

Plan Overview

5/0 (\$1,500/\$4,500)

SALUD MEXICO

Benefit description	Member responsibility
	SIMNSA NETWORK Salud Mexico Benefits are only available when utilizing SIMNSA providers in Mexico.
Plan maximums	
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$1,500 / \$4,500
Professional services	
PCP Office visit ¹	\$5
Specialist Office visit ¹	\$5
Preventive care services ¹	\$0
Telehealth services through the Select Telehealth Services Provider	Not Covered
Rehabilitation therapy ²	\$5
X-ray procedures ¹	\$0
Laboratory procedures ¹	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$0
Facility services	
Outpatient services (hospital)	\$0
Outpatient services (ambulatory surgery center)	\$0
Inpatient hospital	\$0
Skilled nursing facility (100 day maximum)	\$0
Emergency services	
Urgent care services	\$10 for medical services; \$5 for behavioral health, chemical dependency, or substance use disorders
Emergency room facility	\$10 (A \$50 copayment is required if services are provided in the United States or outside of the SIMNSA Network in Mexico.)
Ambulance services (ground and air)	\$0
Mental health and substance use disorder services	
Outpatient office visit	\$5
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0
Inpatient	\$0
Other services	
Durable medical equipment ¹	\$0
Diabetic equipment	\$0
Acupuncture services	Not covered
Chiropractic services	Not covered
Drugs dispensed by SIMNSA	\$5

¹Preventive 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).

²Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

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.

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