

Plan Overview

SALUD HMO Y MÁS
40/1500d (\$6,500 / \$13,000)

Benefit description	Member responsibility	
	HEALTH NET SALUD NETWORK (CA)	SIMNSA NETWORK (MEXICO MEMBERS; SELF-REFERRAL FOR CA MEMBERS) ¹
Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family) ²	\$6,500 / \$13,000	\$1,500 / \$4,500
Facility deductible 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
Professional services		
PCP Office visit ³	\$40	\$5
Specialist Office visit ³	\$60	\$5
Preventive care services ³	\$0	\$0
Telehealth services through the Select Telehealth Services Provider ⁴	\$0	Not Covered
MinuteClinic ³	\$40	Not Covered
Rehabilitation therapy ⁵	\$40	\$5
X-ray procedures ³	\$20	\$0
Laboratory procedures ³	\$20	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30%	\$0
Facility services		
Outpatient services (hospital)	50%	\$0
Outpatient services (ambulatory surgery center)	40%	\$0
Inpatient hospital	\$1,500 per day, \$4,500 max per admit	\$0
Skilled nursing facility (100 day maximum)	Days 1-10: \$0 Days 11-100: \$25 per day	\$0
Emergency services		
Urgent care services	\$60	\$10
Emergency room facility	30%	\$10
Ambulance services (ground and air)	\$300	\$0 (air ambulance not covered)
Mental health and substance use disorder services		
Outpatient office visit	\$40	\$5
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0	\$0
Inpatient	\$1,500 per day, \$4,500 max per admit	\$0
Other services		
Durable medical equipment ³	\$0	\$0
Diabetic equipment	\$0	\$0
Acupuncture services ⁶	Rider available	Not covered
Chiropractic services ⁶	Rider available	Not covered

(Continued)

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

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

³Preventive 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).

⁴Listed 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.

⁵Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁶Chiropractic 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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