

Plan Overview

FULL NETWORK EOA 25/750/20% (\$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 visit* HMO: \$25 deductible walved PPO: \$45 Specialist Office visit* HMO: \$25 deductible walved PPO: \$45 Specialist Office visit* HMO: \$25 deductible walved PPO: \$45 Specialist Office visit* HMO: \$25 deductible walved PPO: \$45 Specialist Office visit* HMO: \$25 deductible walved PPO: \$45 Specialist Office visit* HMO: \$25 deductible walved PPO: \$45 Specialist Office visit* HMO: \$25 deductible walved PPO: \$45 Laboratory procedures¹ HMO: \$15 deductible walved PPO: \$25 Complex radiology services (Includes CT, SPECT, PET, MUGA, and MRI) Facility services Outpatient services (ambulatory surgery center) 10% deductible applies Outpatient services (ambulatory surgery center) 10% deductible applies Stilled nursing facility (100 day maximum) 20% deductible applies Urgent care services Urgent care services Urgent care services Urgent care services Stoleductible walved Demergency round and air) Sti50 deductible walved Urgent care services Outpatient office visit Outpatient	m on the second	Leave to the same
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	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.

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.

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