

# Gold PPO 750/15

Benefit description	Member responsibility	
	In-network	Out-of-network
<b>Plan maximums</b>		
Calendar year deductible (individual / family) <sup>1</sup>	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-pocket maximum (individual / family) <sup>2</sup>	\$8,200 / \$16,400	\$16,400 / \$32,800
<b>Professional services</b>		
PCP office visit	\$15 ded waived	50% ded applies
Specialist office visit	\$30 ded applies	50% ded applies
Preventive care services <sup>3</sup>	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider <sup>4</sup>	\$0 ded waived	Not Covered
Rehabilitation therapy	\$15 ded waived	50% ded applies
X-ray procedures	\$25 ded applies	50% ded applies
Laboratory procedures	\$25 ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
<b>Facility services</b>		
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
<b>Emergency services</b>		
Urgent care services	\$15 ded waived	50% ded applies
Emergency room facility	\$250 ded applies	\$250 ded applies
Ambulance (ground and air)	\$250 ded applies	\$250 ded applies
<b>Mental health and substance use disorder services</b>		
Outpatient office visit	\$15 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
<b>Other services</b>		
Durable medical equipment	30% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
<b>Prescription drug coverage</b>		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>5</sup>	\$15 ded waived / \$40 ded applies / \$70 ded applies	Not Covered
Tier 4 Specialty drugs <sup>5</sup>	30% ded applies	Not Covered
<b>Pediatric dental</b>		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
<b>Pediatric vision</b>		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered