

Individual & Family Plans



Health Net of California, Inc. and Health Net Life Insurance Company (Health Net)

2022

For Broker Use

Plans available through Health Net and Covered California™

Plan availability is based on region. Calendar year deductible applies unless otherwise noted.

Covered services for medical conditions and mental health and substance use disorders provided appropriately as telehealth services are covered on the same basis and to the same extent as covered services delivered in-person.

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum ¹ (single / family)	Office ² / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital stay	Emergency room facility ³	Urgent care	Pharmacy Rx deductible (single / family) ⁴	Rx drug Tier 1 / 2 / 3 / 4
Ambetter HMO										
Platinum 90 Ambetter HMO	None	\$4,500 single / \$9,000 family	\$15 / \$30	\$15 / \$30	\$100 facility / \$25 physician	\$250/day, up to 5 days	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁵
Gold 80 Ambetter HMO	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	\$300 facility / \$40 physician	\$600/day, up to 5 days	\$350	\$35	None	\$15 / \$55 / \$80 / 20% ⁵
Silver 70 Ambetter HMO	\$3,700 / \$7,400	\$8,200 / \$16,400	\$35 ⁶ / \$70 ⁶	\$40 ⁶ / \$85 ⁶	20% ⁶	20% facility / 20% ⁶ physician	\$400 ⁶	\$35 ⁶	\$10 / \$20	\$15 / \$55 / \$85 / 20% ⁵
Ambetter HSP⁷										
Bronze 60 Ambetter HSP	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 ⁸ / \$95 ⁸	\$40 ⁶ / 40% ⁹	40% ⁹	40% ⁹	40% ⁹	\$65 ⁸	\$500 / \$1,000	\$18 / 40% ¹⁰ / 40% ¹⁰ / 40% ¹⁰
Minimum Coverage Ambetter HSP	\$8,700 / \$17,400	\$8,700 / \$17,400	0% ¹¹ / 0%	0% / 0%	0%	0%	0%	0% ¹¹	Integrated w/ medical ded.	0%
Ambetter EPO⁷										
Platinum 90 Ambetter EPO	None	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁵
Gold 80 Ambetter EPO	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	20%	20%	\$350	\$35	None	\$15 / \$55 / \$80 / 20% ⁵
Silver 70 Ambetter EPO	\$3,700 / \$7,400	\$8,200 / \$16,400	\$35 ⁶ / \$70 ⁶	\$40 ⁶ / \$85 ⁶	20% ⁶	20% facility / 20% ⁶ physician	\$400 ⁶	\$35 ⁶	\$10 / \$20	\$15 / \$55 / \$85 / 20% ⁵
Bronze 60 Ambetter EPO	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 ⁸ / \$95 ⁸	\$40 ⁶ / 40% ⁹	40% ⁹	40% ⁹	40% ⁹	\$65 ⁸	\$500 / \$1,000	\$18 / 40% ¹⁰ / 40% ¹⁰ / 40% ¹⁰
Minimum Coverage Ambetter EPO	\$8,700 / \$17,400	\$8,700 / \$17,400	0% ¹¹ / 0%	0% / 0%	0%	0%	0%	0% ¹¹	Integrated w/ medical ded.	0%

(continued)

Individual & Family Plans



Health Net of California, Inc. and Health Net Life Insurance Company (Health Net)

2022

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum ¹ (single / family)	Office ² / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital stay	Emergency room facility ³	Urgent care	Pharmacy Rx deductible (single / family) ⁴ Rx drug Tier 1 / 2 / 3 / 4	
Ambetter PPO⁷ (This chart highlights in-network benefits only)										
Platinum 90 Ambetter PPO	None	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁵
Gold 80 Ambetter PPO	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	20%	20%	\$350	\$35	None	\$15 / \$55 / \$80 / 20% ⁵
Silver 70 Ambetter PPO	\$3,700 / \$7,400	\$8,200 / \$16,400	\$35 ⁶ / \$70 ⁶	\$40 ⁶ / \$85 ⁶	20% ⁶	20% facility / 20% ⁶ physician	\$400 ⁶	\$35 ⁶	\$10 / \$20	\$15 / \$55 / \$85 / 20% ⁵
Bronze 60 Ambetter PPO	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 ⁸ / \$95 ⁸	\$40 ⁶ / 40% ⁹	40% ⁹	40% ⁹	40% ⁹	\$65 ⁸	\$500 / \$1,000	\$18 / 40% ¹⁰ / 40% ¹⁰ / 40% ¹⁰
Bronze 60 HDHP Ambetter PPO	\$7,000 / \$14,000	\$7,000 / \$14,000	0% / 0%	0% / 0%	0%	0%	0%	0%	Integrated w/ medical ded.	0%
Minimum Coverage Ambetter PPO	\$8,700 / \$17,400	\$8,700 / \$17,400	0% ¹¹ / 0%	0% / 0%	0%	0%	0%	0% ¹¹	Integrated w/ medical ded.	0%

Cost-share reduction (CSR) plans available through Covered California

Calendar year deductible applies unless otherwise noted.

Ambetter HMO										
Silver 73 Ambetter HMO	\$3,700 / \$7,400	\$6,300 / \$12,600	\$35 ⁶ / \$70 ⁶	\$40 ⁶ / \$85 ⁶	20% ⁶	20% facility / 20% ⁶ physician	\$400 ⁶	\$35 ⁶	\$10 / \$20	\$15 / \$55 / \$85 / 20% ⁵
Silver 87 Ambetter HMO	\$800 / \$1,600	\$2,850 / \$5,700	\$15 ⁶ / \$25 ⁶	\$20 ⁶ / \$40 ⁶	15% ⁶	15% facility / 15% ⁶ physician	\$150 ⁶	\$15 ⁶	None	\$5 / \$25 / \$45 / 15% ¹²
Silver 94 Ambetter HMO	\$75 / \$150	\$800 / \$1,600	\$5 ⁶ / \$8 ⁶	\$8 ⁶ / \$8 ⁶	10% ⁶	10% facility / 10% ⁶ physician	\$50 ⁶	\$5 ⁶	None	\$3 / \$10 / \$15 / 10% ¹²
Ambetter EPO⁷										
Silver 73 Ambetter EPO	\$3,700 / \$7,400	\$6,300 / \$12,600	\$35 ⁶ / \$70 ⁶	\$40 ⁶ / \$85 ⁶	20% ⁶	20%	\$400 ⁶	\$35 ⁶	\$10 / \$20	\$15 / \$55 / \$85 / 20% ⁵
Silver 87 Ambetter EPO	\$800 / \$1,600	\$2,850 / \$5,700	\$15 ⁶ / \$25 ⁶	\$20 ⁶ / \$40 ⁶	15% ⁶	15%	\$150 ⁶	\$15 ⁶	None	\$5 / \$25 / \$45 / 15% ¹²
Silver 94 Ambetter EPO	\$75 / \$150	\$800 / \$1,600	\$5 ⁶ / \$8 ⁶	\$8 ⁶ / \$8 ⁶	10% ⁶	10%	\$50 ⁶	\$5 ⁶	None	\$3 / \$10 / \$15 / 10% ¹²
Ambetter PPO⁷ (This chart highlights in-network benefits only)										
Silver 73 Ambetter PPO	\$3,700 / \$7,400	\$6,300 / \$12,600	\$35 ⁶ / \$70 ⁶	\$40 ⁶ / \$85 ⁶	20% ⁶	20%	\$400 ⁶	\$35 ⁶	\$10 / \$20	\$15 / \$55 / \$85 / 20% ⁵
Silver 87 Ambetter PPO	\$800 / \$1,600	\$2,850 / \$5,700	\$15 ⁶ / \$25 ⁶	\$20 ⁶ / \$40 ⁶	15% ⁶	15%	\$150 ⁶	\$15 ⁶	None	\$5 / \$25 / \$45 / 15% ¹²
Silver 94 Ambetter PPO	\$75 / \$150	\$800 / \$1,600	\$5 ⁶ / \$8 ⁶	\$8 ⁶ / \$8 ⁶	10% ⁶	10%	\$50 ⁶	\$5 ⁶	None	\$3 / \$10 / \$15 / 10% ¹²

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Health Net of California, Inc. and Health Net Life Insurance Company (Health Net)

2022

PPO plans available direct through Health Net

Calendar year deductible applies unless otherwise noted.

Covered services for medical, mental disorders and chemical dependency conditions provided appropriately as telehealth services through a regular doctor are covered on the same basis and to the same extent as covered services delivered in-person.

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum ¹ (single / family)	Office ² / Specialist visit	Lab / X-rays	Outpatient surgery	Inpatient hospital stay	Emergency room facility ³	Urgent care	Pharmacy Rx deductible (single / family) ⁴ Rx drug Tier 1 / 2 / 3 / 4	
PPO⁷ (This chart highlights in-network benefits only)										
Platinum 90 PPO	None	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁵
Gold 80 PPO	None	\$8,200 / \$16,400	\$35 / \$65	\$40 / \$75	20%	20%	\$350	\$35	None	\$15 / \$55 / \$80 / 20% ⁵
Silver 70 PPO	\$3,700 / \$7,400	\$8,200 / \$16,400	\$35 ⁶ / \$70 ⁶	\$40 ⁶ / \$85 ⁶	20% ⁶	20% facility / 20% ⁶ physician	\$400 ⁶	\$35 ⁶	\$10 / \$20	\$15 / \$55 / \$85 / 20% ⁵
Bronze 60 PPO	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 ⁸ / \$95 ⁸	\$40 ⁶ / 40% ⁹	40% ⁹	40% ⁹	40% ⁹	\$65 ⁸	\$500 / \$1,000	\$18 / 40% ¹⁰ / 40% ¹⁰ / 40% ¹⁰
Minimum Coverage PPO	\$8,700 / \$17,400	\$8,700 / \$17,400	0% ¹¹ / 0%	0% / 0%	0%	0%	0%	0% ¹¹	Integrated w/ medical ded.	0%
Ambetter PPO⁷ (This chart highlights in-network benefits only)										
Gold Value Ambetter PPO	\$1,000 / \$2,000	\$8,500 / \$17,000	\$20 ⁶ / \$50 ⁶	\$35 ⁶ / \$55 ⁶	20%	20%	\$350	\$20 ⁶	\$500 / \$1,000	\$10 ¹³ / \$50 / \$85 / 20% ⁵
Silver Value Ambetter PPO	\$5,000 / \$10,000	\$8,500 / \$17,000	\$45 ⁶ / \$60 ⁶	\$35 ⁶ / \$70 ⁶	30%	30%	\$400	\$45 ⁶	\$500 / \$1,000	\$15 ¹³ / \$55 / \$85 / 30% ⁵

This is a summary of benefits only. It does not include all services, limitations or exclusions. Please refer to the Plan Contract and EOC for HMO and HSP plans, or the Policy for EPO and PPO insurance plans, for terms and conditions of coverage. Availability of plans is dependent on location.

¹Includes calendar year deductible.

²Office visits for preventive care are covered in full. See copayment listing for "Preventive care services" in the Plan Contract and EOC for HMO and HSP plans, or the Policy for EPO or PPO insurance plans. 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.

³Copayment waived if admitted.

⁴The pharmacy deductible does not apply to preventive drugs and women's contraceptives.

⁵Up to \$250/script after Rx deductible (if applicable).

⁶Deductible waived.

⁷Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied for in-network providers. An additional \$500 penalty is applied for out-of-network providers on PPO plans. For details, please refer to the Plan Contract and EOC for HMO and HSP plans, or the Policy for EPO or PPO insurance plans.

⁸The calendar year deductible applies after the first 3 non-preventive visits combined (including non-preventive primary care, specialist, other practitioner, urgent care, and postnatal visits). Note: Outpatient mental health and substance use disorder office visit cost-sharing may differ. See the Mental Disorders and Chemical Dependency Benefits section in the Plan Contract and EOC for HMO and HSP plans, or the Mental Health, Behavioral Health or Substance Abuse Needs section of the Policy for EPO or PPO insurance plans for cost-sharing details.

⁹After the medical deductible has been reached, members are responsible for 40% of the eligible charges until their out-of-pocket maximum limit is met.

¹⁰After the pharmacy deductible has been reached, the member will be responsible for 40% of the cost of all Tier 2, 3, and 4 drugs up to a maximum payment of \$500 for each prescription of up to a 30-day supply, until the out-of-pocket maximum limit is met.

¹¹The calendar year deductible applies after the first 3 non-preventive visits combined (including non-preventive primary care, other practitioner, urgent care, outpatient mental health and substance use disorder, and postnatal visits).

¹²Up to \$150/script after Rx deductible (if applicable).

¹³Rx deductible waived.

Ambetter from Health Net HMO and HSP plans are offered by Health Net of California, Inc. Ambetter from Health Net EPO, Policy Form #P34401, Ambetter from Health Net PPO insurance plans, Policy Form #P35001, and Health Net PPO insurance plans, Policy Form #P30601, are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. Covered California is a registered trademark of the State of California. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.