

# 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)	\$9,450 / \$18,900
<b>Professional services</b>	
PCP office visit	\$55
Specialist office visit	\$90
Preventive care services <sup>1</sup>	\$0
Telehealth services through Health Net's Select Telehealth Service Provider <sup>2</sup>	\$0
MinuteClinic <sup>3</sup>	\$30
Rehabilitation therapy	\$55
X-ray procedures	\$60
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$400
<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	\$55
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	\$15
Chiropractic services	\$15 (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