## Bronze 60 PureCare HSP Plan Overview

### Your Provider Network

The Bronze 60 PureCare HSP health plan utilizes the PureCare HSP provider network for covered benefits and services. PureCare HSP is offered in Kern, Los Angeles, Orange, and San Diego counties, and parts of Riverside and San Bernardino counties.

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### THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT AND EVIDENCE OF COVERAGE (EOC) SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

The copayment amounts listed below are the fees charged to you for covered services you receive. Copayments can be either a fixed dollar amount or a percentage of Health Net’s cost for the service or supply and is agreed to in advance by Health Net and the contracted provider. Fixed dollar copayments are due and payable at the time services are rendered. Percentage copayments are usually billed after the service is received.

<table>
<thead>
<tr>
<th>Benefit description</th>
<th>Member(s) responsibility$1,2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unlimited lifetime maximum. Benefits are subject to a deductible unless noted.</strong></td>
<td></td>
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<tr>
<td><strong>Plan maximums</strong></td>
<td></td>
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<tr>
<td>Calendar year deductible$3</td>
<td>$6,300 single / $12,600 family</td>
</tr>
<tr>
<td>Out-of-pocket maximum (Includes calendar year deductible. Payments for services and supplies not covered by this plan will not be applied to this calendar year out-of-pocket maximum.)</td>
<td>$7,550 single / $15,100 family</td>
</tr>
<tr>
<td><strong>Professional services</strong></td>
<td></td>
</tr>
<tr>
<td>Office visit copay$4</td>
<td>Visits 1–3: $75 (deductible waived)$5 Visits 4+: $75 (deductible applies)</td>
</tr>
<tr>
<td>Specialist visit$4</td>
<td>Visits 1–3: $105 (deductible waived)$5 Visits 4+: $105 (deductible applies)</td>
</tr>
<tr>
<td>Other practitioner office visit (including medically necessary acupuncture)$6</td>
<td>Visits 1–3: $75 (deductible waived)$5 Visits 4+: $75 (deductible applies)</td>
</tr>
<tr>
<td><strong>Preventive care services$4,7</strong></td>
<td>$0 (deductible waived)</td>
</tr>
<tr>
<td>X-ray and diagnostic imaging</td>
<td>100%</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$40 (deductible waived)</td>
</tr>
<tr>
<td>Imaging (CT, PET scans, MRIs)</td>
<td>100%</td>
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<tr>
<td>Rehabilitation and habilitation therapy</td>
<td>$75 (deductible waived)</td>
</tr>
<tr>
<td><strong>Outpatient services</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery (includes facility fee and physician/surgeon fees)</td>
<td>100%</td>
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<tr>
<td><strong>Hospital services</strong></td>
<td></td>
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<tr>
<td>Inpatient hospital facility (includes maternity)</td>
<td>100%</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Emergency services</strong></td>
<td></td>
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<tr>
<td>Emergency room services (copays waived if admitted)</td>
<td>Facility: 100%; Physician: $0 (deductible waived)</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Visits 1–3: $75 (deductible waived)$5 Visits 4+: $75 (deductible applies)</td>
</tr>
<tr>
<td>Ambulance services (ground and air)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Mental/Behavioral Health/Substance use disorder services$8</strong></td>
<td></td>
</tr>
<tr>
<td>Mental/Behavioral health/Substance use disorder (inpatient)</td>
<td>100%</td>
</tr>
<tr>
<td>Mental/Behavioral health/Substance use disorder (outpatient)</td>
<td>Office visit: $75 (deductible waived) Other than office visit: 100% up to $75</td>
</tr>
<tr>
<td><strong>Home health care services (100 visits per calendar year)</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>100%</td>
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<tr>
<td>Hospice service</td>
<td>$0 (deductible waived)</td>
</tr>
</tbody>
</table>

(continued)
This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the Plan Contract and EOC for terms and conditions of coverage.

1. In accordance with the Affordable Care Act, American Indians and Alaskan Natives, as determined eligible by the Exchange and regardless of income, have no cost-sharing obligation under this Policy for items or services that are Essential Health Benefits if the items or services are provided by a participating provider that is also a provider of the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization, or through referral under contract health services, as defined by federal law. Cost-sharing means copayments, including coinsurance and deductibles. In addition, an American Indian or Alaskan Native who is enrolled in a zero cost-sharing plan variation (because your expected income has been deemed by the Exchange as being at or below 300% of the Federal Poverty Level), has no cost-sharing obligation for Essential Health Benefits when items or services are provided by any participating provider.

2. Certain services require prior certification from Health Net. Without prior certification, an additional $250 is applied. Refer to the Plan Contract and EOC for details.

3. For certain services and supplies under this plan, including prescription drugs, a calendar year deductible applies, which must be satisfied before these services and supplies are covered. Such services and supplies are only covered to the extent that the covered expenses exceed the deductible. The calendar year deductible applies, unless specifically noted above.

4. Preventative, postnatal and newborn care office visits for preventive care, including preconception visits, are covered in full. See copayment listing for "Preventive care services." 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.

5. The calendar year deductible applies after the first 3 non-preventive visits. Non-preventive visits include urgent care visits, and office visits to a specialist, physician, assistant, nurse practitioner, other practitioner or postnatal office visits.

6. Tier 2 (non-preferred generics and preferred brand)

7. Tier 3 (non-preferred brand)

8. Tier 4 Specialty drugs

9. Pediatric dental

10. Diagnostic and preventive services

11. Pediatric vision

12. Routine eye exam

13. $0 copay for glasses

14. Glasses (limitations apply)

15. 1 pair per year – $0 (deductible waived)

16. Prescription drug coverage

17. Tier 1 (most generics and low-cost preferred brand)

18. Tier 2 (non-preferred generics and preferred brand)

19. Tier 3 (non-preferred brand)

20. Tier 4 Specialty drugs

21. Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment, and the vendor who provides it.

22. Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.

23. Oral anti-cancer drugs will have a copayment maximum of $200 for an individual prescription of up to a 30-day supply.

24. If the pharmacy's retail price is less than the applicable copayment, then you will only pay the pharmacy's retail price.

25. Preventive drugs, including smoking cessation drugs, and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force (USPSTF) A and B recommendations. No annual limits will be imposed on the number of days for the course of treatment for all FDA-approved smoking and tobacco cessation medications. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. Up to a 12-consecutive-calendar-month supply of covered FDA-approved, self-administered hormonal contraceptives may be dispensed with a prescription drug order. If a brand-name preventive drug or women's contraceptive is dispensed and there is a generic equivalent commercially available, you will not be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name preventive drug or women's contraceptive is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

26. The Essential Rx Drug List is the approved list of medications covered for illnesses and conditions. It is prepared by Health Net and distributed to Health Net contracted physicians and participating pharmacies. Some drugs on the list may require prior authorization from Health Net. Drugs that are not listed on the list (previously known as non-formulary) that are not excluded or limited from coverage are covered. Some drugs that are not listed on the list do require prior authorization from Health Net. Health Net will approve a drug not on the list at the Tier 3 copay if the member's physician demonstrates medical necessity. Urgent requests from physicians for authorization are processed, and prescribing providers notified of Health Net's determination, as soon as possible, not to exceed 24 hours, after Health Net's receipt of the request and any additional information requested by Health Net that is reasonably necessary to make the determination. A prior authorization request is urgent when a member is suffering from a health condition that may seriously jeopardize the member's life, health, or ability to regain maximum function. Routine requests from physicians are processed, and prescribing providers notified of Health Net's determination, in a timely fashion, not to exceed 72 hours. For both urgent and routine requests, Health Net must also notify the member or his or her designee of its decisions. If Health Net fails to respond within the required time limit, the prior authorization request is deemed granted. For a copy of the Essential Rx Drug List, call Health Net's Customer Contact Center at the number listed on the back of your Health Net ID card or visit our website at www.MyHealthNetCA.com

27. Generic Drugs will be dispensed when a generic drug equivalent is available. Health Net will cover brand-name drugs that have a generic equivalent at the applicable Tier 2, Tier 3 or Tier 4 (Specialty Drugs) copayment, when determined to be medically necessary.

28. Tier 4 (Specialty Drugs) are specific Prescription Drugs that have limited pharmacy availability or distribution, may be self-administered orally, by inhalation, or by injection (either subcutaneously, intramuscularly or intravenously) requiring the member to have special training or clinical monitoring for self-administration, includes biologics and drugs that the FDA or drug manufacturer requires to be distributed through a Specialty Pharmacy, or have high cost as established by Covered California. Tier 4 (Specialty Drugs) are identified in the Essential Rx Drug List with "SP" require Prior Authorization from Health Net and may be required to be dispensed through the Specialty Pharmacy Vendor to be covered.

29. The pediatric dental benefits are provided by Health Net of California, Inc. and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is a California licensed specialized dental plan and is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the Individual & Family Plan Contract and EOC for details.

30. The pediatric vision services benefits are provided by Health Net of California, Inc. Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.
**Nondiscrimination Notice**

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, 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:

**Individual & Family Plan (IFP) Members On Exchange/Covered California** 1-888-926-4988 (TTY: 711)

**Individual & Family Plan (IFP) Members Off Exchange** 1-800-839-2172 (TTY: 711)

**Individual & Family Plan (IFP) Applicants** 1-877-609-8711 (TTY: 711)

**Group Plans through Health Net** 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc. Appeals & Grievances
PO Box 10348
Van Nuys, CA 91410-0348
Fax: 1-877-831-6019
Email: Member.Discrimination.Complaints@healthnet.com (Members) or Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, 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).

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, if you have an ID card, please call the Customer Contact Center number.

Employer group applicants please call Health Net’s Commercial Contact Center at 1-800-522-0088 (TTY: 711).

Individual & Family Plan (IFP) applicants please call 1-877-609-8711 (TTY: 711).

Arabic

Armenian

Chinese
免费语言服务。您可使用口译员服务。您可请人将文件唸给您听并请我们将某些文件翻译成您的语言寄给您。如需协助且如果您有会员卡，请拨打客户联络中心电话号码。雇主团体计划的申请人请拨打 1-800-522-0088 (听障专线：711) 与 Health Net 私人保险联络中心联络。Individual & Family Plan (IFP) 的申请人请拨打 1-877-609-8711 (听障专线：711)。

Hindi
बिना शुल्क भाषा सेवाएं। आप एक दुभाबषया प्ाप्त ्कर स्कते हैं। आप दसतावेजों ्को अपती भाषा में पढ़ा स्कते हैं। मदद के लिए, यदद आपके प्ाप्त आईडी कार्ड है तो क््थ्ा प्ाप्त संपर्क केंद्र के नंबर पर कॉल करें। व्यक्तिगत और फैमिली प्लान (आईएफपी) आवेदक क््थ्त 1-800-522-0088 (TTY: 711) पर कॉल करें।

Hmong

Japanese
無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプについては、IDカードをお持ちの場合は顧客連絡センターまでお電話ください。雇用主を通じた団体保険の申込者の方は、Health Netの顧客連絡センター (1-800-522-0088, TTY: 711) までお電話ください。個人・家族向けプラン (IFP) の申込者の方は、1-877-609-8711 (TTY: 711) までお電話ください。
Spanish
Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, sí tiene una tarjeta de identificación, llame al número del Centro de Comunicación con el Cliente. Los solicitantes del grupo del empleador deben llamar al Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Los solicitantes de planes individuales y familiares deben llamar al 1-877-609-8711 (TTY: 711).

Tagalog

Thai
ไม่มีค่าบริการด้านภาษา คุณสามารถใช้บริการที่มีให้ฟรีๆ คุณสามารถให้ผู้ช่วยอ่านเอกสารให้ฟรี หรือให้ผู้ช่วยพูด-len เป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ หรือจะมีปัญหาประจําตัว โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง โปรดโทรหมายเลขศูนย์กู้ภัยชั้นสูง (Individual & Family Plan: IFP) โปรดโทร 1-877-609-8711 (TTY: 711)

Vietnamese

CA Commercial On and Off-Exchange Member Notice of Language Assistance
FLY017550EH00 (12/17)