

# Plan Overview

CommunityCare - CC3T20-2000-2-6000DX

Benefits	Member pays		
	CommunityCare Provider (Level 1)	Other Participating Provider (Level 2)	Nonparticipating Provider (Level 3)
Deductible per calendar year	\$2,000 single / \$4,000 family Level 1, Level 2 and Level 3 combined		
<b>Out-of-pocket maximum</b> includes deductible	\$6,000 single / \$12,000 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	\$20 copay/visit (deductible waived)	40% of contract rate	40% MAA
Specialist physician– providers in specialties other than those listed above	\$60 copay/visit (deductible waived)	40% of contract rate	40% MAA
Telemedicine services	\$0 copay (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>			
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
Massage therapy – maximum 18 visits per year	\$25 copay/visit (deductible waived)	Not applicable at level 2	Not covered
Combined maximum benefit for acupuncture and massage therapy per calendar year	\$1,000 (both services combined)		
<b>Emergency and urgent care services</b>			
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	\$60 copay/visit (deductible waived)	\$60 copay/visit (deductible waived)	\$60 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 in-office surgery or at ambulatory surgery center	15% of contract rate	35% of contract rate	40% MAA

\*administered by American Specialty Health (ASH)

(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 Substance use disorder</b>			
Inpatient	20% of contract rate	not applicable at level 2	40% MAA
Outpatient, office visits	\$20 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 Substance Use Disorder 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.

The alternative care calendar year maximum does not apply to chiropractic services.

Telemedical services include coverage provided by Teladoc. Teladoc provides supplemental telehealth services in addition to the mandated telemedicine services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.

*These benefits are pending regulatory approval*

**English**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card. Employer group members please call 1-888-802-7001 (TTY: 711).

**Arabic**

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-888-802-7001 (TTY: 711).

**Chinese**

免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。雇主團體的會員請致電 1-888-802-7001 (TTY: 711)。

**Cushite (Oromo)**

Waa Lacag la'aan Adeegyada Luuqada. Waxaad heli kartaa turjubaan. Waxaad heli kartaa in waraaqaha lagu aqriyo. Wixii caawin ah, naga soo wac lambarka ku qoran kaarka Aqoonsigaaga. Xubnaha kooxda badrooniga fadlan soo wac 1-888-802-7001 (TTY: 711).

**French**

Services linguistiques sans frais. Vous pouvez obtenir un interprète. Les documents peuvent vous être lus. Pour obtenir de l'aide, appelez-nous au numéro indiqué sur votre carte d'identité. Membres du groupe employeur veuillez composer le 1-888-802-7001 (TTY: 711).

**German**

Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-888-802-7001 (TTY: 711) an.

**Japanese**

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-888-802-7001 (TTY: 711) までお電話ください。

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 고용주 그룹 가입자분은 1-888-802-7001 (TTY: 711)번으로 전화해 주십시오.

**Khmer**

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ សមាជិកក្រុមនិយោជក សូមទាក់ទងទៅលេខ បេក្ខជន សូមទាក់ទងទៅលេខ 1-888-802-7001 (TTY: 711)។

**Romanian**

Servicii lingvistice gratuite. Puteți obține un interpret. Puteți avea documente citite pentru dvs. Pentru asistență telefonați-ne la numărul indicat pe cardul de membru. Membrii grupului angajatorilor să telefoneze la 1-888-802-7001 (TTY: 711).

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای کسب اطلاعات، با ما به شماره ای که در کارت شناسایی شما قید شده تماس بگیرید. اعضای گروه کارفرما لطفاً با شماره (TTY: 711) 1-888-802-7001 تماس بگیرید.

## Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы участник коллективного плана, предоставляемого работодателем, звоните по телефону 1-888-802-7001 (TTY: 711).

## Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación. Los afiliados del grupo del empleador deben llamar al 1-888-802-7001 (TTY: 711).

## Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ สมาชิกกลุ่มนายจ้าง กรุณาโทร 1-888-802-7001 (TTY: 711)

## Ukrainian

Безплатні послуги перекладу. Ви можете скористуватися послугами перекладача. Вам можуть прочитати ваші документи. Щоб отримати допомогу, телефонуйте нам за номером, який вказаний на вашій ідентифікаційній картці (ID). Учасників групового страхового плану від працедавця просимо телефонувати за номером 1-888-802-7001 (TTY: 711).

## Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị. Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-888-802-7001 (TTY: 711).

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at **1-888-802-7001 (TTY: 711)**.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.