

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 Health Net's Select Telehealth Service Provider 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