



# CommunityCare HMO Bronze

## \$6300/\$60

Available with the following networks: CommunityCare HMO

Benefit description	Member Responsibility
<b>Plan maximums</b>	
Calendar year deductible (individual / family)	\$6,300 / \$12,600
Out-of-pocket maximum (individual / family)	\$9,100 / \$18,200
<b>Professional services</b>	
PCP office visit	visits 1-3 \$60 ded waived / visits 4+ \$60 ded applies
Specialist office visit	visits 1-3 \$95 ded waived / visits 4+ \$95 ded applies
Preventive care services <sup>1</sup>	\$0 ded waived
Telehealth services through Health Net's Select Telehealth Service Provider <sup>2</sup>	\$0 ded waived
MinuteClinic <sup>3</sup>	\$30 ded waived
Rehabilitation therapy	\$60 ded waived
X-ray procedures	40% ded applies
Laboratory procedures	\$40 ded waived
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies
<b>Facility services</b>	
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies
Inpatient hospital	40% ded applies
Skilled nursing facility	40% ded applies
<b>Emergency services</b>	
Urgent care services	visits 1 3 \$60 ded waived / visits 4+ \$60 ded applies
Emergency room facility	40% ded applies
Ambulance (ground and air)	40% ded applies
<b>Mental health and substance use disorder services</b>	
Outpatient office visit	\$60 ded waived
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived
Inpatient	40% ded applies
<b>Other services</b>	
Durable medical equipment	40% ded applies
Acupuncture services	visits 1 3 \$60 ded waived / visits 4+ \$60 ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)
<b>Prescription drug coverage</b>	
Prescription drug deductible (individual / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>4</sup>	\$17 ded applies / 40% ded applies / 40% ded applies
Tier 4 Specialty drugs <sup>5</sup>	40% ded applies
<b>Pediatric dental</b>	
Diagnostic and preventive services	\$0 ded waived
<b>Pediatric vision</b>	
Routine eye exam	\$0 ded waived
Glasses	\$0 ded waived