

# HMO Silver \$55

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
<b>Plan maximums</b>	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$9,100 / \$18,200
<b>Professional services</b>	
PCP office visit	\$55
Specialist office visit	\$75
Preventive care services <sup>1</sup>	\$0
Telehealth services through Babylon <sup>2</sup>	\$0
MinuteClinic <sup>3</sup>	\$30
Rehabilitation therapy	\$55
X-ray procedures	\$55
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$325
<b>Facility services</b>	
Outpatient surgery (ambulatory surgery center / hospital)	40% / 50%
Inpatient hospital	50%
Skilled nursing facility	\$25/day
<b>Emergency services</b>	
Urgent care services	\$75
Emergency room facility	50%
Ambulance (ground and air)	50%
<b>Mental health and substance use disorder services</b>	
Outpatient office visit	\$55
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	50%
<b>Other services</b>	
Durable medical equipment	50%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
<b>Prescription drug coverage</b>	
Prescription drug deductible (individual / family)	\$750 / \$1,500
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>4</sup>	\$20 ded waived / 50% ded applies / 50% ded applies
Tier 4 Specialty drugs <sup>5</sup>	50% ded applies
<b>Pediatric dental</b>	
Diagnostic and preventive services	\$0
<b>Pediatric vision</b>	
Routine eye exam	\$0
Glasses	\$0

## HMO Footnotes

<sup>1</sup>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).

<sup>2</sup>Listed cost share is for services provided through Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>3</sup> MinuteClinics are not located in all California counties. Refer to [www.minuteclinic.com](http://www.minuteclinic.com) for the most up-to-date locations.

<sup>4</sup>The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website.

<sup>5</sup> Tier 4 drugs when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.