

## Plan Overview

FULL NETWORK HMO 15/1500d (\$6,500 / \$13,000)

Ponofit description	Member responsibility
Benefit description	
Plan maximums	45 500 /440 000
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$6,500 / \$13,000
Facility deductible	
Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility	N/A / N/A
services, outpatient surgery, and ER facility benefits only. (Individual / Family)	
Professional services	
PCP Office visit <sup>1</sup>	\$15
Specialist Office visit <sup>1</sup>	\$35
Preventive care services <sup>1</sup>	\$0
Telehealth services through the Select Telehealth Services Provider <sup>2</sup>	\$0
Rehabilitation therapy <sup>3</sup>	\$15
X-ray procedures <sup>1</sup>	\$0
Laboratory procedures <sup>1</sup>	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30%
Facility services	
Outpatient services (hospital)	50%
Outpatient services (ambulatory surgery center)	40%
Inpatient hospital	\$1,500 per day, \$4,500 max per admit
Skilled nursing facility (100 day maximum)	Days 1-10: \$0
	Days 11-100: \$25 per day
Emergency services	
Urgent care services	\$15
Emergency room facility	\$300
Ambulance services (ground and air)	\$300
Mental health and substance use disorder services	
Outpatient office visit	\$15
Outpatient other (includes partial hospitalization/day treatment/intensive	\$0
outpatient programs)	
Inpatient	\$1,500 per day \$4,500 max per admit
Other services	
Durable medical equipment <sup>1</sup>	\$0
Diabetic equipment	\$0
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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