Large Group

Plan Overview

SALUD HMO Y MÁS
40/30% ($3,500 / $7,000)

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 / $7,000	$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)	N/A / N/A	N/A / N/A
Professional services PCP Office visit[3]	$40	$5
Specialist Office visit[3]	$60	$5
Preventive care services[3]	$0	$0
Telehealth services through the Select Telehealth Services Provider[4]	$0	Not Covered
MinuteClinic[3]	$40	Not Covered
Rehabilitation therapy[5]	$40	$5
X-ray procedures[3]	$20	$0
Laboratory procedures[3]	$20	$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	$100	$0
Facility services Outpatient services (hospital)	30%	$0
Outpatient services (ambulatory surgery center)	20%	$0
Inpatient hospital	30%	$0
Skilled nursing facility (100 day maximum)	Days 1-10: $0 Days 11-100: $25 per day	$0
Emergency services Urgent care services	$40	$10
Emergency room facility	$200	$10
Ambulance services (ground and air)	$200	$0 (air ambulance not covered)
Mental health and substance use disorder services Outpatient office visit	$40	$5
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	$0	$0
Inpatient	30%	$0
Other services Durable medical equipment[3]	$0	$0
Diabetic equipment	$0	$0
Acupuncture services[6]	Rider available	Not covered
Chiropractic services[6]	Rider available	Not covered

(Continued)

[1]Out-of-network providers, facilities or pharmacies in Mexico (other than those in the SIMNSA Network) are not covered by this plan.

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

[3]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).

[4]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.

[5]Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

[6]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.

1/2024