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

Gold PPO 1000/35

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums Calendar year deductible (individual / family)[1]	$1,000 / $2,000	$2,000 / $4,000
Out-of-pocket maximum (individual / family)[2]	$8,000 / $16,000	$16,000 / $32,000
Professional services PCP office visit	$35 ded waived	50% ded applies
Specialist office visit	$55 ded waived	50% ded applies
Preventive care services[3]	$0 ded waived	50% ded applies
Telehealth services through Babylon[4]	$0 ded waived	Not Covered
Rehabilitation therapy	$35 ded waived	50% ded applies
X-ray procedures	$40 ded waived	50% ded applies
Laboratory procedures	$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services Urgent care services	$55 ded waived	50% ded applies
Emergency room facility	30% ded applies	30% ded applies
Ambulance (ground and air)	30% ded applies	30% ded applies
Mental health and substance use disorder services Outpatient office visit	$35 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30% ded applies	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services Durable medical equipment	30% ded applies	50% ded applies
Acupuncture services	$35 ded waived	50% ded applies
Chiropractic services	$25 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage Prescription drug deductible (individual / family)	$250 / $500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3[5]	$15 ded waived / $40 ded applies / $70 ded applies	Not Covered
Tier 4 Specialty drugs[6]	30% 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

PPO Footnotes

[1] Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers.

[2] Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers, and copayments or coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.

[3] 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).

[4] 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.

[5] 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.

[6] 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.