

# Plan Overview

CommunityCare - CC3T10-1500-2-4500DX

Benefits	Member pays		
	CommunityCare Provider (Level 1)	Other Participating Provider (Level 2)	Nonparticipating Provider (Level 3)
Deductible per calendar year	\$1,500 single / \$3,000 family Level 1, Level 2 and Level 3 combined		
<b>Out-of-pocket maximum</b> includes deductible	\$4,500 single / \$9,000 family Level 1, Level 2 and Level 3 combined		
<b>Office visits</b>			
Physician - includes family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	\$10 copay/visit (deductible waived)	40% of contract rate	40% MAA
Specialist physician— providers in specialties other than those listed above	\$50 copay/visit (deductible waived)	40% of contract rate	40% MAA
Maternity delivery care (professional services only)	20% of contract rate	40% of contract rate	40% MAA
<b>Preventive care</b> – includes but is not limited to: preventive office visit, women’s and men’s health care, pap test, mammogram, pelvic exam, prostate screening (PSA) and digital rectal exam	\$0 copay (deductible waived)	\$0 copay (deductible waived)	40% MAA
<b>Alternative care</b> <i>administered by American Specialty Health (ASH)</i>			
Chiropractic (spinal manipulation)	\$15 copay/visit (deductible waived)	not applicable at level 2	not covered
Acupuncture care	\$15 copay/visit (deductible waived)	not applicable at level 2	not covered
Naturopathic care	\$10 copay/visit (deductible waived)	not applicable at level 2	not covered
Massage therapy – maximum 18 visits per year	\$25 copay/visit (deductible waived)	not applicable at level 2	not covered
Maximum benefit for chiropractic/ acupuncture/naturopathy/massage therapy per calendar year	\$1,000 (all services combined)		
<b>Emergency and urgent care services</b>			
Emergency room	\$250 copay/visit, then 20% of contract rate (deductible waived / copay waived if admitted)	\$250 copay/visit, then 20% of contract rate (deductible waived / copay waived if admitted)	\$250 copay/visit, then 20% (deductible waived / copay waived if admitted)
Urgent care - physician services	\$50 copay/visit (deductible waived)	\$50 copay/visit (deductible waived)	\$50 copay/visit MAA (deductible waived)
Ground ambulance– maximum 3 trips per year	20%	20%	20%
Air ambulance– maximum 1 trip per year	20%	20%	20%
<b>Hospital services</b>			
Inpatient hospital	20% of contract rate	40% of contract rate	40% MAA
Outpatient at hospital-based facility	20% of contract rate	40% of contract rate	40% MAA
Outpatient at ambulatory surgery center	15% of contract rate	35% of contract rate	40% MAA

(continued)

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<i>Benefits</i>	<i>Member pays</i>		
	<b>CommunityCare Provider (Level 1)</b>	<b>Other Participating Provider (Level 2)</b>	<b>Nonparticipating Provider (Level 3)</b>
<b>Rehabilitative services</b>			
Inpatient– maximum 30 days per year	20% of contract rate	40% of contract rate	40% MAA
Outpatient– maximum 30 days per year	20% of contract rate	40% of contract rate	40% MAA
<b>Skilled nursing facility</b> – maximum 60 days per year	20% of contract rate	40% of contract rate	40% MAA
<b>Diagnostic lab and X-ray, EKG, ultrasound</b>	20% of contract rate (deductible waived)	40% of contract rate	40% MAA
<b>Imaging and testing services</b> CT/MRI/MRA/PET/SPECT/EEG/Holter Monitor/stress test	20% of contract rate	40% of contract rate	40% MAA
<b>Allergy and therapeutic injections</b>	20% of contract rate	40% of contract rate	40% MAA
<b>Durable medical equipment (DME)</b>	20% of contract rate	40% of contract rate	40% MAA
<b>Home health visits</b>	20% of contract rate	40% of contract rate	40% MAA
<b>Hospice services</b>	20% of contract rate	40% of contract rate	40% MAA
<b>Behavioral Health</b> <i>administered by MHN</i>			
<b>Mental health and Chemical dependency</b>			
Inpatient	20% of contract rate	not applicable at level 2	40% MAA
Outpatient, office visits	\$10 copay/visit (deductible waived)	not applicable at level 2	40% MAA
Outpatient, other	20% of contract rate	not applicable at level 2	40% MAA

**The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims**

**The annual out-of-pocket maximum includes your annual deductible, copays 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 maximum allowable amount (MAA) for out-of-network (OON) services. You are still responsible for OON billed charges that exceed MAA**

**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 you are admitted**

**For Mental Health or Chemical Dependency services, call 800-977-8216**

**For Alternative Care benefits, call American Specialty Health (ASH) at 800-678-9133**

**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**

**Medical services provided by a Naturopath do not apply to the alternative care calendar year benefit limit**