

Plan Overview

20/2500/20% (\$5,000 / \$10,000)

PPO

Benefit description	Member responsibility	
	IN-NETWORK	OUT-OF-NETWORK ¹
Plan maximums		
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Calendar year deductible (Individual / Family)	\$2,500 / \$7,500	\$5,000 / \$15,000
Coinsurance	20% [deductible applies]	40% [deductible applies]
Professional services		
PCP office visit ²	\$20 [deductible waived]	40% [deductible applies]
Specialist office visit ²	\$40 [deductible waived]	40% [deductible applies]
Preventive care services ²	\$0 [deductible waived]	40% [deductible applies]
Telehealth services through the Select Telehealth Services Provider ³	\$0 [deductible waived]	Not Covered
Rehabilitation therapy ⁴	20% [deductible applies]	40% [deductible applies]
X-ray procedures ²	20% [deductible applies]	40% [deductible applies]
Laboratory procedures ²	20% [deductible applies]	40% [deductible applies]
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% [deductible applies]	40% [deductible applies]
Facility services		
Outpatient surgery (hospital)	20% [deductible applies]	40% [deductible applies]
Outpatient surgery (ambulatory surgery center)	10% [deductible applies]	40% [deductible applies]
Inpatient hospital	20% [deductible applies]	40% [deductible applies]
Skilled nursing facility (100 day maximum)	20% [deductible applies]	40% [deductible applies]
Emergency services		
Urgent care services	\$20 [deductible waived]	40% [deductible applies]
Emergency room facility	\$100 + 20% [deductible applies]	\$100 + 20% [deductible applies]
Ambulance services (ground and air)	\$100 + 20% [deductible applies]	\$100 + 20% [deductible applies]
Mental health and substance use disorder services		
Outpatient office visit	\$20 [deductible waived]	40% [deductible applies]
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	20% [deductible applies]	40% [deductible applies]
Inpatient	20% [deductible applies]	40% [deductible applies]
Other services		
Durable medical equipment ²	20% [deductible applies]	40% [deductible applies]
Diabetic equipment	20% [deductible applies]	40% [deductible applies]
Acupuncture services	Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.	Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.
Chiropractic services	Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC.	Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC.

¹Out-of-network reimbursement based on maximum allowable amount. The benefits are purchased. Refer to member's EOC. ²Preventive 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). ³Listed 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. ⁴Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

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 Certificate of Insurance for all terms and conditions of coverage.

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