

Medical Plan Overview

CANOPYCARE HMO-Group Number G0727A

Effective Date: 01/01/2026-12/31/2026

Benefit description	Member responsibility
Plan maximums	
Out-of-pocket maximum (combined with Rx) (Individual/Family)	\$2,000 Individual / \$4,000 Family
Professional services	
PCP office visit ¹	\$25
Specialist office visit ¹	\$25
Preventive care services ¹	\$0
Telehealth services by Teladoc Health	\$0
Rehabilitation therapy ²	\$25
X-ray procedures ¹	\$0
Laboratory procedures ¹	\$0
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	\$0
Facility services	
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)
Emergency services	
Urgent care services	\$25
Emergency 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 treatment/intensive outpatient programs)	\$0
Inpatient	\$200 per admit
Other services	
Durable medical equipment ¹	\$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

¹ 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).

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

Nondiscrimination Notice

This is a brief overview of benefits and does not include all covered services, limitations, or exclusions. For complete details, please refer to the *Evidence of Coverage (EOC)*.

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Health Net Pharmacy Benefits

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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), 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

For complete information, log on as a Health Net member at healthnet.com/SFHSS > **My Pharmacy Benefits** > **Mail Order Pharmacy** or call 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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