Large Group

Plan Overview

EXCELCARE EOA
25/750/20% ($3,500 / $7,000)

Benefit description	Member responsibility
Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family)	HMO: $3,500 / $7,000 PPO: $5,500 / $11,000
Facility deductible Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family)	$750 / $1,500
Professional services PCP Office visit[1]	HMO: $25 deductible waived PPO: $45
Specialist Office visit[1]	HMO: $45 deductible waived PPO: $45
Preventive care services[1]	$0 deductible waived
Telehealth services through the Select Telehealth Services Provider[2]	$0 deductible waived
Rehabilitation therapy[3]	HMO: $25 deductible waived PPO: $45
X-ray procedures[1]	HMO: $15 deductible waived PPO: $25
Laboratory procedures[1]	HMO: $15 deductible waived PPO: $25
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	$100 deductible waived
Facility services Outpatient services (hospital)	20% deductible applies
Outpatient services (ambulatory surgery center)	10% deductible applies
Inpatient hospital	20% deductible applies
Skilled nursing facility (100 day maximum)	20% deductible applies
Emergency services Urgent care services	$25 deductible waived
Emergency room facility	$150 deductible applies
Ambulance services (ground and air)	$150 deductible waived
Mental health and substance use disorder services Outpatient office visit	$25 deductible waived
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	$0 deductible waived
Inpatient	20% deductible applies
Other services Durable medical equipment[1]	$0 deductible waived
Diabetic equipment	$0 deductible waived
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).

[2] 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.

[3] Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

[4] 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.

(continued)

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.

1/2025