HMO Gold $40

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 $40
Unlimited lifetime maximum	✔
Plan maximums Calendar year deductible (single / family)	N/A
Out-of-pocket maximum (single / family)	$6,500 / $13,000
Professional services[1] Office visit copay	$40
Specialist visit	$60
Telehealth services through Teladoc[2]	$0
MinuteClinic[3]	$30
Rehabilitation and habilitation therapy	$40
X-ray / Laboratory procedures	$40 / $40
Complex radiology services (MRI, CT, PET)	$300
Outpatient services Outpatient surgery (ambulatory surgery center / hospital)	$440 / $1,100
Hospital services Inpatient hospital	$750 per day (3 day max copayment per admission)
Skilled nursing facility	$25 per day
Emergency services Emergency room (copay waived if admitted)	$300
Urgent care	$60
Mental/Behavioral health / Substance use disorder services[4] 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)	$40
Other services Durable medical equipment	40%
Acupuncture (medically necessary)[5]	$10
Prescription drug coverage[7,8] Prescription drug deductible (single / family)	$0
Prescription drugs Tier 1 / Tier 2 / Tier 3[6] (up to a 30-day supply obtained through a participating pharmacy)	$15 / $50 / $70
Tier 4 Specialty drugs[9]	30%
Pediatric dental[10] Diagnostic and preventive services	$0
Pediatric vision[11] Routine eye exam	$0
Glasses (limitations apply)	$0

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

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