

Plan Overview

SALUD HMO Y MÁS

25/750/20% (\$3,500 / \$10,500)

| 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 | \$3,500 / \$10,500 | \$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) | \$750 / \$1,500 | N/A / N/A |
| Professional services | | |
| PCP Office visit ³ | \$25 deductible waived | \$5 |
| Specialist Office visit ³ | \$45 deductible waived | \$5 |
| Preventive care services ³ | \$0 deductible waived | \$0 |
| Telehealth services through the Select Telehealth Services Provider ⁴ | \$0 deductible waived | Not Covered |
| MinuteClinic ³ | \$25 deductible waived | Not Covered |
| Rehabilitation therapy ⁵ | \$25 deductible waived | \$5 |
| X-ray procedures ³ | \$15 deductible waived | \$0 |
| Laboratory procedures ³ | \$15 deductible waived | \$0 |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI) | \$100 deductible waived | \$0 |
| Facility services | | |
| Outpatient services (hospital) | 20% deductible applies | \$0 |
| Outpatient services (ambulatory surgery center) | 10% deductible applies | \$0 |
| Inpatient hospital | 20% deductible applies | \$0 |
| Skilled nursing facility (100 day maximum) | 20% deductible applies | \$0 |
| Emergency services | | |
| Urgent care services | \$45 deductible waived | \$10 |
| Emergency room facility | \$100 deductible applies | \$10 |
| Ambulance services (ground and air) | \$100 deductible waived | \$0 (air ambulance not covered) |
| Mental health and substance use disorder services | | |
| Outpatient office visit | \$25 deductible waived | \$5 |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | \$0 deductible waived | \$0 |
| Inpatient | 20% deductible applies | \$0 |
| Other services | | |
| Durable medical equipment ³ | \$0 deductible waived | \$0 |
| Diabetic equipment | \$0 deductible waived | \$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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