

CommunityCare Bronze 60 HMO 6300/65

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Evidence of Coverage (EOC) should be consulted for a detailed description of coverage benefits and limitations.

Unless otherwise noted, the deductible applies.

Benefit description	CommunityCare HMO Silver \$20
Unlimited lifetime maximum	✓
Plan maximums	\$6,300 / \$12,600
Calendar year deductible (single / family)	
Out-of-pocket maximum (single / family)	\$7,800 / \$15,600
Professional services¹	
Office visit copay	Visits 1-3 \$65 (ded. waived) / Visits 4+ \$65 (ded. applies) ¹²
Teladoc consultation telehealth services ²	\$0 (ded. waived)
Specialist visit	Visits 1-3 \$95 (ded. waived) / Visits 4+ \$95 (ded. applies) ¹²
Rehabilitation and habilitation therapy	\$65 (ded.waived)
MinuteClinic ³	\$30 (ded. waived)
X-ray / Laboratory procedures	40% / \$40 (ded. waived)
Complex radiology services (MRI, CT, PET)	40%
Outpatient services	
Outpatient surgery (ambulatory surgery center / hospital)	40% / 40%
Hospital services	
Inpatient hospital	40%
Skilled nursing facility	40%
Emergency services	
Emergency room (copay waived if admitted)	40%
Urgent care	Visits 1-3 \$65 (ded. waived) / Visits 4+ \$65 (ded. applies) ¹²
Mental/Behavioral health / Substance use disorder services⁴	
Mental/Behavioral health / Substance use disorder (inpatient)	40%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$65 (ded.waived)
Other services	
Durable medical equipment	40%
Acupuncture (medically necessary) ⁵	Visits 1-3 \$65 (ded. waived) / Visits 4+ \$65 (ded. applies) ¹²
Prescription drug coverage^{7,8}	
Brand-name calendar year deductible (single / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁶ (up to a 30-day supply obtained through a participating pharmacy)	\$18 / 40% / 40%
Tier 4 Specialty drugs ⁹	40%
Pediatric dental¹⁰	
Diagnostic and preventive services	\$0 (ded. waived)
Pediatric vision¹¹	
Routine eye exam	\$0 (ded. waived)
Glasses (limitations apply)	\$0 (ded. waived)

Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. and Managed Health Network, LLC (MHN) are subsidiaries of Health Net, LLC. The MHN family of companies includes Managed Health Network (CA) and MHN Services, LLC. Managed Health Network is a registered service mark of Managed Health Network, LLC. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.