

**Plans available through Health Net and Covered California™**
**2017**
*Calendar year deductible applies unless otherwise noted.*

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
									Rx deductible (single / family) <sup>1</sup>	Rx drug Tier I / II / III / IV
<b>CommunityCare HMO</b>										
Health Net Platinum 90 HMO	None	\$4,000 / \$8,000	\$15 <sup>2</sup> / \$40 <sup>2</sup>	\$20 / \$40	\$250 facility / \$40 physician	\$250/day, up to 5 days facility / \$40/stay physician	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>3</sup>
Health Net Gold 80 HMO	None	\$6,750 / \$13,500	\$30 <sup>2</sup> / \$55 <sup>2</sup>	\$35 / \$55	\$600 facility / \$55 physician	\$600/day, up to 5 days facility / \$55/stay physician	\$325	\$30	None	\$15 / \$55 / \$75 / 20% <sup>3</sup>
Health Net Silver 70 HMO	\$2,500 / \$5,000	\$6,800 <sup>4</sup> / \$13,600 <sup>4</sup>	\$35 <sup>2,5</sup> / \$70 <sup>2,5</sup>	\$35 <sup>5</sup> / \$70 <sup>5</sup>	20% <sup>5</sup>	20%	\$350 <sup>5</sup>	\$35 <sup>5</sup>	\$250 / \$500	\$15 <sup>6</sup> / \$55 / \$80 / 20% <sup>3</sup>
<b>PureCare HSP<sup>7</sup></b>										
Health Net Platinum 90 HSP	None	\$4,000 / \$8,000	\$15 <sup>2</sup> / \$40 <sup>2</sup>	\$20 / \$40	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>3</sup>
Health Net Gold 80 HSP	None	\$6,750 / \$13,500	\$30 <sup>2</sup> / \$55 <sup>2</sup>	\$35 / \$55	20%	20%	\$325	\$30	None	\$15 / \$55 / \$75 / 20% <sup>3</sup>
Health Net Silver 70 HSP	\$2,500 / \$5,000	\$6,800 <sup>4</sup> / \$13,600 <sup>4</sup>	\$35 <sup>2,5</sup> / \$70 <sup>2,5</sup>	\$35 <sup>5</sup> / \$70 <sup>5</sup>	20% <sup>5</sup>	20%	\$350 <sup>5</sup>	\$35 <sup>5</sup>	\$250 / \$500	\$15 <sup>6</sup> / \$55 / \$80 / 20% <sup>3</sup>
Health Net Bronze 60 HSP	\$6,300 / \$12,600	\$6,800 <sup>4</sup> / \$13,600 <sup>4</sup>	\$75 <sup>2,8</sup> / \$105 <sup>2,8</sup>	\$40 <sup>5</sup> / 100% <sup>12</sup>	100% <sup>12</sup>	100% <sup>12</sup>	100% <sup>12</sup>	\$75 <sup>8</sup>	\$500 / \$1,000	100% <sup>9</sup>
Health Net Minimum Coverage HSP	\$7,150 / \$14,300	\$7,150 <sup>4</sup> / \$14,300 <sup>4</sup>	\$0 <sup>2,11</sup> / \$0 <sup>2</sup>	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/medical ded.	0%
<b>PureCare One EPO<sup>7</sup></b>										
Health Net Platinum 90 EPO	None	\$4,000 / \$8,000	\$15 / \$40	\$20 / \$40	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>3</sup>
Health Net Gold 80 EPO	None	\$6,750 / \$13,500	\$30 / \$55	\$35 / \$55	20%	20%	\$325	\$30	None	\$15 / \$55 / \$75 / 20% <sup>3</sup>
Health Net Silver 70 EPO	\$2,500 / \$5,000	\$6,800 <sup>4</sup> / \$13,600 <sup>4</sup>	\$35 <sup>2,5</sup> / \$70 <sup>2,5</sup>	\$35 <sup>5</sup> / \$70 <sup>5</sup>	20% <sup>5</sup>	20%	\$350 <sup>5</sup>	\$35 <sup>5</sup>	\$250 / \$500	\$15 <sup>6</sup> / \$55 / \$80 / 20% <sup>3</sup>
Health Net Bronze 60 EPO	\$6,300 / \$12,600	\$6,800 <sup>4</sup> / \$13,600 <sup>4</sup>	\$75 <sup>2,8</sup> / \$105 <sup>2,8</sup>	\$40 <sup>5</sup> / 100% <sup>12</sup>	100% <sup>12</sup>	100% <sup>12</sup>	100% <sup>12</sup>	\$75 <sup>8</sup>	\$500 / \$1,000	100% <sup>9</sup>
Health Net Minimum Coverage EPO	\$7,150 / \$14,300	\$7,150 <sup>4</sup> / \$14,300 <sup>4</sup>	\$0 <sup>2,11</sup> / \$0 <sup>2</sup>	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/medical ded.	0%

**Cost-share reduction (CSR) plans available through Covered California**
*Calendar year deductible applies unless otherwise noted.*

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
									Rx deductible (single / family) <sup>1</sup>	Rx drug Tier I / II / III / IV
<b>CommunityCare HMO</b>										
Health Net Silver 73 HMO	\$2,200 / \$4,400	\$5,700 <sup>4</sup> / \$11,400 <sup>4</sup>	\$30 <sup>2,5</sup> / \$55 <sup>2,5</sup>	\$35 <sup>5</sup> / \$65 <sup>5</sup>	20% <sup>5</sup>	20%	\$350 <sup>5</sup>	\$30 <sup>5</sup>	\$250 / \$500	\$15 <sup>6</sup> / \$50 / \$75 / 20% <sup>3</sup>
Health Net Silver 87 HMO	\$650 / \$1,300	\$2,350 <sup>4</sup> / \$4,700 <sup>4</sup>	\$10 <sup>2,5</sup> / \$25 <sup>2,5</sup>	\$15 <sup>5</sup> / \$25 <sup>5</sup>	15% <sup>5</sup>	15%	\$100 <sup>5</sup>	\$10 <sup>5</sup>	\$50 / \$100	\$5 <sup>6</sup> / \$20 / \$35 / 15% <sup>10</sup>
Health Net Silver 94 HMO	\$75 / \$150	\$2,350 <sup>4</sup> / \$4,700 <sup>4</sup>	\$5 <sup>2,5</sup> / \$8 <sup>2,5</sup>	\$8 <sup>5</sup> / \$8 <sup>5</sup>	10% <sup>5</sup>	10%	\$50 <sup>5</sup>	\$5 <sup>5</sup>	None	\$3 / \$10 / \$15 / 10% <sup>10</sup>

(continued)

**Cost-share reduction (CSR) plans available through Covered California**  
*Calendar year deductible applies unless otherwise noted.*

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
									Rx deductible (single / family) <sup>1</sup>	Rx drug Tier I / II / III / IV
<b>PureCare HSP<sup>7</sup></b>										
Health Net Silver 73 HSP	\$2,200 / \$4,400	\$5,700 <sup>4</sup> / \$11,400 <sup>4</sup>	\$30 <sup>2,5</sup> / \$55 <sup>2,5</sup>	\$35 <sup>5</sup> / \$65 <sup>5</sup>	20% <sup>5</sup>	20%	\$350 <sup>5</sup>	\$30 <sup>5</sup>	\$250 / \$500	\$15 <sup>6</sup> / \$50 / \$75 / 20% <sup>3</sup>
Health Net Silver 87 HSP	\$650 / \$1,300	\$2,350 <sup>4</sup> / \$4,700 <sup>4</sup>	\$10 <sup>2,5</sup> / \$25 <sup>2,5</sup>	\$15 <sup>5</sup> / \$25 <sup>5</sup>	15% <sup>5</sup>	15%	\$100 <sup>5</sup>	\$10 <sup>5</sup>	\$50 / \$100	\$5 <sup>6</sup> / \$20 / \$35 / 15% <sup>10</sup>
Health Net Silver 94 HSP	\$75 / \$150	\$2,350 <sup>4</sup> / \$4,700 <sup>4</sup>	\$5 <sup>2,5</sup> / \$8 <sup>2,5</sup>	\$8 <sup>5</sup> / \$8 <sup>5</sup>	10% <sup>5</sup>	10%	\$50 <sup>5</sup>	\$5 <sup>5</sup>	None	\$3 / \$10 / \$15 / 10% <sup>10</sup>
<b>PureCare One EPO<sup>7</sup></b>										
Health Net Silver 73 EPO	\$2,200 / \$4,400	\$5,700 <sup>4</sup> / \$11,400 <sup>4</sup>	\$30 <sup>2,5</sup> / \$55 <sup>2,5</sup>	\$35 <sup>5</sup> / \$65 <sup>5</sup>	20% <sup>5</sup>	20%	\$350 <sup>5</sup>	\$30 <sup>5</sup>	\$250 / \$500	\$15 <sup>6</sup> / \$50 / \$75 / 20% <sup>3</sup>
Health Net Silver 87 EPO	\$650 / \$1,300	\$2,350 <sup>4</sup> / \$4,700 <sup>4</sup>	\$10 <sup>2,5</sup> / \$25 <sup>2,5</sup>	\$15 <sup>5</sup> / \$25 <sup>5</sup>	15% <sup>5</sup>	15%	\$100 <sup>5</sup>	\$10 <sup>5</sup>	\$50 / \$100	\$5 <sup>6</sup> / \$20 / \$35 / 15% <sup>10</sup>
Health Net Silver 94 EPO	\$75 / \$150	\$2,350 <sup>4</sup> / \$4,700 <sup>4</sup>	\$5 <sup>2,5</sup> / \$8 <sup>2,5</sup>	\$8 <sup>5</sup> / \$8 <sup>5</sup>	10% <sup>5</sup>	10%	\$50 <sup>5</sup>	\$5 <sup>5</sup>	None	\$3 / \$10 / \$15 / 10% <sup>10</sup>

**PPO plans available direct through Health Net**  
*Calendar year deductible applies unless otherwise noted.*

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
									Rx deductible (single / family) <sup>1</sup>	Rx drug Tier I / II / III / IV
<b>PPO<sup>7</sup> (this chart highlights in-network benefits only)</b>										
Health Net Platinum 90 PPO	None	\$4,000 / \$8,000	\$15 <sup>2</sup> / \$40 <sup>2</sup>	\$20 / \$40	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>3</sup>
Health Net Gold 80 PPO	None	\$6,750 / \$13,500	\$30 <sup>2</sup> / \$55 <sup>2</sup>	\$35 / \$55	20%	20%	\$325	\$30	None	\$15 / \$55 / \$75 / 20% <sup>3</sup>
Health Net Silver 70 PPO	\$2,500 / \$5,000	\$6,800 <sup>4</sup> / \$13,600 <sup>4</sup>	\$35 <sup>2,5</sup> / \$70 <sup>2,5</sup>	\$35 <sup>5</sup> / \$70 <sup>5</sup>	20% <sup>5</sup>	20%	\$350 <sup>4</sup>	\$35 <sup>5</sup>	\$250 / \$500	\$15 <sup>6</sup> / \$55 / \$80 / 20% <sup>3</sup>
Health Net Bronze 60 PPO	\$6,300 / \$12,600	\$6,800 <sup>4</sup> / \$13,600 <sup>4</sup>	\$75 <sup>2,8</sup> / \$105 <sup>2,8</sup>	\$40 <sup>5</sup> / 100% <sup>12</sup>	100% <sup>12</sup>	100% <sup>12</sup>	100% <sup>12</sup>	\$75 <sup>8</sup>	\$500 / \$1,000	100% <sup>9</sup>
Health Net Minimum Coverage PPO	\$7,150 / \$14,300	\$7,150 <sup>4</sup> / \$14,300 <sup>4</sup>	0% <sup>2,11</sup> / 0% <sup>2</sup>	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/medical ded.	0%

This is a summary of benefits only. It does not include all services, limitations or exclusions. Please refer to the Plan Contract and EOC for HMO and HSP plans, or the Policy for EPO and PPO insurance plans, for terms and conditions of coverage. Availability of plans is dependent on location.

- <sup>1</sup> The pharmacy deductible does not apply to preventive drugs and women's contraceptives.
- <sup>2</sup> Office visits for preventive care, are covered in full. See copayment listing for "Preventive care services" in the Plan Contract and EOC for HMO and HSP plans or the Policy for EPO or PPO insurance plans. If the primary purpose of the office visit is unrelated to a preventive service, or if other non-preventive services are received during the same office visit, a copayment will apply for the non-preventive services.
- <sup>3</sup> Up to \$250/script after Rx deductible.
- <sup>4</sup> Includes calendar year deductible.
- <sup>5</sup> Deductible waived.
- <sup>6</sup> Rx deductible waived.
- <sup>7</sup> Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied. Refer to the Plan Contract and EOC or Policy for details.
- <sup>8</sup> The calendar year deductible applies after the first 3 non-preventive visits combined (including non-preventive primary care, specialist, other practitioner, urgent care, outpatient mental health and substance use disorder, and postnatal visits).
- <sup>9</sup> After the pharmacy deductible has been reached, the member will be responsible for 100% of the cost of all Tier 1, 2, 3, and 4 drugs up to a maximum payment of \$500 for each prescription of up to a 30-day supply, until the out-of-pocket maximum limit is met.
- <sup>10</sup> Up to \$150/script after Rx deductible.
- <sup>11</sup> The calendar year deductible applies after the first 3 non-preventive visits combined (including non-preventive primary care, other practitioner, urgent care, outpatient mental health and substance use disorder, and postnatal visits).
- <sup>12</sup> After the medical deductible has been reached, members are responsible for 100% of the eligible charges until their out-of-pocket maximum limit is met.