

# Plan Overview

EXCELCARE EOA  
0/1000/20% (\$4,500 / \$9,000)

Benefit description	Member responsibility
<b>Plan maximums</b> Out-of-pocket maximum (combined with Rx) (Individual / Family)	HMO: \$4,500 / \$9,000 PPO: \$6,500 / \$13,000
<b>Facility deductible</b> Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family)	\$1,000 / \$2,000
<b>Professional services</b> PCP Office visit <sup>1</sup>	HMO: \$0 deductible waived PPO: \$20
Specialist Office visit <sup>1</sup>	HMO: \$20 deductible waived PPO: \$20
Preventive care services <sup>1</sup>	\$0 deductible waived
Telehealth services through the Select Telehealth Services Provider <sup>2</sup>	\$0 deductible waived
MinuteClinic <sup>1</sup>	\$0 deductible waived
Rehabilitation therapy <sup>3</sup>	HMO: \$0 deductible waived PPO: \$20
X-ray procedures <sup>1</sup>	HMO: \$0 deductible waived PPO: \$10
Laboratory procedures <sup>1</sup>	\$0 deductible waived
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% deductible waived
<b>Facility services</b>	
Outpatient services (hospital)	20% deductible applies
Outpatient services (ambulatory surgery center)	10% deductible applies
Inpatient hospital	20% deductible applies
Skilled nursing facility (100 day maximum)	20% deductible applies
<b>Emergency services</b>	
Urgent care services	\$20 deductible waived
Emergency room facility	20% deductible applies
Ambulance services (ground and air)	20% deductible waived
<b>Mental health and substance use disorder services</b>	
Outpatient office visit	\$0 deductible waived
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0 deductible waived
Inpatient	20% deductible applies
<b>Other services</b>	
Durable medical equipment <sup>1</sup>	\$0 deductible waived
Diabetic equipment	\$0 deductible waived
Acupuncture services <sup>4</sup>	Rider available
Chiropractic services <sup>4</sup>	Rider available

(continued)

<sup>1</sup> 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).

<sup>2</sup> Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>3</sup> Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>4</sup> Chiropractic and/or Acupuncture rider coverage is included in all SmartCare HMO plans and is available as an optional benefit in all other HMO and EOA plans.

## Health Net's Nondiscrimination Notice

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* for all terms and conditions of coverage.

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