



# CommunityCare HMO Silver

## \$2250/\$50

Available with the following networks: CommunityCare HMO

Benefit description	Member Responsibility
<b>Plan maximums</b>	
Calendar year deductible (individual / family)	\$2,250 / \$4,500
Out-of-pocket maximum (individual / family)	\$8,500 / \$17,000
<b>Professional services</b>	
PCP office visit	\$50 ded waived
Specialist office visit	\$70 ded waived
Preventive care services <sup>1</sup>	\$0 ded waived
Telehealth services through Babylon <sup>2</sup>	\$0 ded waived
MinuteClinic <sup>3</sup>	\$30 ded waived
Rehabilitation therapy	\$50 ded waived
X-ray procedures	\$50 ded applies
Laboratory procedures	\$40 ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$300 ded applies
<b>Facility services</b>	
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 40% ded applies
Inpatient hospital	40% ded applies
Skilled nursing facility	\$25/day ded waived
<b>Emergency services</b>	
Urgent care services	\$70 ded waived
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	\$50 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	\$10 ded waived
Chiropractic services	\$10 ded waived (If Chiro Rider is Purchased)
<b>Prescription drug coverage</b>	
Prescription drug deductible (individual / family)	\$350 / \$700
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>4</sup>	\$20 ded waived / 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

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Evidence of Coverage (EOC) for all terms and conditions of coverage. Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

## CommunityCare HMO Footnotes

- <sup>1</sup>Preventive 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).
- <sup>2</sup>Listed 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.
- <sup>3</sup>MinuteClinics are not located in all California counties. Refer to [www.minuteclinic.com](http://www.minuteclinic.com) for the most up-to-date locations.
- <sup>4</sup>The 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.
- <sup>5</sup>Tier 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.