

Plan Overview

CANOPYCARE HMO

20/1500/20% (\$4,000 / \$8,000)

| Benefit description | Member responsibility |
|--|--------------------------------------|
| Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family) | \$4,000 / \$8,000 |
| Facility deductible Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family) | \$1,500 / \$3,000 |
| Professional services PCP office visit ¹ | \$20 deductible waived |
| Specialist office visit ¹ | \$20 deductible waived |
| Preventive care services ¹ | \$0 deductible waived |
| Telehealth services | No coverage through preferred vendor |
| Rehabilitation therapy ² | \$20 deductible waived |
| X-ray procedures ¹ | \$10 deductible waived |
| Laboratory procedures ¹ | \$10 deductible waived |
| Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) | 20% deductible waived |
| Facility services Outpatient surgery (hospital) | 20% deductible applies |
| Outpatient surgery (ambulatory surgery center) | 10% deductible applies |
| Inpatient hospital | 20% deductible applies |
| Skilled nursing facility (100 day maximum) | 20% deductible applies |
| Emergency services Urgent care services | \$20 deductible waived |
| Emergency room facility | 20% deductible applies |
| Ambulance services (ground and air) | 20% deductible waived |
| Mental health and substance use disorder services Outpatient office visit | \$20 deductible waived |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | \$0 deductible waived |
| Inpatient | 20% deductible applies |
| Other services Durable medical equipment ¹ | \$0 deductible waived |
| Diabetic equipment | \$0 deductible waived |
| Acupuncture services ³ | Rider available |
| Chiropractic services ³ | Rider available |

¹ 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).

² Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

³ Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the HMO plan shown above.

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.

Nondiscrimination Notice

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