



Medical Plan Overview

CANOPYCARE HMO

Effective Date: 01/01/2023-12/31/2023

Foresional services (CP office visit¹ pecialist services proper admit of period of perio	Benefit description	Member responsibility
CP office visit¹ \$25 precialist office visit¹ \$25 reventive care services¹ \$0 relehealth services Telehealth cost share mirrors in-person cost share based on type of service provided. relehealth services Telehealth cost share mirrors in-person cost share based on type of service provided. relehealth services \$25 reap procedures¹ \$0 aboratory procedures¹ \$1 aboratory procedures¹ \$0 aboratory proce	Plan maximums	
S25	Out-of-pocket maximum (combined with Rx) (Individual/Family)	\$2,000 Individual / \$4,000 Family
pecialist office visit 1	Professional services	
reventive care services¹ felehealth services Telehealth cost share mirrors in-person cost share based on type of service provided. S25 Foray procedures¹ S0 S0 Somplex radiology (includes CT, SPECT, PET, MUGA, and MRI) S0 Somplex radiology (includes CT, SPECT, PET, MUGA, and MRI) S0 S0 S0 S0 S0 S0 S0 S0 S0 S	PCP office visit ¹	·
Telehealth cost share mirrors in-person cost share based on type of service provided. Sehabilitation therapy ² 525 Service provided. Sehabilitation therapy ² 525 Solution of the procedures of the procedure of the procedures of the procedure of th	Specialist office visit ¹	\$25
service provided. tehabilitation therapy ² \$25 Gray procedures ¹ \$0 aboratory procedures ¹ \$0 complex radiology (includes CT, SPECT, PET, MUGA, and MRI) \$0 complex radiology (includes CT, SPECT, PET, MUGA, and MRI) \$100 per admit couptatient surgery (hospital) \$100 per admit couptatient surgery (ambulatory surgery center) \$100 per admit \$200 per admit surgering facility \$100 per admit \$25 per admit surgering facility \$25 per admit \$25 per adm	Preventive care services ¹	\$0
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saboratory procedures¹ complex radiology (includes CT, SPECT, PET, MUGA, and MRI) sacility services Dutpatient surgery (hospital) station per admit surgery (ambulatory surgery center) station per admit station per a	Rehabilitation therapy ²	\$25
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI) Sociality services Outpatient surgery (hospital) Outpatient surgery (ambulatory surgery center) Outpatient hospital Outpatient hospital Services Outpatient hospital Services Outpatient care services Outpatient care services Outpatient care services Outpatient and substance use disorder services Outpatient hospital Outpatient hospital Services Outpatient other (includes partial hospitalization/day reatment/intensive outpatient programs) Outpatient Outpatient Services Se	X-ray procedures ¹	\$0
acility services Outpatient surgery (hospital) Outpatient surgery (ambulatory surgery center) Outpatient hospital Outpatient hospital Second per admit Second p	Laboratory procedures ¹	\$0
Substance of the surgery (hospital) Substance of the surgery (ambulatory surgery center) Substance of the subst	Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	\$0
Substantient surgery (ambulatory surgery center) Spongatient hospital Sponger admit Sponger a	Facility services	
Second parties Second per admit Second per ad	Outpatient surgery (hospital)	\$100 per admit
Solution	Outpatient surgery (ambulatory surgery center)	\$100 per admit
Imergency services Urgent care services Urgent care services Urgent care services Urgent care services Undergency room facility Undergency roo	Inpatient hospital	\$200 per admit
Surgent care services \$25	Skilled nursing facility	\$0 (limited to 100 days per calendar year)
imergency room facility \$100 Ambulance services (ground and air) \$50 Mental health and substance use disorder services Outpatient office visit \$25 Outpatient other (includes partial hospitalization/day reatment/intensive outpatient programs) \$0 Impatient \$200 per admit Other services Ourable medical equipment \$0 Solubetic equipment \$0 Solubetic equipment \$50 So	Emergency services	
Ambulance services (ground and air) Mental health and substance use disorder services Outpatient office visit Outpatient other (includes partial hospitalization/day reatment/intensive outpatient programs) Inpatient Other services Ourable medical equipment Other services Outpatient Solution Other services Outpatient Solution S	Urgent care services	\$25
Mental health and substance use disorder services Outpatient office visit \$25 Outpatient other (includes partial hospitalization/day reatment/intensive outpatient programs) \$0 Inpatient \$200 per admit Other services Ourable medical equipment \$0 Diabetic equipment \$0 Diabetic equipment \$1 Diabetic equipment	Emergency room facility	\$100
Outpatient office visit \$25 Outpatient other (includes partial hospitalization/day reatment/intensive outpatient programs) \$0 Inpatient \$200 per admit Other services Ourable medical equipment \$0 Diabetic equipment \$0 Solution \$0 Solution \$15 per visit / 30 visits maximum per calendar year	Ambulance services (ground and air)	\$50
Outpatient other (includes partial hospitalization/day reatment/intensive outpatient programs) \$0 Inpatient \$200 per admit Other services Ourable medical equipment \$0 Diabetic equipment \$0 Diabetic equipment \$1 Diabetic	Mental health and substance use disorder services	
reatment/intensive outpatient programs) \$0 Inpatient \$200 per admit Other services Ourable medical equipment \$0 Diabetic equipment \$0 Accupuncture \$15 per visit / 30 visits maximum per calendar year	Outpatient office visit	\$25
phatient \$200 per admit Other services Ourable medical equipment \$0 Diabetic equipment \$0 Accupuncture \$15 per visit / 30 visits maximum per calendar year	Outpatient other (includes partial hospitalization/day	
Other services Ourable medical equipment Diabetic equipment \$0 \$0 \$0 \$0 \$15 per visit / 30 visits maximum per calendar year	treatment/intensive outpatient programs)	1.5
Durable medical equipment \$0 Diabetic equipment \$0 Cupuncture \$15 per visit / 30 visits maximum per calendar year	Inpatient	\$200 per admit
\$0 ccupuncture \$15 per visit / 30 visits maximum per calendar year	Other services	
\$15 per visit / 30 visits maximum per calendar year	Durable medical equipment ¹	
	Diabetic equipment	1.2
hiropractic services \$15 per visit / 30 visits maximum per calendar year	Acupuncture	\$15 per visit / 30 visits maximum per calendar year
	Chiropractic services	\$15 per visit / 30 visits maximum per calendar year

¹Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade 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).

²Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage.

Nondiscrimination Notice





Health Net Pharmacy Benefits

CANOPYCARE HMO

Effective Date: 01/01/2023 - 12/31/2023

Benefits and coverage	Description	Member responsibility
Tier 1 – Generic, retail	Drugs listed on the Health Net formulary (primarily generic)	\$10
Tier 2 – Brand, preferred, retail	Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	\$25
Tier 3 –Non-formulary, retail	Drugs include non-preferred Brand Name Drugs, Brand Name Drugs with a generic equivalent (when Medically Necessary), drugs listed as Tier 3 in the Formulary, drugs indicated as "NF", if approved, or drugs not listed in the Formulary.	\$50
Specialty Tier, Network Specialty Pharmacy	High-cost drugs used to treat complex medical conditions	20% up to \$100
Deductible	Brand drugs	N/A
Out-of-pocket maximum	Per calendar year, combined with the Medical out-of-pocket maximum	\$2,000 Individual \$4,000 Family

Mail order convenience

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. Under this program, your copayments for up to a 90-day supply are:

Benefit level	Member responsibility
Tier 1 – Generic	\$20
Tier 2 – Brand, preferred	\$50
Tier 3 – Non-formulary	\$100

Generic substitutions

Generic drugs will be dispensed when a generic drug equivalent is available. Health Net will cover brand-name drugs that have generic equivalents only when the brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, subject to copayment requirements described in the member's Schedule of Benefits.

For complete information, log into your MyCanopyHealth account and select *Using My Benefits*. or call Health Net Member Services at 833-448-2042.

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