

Plan Overview

SMARTCARE 20/20% (\$2,500 / \$5,000)

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| Benefit description | Member responsibility |
| Plan maximums | |
| Out-of-pocket maximum (combined with Rx) (Individual / Family) | \$2,500 / \$5,000 |
| 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 ¹ | \$20 |
| Specialist Office visit ¹ | \$40 |
| Preventive care services ¹ | \$0 |
| Telehealth services through the Select Telehealth Services Provider ² | \$0 |
| Rehabilitation therapy ³ | \$20 |
| X-ray procedures ¹ | \$10 |
| Laboratory procedures ¹ | \$10 |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) | \$100 |
| Facility services | |
| Outpatient services (hospital) | 20% |
| Outpatient services (ambulatory surgery center) | 10% |
| Inpatient hospital | 20% |
| Skilled nursing facility (100 day maximum) | Days 1-10: \$0 |
| | Days 11-100: \$25 per day |
| Emergency services | |
| Urgent care services | \$20 |
| Emergency room facility | \$150 |
| Ambulance services (ground and air) | \$150 |
| Mental health and substance use disorder services | |
| Outpatient office visit | \$20 |
| Outpatient other (includes partial hospitalization/day treatment/intensive | \$0 |
| outpatient programs) | |
| Inpatient | 20% |
| Other services | l |
| 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).

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> |
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| 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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