Walmart 2021
Benefits

Legal Plan Name: Health Net of California
Name used for associate communications: Health Net High Option ExcelCare
Plan State(s): California
Customer Service Number: 1-800-722-5342
Web Address: www.healthnet.com
Active Associate Group #: R1414A
COBRA Group #: R1414C

BENEFIT	2021 PLAN DESIGN
DEDUCTIBLE	None
ANNUAL OUT-OF-POCKET MAXIMUM*	$6,850 per individual / $13,700 per family
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	$35 copay per PCP visit; $75 copay per Specialist visit
PREVENTIVE CARE	Covered 100% (PPACA list of covered services only)
MATERNITY CARE	$1,000 copay* + 25% coinsurance (until OOPM is met) for hospital admission; outpatient office visits for maternity covered at 100%
URGENT CARE	$75 copay, $35 copay for behavioral health, chemical dependency or substance abuse
TELEMEDICINE	No charge through Health Net's preferred telehealth provider; office copay applies for telehealth services provided by the member's medical group
HOSPITAL CARE	
Inpatient	$1,000 copay* + 25% coinsurance (until OOPM is met)
Emergency Room	25% coinsurance (waived if admitted)
Outpatient Surgery	$1,000 copay* + 25% coinsurance (until OOPM is met)
AMBULANCE	$100 copay per transport
DURABLE MEDICAL EQUIPMENT	Covered at 50%
DIABETIC SUPPLIES	Diabetic supplies (blood glucose testing strips, disposable needles and syringes) and insulin are subject to the brand name (tier 2 formulary) or with prior authorization non-formulary (tier 3) copays/coinsurance. Brand name copay is $50 and non-formulary is 50% retail. $250/script max
INJECTABLES	Office based injectable medication (per dose) Covered at 100%. Self injectable drugs (up to a 30 day prescription) 30% coinsurance & $250/script max
SKILLED NURSING FACILITY	$1,000 copay* + 25% coinsurance (until OOPM is met). Limit 100 days calendar year
MENTAL HEALTH	
Inpatient	$1,000 copay* + 25% coinsurance (until OOPM is met). Partial hospitalization 100% covered
Outpatient	$35 copay per visit, unlimited visits for severe and non-severe. Severe and non-severe group therapy covered at $17.50 copay per visit
SUBSTANCE ABUSE	
Inpatient	$1,000 copay* + 25% coinsurance (until OOPM is met). Partial hospitalization 100% covered
Outpatient	$35 copay per visit, unlimited visits/ $17.50 per group therapy visit
PRESCRIPTIONS	
Retail	$10 generic, $50 brand name. Tier 3 coverage for medically necessary only. Prior authorization and step therapy applies. 50% non-formulary copay per prescription with $250 per script max.
Mail-Order	$20 generic, $100 brand name. Tier 3 coverage for medically necessary only. Prior authorization and step therapy applies. 50% non-formulary copay per prescription with $750 per script max.
Other Medical Services	
Physical Therapy	$35 copay per visit
Private Duty Nursing	Not Covered
Prosthetics	Covered at 100%; guidelines apply
Home Health Care	$35 copay per visit beginning the 31st calendar day after the first visit
Vision Exams	$35 copay per visit. 100% if preventive
Hearing Exams	$35 copay per visit. 100% if preventive
Chiropractic Services	$15 copay/20 visits per calendar year. Chiropractic service is administered by American Specialty Health
TMJ	$35 copay PCP/$75 copay specialist
Organ Transplants	Professional services are covered 100%, inpatient copay will apply
The following applies to the out-of-pocket maximum	All covered cost sharing applies to the Out-of-Pocket Maximum
State and Federal Mandates	Walmart's intent is that the plan will be in compliance with all applicable federal and state mandates

* The $1,000 copayment is combined with Inpatient Hospital, Outpatient Surgery, Inpatient Maternity Care, Skilled Nursing Facility, Inpatient Mental Health, detoxification, and is required once each calendar year. 25% coinsurance will continue to apply until the Out-of-Pocket maximum is satisfied