

# HMO Gold \$50

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 \$50
<b>Unlimited lifetime maximum</b>	✓
<b>Plan maximums</b>	
Calendar year deductible (single / family)	N/A
Out-of-pocket maximum (single / family)	\$7,000 / \$14,000
<b>Professional services<sup>1</sup></b>	
Office visit copay	\$50
Specialist visit	\$70
Telehealth services through Teladoc <sup>2</sup>	\$0
MinuteClinic <sup>3</sup>	\$30
Rehabilitation and habilitation therapy	\$50
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 (4 day max copayment per admission)
Skilled nursing facility	\$25 per day
<b>Emergency services</b>	
Emergency room (copay waived if admitted)	\$300
Urgent care	\$70
<b>Mental/Behavioral health / Substance use disorder services<sup>4</sup></b>	
Mental/Behavioral health / Substance use disorder (inpatient)	\$750 per day (4 day max copayment per admission)
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$50
<b>Other services</b>	
Durable medical equipment	40%
Acupuncture (medically necessary) <sup>5</sup>	\$10
<b>Prescription drug coverage<sup>7,8</sup></b>	
Prescription drug deductible (single / family)	\$200 / \$400
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>6</sup> (up to a 30-day supply obtained through a participating pharmacy)	\$15 (ded. waived) / \$50 / \$70
Tier 4 Specialty drugs <sup>9</sup>	40%
<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

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# Salud HMO y Más – SIMNSA network

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

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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

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