Health Net®

California Small Business Group
Health Net of California, Inc. (Health Net)

Plan Overview

WholeCare HMO Platinum $20

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Evidence of Coverage* (EOC) should be consulted for a detailed description of coverage benefits and limitations.

Benefit description	*Member(s) responsibility*
Unlimited lifetime maximum	✓
Plan maximums	
Calendar year deductible (single / family)	N/A
Out-of-pocket maximum (single / family)	$6,000 / $12,000
Professional services[1]	
Office visit	$20
Specialist visit	$40
Rehabilitation and habilitation therapy	$20
MinuteClinic[2]	$20
X-ray / Laboratory procedures	$20 / $20
Complex radiology services (MRI, CT, PET)	$150
Outpatient services	
Outpatient surgery (ambulatory surgery center / hospital)	$200 / $500
Hospital services	
Inpatient hospital	$700 per admission
Skilled nursing facility	$25 per day
Emergency services	
Emergency room (waived if admitted)	$150
Urgent care	$40
Mental/Behavioral health / Substance use disorder services[3]	
Mental/Behavioral health / Substance use disorder (inpatient)	$700 per admission
Mental/Behavioral health / Substance use disorder (outpatient office visit)	$20
Other services	
Durable medical equipment	20%
Acupuncture (medically necessary)[4]	$10
Prescription drug coverage[5,6]	
Brand-name calendar year deductible (single / family)	$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)[5]	$5 / $30 / $50
Tier 4 drugs[7]	30%
Pediatric dental[8]	
Diagnostic and preventive services	$0
Pediatric vision[9]	
Routine eye exam	$0
Glasses (limitations apply)	$0

(footnotes on reverse side)