

HMO Gold \$50

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)	\$7,500 / \$15,000
Professional services	
PCP office visit	\$50
Specialist office visit	\$70
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$50
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$325
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$520 / \$1,300
Inpatient hospital	\$900/day up to 5 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$70
Emergency room facility	\$325
Ambulance (ground and air)	\$325
Mental health and substance use disorder services	
Outpatient office visit	\$50
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$900/day up to 5 days
Other services	
Durable medical equipment	40%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$450 / \$900
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$15 ded waived / \$50 ded applies / \$70 ded applies
Tier 4 Specialty drugs ⁵	40% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Footnotes

¹Preventive 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).

²Listed 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.

³ MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.

⁴The 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.

⁵ 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.