

## Plan Overview

EXCELCARE EOA 15/250/10% (\$2,500 / \$5,000)

Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family) HMO: \$2,500 / \$5,000 PPO: \$4,500 / \$9,000  Bacility 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: \$15 deductible waived PPO: \$35 Preventive care services¹ So deductible waived PPO: \$35 Preventive care services¹ Felehealth services through the Select Telehealth Services Provider² ARCHADITION (S15 deductible waived PPO: \$35 PPO: \$		
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Other services	Inpatient	10% deductible applies
Durable medical equipment <sup>1</sup> \$0 deductible waived	Other services	
	Durable medical equipment <sup>1</sup>	\$0 deductible waived
Diabetic equipment \$0 deductible waived	Diabetic equipment	\$0 deductible waived
	Acupuncture services <sup>4</sup>	Rider available
	Chiropractic services <sup>4</sup>	Rider available

<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;sup>3</sup>Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>4</sup>Chiropractic 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.

<u>Health Net's Nondiscrimination Notice</u>
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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