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

Platinum PPO 250/15

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums Calendar year deductible (individual / family)[1]	$250 / $500	$1,000 / $2,000
Out-of-pocket maximum (individual / family)[2]	$3,800 / $7,600	$9,000 / $18,000
Professional services PCP office visit	$15 ded waived	50% ded applies
Specialist office visit	$30 ded waived	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 waived	Not Covered
Rehabilitation therapy	$15 ded waived	50% ded applies
X-ray procedures	$30 ded waived	50% ded applies
Laboratory procedures	$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	10% ded applies	50% ded applies
Facility services Outpatient surgery (ambulatory surgery center / hospital)	10% ded applies / 10% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	10% ded applies	50% ded applies
Skilled nursing facility	10% ded applies	50% ded applies
Emergency services Urgent care services	$15 ded waived	50% ded applies
Emergency room facility	10% ded applies	10% ded applies
Ambulance (ground and air)	10% ded applies	10% ded applies
Mental health and substance use disorder services Outpatient office visit	$15 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	10% ded applies	50% ded applies
Inpatient	10% ded applies	50% ded applies
Other services Durable medical equipment	10% 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)
Prescription drug coverage Prescription drug deductible (individual / family)	$0 / $0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3[5]	$10 / $35 / $60	Not Covered
Tier 4 Specialty drugs[6]	10%	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

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 PPO plans are offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.