

# Medical Plan Overview

CANOPYCARE HMO-Group Number G0727A

Effective Date: 01/01/2025-12/31/2025

Benefit description	Member responsibility
<b>Plan maximums</b>	
Out-of-pocket maximum (combined with Rx) (Individual/Family)	\$2,000 Individual / \$4,000 Family
<b>Professional services</b>	
PCP office visit <sup>1</sup>	\$25
Specialist office visit <sup>1</sup>	\$25
Preventive care services <sup>1</sup>	\$0
Telehealth services by Teladoc Health	\$0
Rehabilitation therapy <sup>2</sup>	\$25
X-ray procedures <sup>1</sup>	\$0
Laboratory procedures <sup>1</sup>	\$0
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	\$0
<b>Facility services</b>	
Outpatient surgery (hospital)	\$100 per admit
Outpatient surgery (ambulatory surgery center)	\$100 per admit
Inpatient hospital	\$200 per admit
Skilled nursing facility	\$0 (limited to 100 days per calendar year)
<b>Emergency services</b>	
Urgent care services	\$25
Emergency room facility	\$100
Ambulance services (ground and air)	\$50
<b>Mental health and substance use disorder services</b>	
Outpatient office visit	\$25
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0
Inpatient	\$200 per admit
<b>Other services</b>	
Durable medical equipment <sup>1</sup>	\$0
Diabetic equipment	\$0
Acupuncture	\$15 per visit / 30 visits maximum per calendar year
Chiropractic services	\$15 per visit / 30 visits maximum per calendar year

<sup>1</sup> Preventive 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).

<sup>2</sup> Rehabilitation 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-Group Number G0727A

Effective Date: 01/01/2025 - 12/31/2025

Benefits and coverage	Description	Member responsibility
<b>Tier 1 – Generic, retail</b>	Drugs listed on the Health Net formulary (primarily generic)	\$10
<b>Tier 2 – Brand, preferred, retail</b>	Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	\$25
<b>Tier 3 – Non-formulary, retail</b>	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
<b>Specialty Tier, Network Specialty Pharmacy</b>	High-cost drugs used to treat complex medical conditions	20% up to \$100
<b>Deductible</b>	Brand drugs	N/A
<b>Out-of-pocket maximum</b>	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
<b>Tier 1 – Generic</b>	\$20
<b>Tier 2 – Brand, preferred</b>	\$50
<b>Tier 3 – Non-formulary</b>	\$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 on as a Health Net member at [healthnet.com](http://healthnet.com) > **My Pharmacy Benefits > Mail Order Pharmacy** or call Member Services at 833-448-2042.

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