



Salud HMO y Más – SIMNSA network

AVAILABLE ONLY WITH THE SALUD HMO Y MÁS NETWORK. THE SIMNSA TIER BENEFITS ARE THE SAME REGARDLESS OF WHICH SALUD HMO Y MÁS PLAN DESIGN IS SELECTED.

Benefit description ¹	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family) ²	\$1,500 / \$4,500
Professional services	
PCP office visit	\$5
Specialist office visit	\$5
Preventive care services ³	\$0
Telehealth services through Babylon ⁴	Not Covered
MinuteClinic ⁵	Not Covered
Rehabilitation therapy	\$5
X-ray procedures	\$0
Laboratory procedures	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$0
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$0 / \$0
Inpatient hospital	\$0
Skilled nursing facility	\$0
Emergency services	
Urgent care services	\$10
Emergency room facility	\$10
Ambulance (Only ground ambulance is covered under SIMNSA)	Ground: \$0 / Air: Not Covered
Mental health and substance use disorder services	
Outpatient office visit	\$5
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$0
Other services	
Durable medical equipment	\$0
Acupuncture services	Not Covered
Chiropractic services	Not Covered
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁶	\$5 / \$5 / \$5
Tier 4 Specialty drugs ⁷	\$5
Pediatric dental	
Diagnostic and preventive services	Not Covered
Pediatric vision	
Routine eye exam	Not Covered
Glasses	Not Covered

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Evidence of Coverage (EOC) for all terms and conditions of coverage. Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

Salud HMO y Más – SIMNSA network footnotes

- ¹ In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA Network, except for emergency services.
- ² Any copayment or coinsurance paid for covered services in either the Salud Network or the SIMNSA Network will be credited to the individual OOPM of both networks.
- 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 Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.
- ⁵ MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁶ The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website.
- ⁷ Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.