Large Group

Plan Overview

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

Benefit description	Member responsibility
Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family)	HMO: $3,500 / $7,000 PPO: $5,500 / $11,000
Facility deductible 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 visit[1]	HMO: $40 PPO: $60
Specialist Office visit[1]	HMO: $60 PPO: $60
Preventive care services[1]	$0
Telehealth services through the Select Telehealth Services Provider[2]	$0
Rehabilitation therapy[3]	HMO: $40 PPO: $60
X-ray procedures[1]	HMO: $20 PPO: $30
Laboratory procedures[1]	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	$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 programs)	$0
Inpatient	30%
Other services Durable medical equipment[1]	$0
Diabetic equipment	$0
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).

[2] 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.

[3] Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

[4] 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.

(continued)

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.

1/2025