The Platinum 90 CommunityCare HMO health plan utilizes the CommunityCare HMO provider network for covered benefits and services. CommunityCare HMO is available through Health Net in Los Angeles, Orange, and San Diego counties, and parts of Kern, Riverside, and San Bernardino counties.

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</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan maximums</strong></td>
<td>None</td>
</tr>
<tr>
<td>Calendar year deductible</td>
<td>$3,350 single / $6,700 family</td>
</tr>
<tr>
<td>Out-of-pocket maximum (Payments for services and supplies not covered by this plan will not be applied to this calendar year out-of-pocket maximum.)</td>
<td></td>
</tr>
<tr>
<td><strong>Professional services</strong></td>
<td></td>
</tr>
<tr>
<td>Office visit copay¹</td>
<td>$15</td>
</tr>
<tr>
<td>Teladoc consultation telehealth services²</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist visit¹</td>
<td>$30</td>
</tr>
<tr>
<td>Other practitioner office visit (including medically necessary acupuncture)³</td>
<td>$15</td>
</tr>
<tr>
<td>Preventive care services⁴</td>
<td>$0</td>
</tr>
<tr>
<td>X-ray and diagnostic imaging</td>
<td>$30</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$15</td>
</tr>
<tr>
<td>Imaging (CT, PET scans, MRIs)</td>
<td>$75</td>
</tr>
<tr>
<td>Rehabilitation and habilitation therapy</td>
<td></td>
</tr>
<tr>
<td>Outpatient services</td>
<td>Facility: $100; Physician: $25</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital facility (includes maternity)</td>
<td>Facility: $250/day up to 5 days; Physician: $0</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>$150/day up to 5 days³</td>
</tr>
<tr>
<td><strong>Emergency services</strong></td>
<td>Facility: $150; Physician: $0</td>
</tr>
<tr>
<td>Emergency room services (copays waived if admitted)</td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td>$15</td>
</tr>
<tr>
<td>Ambulance services (ground and air)</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Mental/Behavioral health/Substance use disorder services⁶</strong></td>
<td>Facility: $250/day up to 5 days; Physician: $0</td>
</tr>
<tr>
<td>Mental/Behavioral health/Substance use disorder (inpatient)</td>
<td></td>
</tr>
<tr>
<td>Mental/Behavioral health/Substance use disorder (outpatient)</td>
<td></td>
</tr>
<tr>
<td><strong>Home health care services</strong> (100 visits per calendar year)</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>10%</td>
</tr>
<tr>
<td>Hospice service</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Prescription drug coverage</strong> (up to a 30-day supply obtained through a participating pharmacy)</td>
<td>$5</td>
</tr>
<tr>
<td>Tier 1 (most generics and low-cost preferred brand)</td>
<td>$15</td>
</tr>
<tr>
<td>Tier 2 (non-preferred generics and preferred brand)</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 3 (non-preferred brand)</td>
<td></td>
</tr>
<tr>
<td>Tier 4 Specialty drugs¹¹</td>
<td>10% up to $250/script</td>
</tr>
</tbody>
</table>
**Benefit description** | **Member(s) responsibility**
--- | ---
Pediatric dental | $0
Pediatric vision | $0
Glasses (limitations apply) | 1 pair per year – $0

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. Prenatal, 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.

2. Health Net contracts with Teladoc to provide telehealth services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. In addition, 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 for abuse.

3. Includes acupuncture visits, physical, occupational and speech therapy visits and other office visits not provided by either primary care or specialty physicians or not specified in another benefit category. Chiropractic services are not covered. Acupuncture services are provided by Health Net. Health Net contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to offer quality and affordable acupuncture coverage.

4. 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) 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.

5. No additional copayment after the first 5 days of a continuous skilled nursing facility stay.

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

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

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

9. 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 single 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 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.

10. 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 copayment 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.

Generic Drugs will be dispensed when a generic equivalent is available. Health Net will cover brand-name drugs, including Specialty 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.

11. Tier 4 (Specialty Drugs) are specific prescription drugs for a limited pharmacy availability or distribution, may be self-administered orally, topically, 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.

12. 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.

13. 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).
Khmer
សេវាភាសាសោយឥតគិតថ្លៃ។ សោកអ្នកអាចទទួលបានអ្នកបកប្បផ្ ទា ល់មាត់។ សោកអ្នកអាចសាដា ប់សគអានឯកសារឱ្យ
សោកអ្នកជាភាសារបេ្មាប់ជំនួយ ្បេិនសបើសោកអ្នកមានប័ណ ្ណេមាគា ល់ខលៃួន េូមសៅទូរេ័ពទាសៅកាន់
សលខរបេ្មាប់មជ្ឈមណ ្ឌ លទំនាក់ទំនងអតិ្ិជន។ អ្នកោក់ពាក្យេុំគស្មាងជា្ករុមបែលជាបុគគាលិក េូមសៅទូរេ័ពទាសៅ
កាន់មជ្ឈមណ ្ឌ លទំនាក់ទំនងរបេ្មាប់ Health Net តាមរយៈសលខ 1-800-522-0088 (TTY: 711)*។ អ្នកោក់ពាក្យេុំ
គស្មាងជាលក្ខណៈបុគគាល និង្ករុម្គរួសារ (IFP)  េូមសៅទូរេ័ពទាសៅកាន់សលខ 1-877-609-8711 (TTY: 711)*

Korean
무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며
일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로
고객서비스 센터에 연락하십시오. 고용주 그룹 신청인의 경우 Health Net의 상업 고객서비스 센터에
1-800-522-0088(TTY: 711)번으로 전화해 주십시오. 개인 및 가족 플랜(IFP) 신청인의 경우
1-877-609-8711(TTY: 711)번으로 전화해 주십시오.

Navajo
Doo b33h 7l7n7g00 saad bee h1k1 ada'iiyeed. Ata’ halne’7g77 da [a’ n1 h1d7d0ot’88[. Naaltsoos da t’11
shi shizaad k’ehj7 shich9’ y7dooltah n7n7zingo t’11 n1 1k0dooln77[. !k0t’4ego sh7k1 a’doowo[ n7n7zingo
Customer Contact Center hooly4h7j8’ hod77lnih ninaaltsoos nanitingo bee n44ho’dolzin7g77 hodoonihj’
bikáa’. Naaltsoos nehilts0osgo naanish bá dahikahigíí éi kojí’ hodilííiHealth Net’s Commercial
Contact Center 1-800-522-0088. T’11 h0 d00 ha’1[ch7n7
(HIFP)
TTY:711)

Persian (Farsi)
خدمات زبان بدون هزينه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برايتان خوانده شوند. برای
دریافت کمک، اگر کارت شناسایی دارید، لطفاً با شماره مرکز تماس بیماری‌های غیر اورژانسی (IFP) تماس بگیرید. متقاضيان طرح فردی و خانوادگی
TTY:711)

Panjabi (Punjabi)
ਚਿਹਾ ਚਿਹਾ ਰੂਜ਼ਾਰ ਦੀ ਸੀ ਰੂਜ਼ਾਰ ਤੇ ਚਰਣ ਚਿਹਾ ਬਨ ਚਰਣ ਦੇ ਸੀ। ਚਰਣ ਚਰਣ ਰੂਜ਼ਾਰਜ਼ਾ ਦੀ ਸੀ ਚਰਣ ਚਿਹਾ ਚਿਹਾ 
ਚਿਹਾ ਚਿਹਾ ਬਨ ਚਰਣ ਦੇ ਸੀ। ਚਿਹਾ ਚਿਹਾ ਬਨ ਚਰਣ ਦੇ ਸੀ। ਚਿਹਾ ਚਿਹਾ ਬਨ ਚਰਣ ਦੇ ਸੀ। ਚਿਹਾ ਚਿਹਾ 
1-800-522-0088 (TTY: 711)* ’ਤੇ ਬਨ ਚਰਣ ਬਨ ਚਰਣ (IFP) ਚਿਹਾ ਚਿਹਾ ਤੇ ਚਿਹਾ ਚਿਹਾ ਬਨ ਚਰਣ (IFP) 
1-877-609-8711 (TTY: 711)* ’ਤੇ ਬਨ ਚਰਣ ਬਨ ਚਰਣ।

Russian
Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать
dокументы на Вашем родном языке. Если Вам нужна помощь и у Вас при себе есть карточка
участника плана, звоните по телефону Центра помощи клиентам. Участники коллективных планов,
предоставляемых работодателем, звоните в коммерческий центр помощи Health Net по телефону
1-800-522-0088 (TTY: 711). Участник планов для частных лиц и семей (IFP): звоните по телефону
1-877-609-8711 (TTY: 711).
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, si 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 คุณสามารถใช้สัญญาได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หาถึงการความช่วยเหลือ และคุณมีบัตรประจำตัว โปรดโทรหมายเลขศูนย์ลูกค้าสัมพันธ์ ผู้สมัครกลุ่มนายจ้าง โปรดโทรหาศูนย์ลูกค้าสัมพันธ์เชิงพาณิชย์ของ Health Net ที่หมายเลข 1-800-522-0088 (โทร TTY: 711) ผู้สมัครแผนบุคคลและครอบครัว (Individual & Family Plan: IFP) โปรดโทร 1-877-609-8711 (โทร TTY: 711)

Vietnamese

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017550EH00 (12/17)