

# HMO Gold \$35

Available with the following networks: Full Network HMO, Wholecare HMO, Smartcare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

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	Gold \$35
<b>Unlimited lifetime maximum</b>	✓
<b>Plan maximums</b>	
Calendar year deductible (single / family)	N/A
Out-of-pocket maximum (single / family)	\$6,000 / \$12,000
<b>Professional services<sup>1</sup></b>	
Office visit copay	\$35
Specialist visit	\$55
Telehealth services through Teladoc <sup>2</sup>	\$0
MinuteClinic <sup>3</sup>	\$30
Rehabilitation and habilitation therapy	\$35
X-ray / Laboratory procedures	\$50 / \$40
<b>Complex radiology services</b> (MRI, CT, PET)	\$300
<b>Outpatient services</b>	
Outpatient surgery (ambulatory surgery center / hospital)	\$480 / \$1,200
<b>Hospital services</b>	
Inpatient hospital	\$750 per day (3 day max copayment per admission)
Skilled nursing facility	\$25 per day
<b>Emergency services</b>	
Emergency room (copay waived if admitted)	\$300
Urgent care	\$55
<b>Mental/Behavioral health / Substance use disorder services<sup>4</sup></b>	
Mental/Behavioral health / Substance use disorder (inpatient)	\$750 per day (3 day max copayment per admission)
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$35
<b>Other services</b>	
Durable medical equipment	30%
Acupuncture (medically necessary) <sup>5</sup>	\$10
<b>Prescription drug coverage<sup>7,8</sup></b>	
Prescription drug deductible (single / family)	\$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>6</sup> (up to a 30-day supply obtained through a participating pharmacy)	\$15 / \$50 / \$70
Tier 4 Specialty drugs <sup>9</sup>	30%
<b>Pediatric dental<sup>10</sup></b>	
Diagnostic and preventive services	\$0
<b>Pediatric vision<sup>11</sup></b>	
Routine eye exam	\$0
Glasses (limitations apply)	\$0

Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. and Managed Health Network, LLC (MHN) are subsidiaries 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 is a registered service mark of Health Net, LLC. All rights reserved.

# Salud HMO y Más – SIMNSA network

SIMNSA NETWORK BENEFITS ARE AVAILABLE WITH ANY OF THE SALUD HMO Y MÁS PLANS.

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

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	SIMNSA <sup>12</sup>
<b>Unlimited lifetime maximum</b>	✓
<b>Plan maximums</b>	
Calendar year deductible (single / family)	N/A
Out-of-pocket maximum (single / family)	\$1,500 / \$4,500 <sup>13</sup>
<b>Professional services<sup>1</sup></b>	
Office visit copay	\$5
Specialist visit	\$5
Telehealth services through Teladoc <sup>2</sup>	Not covered
MinuteClinic <sup>3</sup>	Not covered
Rehabilitation and habilitation therapy	\$5
X-ray / Laboratory procedures	\$0 / \$0
<b>Complex radiology services</b> (MRI, CT, PET)	\$0
<b>Outpatient services</b>	
Outpatient surgery (ambulatory surgery center / hospital)	\$0 / \$0
<b>Hospital services</b>	
Inpatient hospital	\$0
Skilled nursing facility	\$0
<b>Emergency services</b>	
Emergency room (copay waived if admitted)	\$10
Urgent care	\$10
<b>Mental/Behavioral health / Substance use disorder services<sup>4</sup></b>	
Mental/Behavioral health / Substance use disorder (inpatient)	\$0 <sup>14</sup>
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$5
<b>Other services</b>	
Durable medical equipment	\$0
Acupuncture (medically necessary) <sup>5</sup>	Not covered
<b>Prescription drug coverage<sup>7,8</sup></b>	
Prescription drug deductible (single / family)	\$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>6</sup> (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$5 / \$5
Tier 4 Specialty drugs <sup>9</sup>	\$5
<b>Pediatric dental<sup>10</sup></b>	
Diagnostic and preventive services	Not covered
<b>Pediatric vision<sup>11</sup></b>	
Routine eye exam	Not covered
Glasses (limitations apply)	Not covered

Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. and Managed Health Network, LLC (MHN) are subsidiaries 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 is a registered service mark of Health Net, LLC. All rights reserved.