

HMO Gold \$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
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$8,500 / \$17,000
Professional services	
PCP office visit	\$55
Specialist office visit	\$75
Preventive care services ¹	\$0
Telehealth services through Health Net's Select Telehealth Service Provider ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$55
X-ray procedures	\$60
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$350
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	\$55
Emergency room facility	\$350
Ambulance (ground and air)	\$350
Mental health and substance use disorder services	
Outpatient office visit	\$55
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	\$15
Chiropractic services	\$15 (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