

CommunityCare HMO Silver

\$2250/\$50

Available with the following networks: CommunityCare HMO

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$2,250 / \$4,500
Out-of-pocket maximum (individual / family)	\$9,000 / \$18,000
Professional services	
PCP office visit	\$50 ded waived
Specialist office visit	\$70 ded waived
Preventive care services ¹	\$0 ded waived
Telehealth services through Health Net's Select Telehealth Service Provider ²	\$0 ded waived
MinuteClinic ³	\$30 ded waived
Rehabilitation therapy	\$50 ded waived
X-ray procedures	\$50 ded waived
Laboratory procedures	\$40 ded waived
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$300 ded applies
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 40% ded applies
Inpatient hospital	40% ded applies
Skilled nursing facility	\$25/day ded waived
Emergency services	
Urgent care services	\$50 ded waived
Emergency room facility	40% ded applies
Ambulance (ground and air)	40% ded applies
Mental health and substance use disorder services	
Outpatient office visit	\$50 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	\$15 ded waived
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$350 / \$700
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$20 ded waived / \$50 ded applies / \$80 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