

Plan Overview

FULL NETWORK EOA 20/1500/20% (\$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 Professional services PCP Office visit¹ Professional services PCP Office visit¹ HMO: \$20 deductible waived PPO: \$40 PPO: \$40 PPO: \$40 Preventive care services¹ Telehealth services through the Select Telehealth Services Provider² So deductible waived PPO: \$40 PPO		
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CHILODI ACHE SELVICES. I VICES	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.

<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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