Health Net of California, Inc. (Health Net)
Small Group

Bronze PPO 6300/60

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums Calendar year deductible (individual / family)[1]	$6,300 / $12,600	$12,600 / $25,200
Out-of-pocket maximum (individual / family)[2]	$9,100 / $18,200	$18,200 / $36,400
Professional services PCP office visit	visits 1 3 $60 ded waived / visits 4+ $60 ded applies	50% ded applies
Specialist office visit	visits 1 3 $95 ded waived / visits 4+ $95 ded applies	50% ded applies
Preventive care services[3]	$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider[4]	$0 ded waived	Not Covered
Rehabilitation therapy	$60 ded waived	50% ded applies
X-ray procedures	40% ded applies	50% ded applies
Laboratory procedures	$40 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services Urgent care services	visits 1 3 $60 ded waived / visits 4+ $60 ded applies	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services Outpatient office visit	$60 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded waived (up to $60)	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	visits 1 3 $60 ded waived / visits 4+ $60 ded applies	50% ded applies
Chiropractic services	$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage Prescription drug deductible (individual / family)	$500 / $1,000	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3[5]	$17 ded applies / 40% ded applies / 40% ded applies	Not Covered
Tier 4 Specialty drugs[6]	40% ded applies	Not Covered
Pediatric dental Diagnostic and preventive services	$0 ded waived	10% ded waived
Pediatric vision Routine eye exam	$0 ded waived	Not Covered
Glasses	$0 ded waived	Not Covered