Large Group



Plan Overview

PPO Advantage A20-500-2-4000

YOU CAN USE THIS MATRIX TO HELP COMPARE COVERAGE BENEFITS. THIS MATRIX PRESENTS A HIGH-LEVEL SUMMARY. FOR A MORE DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS, REVIEW THE PLAN CONTRACT AND EVIDENCE OF COVERAGE (EOC).

The copayment amounts are the fees members will be charged for covered services received. Health Net and the contracted provider have agreed to the copayment amounts. Copayments can be a fixed-dollar amount or a percentage of Health Net's cost for the service or supply. You may also see percentage copayments referred to as coinsurance. Members pay fixed-dollar copayments when they receive the service. The provider will usually bill members for percentage copayments after the service is received. All services are subject to the deductible, unless noted otherwise.

Network Netw	Benefit description	Member responsibility	
Out-of-pocket maximum — single / family (includes deductible) Preventive care Preventive health exams, colonoscopy (age 50+), routine immunizations, gynecological exam and pap, mammograms, PSA screening, tobacco cessation Office visits Physician - includes family practice, naturopath, pediatrics, internal medicine, general practice, obstetrics/gynecology Specialist physician - providers in specialites other than those listed above Allergy and therapeutic injections Zo% Allergy and therapeutic injections Zolé (indeductible waived) Diagnostic lab and X-ray, EKG, ultrasound Advanced diagnostic imaging, CT, MRI, PET, EEG, Holter monitor/ stress test Maternity services Maternity delivery care (professional services only) Linpatient hospital services Emergency and Medical Urgent Care Services Urgent Care physician services Inpatient rehabilitative services (physical, occupational, and speech therapy) - limit max 30 days per year Skilled nursing facility - limit max 60 days per year Skilled nursing facility - limit max 60 days per year Surgery, at mobulatory surgical center (ASC) 10% (40% MAA Surgery at hospital-based facility A0% MAA Surgery at mobulatory surgical center (ASC) So / visit (deductible waived) So	Network	In-network	Out-of-network (MAA)
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Preventive care Preventive health exams, colonoscopy (age 50+), routine immunizations, gynecological exam and pap, mammograms, PSA screening, tobacco cessation Office visits Physician - includes family practice, naturopath, pediatrics, internal medicine, general practice, obstetrics/gynecology Specialist physician - providers in specialties other than those listed above Allergy and therapeutic injections Telehealth services Diagnostic lab and X-ray, EKG, ultrasound Advanced diagnostic imaging, CT, MRI, PET, EEG, Holter monitor/ stress test Maternity delivery care (professional services only) Inpatient hospital services Urgent Care physician services Ambulance services - ground and air Hospital services Inpatient rehabilitative services (physical, occupational, and speech therapy) - limit max 30 days per year Skilled nursing facility - limit max 60 days per year Outpatient hospital-based facility Surgery at hospital-based facility Surgery at mobulatory surgical center (ASC) Visit (deductible waived) Visits 1-3: \$5 deductible waived Visits 4+: \$20 deductible waived 40% MAA 50 / visit (deductible waived) 20% 40% MAA 50 / visit (deductible waived) 50 / visit (deductible wai	Out-of-pocket maximum – single / family (includes	\$4,000 / \$8,000	\$8,000 / \$16,000
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	Surgery at hospital-based facility	20%	40% MAA
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	Rehabilitative services - limit max 30 days per year	\$20 / visit (deductible waived)	40% MAA

Benefit description	Member responsibility	
Medical equipment and supplies		
Durable medical equipment, prosthetics, orthotics,	20%	40% MAA
diabetes supplies, oral sleep apnea appliance		
Medical supplies, including allergy serum and injected	20%	40% MAA
substances		
Home health and hospice		
Home health care	20%	40% MAA
Hospice services	20%	40% MAA
Mental health and substance use disorder services		
Physician services - office visit	Visits 1-3: \$5 deductible waived	40% MAA
	Visits 4+: \$20 deductible waived	
Urgent Care physician services	Visits 1-3: \$5 deductible waived	20% MAA
	Visits 4+: \$20 deductible waived	
Inpatient and residential services	20%	40% MAA

- The specified deductible must be met each calendar year (January 1 through December 31) before Health Net Health Plan of Oregon, Inc. pays any claims.
- Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse and child(ren). Family coverage includes the per person deductible. Under family coverage, each member's covered expenses count toward the family's deductible.
- The annual out-of-pocket maximum includes your annual deductible, copayments and coinsurance. After you reach the out-of-pocket maximum in a calendar year, we will pay your covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of the maximum allowable amount (MAA) for out-of-network (OON) services. You are still responsible for OON-billed charges that exceed MAA.
- For naturopathic care, call American Specialty Health, Inc. (ASH) at 800-678-9133.
- For mental health or chemical dependency services, call 800-977-8216.
- Telehealth services include coverage provided by Teladoc. Teladoc provides supplemental telehealth services in addition to the mandated telemedicine services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician. Teladoc consultation services do not cover specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- If a newborn patient requires admission to an intermediate or intensive care nursery, the deductible and coinsurance for these services will accumulate under the newborn's coverage, not under the mother's coverage.
- The outpatient emergency room copay is waived if admitted.
- Certain services require prior authorization or must be performed by a specialty care provider.

This plan overview is intended to be used for marketing purposes only and presents general information. Please refer to your Benefit Schedule and Agreement for details, limitations, exclusions, and other terms and conditions of coverage.

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