



CommunityCare HMO Bronze

\$6300/\$65

Available with the following networks: CommunityCare HMO

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$6,300 / \$12,600
Out-of-pocket maximum (individual / family)	\$8,200 / \$16,400
Professional services	
PCP office visit	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Specialist office visit	visits 1-3 \$95 ded waived / visits 4+ \$95 ded applies
Preventive care services ¹	\$0 ded waived
Telehealth services through Babylon ²	\$0 ded waived
MinuteClinic ³	\$30 ded waived
Rehabilitation therapy	\$65 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
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies
Inpatient hospital	40% ded applies
Skilled nursing facility	40% ded applies
Emergency services	
Urgent care services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Emergency room facility	40% ded applies
Ambulance (ground and air)	40% ded applies
Mental health and substance use disorder services	
Outpatient office visit	\$65 ded waived
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived
Inpatient	40% ded applies
Other services	
Durable medical equipment	40% ded applies
Acupuncture services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Chiropractic services	\$10 ded waived (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$18 ded applies / 40% ded applies / 40% ded applies
Tier 4 Specialty drugs ⁵	40% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0 ded waived
Pediatric vision	
Routine eye exam	\$0 ded waived
Glasses	\$0 ded waived

CommunityCare HMO Footnotes

- ¹Preventive 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).
- ²Listed cost share is for services provided through Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.
- ³MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁴The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website.
- ⁵Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.