

Plan Overview

3000/20% (\$4,000 / \$8,000)

HSA-Compatible 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)	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance	20% deductible applies	40% deductible applies
Professional services		
PCP office visit ²	20% deductible applies	40% deductible applies
Specialist office visit ²	20% deductible applies	40% deductible applies
Preventive care services ²	\$0 deductible waived	Not Covered
Telehealth services through the Select Telehealth Services Provider ³	\$0 deductible applies	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 applies	40% deductible applies
Emergency room facility	20% deductible applies	20% deductible applies
Ambulance services (ground and air)	20% deductible applies	40% deductible applies
Mental health and substance use disorder services		
Outpatient office visit	20% deductible applies	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	20% deductible applies	40% deductible applies
Chiropractic services	20% deductible applies	40% deductible applies

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. Health Net is a registered service mark of Health Net, LLC. All rights reserved.