

Plan Overview

FULL NETWORK EOA 20/500/10% (\$3,500 / \$7,000)

Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family) Facility 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 PMO: \$20 deductible waived PPC: \$40 Preventive care services¹ Felehealth services through the Select Telehealth Services Provider² Felehealth services (adductible waived Felenation through the Select Telehealth Services Provider² Felenation through the Waived Provider Services Outpatient services (adductible waived Durbatent services (adductible waived Outpatient office visit Outpatient office visit Felenation through the Select Telehealth Services Provider Services Outpatient office visit Felenation through the Select Telehealth Services Provider Services Outpatient office visit Felenation through through through the Select Telehealth Services Provider Services		
Dut- of-pocket maximum (combined with Rx) (Individual / Family)	Benefit description	Member responsibility
Facility 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 HMO: \$20 deductible walved PPO: \$40 \$5pecialist Office visit¹ HMO: \$40 deductible walved PPO: \$40 \$70 deductible walved #MO: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #Mo: \$20 deductible walved #MO: \$20 deductible walved #MO: \$20 deductible walved #PO: \$40 #MO: \$20 deductible walved #PO: \$20 #Mo: \$20 deductible walved #PO: \$20 #Mo: \$10 deductible walved #PO: \$40 #Mo: \$10 deductible applies #Mo: \$10 deductible applies #Mo: \$10 deductible applies #Mo: \$10 deductible walved #Mo: \$10 ded	Plan maximums	
Facility deductible Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility Professional services PCP Office visit HMO: \$20 deductible waived PPO: \$40 Specialist Office visit HMO: \$40 deductible waived PPO: \$40 Preventive care services¹ So deductible waived PPO: \$40 Preventive care services¹ So deductible waived PPO: \$40 Preventive care services¹ So deductible waived MinuteClinic¹ Rehabilitation therapy¹ HMO: \$20 deductible waived PPO: \$40 Preventive care services¹ So deductible waived MinuteClinic¹ So deductible waived PPO: \$40 MinuteClinic¹ Rehabilitation therapy¹ HMO: \$20 deductible waived PPO: \$40 MinuteClinic¹ So deductible waived PPO: \$40 MinuteClinic¹ Rehabilitation therapy¹ HMO: \$20 deductible waived PPO: \$40 MinuteClinic¹ Rehabilitation therapy¹ HMO: \$20 deductible waived PPO: \$40 MinuteClinic¹ Norecdures¹ HMO: \$20 deductible waived PPO: \$40 MinuteClinic¹ Norecdures¹ HMO: \$20 deductible waived PPO: \$40 MinuteClinic¹ Norecdures¹ HMO: \$20 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Sol deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Sol deductible applies 10% deductible applies Inpatient nospital Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services Sol deductible waived Emergency services Urgent care services Sol deductible waived MinuteClinic¹ Sol deductibl	Out-of-pocket maximum (combined with Rx) (Individual / Family)	
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 Felehalth services through the Select Telehealth Services Provider² So deductible waived PPC; \$40 Preventive care services¹ Felehalth services through the Select Telehealth Services Provider² So deductible waived Rehabilitation therapy³ HMO: \$20 deductible waived MinuteClinic¹ Rehabilitation therapy³ HMO: \$20 deductible waived PPC; \$40 X-ray procedures¹ HMO: \$20 deductible waived PPC; \$40 X-ray procedures¹ HMO: \$20 deductible waived PPC; \$40 X-ray procedures¹ HMO: \$10 deductible waived PPC; \$20 Complex radiology services (Includes CT, SPECT, PET, MUGA, and MRI) Solid deductible waived PPC; \$20 Complex radiology services (Includes CT, SPECT, PET, MUGA, and MRI) Solid deductible applies Outpatient services (mospital) Outpatient services (ambulatory surgery center) Solid deductible applies Inpatient hospital Inpatient hospital Inpatient hospital Ingent care services Emergency room facility Ambulance services (ground and air) Mental health and substance use disorder services Outpatient office visit Outpatient office visit Outpatient programs) Inpatient Outpatient group and a services Outpatient programs) Inpatient Outpatient group and and air) Modeutible applies Outpatient programs) Inpatient Outpatient group and and air) Acupuncture services Rehabilitation devices and available Outpatient group and available Outpatient group and available Outpatient group and available Outpatient g		PPO: \$5,500 / \$11,000
Services, outpatient surgery, and ER facility benefits only. (Individual / Family) Professional services PCP Office visit¹ Specialist Office visit¹ Specialist Office visit¹ Preventive care services¹ Telehealth services through the Select Telehealth Services Provider² So deductible waived MinuteClinic¹ Sou deductible waived MinuteClinic¹ Sou deductible waived MinuteClinic¹ Sou deductible waived MinuteClinic¹ MinuteClinic³ Sou deductible waived MinuteClinic³ MinuteClinic³ Sou deductible waived PPD: \$40 MMO: \$20 deductible waived MMO: \$20 deductible waived PPD: \$40 MMO: \$20 deductible waived MMO: \$20 deductible waived PPD: \$20 MMO: \$10 deductible waived PPD: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Sou deductible waived PPD: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Sou deductible waived PPD: \$20 Complex radiology services (hospital) Outpatient services (hospital) Outpatient services (special papers) Sou deductible applies Divadeductible applies Sourgency services Sourgency room facility (100 day maximum) 10% deductible applies Emergency services Sourgency room facility Arnublance services (ground and air) Mental health and substance use disorder services Outpatient office visit Outpatient office	Facility deductible	l
Professional services PCP Office visit¹ HMO: \$20 deductible waived PPO: \$40 Specialist Office visit¹ HMO: \$20 deductible waived PPO: \$40 Preventive care services¹ S0 deductible waived PPO: \$40 Preventive care services¹ S0 deductible waived Telehealth services through the Select Telehealth Services Provider² S0 deductible waived Rehabilitation therapy³ HMO: \$20 deductible waived Rehabilitation therapy³ HMO: \$20 deductible waived PPO: \$40 X-ray procedures¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible applies Inpatient services (hospital) 10% deductible applies Inpatient hospital 10% deductible applies Emergency revices (#100 day maximum) 10% deductible applies Emergency revices (#100 day maximum) 2500 deductible waived Mental health and substance use disorder services Outpatient office visit 510 deductible waived Mental health and substance use disorder services Outpatient office visit 520 deductible waived Diabetic equipment 520 deductible waived Diabetic equipment 520 deductible waived Diabetic equipment 520 deductible waived	Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility	\$500 / \$1,000
PCP Office visit¹ Specialist Office visit¹ Specialist Office visit¹ HMO: \$40 deductible waived PPO: \$40 Preventive care services¹ S0 deductible waived PPO: \$40 S0 deductible waived S0 deductible waived Telehealth services through the Select Telehealth Services Provider² S0 deductible waived MinuteClinic¹ S20 deductible waived MinuteClinic³ Rehabilitation therapy³ HMO: \$20 deductible waived PPO: \$40 X-ray procedures¹ HMO: \$10 deductible waived PPO: \$40 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Facility services PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) S100 deductible waived Facility services Unpatient services (hospital) Outpatient services (ambulatory surgery center) S% deductible applies Inpatient hospital Stilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services Emergency services Urgent care services S0 deductible waived Mental health and substance use disorder services Outpatient office visit S20 deductible waived Mental health and substance use disorder services Outpatient office visit S0 deductible waived Outpatient programs) Inpatient Other services Outpatient programs Urgent captering S0 deductible waived Other services Outpatient programs Ou	services, outpatient surgery, and ER facility benefits only. (Individual / Family)	
Specialist Office visit¹ HMD: \$40 deductible waived PPO: \$40 Preventive care services¹ \$0 deductible waived Telehealth services through the Select Telehealth Services Provider² \$0 deductible waived MinuteClinic¹ \$20 deductible waived MinuteClinic¹ \$20 deductible waived MinuteClinic¹ \$20 deductible waived MinuteClinic¹ \$20 deductible waived PPO: \$40 HMO: \$20 deductible waived PPO: \$40 PPO: \$40 X-ray procedures¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived Facility services Outpatient services (hospital) \$10% deductible applies Unpatient services (includes CT, SPECT, PET, MUGA, and MRI) \$10% deductible applies Inpatient hospital \$10% deductible applies Inpatient hospital \$10% deductible applies Mental hursing facility (100 day maximum) \$10% deductible applies Emergency services Urgent care services (ground and air) \$150 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Outpatient office visit \$20 de	Professional services	
Specialist Office visit¹ Preventive care services¹ So deductible waived PPO: \$40 Freventive care services¹ So deductible waived Frelehealth services through the Select Telehealth Services Provider² So deductible waived MinuteClinic¹ So deductible waived HMO: \$20 deductible waived PPO: \$40 X-ray procedures¹ HMO: \$10 deductible waived PPO: \$40 Laboratory procedures¹ PPO: \$20 Laboratory procedures¹ PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Solo deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Solo deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Solo deductible applies Outpatient services (ambulatory surgery center) Solo deductible applies Divident services (ambulatory surgery center) Solo deductible applies Emergency services Urgent care services Solo deductible applies Emergency services Urgent care services Solo deductible applies Mental health and substance use disorder services Untpatient office visit Sol deductible waived Mental health and substance use disorder services Uppatient of their (includes partial hospitalization/day treatment/intensive outpatient of programs) Impatient Underservices Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Impatient Other services Unable medical equipment¹ Sol deductible waived Outpatient equipment Acupuncture services Rider available	PCP Office visit ¹	· ·
PPO: \$40 Preventive care services¹ Telehealth services through the Select Telehealth Services Provider² So deductible waived MinuteClinic¹ So deductible waived MinuteClinic¹ So deductible waived MinuteClinic¹ Rehabilitation therapy³ HMO: \$20 deductible waived PPO: \$40 X-ray procedures¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Facility services Outpatient services (hospital) Outpatient services (ambulatory surgery center) Inpatient hospital Skilled nursing facility (100 day maximum) Ingatient hospital Skilled nursing facility (100 day maximum) Ingent care services Emergency services Surgency services Surgency services Surgency services Surgency room facility S150 deductible waived Emergency room facility S150 deductible waived Mental health and substance use disorder services Outpatient office visit Outpatient office visit S20 deductible waived		· ·
Preventive care services¹ Telehealth services through the Select Telehealth Services Provider² S0 deductible waived MinuteClinic¹ S20 deductible waived Rehabilitation therapy³ HMO: \$20 deductible waived PPO: \$40 X-ray procedures¹ HMO: \$10 deductible waived PPO: \$40 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Facility services Outpatient services (hospital) Outpatient services (hospital) Outpatient services (ambulatory surgery center) Skilled nursing facility (100 day maximum) Ingatient hospital Skilled nursing facility (100 day maximum) Ingerency services Urgent care services Emergency services Urgent care services (ground and air) Mental health and substance use disorder services Outpatient office visit Outpatient office visit S0 deductible waived Outpatient office visit Outpatient office visit Outpatient programs) Ingatient programs Ingatient programs Ingatient programs Unpatient Dischause deductible waived Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Ingatient Dischause deductible waived Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Ingatient Diabetic equipment S0 deductible waived Diabetic equipment S0 deductible waived Diabetic equipment S0 deductible waived Rider available	Specialist Office visit ¹	
Telehealth services through the Select Telehealth Services Provider ² MinuteClinic ¹ Rehabilitation therapy ³ HMO: \$20 deductible waived PPO: \$40 X-ray procedures ¹ Laboratory procedures ¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Facility services Outpatient services (hospital) 10% deductible applies Outpatient services (ambulatory surgery centery) 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services S20 deductible waived Emergency room facility \$150 deductible waived Emergency room facility \$150 deductible waived Whental health and substance use disorder services Outpatient office visit Outpatient office visit Outpatient office visit Outpatient programs) Inpatient 10% deductible waived Durable medical equipment ¹ 50 deductible waived Other services Outpatient derice quipment 50 deductible waived Diabetic equipment 50 deductible waived Diabetic equipment Acupuncture services ⁴ Rider available	D	
MinuteClinic¹ \$20 deductible waived Rehabilitation therapy³ HMO: \$20 deductible waived PPO: \$40 X-ray procedures¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived Facility services Outpatient services (hospital) 10% deductible applies Ungatient services (ambulatory surgery center) 5% deductible applies Inpatient hospital 10% deductible applies Emergency services Urgent care services Urgent care services Emergency room facility (100 day maximum) \$100 deductible waived Emergency room facility \$150 deductible applies Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Mental health and substance use disorder services Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient \$20 deductible waived Other services Durable medical equipment¹ \$0 deductible waived Diabetic equipment \$0 deductible waived Acupuncture services⁴ Rider available		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Rehabilitation therapy ³ PHO: \$20 deductible waived PPO: \$40 X-ray procedures ¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures ¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived Facility services Outpatient services (hospital) 10% deductible applies Unpatient services (ambulatory surgery center) 5% deductible applies Inpatient hospital 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services Emergency room facility 300 day maximum 5150 deductible waived Emergency room facility 3150 deductible waived Mental health and substance use disorder services Outpatient office visit 520 deductible waived Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient 10% deductible waived Other services Other services Durable medical equipment ¹ 50 deductible waived Diabetic equipment 50 deductible waived Acupuncture services ⁴ Rider available	Ţ.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
X-ray procedures¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived Facility services Outpatient services (hospital) 10% deductible applies Outpatient services (ambulatory surgery center) 5% deductible applies Inpatient hospital 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services \$20 deductible waived Emergency room facility \$150 deductible applies Ambulance services (ground and air) \$150 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Outpatient office visit \$20 deductible waived Outpatient programs) Inpatient 10% deductible waived Other services Durable medical equipment¹ \$0 deductible waived Diabetic equipment \$0 deductible waived Acupuncture services⁴ Rider available		
X-ray procedures¹ HMO: \$10 deductible waived PPO: \$20 Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived Facility services Outpatient services (hospital) 10% deductible applies Outpatient services (ambulatory surgery center) 5% deductible applies Inpatient hospital 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services Emergency room facility \$150 deductible waived Emergency room facility \$150 deductible waived Emergency room facility \$150 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Outpatient office visit \$20 deductible waived Outpatient programs) Inpatient 10% deductible waived Other services Other servi	Rehabilitation therapy ³	
Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived Facility services Outpatient services (hospital) 10% deductible applies Outpatient services (ambulatory surgery center) 5% deductible applies Inpatient hospital 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services Urgent care services (ground and air) \$150 deductible applies Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Mental health and substance use disorder services Outpatient office visit \$0 deductible waived Outpatient office visit \$0 deductible waived Outpatient programs) Inpatient 10% deductible applies Other services Other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient \$0 deductible waived Other services	V ray procedured	· ·
Laboratory procedures¹ HMO: \$10 deductible waived PPO: \$20 Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) \$100 deductible waived Facility services Outpatient services (hospital) 10% deductible applies Outpatient services (ambulatory surgery center) 5% deductible applies Inpatient hospital 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services Urgent care services (ground and air) \$150 deductible waived Emergency room facility \$150 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Outpatient office visit \$20 deductible waived Outpatient programs) Inpatient 10% deductible applies Other services Outpatient office deductible waived Other services Outpatient \$20 deductible waived Other services Outpatient \$30 deductible waived Other services Outpatient \$40 deductible waived Other services Outpatient \$40 deductible waived Other services Outpatient \$50 deductible waived Other services Outpatient \$50 deductible waived Acupuncture services Rider available	x-ray procedures-	
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) Facility services Outpatient services (hospital) Outpatient services (ambulatory surgery center) Inpatient hospital Inpatient In	Laboratory procedures ¹	
Facility services Outpatient services (hospital) Outpatient services (ambulatory surgery center) Inpatient hospital Inpatient hospitalization/day treatment/intensive Inpatient hospitalization hospitalization/day treatment/intensive Inpatient Inpa		PPO: \$20
Outpatient services (hospital) Outpatient services (ambulatory surgery center) Inpatient hospital Outpatient services (ambulatory surgery center) S% deductible applies 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services S20 deductible waived Emergency room facility Ambulance services (ground and air) S150 deductible waived Mental health and substance use disorder services Outpatient office visit Outpatient office visit S20 deductible waived S20 deductible waived Outpatient offer (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient Other services Durable medical equipment¹ S0 deductible waived Diabetic equipment Acupuncture services⁴ Rider available	Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$100 deductible waived
Outpatient services (hospital) Outpatient services (ambulatory surgery center) Inpatient hospital Outpatient services (ambulatory surgery center) S% deductible applies 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services S20 deductible waived Emergency room facility Ambulance services (ground and air) S150 deductible waived Mental health and substance use disorder services Outpatient office visit Outpatient office visit S20 deductible waived S20 deductible waived Outpatient offer (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient Other services Durable medical equipment¹ S0 deductible waived Diabetic equipment Acupuncture services⁴ Rider available	Facility services	
Inpatient hospital 10% deductible applies Skilled nursing facility (100 day maximum) 10% deductible applies Emergency services Urgent care services \$20 deductible waived Emergency room facility \$150 deductible applies Ambulance services (ground and air) \$150 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Mental health and substance use disorder services Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient 10% deductible waived Other services Durable medical equipment \$0 deductible waived Diabetic equipment \$0 deductible waived Rider available	Outpatient services (hospital)	10% deductible applies
Skilled nursing facility (100 day maximum) Emergency services Urgent care services Urgent care services Substance services (ground and air) Emergency room facility Substance services Substance use disorder services Substance use deductible waived Substance use disorder services Substance use deductible waived Substance use deductible waived Substance use disorder services Substance use disorder use deductible waived Substance use disorder use disorder use deductible waived Substance use disorder use deductible waived Substance use disorder use deductible waived Substance use disorder use diso	Outpatient services (ambulatory surgery center)	5% deductible applies
Emergency services Urgent care services Substance services Emergency room facility Substance services (ground and air) Substance use disorder services Outpatient office visit Substance use disorder services Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient Inp	Inpatient hospital	10% deductible applies
Urgent care services \$20 deductible waived Emergency room facility \$150 deductible applies Ambulance services (ground and air) \$150 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient \$10% deductible applies Other services Durable medical equipment \$0 deductible waived Diabetic equipment \$0 deductible waived Acupuncture services4 Rider available	Skilled nursing facility (100 day maximum)	10% deductible applies
Emergency room facility \$150 deductible applies Ambulance services (ground and air) \$150 deductible waived Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient \$10% deductible applies Other services Durable medical equipment \$0 deductible waived Diabetic equipment \$0 deductible waived Acupuncture services4 Rider available	Emergency services	
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 Durable medical equipment Diabetic equipment Acupuncture services Rider available	Urgent care services	\$20 deductible waived
Mental health and substance use disorder services Outpatient office visit \$20 deductible waived Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient 10% deductible applies Other services Durable medical equipment \$0 deductible waived Diabetic equipment \$0 deductible waived Acupuncture services4 Rider available	Emergency room facility	\$150 deductible applies
Outpatient office visit \$20 deductible waived Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient 10% deductible applies Other services Durable medical equipment 1 \$0 deductible waived Diabetic equipment 2 \$0 deductible waived Acupuncture services 4 Rider available	Ambulance services (ground and air)	\$150 deductible waived
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) Inpatient Other services Durable medical equipment Diabetic equipment Acupuncture services Rider available	Mental health and substance use disorder services	
outpatient programs) Inpatient Other services Durable medical equipment Diabetic equipment Acupuncture services Rider available	Outpatient office visit	\$20 deductible waived
Inpatient 10% deductible applies Other services Durable medical equipment Diabetic equipment Acupuncture services 10% deductible waived \$0 deductible waived Rider available	Outpatient other (includes partial hospitalization/day treatment/intensive	\$0 deductible waived
Inpatient 10% deductible applies Other services Durable medical equipment Diabetic equipment Acupuncture services 10% deductible waived \$0 deductible waived Rider available	outpatient programs)	
Durable medical equipment¹ \$0 deductible waived Diabetic equipment \$0 deductible waived Acupuncture services⁴ Rider available	Inpatient	10% deductible applies
Diabetic equipment \$0 deductible waived Acupuncture services ⁴ Rider available	Other services	
Diabetic equipment \$0 deductible waived Acupuncture services ⁴ Rider available	Durable medical equipment ¹	\$0 deductible waived
Acupuncture services ⁴ Rider available	Diabetic equipment	\$0 deductible waived
	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).
- ²Listed 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.
- ³Rehabilitation 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.

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.