

# Plan Overview

SALUD HMO Y MÁS  
10/250a (\$1,500 / \$3,000)

| Benefit description  | Member responsibility                       |  |
|--|---|--|
|  | HEALTH NET SALUD NETWORK (CA)               | SIMNSA NETWORK (MEXICO MEMBERS; SELF-REFERRAL FOR CA MEMBERS) <sup>1</sup> |
| <b>Plan maximums</b><br>Out-of-pocket maximum (combined with Rx) (Individual / Family) <sup>2</sup>  | \$1,500 / \$3,000                           | \$1,500 / \$4,500  |
| <b>Facility deductible</b><br>Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family) | N/A / N/A                                   | N/A / N/A  |
| <b>Professional services</b>   |   |  |
| PCP Office visit <sup>3</sup>  | \$10  | \$5  |
| Specialist Office visit <sup>3</sup>   | \$30  | \$5  |
| Preventive care services <sup>3</sup>  | \$0   | \$0  |
| Telehealth services through the Select Telehealth Services Provider <sup>4</sup>   | \$0   | Not Covered  |
| MinuteClinic <sup>3</sup>  | \$10  | Not Covered  |
| Rehabilitation therapy <sup>5</sup>  | \$10  | \$5  |
| X-ray procedures <sup>3</sup>  | \$0   | \$0  |
| Laboratory procedures <sup>3</sup>   | \$0   | \$0  |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)  | \$100                                       | \$0  |
| <b>Facility services</b>   |   |  |
| Outpatient services (hospital)   | \$250 per admit                             | \$0  |
| Outpatient services (ambulatory surgery center)  | \$100 per admit                             | \$0  |
| Inpatient hospital   | \$250 per admit                             | \$0  |
| Skilled nursing facility (100 day maximum)   | Days 1-10: \$0<br>Days 11-100: \$25 per day | \$0  |
| <b>Emergency services</b>  |   |  |
| Urgent care services   | \$30  | \$10   |
| Emergency room facility  | \$100                                       | \$10   |
| Ambulance services (ground and air)  | \$100                                       | \$0 (air ambulance not covered)  |
| <b>Mental health and substance use disorder services</b>   |   |  |
| Outpatient office visit  | \$10  | \$5  |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)  | \$0   | \$0  |
| Inpatient  | \$250 per admit                             | \$0  |
| <b>Other services</b>  |   |  |
| Durable medical equipment <sup>3</sup>   | \$0   | \$0  |
| Diabetic equipment   | \$0   | \$0  |
| Acupuncture services <sup>6</sup>  | Rider available                             | Not covered  |
| Chiropractic services <sup>6</sup>   | Rider available                             | Not covered  |

(Continued)

<sup>1</sup>Out-of-network providers, facilities or pharmacies in Mexico (other than those in the SIMNSA Network) are not covered by this plan.

<sup>2</sup>The OOPM is combined for the Health Net Salud network in California and the SIMNSA network in Mexico.

<sup>3</sup>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).

<sup>4</sup>Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>5</sup>Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

<sup>6</sup>Chiropractic and/or Acupuncture rider coverage is available as an optional benefit in all Salud HMO y Mas plans.

### [Health Net's Nondiscrimination Notice](#)

**This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Certificate of Insurance for all terms and conditions of coverage.**

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