

HMO Platinum \$0

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$3,300 / \$6,600
Professional services	
PCP office visit	\$0
Specialist office visit	\$0
Preventive care services ¹	\$0
Telehealth services through Health Net's Select Telehealth Service Provider ²	\$0
MinuteClinic ³	\$5
Rehabilitation therapy	\$0
X-ray procedures	\$0
Laboratory procedures	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$275
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$200 / \$500
Inpatient hospital	\$500/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$0
Emergency room facility	\$275
Ambulance (ground and air)	\$275
Mental health and substance use disorder services	
Outpatient office visit	\$0
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$500/day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$0 / \$30 / \$50
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0