

PureCare Platinum 90 HSP 0/15

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Evidence of Coverage (EOC) should be consulted for a detailed description of coverage benefits and limitations.

Unless otherwise noted, the deductible applies.

Benefit description	Platinum 90 HSP 0/15
Unlimited lifetime maximum	✓
Plan maximums	
Calendar year deductible (single / family)	N/A
Out-of-pocket maximum (single / family)	\$4,500 / \$9,000
Professional services¹	
Office visit	\$15
Specialist visit	\$30
Telehealth services through Teladoc ²	\$0
Rehabilitation and habilitation therapy	\$15
X-ray / Laboratory procedures	\$30 / \$15
Complex radiology services (MRI, CT, PET)	10%
Outpatient services	
Outpatient surgery (ambulatory surgery center / hospital)	10% / 10%
Hospital services	
Inpatient hospital	10%
Skilled nursing facility	10%
Emergency services	
Emergency room (copay waived if admitted)	\$150
Urgent care	\$15
Mental/Behavioral health / Substance use disorder services⁴	
Mental/Behavioral health / Substance use disorder (inpatient)	10%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15
Other services	
Durable medical equipment	10%
Acupuncture (medically necessary) ⁵	\$15
Prescription drug coverage^{7,8}	
Brand-name calendar year deductible (single / family)	N/A
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁶ (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$15 / \$25
Tier 4 Specialty drugs ⁹	10%
Pediatric dental¹⁰	
Diagnostic and preventive services	\$0
Pediatric vision¹¹	
Routine eye exam	\$0
Glasses (limitations apply)	\$0