Health Net®

Plan Overview

Health Net Silver 87 EPO

Utilizes the PureCare One provider network

Offered in Contra Costa, Kern, Marin, Merced, Napa, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus and Tulare counties

Benefit description	*Member(s) responsibility*[1,2,3]
Unlimited lifetime maximum. Benefits are subject to a deductible unless noted.	
Plan maximums Calendar year deductible	$500 single / $1,000 family
Out-of-pocket maximum[4] (Includes calendar year deductible. Payments for services and supplies not covered by this plan will not be applied to this calendar year out-of-pocket maximum.)	$2,250 single / $4,500 family
Professional services Office visit copay	$15 (deductible waived)
Specialist visit	$20 (deductible waived)
Other practitioner office visit (including medically necessary acupuncture)	$15 (deductible waived)
Preventive care services[5]	$0 (deductible waived)
X-ray and diagnostic imaging	$20 (deductible waived)
Laboratory tests	$15 (deductible waived)
Imaging (CT, PET scans, MRIs)	15% (deductible applies)
Rehabilitation and habilitation therapy	$15 (deductible waived)
Outpatient services Outpatient surgery (includes facility fee and physician/surgeon fees)	15% (deductible waived)
Hospital services Inpatient hospital facility (includes maternity)	15% (deductible applies)
Skilled nursing care	15% (deductible applies)
Emergency services Emergency room services (copayment waived if admitted)	$75 (deductible applies)
Urgent care	$30 (deductible waived)
Ambulance services (ground and air)	$75 (deductible applies)
Mental/Behavioral Health/Substance use disorder services Mental/Behavioral health/Substance use disorder (inpatient)	15% (deductible applies)
Mental/Behavioral health/Substance use disorder office visit (outpatient)	$15 (deductible waived)
Home health care services (100 visits per calendar year)	15% (deductible waived)
Other services Durable medical equipment	15% (deductible waived)
Hospice service	$0 (deductible waived)
Self-injectables (other than insulin)	15% (medical deductible applies)
Prescription drug coverage Brand-name calendar year deductible	$50 single / $100 family
Prescription drugs[6] (up to a 30-day supply obtained through a participating pharmacy)	$5 generic / $15 preferred brand (brand-name deductible applies) / $25 non-preferred brand (brand-name deductible applies)
Specialty drugs	15% (deductible applies)
Pediatric dental[7, 8] Diagnostic and preventive services	$0
Pediatric vision[7, 9] Routine eye exam	$0
Glasses (limitations apply)	1 pair per year

(continued)

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Policy for terms and conditions of coverage.

[1] In accordance with the Affordable Care Act, American Indians and Alaskan Natives, as determined eligible by the Exchange and regardless of income, have no cost-sharing obligation under this Policy for items or services that are Essential Health Benefits if the items or services are provided by a provider of the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization, or through referral under contract health services, as defined by Federal law. Cost-sharing means copayments, including coinsurance and deductibles.

[2] Certain services require prior certification from Health Net. Without prior certification, an additional $250 is applied. Refer to the Policy for details.

[3] Please refer to the Policy for out-of-network reimbursement methodology.

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

[5] Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information on generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.

[6] The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

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. Refer to the Policy for complete information on prescription drugs. Plans will cover most female prescription contraceptives at $0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your Policy and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The Policy is a legal, binding document. If the information in this brochure differs from the information in the Policy, the Policy controls.

Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.

[7] Pediatric dental and vision are included on all plans.

[8] The pediatric dental benefits are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Providers, Inc., dba Dental Benefit Administrative Services (DBP Entities). DBP entities are not affiliated with Health Net. Additional pediatric dental benefits are covered. See the Policy for details.

[9] The pediatric vision services benefits are underwritten by Health Net Life Insurance Company. Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

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