

Plan Overview

CANOPYCARE HMO

15/1500d (\$6,500 / \$13,000)

| Benefit description | Member responsibility |
|--|---|
| Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family) | \$6,500 / \$13,000 |
| Facility deductible Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family) | N/A / N/A |
| Professional services PCP office visit ¹ | \$15 |
| Specialist office visit ¹ | \$35 |
| Preventive care services ¹ | \$0 |
| Telehealth services through the Select Telehealth Services Provider ² | \$0 |
| Rehabilitation therapy ³ | \$15 |
| X-ray procedures ¹ | \$0 |
| Laboratory procedures ¹ | \$0 |
| Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) | 30% |
| Facility services Outpatient surgery (hospital) | 50% |
| Outpatient surgery (ambulatory surgery center) | 40% |
| Inpatient hospital | \$1,500 per day, \$4,500 max per admit |
| Skilled nursing facility (100 day maximum) | Days 1-10: \$0 Days 11-100: \$25 per day |
| Emergency services Urgent care services | \$15 |
| Emergency room facility | \$300 |
| Ambulance services (ground and air) | \$300 |
| Mental health and substance use disorder services Outpatient office visit | \$15 |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | \$0 |
| Inpatient | \$1,500 per day \$4,500 max per admit |
| Other services Durable medical equipment ¹ | \$0 |
| Diabetic equipment | \$0 |
| Acupuncture services ⁴ | Rider available |
| Chiropractic services ⁴ | 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 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.

³ Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁴ 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.

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