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

Gold HDHP PPO 1600/20%

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums Calendar year deductible (individual / family)[1]	$1,600 / $3,200	$3,200 / $6,400
Out-of-pocket maximum (individual / family)[2]	$4,000 / $8,000	$8,000 / $16,000
Professional services PCP office visit	20% ded applies	50% ded applies
Specialist office visit	20% 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 applies	Not Covered
Rehabilitation therapy	20% ded applies	50% ded applies
X-ray procedures	20% ded applies	50% ded applies
Laboratory procedures	20% ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% ded applies	50% ded applies
Facility services Outpatient surgery (ambulatory surgery center / hospital)	20% ded applies / 20% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	20% ded applies	50% ded applies
Skilled nursing facility	20% ded applies	50% ded applies
Emergency services Urgent care services	20% ded applies	50% ded applies
Emergency room facility	20% ded applies	20% ded applies
Ambulance (ground and air)	20% ded applies	20% ded applies
Mental health and substance use disorder services Outpatient office visit	20% ded applies	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	20% ded applies	50% ded applies
Inpatient	20% ded applies	50% ded applies
Other services Durable medical equipment	20% ded applies	50% ded applies
Acupuncture services	$15 ded applies	50% ded applies
Chiropractic services	$15 ded applies (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3[5]	$15 ded applies / $30 ded applies / $50 ded applies	Not Covered
Tier 4 Specialty drugs[6]	20% 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