

Plan Overview

CANOPYCARE HMO

30/1500a (\$2,500 / \$5,000)

| Benefit description | Member responsibility |
|--|---|
| Plan maximums | |
| Out-of-pocket maximum (combined with Rx) (Individual / Family) | \$2,500 / \$5,000 |
| Facility deductible | |
| Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family) | N/A / N/A |
| Professional services | |
| PCP office visit ¹ | \$30 |
| Specialist office visit ¹ | \$50 |
| Preventive care services ¹ | \$0 |
| Telehealth services | No coverage through preferred vendor |
| Rehabilitation therapy ² | \$30 |
| X-ray procedures ¹ | \$30 |
| Laboratory procedures ¹ | \$30 |
| Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) | \$100 |
| Facility services | |
| Outpatient surgery (hospital) | \$1,500 per admit |
| Outpatient surgery (ambulatory surgery center) | \$750 per admit |
| Inpatient hospital | \$1,500 per admit |
| Skilled nursing facility (100 day maximum) | Days 1-10: \$0 Days 11-100: \$25 per day |
| Emergency services | |
| Urgent care services | \$30 |
| Emergency room facility | \$200 |
| Ambulance services (ground and air) | \$200 |
| Mental health and substance use disorder services | |
| Outpatient office visit | \$30 |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | \$0 |
| Inpatient | \$1,500 per admit |
| Other services | |
| Durable medical equipment ¹ | \$0 |
| Diabetic equipment | \$0 |
| Acupuncture services ³ | Rider available |
| Chiropractic services ³ | Rider available |

¹ 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).

² Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

³ Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the HMO plan shown above.

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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