

LARGE GROUP

# Plan Overview

60/4000/40% (\$8,550 / \$17,100)

SALUD HMO Y MÁS

| 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) <sup>2</sup>   | \$4,000 Individual / \$8,000 Family  | N/A   |
| <b>Facility deductible</b><br>Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only | \$8,550 Individual / \$17,100 Family | \$1,500 Individual / \$4,500 Family   |
| <b>Professional services</b><br>Office visit (PCP) <sup>3</sup>   | \$60                                 | \$5   |
| Office visit (Specialist) <sup>3</sup>  | \$80                                 | \$5   |
| Preventive care services <sup>3,4</sup>   | \$0                                  | \$0   |
| Telehealth services through preferred vendor <sup>5</sup>   | \$0                                  | Not Covered   |
| MinuteClinic <sup>3,4</sup>   | \$40                                 | Not Covered   |
| X-ray and laboratory procedures <sup>3</sup>  | \$30 (ded waived)                    | \$0   |
| Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)  | \$100 (ded waived)                   | \$0   |
| Rehabilitation therapy  | \$60 (ded waived)                    | \$5   |
| Self-injectables  | Covered under the pharmacy benefit   | \$5   |
| <b>Hospital services</b><br>Inpatient care (includes maternity)   | 40%                                  | \$0   |
| Outpatient services (other than surgery)  | 40%                                  | \$0   |
| Outpatient surgery (hospital)   | 40%                                  | \$0   |
| Outpatient surgery (ambulatory surgery center)  | 30%                                  | \$0   |
| Skilled nursing facility (100 day maximum)  | 40%                                  | \$0   |
| <b>Emergency services</b><br>Emergency room facility (copayment waived if admitted)   | \$100                                | \$10  |
| Urgent care facility  | \$80 (ded waived)                    | \$10  |
| Ambulance services (ground and air)   | \$100 (ded waived)                   | \$0 (air ambulance not covered)   |
| <b>Mental health and substance use disorder services<sup>6</sup></b><br>Outpatient consultation   | \$60                                 | \$5   |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)   | \$0                                  | \$0   |
| Inpatient (includes detoxification)   | 40%                                  | \$0   |
| <b>Other services</b><br>Durable medical equipment <sup>3</sup>   | 50% (ded waived)                     | \$0   |
| Orthotics and prosthetics   | 50% (ded waived)                     | \$0   |
| Diabetic equipment  | 40% (ded waived)                     | \$0   |
| Acupuncture <sup>7</sup>  | Optional rider available             | Not Covered   |
| Chiropractic services <sup>7</sup>  | Optional 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 SIMNSA networks in Mexico and California.

<sup>3</sup>Preventive care services for women include: female contraceptive services, devices and supplies, female family planning, female preventive sterilizations, screening for gestational diabetes, domestic violence, anxiety and HIV, breast feeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives and breastfeeding support.

<sup>4</sup>Preventive care: Includes annual preventive physical, preventive vision/hearing screenings, newborn and well-child care, well-woman exams, preventive lab, and X-ray services.

<sup>5</sup>Listed cost share is for services provided through preferred vendor; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>6</sup>All mental health and substance use disorder services are administered by MHN Services on behalf of Health Net. The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa and serious emotional disturbances of children (SED).

<sup>7</sup>Chiropractic and/or Acupuncture rider coverage is available as an optional benefit in all Salud HMO y Mas plans.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage. Salud HMO y Mas plans offered by Health Net of California, Inc. Managed Health Network, LLC (MHN) is a subsidiary of Health Net, LLC. The MHN family of companies includes Managed Health Network (CA) and MHN Services, LLC. Managed Health Network is a registered service mark of Managed Health Network, LLC. Health Net of California, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

## Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

### HEALTH NET:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at **1-800-522-0088 (TTY: 711)**

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or [Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at [www.dmhc.ca.gov/FileaComplaint](http://www.dmhc.ca.gov/FileaComplaint).

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**English**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call **1-800-522-0088** (TTY: 711).

**Arabic**

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) **1-800-522-0088**

**Armenian**

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք **1-800-522-0088** (TTY: 711).

**Chinese**

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 **1-800-522-0088** (TTY: 711)。

**Hindi**

बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या **1-800-522-0088** (TTY: 711)।

**Hmong**

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu **1-800-522-0088** (TTY: 711).

**Japanese**

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、**1-800-522-0088**、(TTY: 711)。

**Khmer**

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន **1-800-522-0088** (TTY: 711)។

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 **1-800-522-0088** (TTY: 711).

**Navajo**

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halné'ígíí hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dółzinígíí bikáa'gi béésh bee hane'í bikáá' áají' hodíílnih éí doodaii' **1-800-522-0088** (TTY: 711).

**Persian (Farsi)**

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی **1-800-522-0088** (TTY: 711).

**Panjabi (Punjabi)**

ਬਨਿੰ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

**Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

**Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

**Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

**Vietnamese**

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).