

# Plan Overview

SALUD HMO Y MÁS  
30/1000/20% (\$3,500 / \$10,500)

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>		
Out-of-pocket maximum (combined with Rx) (Individual / Family) <sup>2</sup>	\$3,500 / \$10,500	\$1,500 / \$4,500
<b>Facility deductible</b>		
Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family)	\$1,000 / \$2,000	N/A / N/A
<b>Professional services</b>		
PCP Office visit <sup>3</sup>	\$30 deductible waived	\$5
Specialist Office visit <sup>3</sup>	\$50 deductible waived	\$5
Preventive care services <sup>3</sup>	\$0 deductible waived	\$0
Telehealth services through the Select Telehealth Services Provider <sup>4</sup>	\$0 deductible waived	Not Covered
MinuteClinic <sup>3</sup>	\$30 deductible waived	Not Covered
Rehabilitation therapy <sup>5</sup>	\$30 deductible waived	\$5
X-ray procedures <sup>3</sup>	\$0 deductible waived	\$0
Laboratory procedures <sup>3</sup>	\$0 deductible waived	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$100 deductible waived	\$0
<b>Facility services</b>		
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
<b>Emergency services</b>		
Urgent care services	\$50 deductible waived	\$10
Emergency room facility	\$100 deductible applies	\$10
Ambulance services (ground and air)	\$100 deductible waived	\$0 (air ambulance not covered)
<b>Mental health and substance use disorder services</b>		
Outpatient office visit	\$30 deductible waived	\$5
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0 deductible waived	\$0
Inpatient	20% deductible applies	\$0
<b>Other services</b>		
Durable medical equipment <sup>3</sup>	\$0 deductible waived	\$0
Diabetic equipment	\$0 deductible waived	\$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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