

Plan Overview

SALUD HMO Y MÁS
40/500d (\$4,500 / \$9,000)

| 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 | \$4,500 / \$9,000 | \$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) | \$100 | \$0 |
| Facility services | | |
| Outpatient services (hospital) | \$500 per admit | \$0 |
| Outpatient services (ambulatory surgery center) | \$200 per admit | \$0 |
| Inpatient hospital | \$500 per day, \$1,500 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 | \$100 | \$10 |
| Ambulance services (ground and air) | \$100 | \$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 | \$500 per day, \$1,500 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.

HMO, EOA, POS, PPO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.