

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
Unlimited lifetime maximum	✓
Plan maximums	
Calendar year deductible (single / family)	N/A
Out-of-pocket maximum (single / family)	\$7,000 / \$14,000
Professional services¹	
Office visit copay	\$50
Specialist visit	\$70
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation and habilitation therapy	\$50
X-ray / Laboratory procedures	\$50 / \$40
Complex radiology services (MRI, CT, PET)	\$300
Outpatient services	
Outpatient surgery (ambulatory surgery center / hospital)	\$520 / \$1,300
Hospital services	
Inpatient hospital	\$850 per day (5 day max copayment per admission)
Skilled nursing facility	\$25 per day
Emergency services	
Emergency room (copay waived if admitted)	\$300
Urgent care	\$70
Mental/Behavioral health / Substance use disorder services⁴	
Mental/Behavioral health / Substance use disorder (inpatient)	\$750 per day (5 day max copayment per admission)
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$50
Other services	
Durable medical equipment	40%
Acupuncture (medically necessary) ⁵	\$10
Prescription drug coverage^{7,8}	
Prescription drug deductible (single / family)	\$450 / \$900
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁶ (up to a 30-day supply obtained through a participating pharmacy)	\$15 (ded. waived) / \$50 / \$70
Tier 4 Specialty drugs ⁹	40%
Pediatric dental¹⁰	
Diagnostic and preventive services	\$0
Pediatric vision¹¹	
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 only with the Salud HMO y Mas network. The SIMNSA tier benefits are the same regardless of which Salud HMO y Mas plan design is selected.

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 services¹	
Office visit copay	\$5
Specialist visit	\$5
Telehealth services through Babylon 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 services⁴	
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)	N/A
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 dental¹⁰	
Diagnostic and preventive services	Not covered
Pediatric vision¹¹	
Routine eye exam	Not covered
Glasses (limitations apply)	Not covered

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