

HMO Platinum \$20

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) | \$2,500 / \$5,000 |
| Professional services | |
| PCP office visit | \$20 |
| Specialist office visit | \$40 |
| Preventive care services ¹ | \$0 |
| Telehealth services through Babylon ² | \$0 |
| MinuteClinic ³ | \$20 |
| Rehabilitation therapy | \$20 |
| X-ray procedures | \$20 |
| Laboratory procedures | \$20 |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) | \$200 |
| Facility services | |
| Outpatient surgery (ambulatory surgery center / hospital) | \$200 / \$500 |
| Inpatient hospital | \$350/day up to 3 days |
| Skilled nursing facility | \$25/day |
| Emergency services | |
| Urgent care services | \$40 |
| Emergency room facility | \$200 |
| Ambulance (ground and air) | \$200 |
| Mental health and substance use disorder services | |
| Outpatient office visit | \$20 |
| Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs) | \$0 |
| Inpatient | \$350/day up to 3 days |
| Other services | |
| Durable medical equipment | 20% |
| Acupuncture services | \$10 |
| Chiropractic services | \$10 (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 |

HMO Footnotes

¹ 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).

² 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.

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

⁴ 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.

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.