

Plan Overview

40/5000/30% (\$7,000 / \$14,000)

PPO

| Benefit description | Member responsibility | |
|---|---|--------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK ¹ |
| Plan maximums | | |
| Out-of-pocket maximum (combined with Rx) (Individual / Family) | \$7,000 / \$14,000 | \$14,000 / \$28,000 |
| Calendar year deductible (Individual / Family) | \$5,000 / \$10,000 | \$10,000 / \$20,000 |
| Coinsurance | 30% deductible applies | 50% deductible applies |
| Professional services | | |
| PCP office visit ² | Visits 1 - 3 = \$40 deductible waived/ Visits 4+ = \$40 deductible applies | 50% deductible applies |
| Specialist office visit ² | \$60 deductible applies | 50% deductible applies |
| Preventive care services ² | \$0 deductible waived | Not Covered |
| Telehealth services through the Select Telehealth Services Provider ³ | \$0 deductible waived | Not Covered |
| Rehabilitation therapy ⁴ | 30% deductible applies | 50% deductible applies |
| X-ray procedures ² | 30% deductible applies | 50% deductible applies |
| Laboratory procedures ² | 30% deductible applies | 50% deductible applies |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) | 30% deductible applies | 50% deductible applies |
| Facility services | | |
| Outpatient surgery (hospital) | 30% deductible applies | 50% deductible applies |
| Outpatient surgery (ambulatory surgery center) | 20% deductible applies | 50% deductible applies |
| Inpatient hospital | 30% deductible applies | 50% deductible applies |
| Skilled nursing facility (100 day maximum) | 30% deductible applies | 50% deductible applies |
| Emergency services | | |
| Urgent care services | \$60 deductible applies | 50% deductible applies |
| Emergency room facility | \$100 + 30% deductible applies | \$100 + 30% deductible applies |
| Ambulance services (ground and air) | \$50 + 30% deductible applies | \$50 + 50% deductible applies |
| Mental health and substance use disorder services | | |
| Outpatient office visit | Visits 1 - 3 = \$40 deductible waived/ Visits 4+ = \$40 deductible applies | 50% deductible applies |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | 30% deductible applies | 50% deductible applies |
| Inpatient | 30% deductible applies | 50% deductible applies |
| Other services | | |
| Durable medical equipment ² | 30% deductible applies | 50% deductible applies |
| Diabetic equipment | 30% deductible applies | 50% deductible applies |
| Acupuncture services | 30% deductible applies | 50% deductible applies |
| Chiropractic services | Visits 1 - 3 = \$40 deductible waived/ Visits 4+ = \$40 deductible applies | 50% 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.

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