

## Plan Overview

FULL NETWORK EOA 40/30% (\$3,500 / \$7,000)

Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family) Professional services, outpatient surgery, and ER facility benefits only. (Individual / Family) Professional services, outpatient surgery, and ER facility benefits only. (Individual / Family) Professional services PCP Office visit* PRO-560 Specialist Office visit* Provisional services Preventive care services Preventi	Benefit description	Member responsibility
Out-of-pocket maximum (combined with Rx) (Individual / Family)     MDC: \$3,500 / \$7,000 PPO: \$5,500 / \$11,000       Facility deductible     PPO: \$5,500 / \$11,000       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 visit¹     HMO: \$40 PPO: \$60       Specialist Office visit¹     HMO: \$40 PPO: \$60       Preventive care services¹     \$0       Telehealth services through the Select Telehealth Services Provider²     \$0       Rehabilitation therapy³     HMO: \$40 PPO: \$60       Narray procedures¹     HMO: \$40 PPO: \$60       Laboratory procedures¹     HMO: \$20 PPO: \$60       Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)     \$10       Facility services     PPO: \$30       Cutpatient services (hospital)     30%       Outpatient services (simbulatory surgery center)     20%       Inpatient hospital     30%       Skilled nursing facility (100 day maximum)     Days 1-10: \$20 Days	•	
PC: \$5,500 \ \$11,000  Potestity deductible Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (individual / Family) Professional services PCP Office visit¹ PCP Office visit¹ Preventive Care services¹ Specialist Office visit¹ Preventive Care services¹ So Telehealth services through the Select Telehealth Services Provider² So Rehabilitation therapy¹ HMO: \$40 Rehabilitation therapy¹ Rehabilitation therapy¹ Rehabilitation therapy¹ HMO: \$40 Rehabilitation therapy¹ Rehabilitation therapy¹ HMO: \$40 Rehabilitation therapy¹ Re		HMO: \$3,500 / \$7,000
Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family)  Professional services PCP Office visit¹  Specialist Office visit¹  Preventive care services¹ Fewentive care services¹ Felehealth services through the Select Telehealth Services Provider² So MinuteClinic¹ Sehabilitation therapy³ HMO: \$40 PPO: \$60  MinuteClinic¹ Sehabilitation therapy³ HMO: \$40 PPO: \$60  Aray procedures¹ And Select Telehealth And Select Telehealth Services Provider?  Outpatient services (ground and air)  Emergency services Urgent care services Urgent care services (ground and air)  Arabilance services (ground and air)  Outpatient office visit Outpatient ther (includes partial hospitalization/day treatment/intensive outpatient office visit Outpatient ther (includes partial hospitalization/day treatment/intensive outpatient office visit	out or poolee maximum (combined than 185) (maximudal / rammy)	
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services, outpatient surgery, and ER facility benefits only. (Individual / Family)  Professional services  PCP Office visit¹  Specialist Office visit¹  Preventive care services¹  Preventive care services¹  Preventive care services through the Select Telehealth Services Provider²  So  MinuteClinic¹  Rehabilitation therapy³  And Office visit²  PPO: \$60  MinuteClinic¹  Rehabilitation therapy³  And Office visit²  PPO: \$60  MinuteClinic¹  Rehabilitation therapy³  And Office visit²  PPO: \$60  X-ray procedures¹  And Office visit²  PPO: \$30  Laboratory procedures¹  And Office visit²  Dutpatient services (includes CT, SPECT, PET, MUGA, and MRI)  So  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)  So  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)  So  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)  So  Complex radiology services (mopital)  Outpatient services (nospital)  Outpatient services (ambulatory surgery center)  Days 1-10: \$0  Days 1-10: \$0  Days 1-10: \$25 per day  Emergency services  Urgent care services  Urgent care services  Urgent care services  Urgent care services (ground and air)  So  Mental health and substance use disorder services  Outpatient office visit  Outpatient programs)  Inpatient  Other services  Outpatient office visit  Outpatient programs)	Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility	N/A / N/A
Professional services     HMO: \$40 PPO: \$500       Specialist Office visit¹     HMO: \$60 PPO: \$500       Specialist Office visit¹     HMO: \$60 PPO: \$500       Preventive care services¹     \$0       Telehealth services through the Select Telehealth Services Provider²     \$40       Rehabilitation therapy³     HMO: \$40 PPO: \$500       X-ray procedures¹     HMO: \$20 PPO: \$30       Laboratory procedures¹     HMO: \$20 PPO: \$30       Complex radiology services (includes CT, \$PECT, PET, MUGA, and MRI)     \$100       Facility services     PPO: \$30       Outpatient services (hospital)     30%       Outpatient services (ambulatory surgery center)     20%       Inpatient hospital     30%       Skilled nursing facility (100 day maximum)     Days 11-10: \$0 Days 11-10: \$0 Days 11-10: \$25 per day       Emergency services     \$40       Urgent care services (ground and air)     \$200       Mental health and substance use disorder services     \$40       Outpatient other (includes partial hospitalization/day treatment/intensive outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)     \$40       Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)     \$40       Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)     \$40		
PCP Office visit¹ HMO: \$40 PPO: \$60  Specialist Office visit¹ HMO: \$60 PPO: \$60  Preventive care services¹ S0  Telehealth services through the Select Telehealth Services Provider² \$0  MinuteClinic¹ \$40  Rehabilitation therapy³ HMO: \$20  PPO: \$50  X-ray procedures¹ HMO: \$20  PPO: \$30  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100  Facility services  Outpatient services (hospital) 30%  Chusterian Fervices (hospital) 30%  Skilled nursing facility (100 day maximum) Days 1-10: \$20  Emergency services  Urgent care services  Remergency room facility \$20  Ambulance services (ground and air) \$40  Mental health and substance use disorder services  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient for (includes partial hospital) 30%  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient of their (includes partial hospitalization/day treatment/intensive outpatient of fice visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient of fice visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient of fice visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient of fice visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient of fice visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient of fice visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive \$40		
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PPC: \$60  Preventive care services¹ Telehealth services through the Select Telehealth Services Provider² So  MinuteClinic¹ S40  Rehabilitation therapy³ HMO: \$40 PPC: \$60  X-ray procedures¹ HMO: \$20 PPC: \$30  Laboratory procedures¹ HMO: \$20 PPC: \$30  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Facility services Outpatient services (hospital) Outpatient services (ambulatory surgery center) Inpatient hospital Silled nursing facility (100 day maximum) Days 1-10: \$0 Days 11-10: \$25 Days	Specialist Office visit <sup>1</sup>	· ·
Telehealth services through the Select Telehealth Services Provider <sup>2</sup> MinutcClinic <sup>1</sup> Rehabilitation therapy <sup>3</sup> HMO: \$40 PPO: \$60  X-ray procedures <sup>1</sup> Laboratory procedures <sup>1</sup> HMO: \$20 PPO: \$30  Laboratory procedures <sup>1</sup> HMO: \$20 PPO: \$30  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)  Facility services  Outpatient services (hospital)  30%  Outpatient services (ambulatory surgery center)  Inpatient hospital  Skilled nursing facility (100 day maximum)  Days 1-10: \$0 Days 1-10: \$0 Days 1-100: \$25 per day  Emergency services  Urgent care services  Emergency room facility  Ambulance services (ground and air)  Mental health and substance use disorder services  Outpatient office visit  Outpatient office visit  Outpatient ofter (includes partial hospitalization/day treatment/intensive outpatient programs)  Inpatient  Other services  Other services  Other services  Other services  S40  Other services		PPO: \$60
MinuteClinic¹ \$40 Rehabilitation therapy³ HMC: \$40 PPO: \$60  X-ray procedures¹ HMC: \$20 PPO: \$30  Laboratory procedures¹ HMC: \$20 PPO: \$30  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100  Facility services Outpatient services (hospital) 30% Outpatient services (ambulatory surgery center) 20% Inpatient hospital 30% Skilled nursing facility (100 day maximum) Days 1-10: \$0 Days 1-10: \$0 Days 1-10: \$25 per day  Emergency services Urgent care services Urgent care services (ground and air) \$200  Mental health and substance use disorder services Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient Other services	Preventive care services <sup>1</sup>	\$0
MinuteClinic¹     \$40       Rehabilitation therapy³     HMO: \$40 PPO: \$50       X-ray procedures¹     HMO: \$20 PPO: \$30       Laboratory procedures¹     HMO: \$20 PPO: \$30       Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)     \$100       Facility services     PO: \$30       Outpatient services (hospital)     30%       Outpatient services (ambulatory surgery center)     20%       Inpatient hospital     30%       Skilled nursing facility (100 day maximum)     Days 1-10: \$0 Days 11-100: \$25 per day       Emergency services     \$40       Emergency room facility     \$200       Ambulance services (ground and air)     \$40       Mental health and substance use disorder services     \$40       Outpatient office visit     \$40       Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)     \$0       Inpatient     30%       Other services     \$0	Telehealth services through the Select Telehealth Services Provider <sup>2</sup>	\$0
Rehabilitation therapy³ HMO: \$40 PPO: \$60  X-ray procedures¹ HMO: \$20 PPO: \$30  Laboratory procedures¹ HMO: \$20 PPO: \$30  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100  Facility services Outpatient services (hospital) 30% Outpatient services (ambulatory surgery center) 20% Inpatient hospital 30% Skilled nursing facility (100 day maximum) Days 1-10: \$0 Days 11-100: \$25 per day  Emergency services Urgent care services \$40  Emergency room facility 400 day maximum \$200  Ambulance services (ground and air) \$200  Mental health and substance use disorder services Outpatient office visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient other (includes partial hospitalization/day treatment/intensive outpatient other (includes partial hospitalization/day treatment/intensive outpatient other (includes partial hospitalization \$40  Other services  Other services  Other services  HMO: \$40  PPO: \$30  30%  Amount Services (ambulatory surgery center) \$40  Services \$40  Outpatient office visit \$40  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)  Inpatient \$40  Other services		\$40
X-ray procedures¹ HMC: \$20 PPC: \$30 Laboratory procedures¹ HMC: \$20 PPC: \$30  Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$10  Facility services Outpatient services (hospital) 30% Outpatient services (ambulatory surgery center) 20% Inpatient hospital 30% Skilled nursing facility (100 day maximum) Days 1-10: \$0 Days 11-100: \$25 per day  Emergency services Urgent care services Urgent care services (ground and air) \$200  Mental health and substance use disorder services Outpatient office visit \$40  Outpatient office visit \$40  Outpatient office visit \$50 Outpatie		HMO: \$40
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Outpatient services (hospital)     30%       Outpatient services (ambulatory surgery center)     20%       Inpatient hospital     30%       Skilled nursing facility (100 day maximum)     Days 1-10: \$0 Days 11-100: \$25 per day       Emergency services     \$40       Urgent care services (ground and air)     \$200       Mental health and substance use disorder services     \$40       Outpatient office visit     \$40       Outpatient programs)     \$0       Inpatient     30%       Other services     \$40		\$100
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Inpatient hospital 30%  Skilled nursing facility (100 day maximum)  Emergency services  Urgent care services  Emergency room facility  Ambulance services (ground and air)  Mental health and substance use disorder services  Outpatient office visit  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)  Inpatient  Other services  Other services  30%  Days 1-10: \$0 Days 11-100: \$25 per day  \$40  \$200  \$40  \$40  \$40  \$40  \$40  \$4	1 1 7	1 5 5 1
Skilled nursing facility (100 day maximum)  Emergency services  Urgent care services  Emergency room facility  Ambulance services (ground and air)  Mental health and substance use disorder services  Outpatient office visit  Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)  Inpatient  Other services  Other services  Other services  Other services  Other services  Other services  Outpatient office visit  Other services  Other services  Other services  Other services  Outpatient office visit  Other services	Outpatient services (ambulatory surgery center)	
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Emergency services     \$40       Urgent care services     \$200       Emergency room facility     \$200       Ambulance services (ground and air)     \$200       Mental health and substance use disorder services     \$40       Outpatient office visit     \$40       Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)     \$0       Inpatient     30%       Other services     30%	Skilled nursing facility (100 day maximum)	
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Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)  Inpatient 30%  Other services	Mental health and substance use disorder services	
outpatient programs) Inpatient 30% Other services	Outpatient office visit	\$40
Inpatient 30% Other services	Outpatient other (includes partial hospitalization/day treatment/intensive	\$0
Other services	outpatient programs)	
	Inpatient	30%
Durable medical equipment <sup>1</sup> \$0	Other services	
	Durable medical equipment <sup>1</sup>	\$0
Diabetic equipment \$0		
Acupuncture services <sup>4</sup> Rider available		Rider available
Chiropractic services <sup>4</sup> Rider available		Rider available

- <sup>1</sup> 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).
- <sup>2</sup>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.
- <sup>3</sup>Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.
- 4Chiropractic and/or Acupuncture rider coverage is included in all SmartCare HMO plans and is available as an optional benefit in all other HMO and EOA plans.

## Health Net's Nondiscrimination Notice

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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