

## Silver PPO 1700/50

Benefit description	Member responsibility	
	In-network	Out-of-network
<b>Plan maximums</b>		
Calendar year deductible (individual / family) <sup>1</sup>	\$1,700 / \$3,400	\$3,400 / \$6,800
Out-of-pocket maximum (individual / family) <sup>2</sup>	\$9,200 / \$18,400	\$18,400 / \$36,800
<b>Professional services</b>		
PCP office visit	\$50 ded waived	50% ded applies
Specialist office visit	\$75 ded applies	50% ded applies
Preventive care services <sup>3</sup>	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider <sup>4</sup>	\$0 ded waived	Not Covered
Rehabilitation therapy	\$50 ded waived	50% ded applies
X-ray procedures	\$50 ded applies	50% ded applies
Laboratory procedures	\$40 ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
<b>Facility services</b>		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
<b>Emergency services</b>		
Urgent care services	\$50 ded waived	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
<b>Mental health and substance use disorder services</b>		
Outpatient office visit	\$50 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
<b>Other services</b>		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
<b>Prescription drug coverage</b>		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>5</sup>	\$20 ded waived / \$65 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs <sup>5</sup>	40% ded applies	Not Covered
<b>Pediatric dental</b>		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
<b>Pediatric vision</b>		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered