

Plan Overview

10/0/10% (\$2,000 / \$4,000)

PPO

Benefit description	Member responsibility	
	IN-NETWORK	OUT-OF-NETWORK ¹
Plan maximums		
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000
Calendar year deductible (Individual / Family)	N/A / N/A	\$250 / \$750
Coinsurance	10%	30% deductible applies
Professional services		
PCP office visit ²	\$10	30% deductible applies
Specialist office visit ²	\$30	30% deductible applies
Preventive care services ²	\$0	30% deductible applies
Telehealth services through the Select Telehealth Services Provider ³	\$0	Not Covered
Rehabilitation therapy ⁴	10%	30% deductible applies
X-ray procedures ²	10%	30% deductible applies
Laboratory procedures ²	10%	30% deductible applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	10%	30% deductible applies
Facility services		
Outpatient surgery (hospital)	10%	30% deductible applies
Outpatient surgery (ambulatory surgery center)	10%	30% deductible applies
Inpatient hospital	10%	30% deductible applies
Skilled nursing facility (100 day maximum)	10%	30% deductible applies
Emergency services		
Urgent care services	\$10	30% deductible applies
Emergency room facility	\$150 + 10%	\$150 + 10%
Ambulance services (ground and air)	\$150 + 10%	\$150+ 10% deductible waived
Mental health and substance use disorder services		
Outpatient office visit	\$10	30% deductible applies
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	10%	30% deductible applies
Inpatient	10%	30% deductible applies
Other services		
Durable medical equipment ²	10%	30% deductible applies
Diabetic equipment	10%	30% deductible applies
Acupuncture services	Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.	Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.
Chiropractic services	Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC.	Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC.

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.

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.