

# Medical Plan Overview

CANOPYCARE HMO-Group Number G0727A

Effective Date: 01/01/2024-12/31/2024

| 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   | Telehealth cost share mirrors in-person cost share based on type of service provided. |
| 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

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| 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<br>\$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                 |

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

## 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.

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