

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		
Out-of-pocket maximum includes deductible	\$4,500 single / \$9,000 family Level 1, Level 2 and Level 3 combined		
Office visits			
Physician - includes family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology, telemedicine services	\$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
Preventive care – 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
Alternative care <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)		
Emergency and urgent care services			
Emergency room	\$250 copay/visit, then 20% of contracted rate (deductible waived) ER copay waived if admitted	\$250 copay/visit, then 20% of contracted rate (deductible waived) ER copay waived if admitted	\$250 copay/visit, then 20% (deductible waived) ER 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%
Hospital services			
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>		
	CommunityCare Provider (Level 1)	Other Participating Provider (Level 2)	Nonparticipating Provider (Level 3)
Rehabilitative services			
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
Skilled nursing facility – maximum 60 days per year	20% of contract rate	40% of contract rate	40% MAA
Diagnostic lab and X-ray, EKG, ultrasound	20% of contract rate (deductible waived)	40% of contract rate	40% MAA
Imaging and testing services CT/MRI/MRA/PET/SPECT/EEG/Holter Monitor/stress test	20% of contract rate	40% of contract rate	40% MAA
Allergy and therapeutic injections	20% of contract rate	40% of contract rate	40% MAA
Durable medical equipment (DME)	20% of contract rate	40% of contract rate	40% MAA
Home health visits	20% of contract rate	40% of contract rate	40% MAA
Hospice services	20% of contract rate	40% of contract rate	40% MAA
Behavioral Health <i>administered by MHN</i>			
Mental health and Chemical dependency			
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