

# Gold PPO 0/35

Benefit description	Member responsibility	
	In-network	Out-of-network
<b>Plan maximums</b>		
Calendar year deductible (individual / family) <sup>1</sup>	\$0 / \$0	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) <sup>2</sup>	\$8,100 / \$16,200	\$16,200 / \$32,400
<b>Professional services</b>		
PCP office visit	\$35	50% ded applies
Specialist office visit	\$55	50% ded applies
Preventive care services <sup>3</sup>	\$0	50% ded applies
Telehealth services through Babylon <sup>4</sup>	\$0	Not Covered
Rehabilitation therapy	\$35	50% ded applies
X-ray procedures	\$40	50% ded applies
Laboratory procedures	\$30	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30%	50% ded applies
<b>Facility services</b>		
Outpatient surgery (ambulatory surgery center / hospital)	30% / 30%	50% ded applies / 50% ded applies
Inpatient hospital	30%	50% ded applies
Skilled nursing facility	30%	50% ded applies
<b>Emergency services</b>		
Urgent care services	\$55	50% ded applies
Emergency room facility	30% ded waived	30% ded waived
Ambulance (ground and air)	30% ded waived	30% ded waived
<b>Mental health and substance use disorder services</b>		
Outpatient office visit	\$35	50% ded applies
Outpatient other (includes partial hospitalization / day treatment /intensive outpatient programs)	30%	50% ded applies
Inpatient	30%	50% ded applies
<b>Other services</b>		
Durable medical equipment	30%	50% ded applies
Acupuncture services	\$35	50% ded applies
Chiropractic services	\$25 (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
<b>Prescription drug coverage</b>		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>5</sup>	\$15 / \$40 / \$70	Not Covered
Tier 4 Specialty drugs <sup>6</sup>	30%	Not Covered
<b>Pediatric dental</b>		
Diagnostic and preventive services	\$0	10% ded waived
<b>Pediatric vision</b>		
Routine eye exam	\$0	Not Covered
Glasses	\$0	Not Covered

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 (EOC) for all terms and conditions of coverage. Health Net PPO plans are offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.