

2021

Health Net of California, Inc. and  
Health Net Life Insurance Company (Health Net)

## 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, mental disorders and chemical dependency conditions provided appropriately as telehealth services through a regular doctor 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 / SPECIALIST VISIT <sup>2</sup>	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>COMMUNITYCARE HMO</b>										
Platinum 90 CommunityCare HMO	None	\$4,500 single / \$9,000 family	\$15 / \$30	\$15 / \$30	\$100 facility / \$25 physician	\$250/day, up to 5 days	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>5</sup>
Gold 80 CommunityCare HMO	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	\$300 facility / \$40 physician	\$600/day, up to 5 days	\$350	\$35	None	\$15 / \$55 / \$80 / 20% <sup>5</sup>
Silver 70 CommunityCare HMO	\$4,000 / \$8,000	\$8,200 / \$16,400	\$40 <sup>6</sup> / \$80 <sup>6</sup>	\$40 <sup>6</sup> / \$85 <sup>6</sup>	20% <sup>6</sup>	20% facility / 20% <sup>6</sup> physician	\$400 <sup>6</sup>	\$40 <sup>6</sup>	\$300 / \$600	\$16 / \$60 / \$90 / 20% <sup>5</sup>
<b>PURECARE HSP<sup>7</sup></b>										
Bronze 60 PureCare HSP	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 <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>	\$65 <sup>8</sup>	\$500 / \$1,000	\$18 / 40% <sup>10</sup> / 40% <sup>10</sup> / 40% <sup>10</sup>
Minimum Coverage PureCare HSP	\$8,550 / \$17,100	\$8,550 / \$17,100	0% <sup>11</sup> / 0%	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/ medical ded.	0%
<b>PURECARE ONE EPO<sup>7</sup></b>										
Platinum 90 PureCare One EPO	None	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>5</sup>
Gold 80 PureCare One EPO	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	20%	20%	\$350	\$35	None	\$15 / \$55 / \$80 / 20% <sup>5</sup>
Silver 70 PureCare One EPO	\$4,000 / \$8,000	\$8,200 / \$16,400	\$40 <sup>6</sup> / \$80 <sup>6</sup>	\$40 <sup>6</sup> / \$85 <sup>6</sup>	20% <sup>6</sup>	20% facility / 20% <sup>6</sup> physician	\$400 <sup>6</sup>	\$40 <sup>6</sup>	\$300 / \$600	\$16 / \$60 / \$90 / 20% <sup>5</sup>
Bronze 60 PureCare One EPO	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 <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>	\$65 <sup>8</sup>	\$500 / \$1,000	\$18 / 40% <sup>10</sup> / 40% <sup>10</sup> / 40% <sup>10</sup>
Minimum Coverage PureCare One EPO	\$8,550 / \$17,100	\$8,550 / \$17,100	0% <sup>11</sup> / 0%	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/ medical ded.	0%

(continued)

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Health Net of California, Inc. and  
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Plan name 	Member(s) responsibility									
	DEDUCTIBLE (SINGLE / FAMILY)	OUT-OF-POCKET MAXIMUM <sup>1</sup> (SINGLE / FAMILY)	OFFICE / SPECIALIST VISIT <sup>2</sup>	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>ENHANCEDCARE PPO<sup>7</sup> (THIS CHART HIGHLIGHTS IN-NETWORK BENEFITS ONLY)</b>										
Platinum 90 EnhancedCare PPO	None	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>5</sup>
Gold 80 EnhancedCare PPO	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	20%	20%	\$350	\$35	None	\$15 / \$55 / \$80 / 20% <sup>5</sup>
Silver 70 EnhancedCare PPO	\$4,000 / \$8,000	\$8,200 / \$16,400	\$40 <sup>6</sup> / \$80 <sup>6</sup>	\$40 <sup>6</sup> / \$85 <sup>6</sup>	20% <sup>6</sup>	20% facility / 20% <sup>6</sup> physician	\$400 <sup>6</sup>	\$40 <sup>6</sup>	\$300 / \$600	\$16 / \$60 / \$90 / 20% <sup>5</sup>
Bronze 60 EnhancedCare PPO	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 <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>	\$65 <sup>8</sup>	\$500 / \$1,000	\$18 / 40% <sup>10</sup> / 40% <sup>10</sup> / 40% <sup>10</sup>
Bronze 60 HDHP EnhancedCare PPO	\$7,000 / \$14,000	\$7,000 / \$14,000	0% / 0%	0% / 0%	0%	0%	0%	0%	Integrated w/ medical ded.	0%
Minimum Coverage EnhancedCare PPO	\$8,550 / \$17,100	\$8,550 / \$17,100	0% <sup>11</sup> / 0%	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/ medical ded.	0%

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

Calendar year deductible applies unless otherwise noted.

<b>COMMUNITYCARE HMO</b>										
Silver 73 CommunityCare HMO	\$3,700 / \$7,400	\$6,500 / \$13,000	\$35 <sup>6</sup> / \$75 <sup>6</sup>	\$40 <sup>6</sup> / \$85 <sup>6</sup>	20% <sup>6</sup>	20% facility / 20% <sup>6</sup> physician	\$400 <sup>6</sup>	\$35 <sup>6</sup>	\$275 / \$550	\$16 / \$55 / \$85 / 20% <sup>5</sup>
Silver 87 CommunityCare HMO	\$1,400 / \$2,800	\$2,850 / \$5,700	\$15 <sup>6</sup> / \$25 <sup>6</sup>	\$20 <sup>6</sup> / \$40 <sup>6</sup>	15% <sup>6</sup>	15% facility / 15% <sup>6</sup> physician	\$150 <sup>6</sup>	\$15 <sup>6</sup>	\$100 / \$200	\$5 <sup>13</sup> / \$25 / \$45 / 15% <sup>12</sup>
Silver 94 CommunityCare HMO	\$75 / \$150	\$1,000 / \$2,000	\$5 <sup>6</sup> / \$8 <sup>6</sup>	\$8 <sup>6</sup> / \$8 <sup>6</sup>	10% <sup>6</sup>	10% facility / 10% <sup>6</sup> physician	\$50 <sup>6</sup>	\$5 <sup>6</sup>	None	\$3 / \$10 / \$15 / 10% <sup>12</sup>
<b>PURECARE ONE EPO<sup>7</sup></b>										
Silver 73 PureCare One EPO	\$3,700 / \$7,400	\$6,500 / \$13,000	\$35 <sup>6</sup> / \$75 <sup>6</sup>	\$40 <sup>6</sup> / \$85 <sup>6</sup>	20% <sup>6</sup>	20%	\$400 <sup>6</sup>	\$35 <sup>6</sup>	\$275 / \$550	\$16 / \$55 / \$85 / 20% <sup>5</sup>
Silver 87 PureCare One EPO	\$1,400 / \$2,800	\$2,850 / \$5,700	\$15 <sup>6</sup> / \$25 <sup>6</sup>	\$20 <sup>6</sup> / \$40 <sup>6</sup>	15% <sup>6</sup>	15%	\$150 <sup>6</sup>	\$15 <sup>6</sup>	\$100 / \$200	\$5 <sup>13</sup> / \$25 / \$45 / 15% <sup>12</sup>
Silver 94 PureCare One EPO	\$75 / \$150	\$1,000 / \$2,000	\$5 <sup>6</sup> / \$8 <sup>6</sup>	\$8 <sup>6</sup> / \$8 <sup>6</sup>	10% <sup>6</sup>	10%	\$50 <sup>6</sup>	\$5 <sup>6</sup>	None	\$3 / \$10 / \$15 / 10% <sup>12</sup>
<b>ENHANCEDCARE PPO<sup>7</sup> (THIS CHART HIGHLIGHTS IN-NETWORK BENEFITS ONLY)</b>										
Silver 73 EnhancedCare PPO	\$3,700 / \$7,400	\$6,500 / \$13,000	\$35 <sup>6</sup> / \$75 <sup>6</sup>	\$40 <sup>6</sup> / \$85 <sup>6</sup>	20% <sup>6</sup>	20%	\$400 <sup>6</sup>	\$35 <sup>6</sup>	\$275 / \$550	\$16 / \$55 / \$85 / 20% <sup>5</sup>
Silver 87 EnhancedCare PPO	\$1,400 / \$2,800	\$2,850 / \$5,700	\$15 <sup>6</sup> / \$25 <sup>6</sup>	\$20 <sup>6</sup> / \$40 <sup>6</sup>	15% <sup>6</sup>	15%	\$150 <sup>6</sup>	\$15 <sup>6</sup>	\$100 / \$200	\$5 <sup>13</sup> / \$25 / \$45 / 15% <sup>12</sup>
Silver 94 EnhancedCare PPO	\$75 / \$150	\$1,000 / \$2,000	\$5 <sup>6</sup> / \$8 <sup>6</sup>	\$8 <sup>6</sup> / \$8 <sup>6</sup>	10% <sup>6</sup>	10%	\$50 <sup>6</sup>	\$5 <sup>6</sup>	None	\$3 / \$10 / \$15 / 10% <sup>12</sup>

(continued)


2021

Health Net of California, Inc. and  
Health Net Life Insurance Company (Health Net)

## PPO plans available direct through Health Net

Calendar year deductible applies unless otherwise noted.

Covered services for medical, mental disorders and chemical dependency conditions provided appropriately as telehealth services through a regular doctor 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 / SPECIALIST VISIT <sup>2</sup>	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>PPO<sup>7</sup> (THIS CHART HIGHLIGHTS IN-NETWORK BENEFITS ONLY)</b>										
<b>Platinum 90 PPO</b>	None	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% <sup>5</sup>
<b>Gold 80 PPO</b>	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	20%	20%	\$350	\$35	None	\$15 / \$55 / \$80 / 20% <sup>5</sup>
<b>Silver 70 PPO</b>	\$4,000 / \$8,000	\$8,200 / \$16,400	\$40 <sup>6</sup> / \$80 <sup>6</sup>	\$40 <sup>6</sup> / \$85 <sup>6</sup>	20% <sup>6</sup>	20% facility / 20% <sup>6</sup> physician	\$400 <sup>6</sup>	\$40 <sup>6</sup>	\$300 / \$600	\$16 / \$60 / \$90 / 20% <sup>5</sup>
<b>Bronze 60 PPO</b>	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 <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>	\$65 <sup>8</sup>	\$500 / \$1,000	\$18 / 40% <sup>10</sup> / 40% <sup>10</sup> / 40% <sup>10</sup>
<b>Minimum Coverage PPO</b>	\$8,550 / \$17,100	\$8,550 / \$17,100	0% <sup>11</sup> / 0%	0% / 0%	0%	0%	0%	0% <sup>11</sup>	Integrated w/ medical ded.	0%
<b>ENHANCEDCARE PPO<sup>7</sup> (THIS CHART HIGHLIGHTS IN-NETWORK BENEFITS ONLY)</b>										
<b>Gold Value EnhancedCare PPO</b>	\$1,000 / \$2,000	\$8,500 / \$17,000	\$20 <sup>6</sup> / \$50 <sup>6</sup>	\$35 <sup>6</sup> / \$55 <sup>6</sup>	20%	20%	\$350	\$20 <sup>6</sup>	\$500 / \$1,000	\$10 <sup>13</sup> / \$50 / \$85 / 20% <sup>5</sup>
<b>Silver Value EnhancedCare PPO</b>	\$5,000 / \$10,000	\$8,500 / \$17,000	\$45 <sup>6</sup> / \$60 <sup>6</sup>	\$35 <sup>6</sup> / \$70 <sup>6</sup>	30%	30%	\$400	\$45 <sup>6</sup>	\$500 / \$1,000	\$15 <sup>13</sup> / \$55 / \$85 / 30% <sup>5</sup>

This is a summary of benefits only. It does not include all services, limitations or exclusions. Please refer to the Plan Contract and EOC for HMO and HSP plans, or the Policy for EPO and PPO insurance plans, for terms and conditions of coverage. Availability of plans is dependent on location.

<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 HMO and HSP plans, or the Policy for EPO or PPO insurance 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 women's 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 and EnhancedCare PPO plans. For details, please refer to the Plan Contract and EOC for HMO and HSP plans, or the Policy for EPO or PPO insurance 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 HMO and HSP plans, or the Mental Health, Behavioral Health or Substance Abuse Needs section of the Policy for EPO or PPO insurance plans for cost-sharing details.

<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.