*Health Net Life Insurance Company (Health Net)*

Health Net®

# EnhancedCare Bronze 60 HDHP 5600/20% PPO

**This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Certificate of Insurance* (COI) should be consulted for a detailed description of coverage benefits and limitations.**

Unless otherwise noted, the deductible applies.

| Benefit description | Insured person(s) responsibility | |
|---|---|---|
| | **IN-NETWORK**[1,2] | **OUT-OF-NETWORK**[1,3] |
| Unlimited lifetime maximum. | ✔ | ✔ |
| **Plan maximums**<br>Calendar year deductible[4] | $5,600 / $11,200 | $11,200 / $22,400 |
| Out-of-pocket maximum (single / family)[6] | $6,850 / $13,700 | $13,700 / $27,400 |
| **Professional services**<br>Office visit[7] | 20% | 50% |
| Specialist visit | 20% | 50% |
| Telehealth services through Teladoc[8] | $0 | Not covered |
| Rehabilitation and habilitation therapy | 20% | Not covered |
| X-ray/Laboratory procedures | 20% / 20% | 50% / 50% |
| **Complex radiology services**<br>(MRI, CT, PET) | 20% | 50% |
| **Outpatient services**<br>Outpatient surgery (ambulatory surgery center / hospital) | 20% / 20% | 50% / 50% |
| **Hospital services**<br>Inpatient hospital | 20% | 50% |
| Skilled nursing facility | 20% | 50% |
| **Emergency services**<br>Emergency room (copay waived if admitted) | 20% | 20% |
| Urgent care | 20% | 50% |
| **Mental/Behavioral health / Substance use disorder services**[9]<br>Mental/Behavioral health / Substance use disorder (inpatient) | 20% | 50% |
| Mental/Behavioral health / Substance use disorder (outpatient office visit) | 20% | 50% |
| **Other services**<br>Durable medical equipment | 20% | Not covered |
| Acupuncture (medically necessary)[10] | 20% | Not covered |
| Chiropractic care | $25 (unlimited visits) | Not covered |
| **Prescription drug coverage**[12,13]<br>Prescription drug deductible (single / family) | $5,600 / $11,200 Integrated med/Rx ded. Applies to all tiers | Not covered |
| Prescription drugs Tier 1 / Tier 2 / Tier 3[11]<br>(up to a 30-day supply obtained through a participating pharmacy) | $5 / $15 / $40 | Not covered |
| Tier 4 Specialty drugs[14] | 20% | Not covered |
| **Pediatric dental**[15]<br>Diagnostic and preventive services | $0 | 10% |
| **Pediatric vision**[16]<br>Routine eye exam | $0 | Not covered |
| Glasses (limitations apply) | $0 | Not covered |

Health Net PPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net Life Insurance Company is a subsidiary of Health Net, 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.

BKT033351EL00 (1/20)