Plan Overview

Salud HMO y Mas Platinum 10 (B7M)

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE (EOC) SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Benefit description	*Member(s) responsibility*	
	Salud Network (California members)	**SIMNSA Network (Mexico members; self-referral for California members)[1]**
Unlimited lifetime maximum.		
Plan maximums Out-of-pocket maximum[2]	$2,500 single / $5,000 family	$1,500 single / $4,500 family
Professional services Office visit copay	$10	$5
Specialist visit	$35	$5
Preventive care services[3]	$0	$0
CVS MinuteClinic physician visit[4]	$10	N/A
X-ray / Laboratory procedures	$15	$0
Rehabilitation and habilitation therapy	$10	$5
Outpatient services Outpatient surgery (includes facility fee and physician/surgeon fees)	$200 hospital / $80 ASC	$0 hospital/ $0 ASC
Hospital services Inpatient hospital stay (includes maternity)	$250 per admission	$0
Skilled nursing facility	$10 per day	$0
Emergency services Emergency room (copayment waived if admitted)	$100	$10
Urgent care	$50	$10
Ambulance services (ground and air)	$50	$0
Mental/Behavioral health/Substance use disorder services Mental/Behavioral health/Substance use disorder (inpatient)	$250 per admission[5]	$0 [6]
Mental/Behavioral health/Substance use disorder office visit (outpatient)	$10 [5]	$5 [6]
Home health care services (100 visits per calendar year)	$10	Not covered
Other services Durable medical equipment	10%	0%
Acupuncture (medically necessary)	$10	Not covered
Chiropractic services	Not covered	Not covered
Self-injectables[7,8](other than insulin)	10%	0%
Prescription drug coverage[9,10] Brand-name calendar year deductible[7] (per member)	None	None
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)	$5 / $15 / $20	$5
Specialty drug[11]	10%	0%
Pediatric dental[12] Diagnostic and preventive services	$0	Not covered
Pediatric vision[13] Routine eye exam	$0	Not covered
Glasses (limitations apply)	1 pair per year	Not covered

This plan is pending approval with the Department of Managed Health Care (DMHC).

[1]In Mexico all providers, facilities and pharmacies must belong to the SIMNSA network, except for emergency services.

[2]The OOPM is combined for the SIMNSA network in Mexico and the Salud network in California.

[3]Preventive care services are covered for children and adults, as directed by your physician, based on the 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). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

[4]MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.

[5]Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.

[6]Mental health and substance abuse services must be provided by a SIMNSA provider.

[7]The pharmacy deductible applies to brand-name specialty drugs, except for self-injectable drugs.

[8]Self-injectable drugs (other than insulin) are considered Specialty Drugs, which require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Please refer to the plan's EOC for additional information.

[9]The three prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary.

The brand-name prescription drug deductible (per member, per calendar year) must be paid before Health Net begins to pay for brand-name prescription drugs.

[10]Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member, and are not subject to the deductible. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

[11]Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

[12]Dental plans are offered and administered by Dental Benefit Providers of California, Inc., (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

[13]Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.