sup>   | \$0  |
| MinuteClinic <sup>1</sup>  | \$40   |
| Rehabilitation therapy <sup>3</sup>  | HMO: \$50<br>PPO: \$70                             |
| X-ray procedures <sup>1</sup>  | HMO: \$25<br>PPO: 30%                              |
| Laboratory procedures <sup>1</sup>   | HMO: \$25<br>PPO: 30%                              |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)  | 30%  |
| <b>Facility services</b><br>Outpatient services (hospital)   | 50%  |
| Outpatient services (ambulatory surgery center)  | 40%  |
| Inpatient hospital   | \$1,500 per day, \$4,500 max per admit             |
| Skilled nursing facility (100 day maximum)   | Days 1-10: \$0<br>Days 11-100: \$25 per day        |
| <b>Emergency services</b><br>Urgent care services  | \$50   |
| Emergency room facility  | \$300  |
| Ambulance services (ground and air)  | \$300  |
| <b>Mental health and substance use disorder services</b><br>Outpatient office visit  | \$50   |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)  | \$0  |
| Inpatient  | \$1,500 per day \$4,500 max per admit              |
| <b>Other services</b><br>Durable medical equipment <sup>1</sup>  | \$0  |
| Diabetic equipment   | \$0  |
| Acupuncture services <sup>4</sup>  | Rider available                                    |
| Chiropractic services <sup>4</sup>   | Rider available                                    |

(continued)

<sup>1</sup> Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

<sup>2</sup> Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>3</sup> Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>4</sup> Chiropractic and/or Acupuncture rider coverage is included in all SmartCare HMO plans and is available as an optional benefit in all other HMO and EOA plans.

## Health Net's Nondiscrimination Notice

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage.

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