This is your Summary of Benefits.

2023

Health Net Seniority Plus Employer (HMO)

Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara*, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Yolo Counties, CA

Medical plan B78
H0562_23_SB_M_07262022

This booklet provides you with a summary of what we cover and the cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page and ask for the "Evidence of Coverage" (EOC).

You are eligible to enroll in Health Net Seniority Plus Employer (HMO) if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Health Net Seniority Plus Employer (HMO) service area). You must also meet any additional eligibility requirements of your employer's or union's benefits administrator. Our service area includes the following counties in California: Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara*, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Yolo counties.

  *Denotes partial county

For partial counties, you must live in one of the following zip codes to join this plan: 93013, 93014, 93067, 93101, 93102, 93103, 93105, 93106, 93107, 93108, 93109, 93110, 93111, 93116, 93117, 93118, 93120, 93121, 93130, 93140, 93150, 93160, 93190, 93199, 93252, 93427, 93436, 93437, 93438, 93440, 93441, 93460, 93463, or 93464.

The Health Net Seniority Plus Employer (HMO) plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a Primary Care Provider (PCP) to work with you and coordinate your care. You can ask for a current provider directory or, for an up-to-date list of network providers, visit healthnet.com. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Health Net Seniority Plus Employer (HMO) will be responsible for the costs.)

This Health Net Seniority Plus Employer (HMO) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source.

The plan has a List of Covered Drugs (formulary). The list will tell you if your drug has any limits or restrictions. You can view the drug list on our website at healthnet.com/groupmedicareformulary. You can also call us to ask for a copy.

Summary of Benefits

JANUARY 1, 2023–DECEMBER 31, 2023

Benefits	Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance
Monthly Plan Premium	Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium. In addition, you must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).
Deductibles	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$3,400 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.
Inpatient Hospital Coverage*	There is no limit to the number of days covered by the plan each hospital stay. You pay $0 copay per admission for Medicare-covered hospital stays. If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Outpatient Hospital Coverage*	There is no copayment for Medicare-covered outpatient hospital facility visits.
Doctor Visits* (Primary Care Providers and Specialists)	• Primary Care: $15 copay per visit • Specialist: $15 copay per visit • Christian Science Practitioner: 20% coinsurance per visit. [1] [1]This benefit is limited to a maximum allowable of $30 each day and a shared limit of 20 treatments each calendar year.

Services with an * (asterisk) may require prior authorization or referral from your doctor.

Benefits	Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance
Preventive Care (e.g. flu vaccine, diabetic screening)	$0 copay for most Medicare-covered preventive services Other preventive services are available. For a complete list of Preventive Services benefits, please refer to the EOC for this plan.
Emergency Care	$65 copay per visit You do not have to pay the copay if admitted to the hospital immediately.
Urgently Needed Services	$20 copay per visit You do not have to pay the copay if admitted to the hospital immediately.
Diagnostic Services/ Labs/Imaging* (includes diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	• COVID-19 testing and specified testing-related services at any location are $0. • Lab services: $0 copay • Diagnostic tests and procedures (such as EKG, EEG, nuclear cardiology, etc.): $0 copay • Outpatient X-ray services: $0 copay • Diagnostic Radiology Services (such as, MRI, MRA, CT, PET): $0 copay
Hearing Services*	• Hearing exam (Medicare-covered): $15 copay • Routine hearing exam: $15 copay (1 every calendar year) You pay 100% for hearing aids
Dental Services*	• Dental services (Medicare-covered): $0 copay per visit (when medically necessary to properly monitor, control or treat a severe medical condition) • Preventive Dental Services: $0 copay (including oral exams, cleanings, fluoride treatment, and X-rays)
Vision Services*	• Vision exam (Medicare-covered): $15 copay per visit • Routine eye exam (refraction): $15 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $100 allowance every 24 months Please refer to the Evidence of Coverage for a complete schedule of services and copayments.

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Benefits	Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance
Mental Health Services*	**Outpatient Mental Health Services:** • Individual and group therapy: $5 copay per visit **Inpatient Mental Health Services:** • Individual and group therapy: $0 copay per visit You pay $0 per day for Medicare-covered Lifetime Reserve Days in a network hospital. • You get up to 60 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 60-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Skilled Nursing Facility*	• Plan covers up to 100 days each benefit period. • You pay $0 copay per admission for Medicare-covered services in a Skilled Nursing Facility. • You pay all costs for each day after day 100 in the benefit period. • A "benefit period" begins the first day you go into a hospital or Skilled Nursing Facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.
Physical Therapy*	$0 copay per Medicare-covered Physical Therapy visit
Ambulance*	$0 copay (per one-way trip) for ground or air ambulance services
Ambulatory Surgery Center*	Ambulatory Surgery Center: $0 copay per visit
Transportation	Not covered
Medicare Part B Drugs*	• Chemotherapy drugs: $0 copay • Other Part B drugs: $0 copay

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Part D Prescription Drugs		
Deductible Stage	This plan does not have a Part D deductible. You begin in the Initial Coverage Stage when you fill your first prescription of the plan year.	
Initial Coverage Stage	After you have met your deductible (if applicable), the plan pays its share of the cost of your drugs and you pay your share of the cost. You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches $4,660. "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes what the plan pays and what you pay. Once your "total drug costs" reach $4,660 you move to the next payment stage (Coverage Gap Stage).	
	Standard Retail Rx 30-day supply	**Mail Order Rx 90-day supply**
	If you use one of our mail order pharmacies to fill up to a 90-day supply of your medications, you may be able to save money. Costs may vary depending on the type of pharmacy used and days' supply. Check your Evidence of Coverage for more information.	
Tier 1: Preferred Generic Drugs	$5 copay	$0 copay
Tier 2: Generic Drugs	$10 copay	$0 copay
Tier 3: Preferred Brand Drugs	$20 copay	$40 copay
Tier 4: Non-Preferred Drugs	$35 copay	$70 copay
Tier 5: Specialty Tier (High Cost) (includes high-cost generics and brands drugs)	25% coinsurance	N/A

Part D Prescription Drugs	
Coverage Gap Stage	During this payment stage, your copays will remain the same. Your "out-of-pocket costs" will reflect a 70% manufacturer's discount on covered brand name drugs. The plan will cover the remainder of the cost. (The amount paid by the plan does not count towards your "out-of-pocket costs.") For more information, refer to the "What you pay for your prescription drugs" section of your EOC. You stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches $7,400. "Out of pocket costs" include what you pay when you fill or refill a prescription for a covered Part D drug and payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). Once your "out-of-pocket costs" reach $7,400, you move to the next payment stage (Catastrophic Coverage Stage).
Catastrophic Stage	Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the plan year. During this payment stage, the plan pays most of the cost for your covered drugs. Your share of the cost for a covered Part D drug will be either coinsurance or a copayment, whichever is the lesser amount (not to exceed the applicable plan tier copayment as stated in the Initial Coverage Stage): • – *either* – coinsurance of 5% of the cost of the drug • – *or* – $4.15 copayment for a generic drug or a drug that is treated like a generic. Or a $10.35 copayment for all other drugs.

Additional Covered Benefits	
Benefits	**Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance**
Acupuncture*	Acupuncture services (Medicare-covered): $5 copay per visit (up to 12 visits within 90 days), limited to treatment of chronic low back pain. • Routine acupuncture services: $5 copay per visit up to 20 visits when using our acupuncture network during the plan year Please refer to the Evidence of Coverage for the complete schedule of services and copayments.
Chiropractic Care*	• Chiropractic services (Medicare-covered): $5 copay per visit • Routine chiropractic services: $5 copay per visit when using our chiropractic network, up to 20 visits during the plan year. Please refer to the Evidence of Coverage for the complete schedule of services and copayments.
Home Health Agency Care*	• Home Health Agency Care: $0 copay for Medicare-covered home health visits
Medical Equipment/ Supplies*	• Durable Medical Equipment (e.g., wheelchairs, oxygen): $0 copay • Prosthetics (e.g., braces, artificial limbs): $0 copay • Diabetic supplies: $0 copay
Diabetes Self-management Training, Diabetic Services and Supplies*	• There is no copayment for Medicare-covered diabetes self-management training. • You pay $0 copay for Medicare-covered diabetes supplies. • You pay $0 copay for Medicare-covered diabetic therapeutic shoes or inserts.
Podiatry Services* (Foot Care)	• Foot exams and treatment (Medicare-covered): $15 copay • Routine foot care: $15 copay per visit (1 visit per calendar month) • Medicare-covered podiatry visits are for medically necessary foot care.
Physical Exam/ Wellness Visit	• You pay $0 copay for each routine physical exam.

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Additional Covered Benefits	
Benefits	**Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance**
Wellness Programs	The plan covers the following supplemental wellness/education programs: • Health Education • Additional smoking and tobacco use cessation visits online and telephonic counseling • Nurse advice hotline • Health Club Membership/Fitness Classes – Silver&Fit® There is no copayment for health and wellness education programs.
Worldwide Emergency Care	You pay $0 copay for worldwide emergency care services received outside of the United States[1]. [1]United States means the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.
Opioid Treatment Program Services*	• Individual setting: $5 copay per visit • Group setting: $5 copay per visit
Additional Telehealth Services	• The cost share of Medicare-covered additional telehealth services with primary care physicians, specialists, individual/group sessions with mental health and psychiatric providers and other health care practitioners within these practices will be equal to the cost share of these individual services' office visits. • You pay $0 copay for (Non-Medicare covered) telehealth services provided through the Teladoc program. • Teladoc™ plan offers 24 hours a day/7days a week/365 days a year virtual visit access to board certified doctors to help address a wide variety of health concerns/questions

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For more information, please contact:

Health Net Seniority Plus Employer (HMO)
Post Office Box 10420
Van Nuys, CA 91410-0420

healthnet.com

Current members should call: 1-800-275-4737 (TTY:711)

Prospective members should call: 1-800-275-4737 (TTY:711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-800-275-4737 (TTY: 711) for more information.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This document is available in other formats such as Braille, large print or audio.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-275-4737 (TTY: 711)

注意：如果您說中文，您可以獲得免費的語言協助服務。請致電 1-800-275-4737（聽障電話：711）

Health Net is contracted with Medicare for HMO plans. Enrollment in Health Net depends on contract renewal.

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