

Plan Overview

20/250/20% (\$4,000 / \$8,000)

PPO

| Benefit description | Member responsibility | |
|---|--------------------------------|--------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK ¹ |
| Plan maximums | | |
| Out-of-pocket maximum (combined with Rx) (Individual / Family) | \$4,000 / \$8,000 | \$8,000 / \$16,000 |
| Calendar year deductible (Individual / Family) | \$250 / \$750 | \$500 / \$1,500 |
| Coinsurance | 20% deductible applies | 40% deductible applies |
| Professional services | | |
| PCP office visit ² | \$20 deductible waived | 40% deductible applies |
| Specialist office visit ² | \$40 deductible waived | 40% deductible applies |
| Preventive care services ² | \$0 deductible waived | 40% deductible applies |
| Telehealth services through the Select Telehealth Services Provider ³ | \$0 deductible waived | Not Covered |
| Rehabilitation therapy ⁴ | 20% deductible applies | 40% deductible applies |
| X-ray procedures ² | 20% deductible applies | 40% deductible applies |
| Laboratory procedures ² | 20% deductible applies | 40% deductible applies |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) | 20% deductible applies | 40% deductible applies |
| Facility services | | |
| Outpatient surgery (hospital) | 20% deductible applies | 40% deductible applies |
| Outpatient surgery (ambulatory surgery center) | 10% deductible applies | 40% deductible applies |
| Inpatient hospital | 20% deductible applies | 40% deductible applies |
| Skilled nursing facility (100 day maximum) | 20% deductible applies | 40% deductible applies |
| Emergency services | | |
| Urgent care services | \$20 deductible waived | 40% deductible applies |
| Emergency room facility | \$100 + 20% deductible applies | \$100 + 20% deductible applies |
| Ambulance services (ground and air) | \$100 + 20% deductible applies | \$100 + 20% deductible applies |
| Mental health and substance use disorder services | | |
| Outpatient office visit | \$20 deductible waived | 40% deductible applies |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | 20% deductible applies | 40% deductible applies |
| Inpatient | 20% deductible applies | 40% deductible applies |
| Other services | | |
| Durable medical equipment ² | 20% deductible applies | 40% deductible applies |
| Diabetic equipment | 20% deductible applies | 40% deductible applies |
| Acupuncture services | Rider available | Rider available |
| Chiropractic services | Rider available | Rider available |

¹Out-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.

²Preventive 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).

³Listed 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.

⁴Rehabilitation 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.

Health Net of California, Inc. is a subsidiary of Health Net, LLC. and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.