

Plan Overview

CommunityCare HMO Silver \$45 / \$2,000 – 9KV

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT AND EVIDENCE OF COVERAGE (EOC) SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

The copayment amounts listed below are the fees charged to you for covered services you receive. Copayments can be either a fixed dollar amount or a percentage of Health Net's cost for the service or supply and is agreed to in advance by Health Net and the contracted provider. Fixed dollar copayments are due and payable at the time services are rendered. Percentage copayments are usually billed after the service is received.

<i>Benefit description</i>	<i>Member(s) responsibility</i>
Unlimited lifetime maximum. Benefits are subject to a deductible unless noted.	
Plan maximums	
Calendar year deductible ¹	\$2,000 single / \$4,000 family
Out-of-pocket maximum (Includes calendar year deductible. Payments for services and supplies not covered by this plan will not be applied to this calendar year out-of-pocket maximum.)	\$6,350 single / \$12,700 family
Professional services	
Office visit copay ²	\$45 (deductible waived)
Specialist visit ²	\$65 (deductible waived)
Other practitioner office visit (including medically necessary acupuncture) ³	\$45 (deductible waived)
Preventive care services ^{2,4}	\$0 (deductible waived)
X-ray and diagnostic imaging	\$65 (deductible waived)
Laboratory tests	\$45 (deductible waived)
Imaging (CT, PET scans, MRIs)	\$250 (deductible waived)
Rehabilitation and habilitation therapy	\$45 (deductible waived)
Outpatient services	
Outpatient surgery (includes facility fee and physician/surgeon fees)	20% (deductible waived)
Hospital services	
Inpatient hospital facility (includes maternity)	20%
Skilled nursing care	20%
Emergency services	
Emergency room services (copayment waived if admitted)	\$250
Urgent care	\$90 (deductible waived)
Ambulance services (ground and air)	\$250
Mental/Behavioral Health/Substance use disorder services⁵	
Mental/Behavioral health/Substance use disorder (inpatient)	20%
Mental/Behavioral health/Substance use disorder (outpatient)	\$45 (deductible waived)
Home health care services (100 visits per calendar year)	\$45 (deductible waived)
Other services	
Durable medical equipment	20% (deductible waived)
Hospice service	\$0 (deductible waived)
Self-injectables ⁶ (other than insulin)	20%
Prescription drug coverage^{7, 8, 9, 10}	
Brand-name calendar year deductible	\$250 member / \$500 family
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)	\$19 generic / \$50 preferred brand / \$70 non-preferred brand
Pediatric dental¹¹	
Diagnostic and preventive services	\$0
Pediatric vision¹²	
Routine eye exam	0% (deductible waived)
Glasses (limitations apply)	1 pair per year

(continued)

This plan is pending approval with the Department of Managed Health Care (DMHC).

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Plan Contract and EOC for terms and conditions of coverage.

- ¹ For certain services and supplies under this plan, a calendar year deductible applies, which must be satisfied before these services and supplies are covered. Such services and supplies are only covered to the extent that the covered expenses exceed the deductible.
- ² Prenatal, postnatal and newborn care office visits for preventive care, including preconception visits, are covered in full. See copayment listing for "Preventive care services." If the primary purpose of the office visit is unrelated to a preventive service, or if other nonpreventive services are received during the same office visit, a copayment will apply for the nonpreventive services.
- ³ Includes acupuncture visits, physical, occupational and speech therapy visits and other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category. Chiropractic services are not covered. Acupuncture services are provided by Health Net. Health Net contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to offer quality and affordable acupuncture coverage.
- ⁴ Preventive care services are covered for children and adults, as directed by your physician, based on the 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). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- ⁵ Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.
- ⁶ Self-injectable drugs (other than insulin) are considered specialty drugs, and must be obtained from a contracted specialty pharmacy vendor. Specialty drugs require prior authorization from Health Net.
- ⁷ If the pharmacy's retail price is less than the applicable copayment, then you will only pay the pharmacy's retail price.
- ⁸ The brand-name prescription drug deductible (per calendar year) must be paid before Health Net begins to pay for brand-name prescription drugs. If you are a member in a family of two or more members, you reach the brand name drug deductible either when you meet the amount for any one member, or when your entire family reaches the family amount.
- The brand-name prescription drug deductible does not apply to peak flow meters, inhaler spacers used for the treatment of asthma, diabetic supplies and equipment dispensed through a participating pharmacy and preventive drugs and women's contraceptives. Prescription drug-covered expenses are the lesser of Health Net's contracted pharmacy rate or the pharmacy's retail price for covered prescription drugs.
- ⁹ Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name preventive drug or women's contraceptive is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name preventive drug or women's contraceptive is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ¹⁰ The Essential Rx Drug List is the approved list of medications covered for illnesses and conditions. It is prepared by Health Net and distributed to Health Net contracted physicians and participating pharmacies. Some drugs on the List may require prior authorization from Health Net. Drugs that are not listed on the List (previously known as nonformulary) that are not excluded or limited from coverage are covered. Some drugs that are not listed on the list do require prior authorization from Health Net. Health Net will approve a drug not on the List at the Tier III copayment if the member's physician demonstrates medical necessity. Urgent requests from physicians for authorization are processed as soon as possible, not to exceed 2 business days or 72 hours, after Health Net's receipt of the request and any additional information requested by Health Net that is reasonably necessary to make the determination. Routine requests from physicians are processed in a timely fashion, not to exceed 2 days, as appropriate and medically necessary, for the nature of the member's condition after Health Net's receipt of the information that is reasonably necessary and requested by Health Net to make the determination. For a copy of the Essential Rx Drug List, call Health Net's Customer Contact Center at the number listed on the back of your Health Net ID card or visit our website at www.healthnet.com.
- Generic Drugs will be dispensed when a generic drug equivalent is available. Health Net will cover Brand Name drugs that have a generic equivalent at the Tier III copayment, when determined to be medically necessary.
- ¹¹ The pediatric dental benefits are provided by Health Net of California, Inc., and administered by Dental Benefit Providers of California, Inc., (DBP). DBP is a California licensed specialized dental plan and is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the Individual & Family Plan Contract and EOC for details.
- ¹² The pediatric vision services benefits are provided by Health Net of California, Inc. Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.