

# Individual & Family Plans



Health Net of California, Inc. (Health Net)  
2024

## For Broker Use

### Plans available through Health Net and Covered California™

Plan availability is based on region. Calendar year deductible applies unless otherwise noted.

Covered services for medical conditions and mental health and substance use disorders provided appropriately as telehealth services are covered on the same basis and to the same extent as covered services delivered in-person.

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum <sup>1</sup> (single / family)	Office <sup>2</sup> / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital stay	Emergency room facility <sup>3</sup>	Urgent care	Pharmacy Rx deductible (single / family) <sup>4</sup>	Rx drug Tier 1 / 2 / 3 / 4
<b>Ambetter HMO</b>										
<b>Platinum 90 Ambetter HMO</b>	None	\$4,500 single / \$9,000 family	\$15 / \$30	\$15 / \$30	\$75 facility / \$20 physician	\$225/day, up to 5 days	\$150	\$15	None	\$7 / \$16 / \$25 / 10% <sup>5</sup>
<b>Gold 80 Ambetter HMO</b>	None	\$8,700 / \$17,400	\$35 / \$65	\$40 / \$75	\$130 facility / \$40 physician	\$330/day, up to 5 days	\$350	\$35	None	\$15 / \$60 / \$85 / 20% <sup>5</sup>
<b>Silver 70 Ambetter HMO</b>	\$5,400 / \$10,800	\$9,100 / \$18,200	\$50 <sup>6</sup> / \$90 <sup>6</sup>	\$50 <sup>6</sup> / \$95 <sup>6</sup>	30% <sup>6</sup>	30% facility / 30% <sup>6</sup> physician	\$450 <sup>6</sup>	\$50 <sup>6</sup>	\$150 / \$300	\$19 <sup>13</sup> / \$60 <sup>14</sup> / \$90 <sup>14</sup> / 20% <sup>5</sup>
<b>Bronze 60 Ambetter HMO<sup>16</sup></b>	\$6,300 / \$12,600	\$9,100 / \$18,200	\$60 <sup>8</sup> / \$95 <sup>8</sup>	\$40 <sup>6</sup> / 40% <sup>9</sup>	40% <sup>9</sup>	40% <sup>9</sup>	40% <sup>9</sup>	\$60 <sup>8</sup>	\$500 / \$1,000	\$17 <sup>15</sup> / 40% <sup>10</sup> / 40% <sup>10</sup> / 40% <sup>10</sup>
<b>Minimum Coverage Ambetter HMO<sup>16</sup></b>	\$9,450 / \$18,900	\$9,450 / \$18,900	0% <sup>11</sup> / 0%	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/ medical ded.	0%
<b>Ambetter PPO<sup>7</sup> (This chart highlights in-network benefits only)</b>										
<b>Platinum 90 Ambetter PPO</b>	None	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10%	10%	\$150	\$15	None	\$7 / \$16 / \$25 / 10% <sup>5</sup>
<b>Gold 80 Ambetter PPO</b>	None	\$8,700 / \$17,400	\$35 / \$65	\$40 / \$75	30% facility / 30% physician	30%	\$350	\$35	None	\$15 / \$60 / \$85 / 20% <sup>5</sup>
<b>Silver 70 Ambetter PPO</b>	\$5,400 / \$10,800	\$9,100 / \$18,200	\$50 <sup>6</sup> / \$90 <sup>6</sup>	\$50 <sup>6</sup> / \$95 <sup>6</sup>	30% <sup>6</sup>	30% facility / 30% <sup>6</sup> physician	\$450 <sup>6</sup>	\$50 <sup>6</sup>	\$150 / \$300	\$19 <sup>13</sup> / \$60 <sup>14</sup> / \$90 <sup>14</sup> / 20% <sup>5</sup>
<b>Bronze 60 Ambetter PPO</b>	\$6,300 / \$12,600	\$9,100 / \$18,200	\$60 <sup>8</sup> / \$95 <sup>8</sup>	\$40 <sup>6</sup> / 40% <sup>9</sup>	40% <sup>9</sup>	40% <sup>9</sup>	40% <sup>9</sup>	\$60 <sup>8</sup>	\$500 / \$1,000	\$17 <sup>15</sup> / 40% <sup>10</sup> / 40% <sup>10</sup> / 40% <sup>10</sup>
<b>Bronze 60 HDHP Ambetter PPO</b>	\$7,050 / \$14,100	\$7,050 / \$14,100	0% / 0%	0% / 0%	0%	0%	0%	0%	Integrated w/ medical ded.	0%
<b>Minimum Coverage Ambetter PPO</b>	\$9,450 / \$18,900	\$9,450 / \$18,900	0% <sup>11</sup> / 0%	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/ medical ded.	0%

(continued)

# Individual & Family Plans



Health Net of California, Inc. (Health Net)

2024

## Cost-share reduction (CSR) plans available through Covered California

Calendar year deductible applies unless otherwise noted.

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office <sup>2</sup> / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital stay	Emergency room facility <sup>3</sup>	Urgent care	Pharmacy (single / family)	Rx drug Tier 1 / 2 / 3 / 4
<b>Ambetter HMO</b>										
<b>Silver 73 Ambetter HMO</b>	\$0 / \$0	\$6,100 / \$12,200	\$35 / \$85	\$50 / \$95	30%	30% facility / 30% physician	\$350	\$35	None	\$15 / \$55 / \$85 / 20%
<b>Silver 87 Ambetter HMO</b>	\$0 / \$0	\$3,000 / \$6,000	\$15 / \$25	\$20 / \$40	20%	20% facility / 20% physician	\$150	\$15	None	\$5 / \$25 / \$45 / 15%
<b>Silver 94 Ambetter HMO</b>	\$0 / \$0	\$1,150 / \$2,300	\$5 / \$8	\$8 / \$8	10%	10% facility / 10% physician	\$50	\$5	None	\$3 / \$10 / \$15 / 10%
<b>Ambetter PPO<sup>7</sup> (This chart highlights in-network benefits only)</b>										
<b>Silver 73 Ambetter PPO</b>	\$0 / \$0	\$6,100 / \$12,200	\$35 / \$85	\$50 / \$95	30%	30% facility / 30% physician	\$350	\$35	None	\$15 / \$55 / \$85 / 20%
<b>Silver 87 Ambetter PPO</b>	\$0 / \$0	\$3,000 / \$6,000	\$15 / \$25	\$20 / \$40	20%	20% facility / 20% physician	\$150	\$15	None	\$5 / \$25 / \$45 / 15%
<b>Silver 94 Ambetter PPO</b>	\$0 / \$0	\$1,150 / \$2,300	\$5 / \$8	\$8 / \$8	10%	10% facility / 10% physician	\$50	\$5	None	\$3 / \$10 / \$15 / 10%

<sup>1</sup>Includes calendar year deductible.

<sup>2</sup>Office visits for preventive care are covered in full. See copayment listing for "Preventive care services" in the Plan Contract and EOC for Ambetter HMO plans, or the Plan Contract and EOC for Ambetter PPO plans. If the primary purpose of the office visit is unrelated to a preventive service, or if other non-preventive services are received during the same office visit, a copayment will apply for the non-preventive services.

<sup>3</sup>Copayment waived if admitted.

<sup>4</sup>The pharmacy deductible does not apply to preventive drugs and contraceptives.

<sup>5</sup>Up to \$250/script after Rx deductible (if applicable).

<sup>6</sup>Deductible waived.

<sup>7</sup>Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied for in-network providers. An additional \$500 penalty is applied for out-of-network providers on PPO plans. For details, please refer to the Plan Contract and EOC for Ambetter PPO plans.

<sup>8</sup>The calendar year deductible applies after the first 3 non-preventive visits combined (including non-preventive primary care, specialist, other practitioner, urgent care, and postnatal visits). Note: Outpatient mental health and substance use disorder office visit cost-sharing may differ. See the Mental Disorders and Chemical Dependency Benefits section in the Plan Contract and EOC for Ambetter HMO plans, or the Plan Contract and EOC for Ambetter PPO plans.

<sup>9</sup>After the medical deductible has been reached, members are responsible for 40% of the eligible charges until their out-of-pocket maximum limit is met.

<sup>10</sup>After the pharmacy deductible has been reached, the member will be responsible for 40% of the cost of all Tier 2, 3, and 4 drugs up to a maximum payment of \$500 for each prescription of up to a 30-day supply, until the out-of-pocket maximum limit is met.

<sup>11</sup>The calendar year deductible applies after the first 3 non-preventive visits combined (including non-preventive primary care, other practitioner, urgent care, outpatient mental health and substance use disorder, and postnatal visits).

<sup>12</sup>Up to \$150/script after Rx deductible (if applicable).

<sup>13</sup>Rx deductible waived.

<sup>14</sup>Rx deductible applies.

<sup>15</sup>After Rx deductible.

<sup>16</sup>Bronze 60 Ambetter HMO and Minimum Coverage Ambetter HMO plans are only available in Kern County.