

# Plan Overview

3200/0% F (\$3,200 / \$6,400)

HSA-Compatible PPO

| Benefit description   | Member responsibility  |                             |
|---|------------------------|-----------------------------|
|   | IN-NETWORK             | OUT-OF-NETWORK <sup>1</sup> |
| <b>Plan maximums</b>  |                        |                             |
| Out-of-pocket maximum (combined with Rx) (Individual / Family)                                  | \$3,200 / \$6,400      | \$12,800 / \$25,600         |
| Calendar year deductible (Individual / Family)  | \$3,200 / \$6,400      | \$6,400 / \$12,800          |
| Coinsurance   | 0% deductible applies  | 50% deductible applies      |
| <b>Professional services</b>  |                        |                             |
| PCP office visit <sup>2</sup>   | 0% deductible applies  | 50% deductible applies      |
| Specialist office visit <sup>2</sup>  | 0% deductible applies  | 50% deductible applies      |
| Preventive care services <sup>2</sup>   | \$0 deductible waived  | 50% deductible applies      |
| Telehealth services through the Select Telehealth Services Provider <sup>3</sup>                | \$0 deductible applies | Not Covered                 |
| Rehabilitation therapy <sup>4</sup>   | 0% deductible applies  | 50% deductible applies      |
| X-ray procedures <sup>2</sup>   | 0% deductible applies  | 50% deductible applies      |
| Laboratory procedures <sup>2</sup>  | 0% deductible applies  | 50% deductible applies      |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)                             | 0% deductible applies  | 50% deductible applies      |
| <b>Facility services</b>  |                        |                             |
| Outpatient surgery (hospital)   | 0% deductible applies  | 50% deductible applies      |
| Outpatient surgery (ambulatory surgery center)  | 0% deductible applies  | 50% deductible applies      |
| Inpatient hospital  | 0% deductible applies  | 50% deductible applies      |
| Skilled nursing facility (100 day maximum)  | 0% deductible applies  | 50% deductible applies      |
| <b>Emergency services</b>   |                        |                             |
| Urgent care services  | 0% deductible applies  | 50% deductible applies      |
| Emergency room facility   | 0% deductible applies  | 0% deductible applies       |
| Ambulance services (ground and air)   | 0% deductible applies  | 0% deductible applies       |
| <b>Mental health and substance use disorder services</b>  |                        |                             |
| Outpatient office visit   | 0% deductible applies  | 50% deductible applies      |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | 0% deductible applies  | 50% deductible applies      |
| Inpatient   | 0% deductible applies  | 50% deductible applies      |
| <b>Other services</b>   |                        |                             |
| Durable medical equipment <sup>2</sup>  | 0% deductible applies  | 50% deductible applies      |
| Diabetic equipment  | 0% deductible applies  | 50% deductible applies      |
| Acupuncture services  | Rider available        | Rider available             |
| Chiropractic services   | Rider available        | Rider available             |

<sup>1</sup>Out-of-network reimbursement based on maximum allowable amount. The covered person is responsible for charges in excess of maximum allowable charges in addition to the coinsurance shown.

<sup>2</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>3</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>4</sup>Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

## 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 Certificate of Insurance for all terms and conditions of coverage.**

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