

HMO Platinum \$10

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) | \$2,100 / \$4,200 |
| Professional services | |
| PCP office visit | \$10 |
| Specialist office visit | \$30 |
| Preventive care services ¹ | \$0 |
| Telehealth services through Health Net's Select Telehealth Service Provider ² | \$0 |
| MinuteClinic ³ | \$10 |
| Rehabilitation therapy | \$10 |
| X-ray procedures | \$20 |
| Laboratory procedures | \$20 |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) | \$150 |
| Facility services | |
| Outpatient surgery (ambulatory surgery center / hospital) | \$60 / \$150 |
| Inpatient hospital | \$250/day up to 3 days |
| Skilled nursing facility | \$25/day |
| Emergency services | |
| Urgent care services | \$10 |
| Emergency room facility | \$150 |
| Ambulance (ground and air) | \$150 |
| Mental health and substance use disorder services | |
| Outpatient office visit | \$10 |
| Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs) | \$0 |
| Inpatient | \$250/day up to 3 days |
| Other services | |
| Durable medical equipment | 10% |
| 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 | \$5 / \$30 / \$50 |
| Tier 4 Specialty drugs ⁵ | 30% |
| Pediatric dental | |
| Diagnostic and preventive services | \$0 |
| Pediatric vision | |
| Routine eye exam | \$0 |
| Glasses | \$0 |