

This is your Summary of Benefits.

2020

Health Net Seniority Plus Green (HMO) H0562: 044

Los Angeles, Riverside and San Bernardino counties, CA



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*Coverage for
every stage of life™*

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), or you may access the EOC on our website at ca.healthnetadvantage.com.

You are eligible to enroll in Health Net Seniority Plus Green (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 Green (HMO) service area counties). Our service area includes the following counties in California: Los Angeles, Riverside and San Bernardino.
- You do not have End-Stage Renal Disease (ESRD). (Exceptions may apply for individuals who develop ESRD while enrolled in a Health Net commercial or group health plan, or a Medicaid plan.)

The Health Net Seniority Plus Green (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 ca.healthnetadvantage.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 Green (HMO) will be responsible for the costs.)

Summary of Benefits

JANUARY 1, 2020–DECEMBER 31, 2020

| Benefits | Health Net Seniority Plus Green (HMO) H0562: 044 Premiums / Copays / Coinsurance |
|---|--|
| Monthly Plan Premium | \$0 You must continue to pay your Medicare Part B premium. |
| Deductible | <ul style="list-style-type: none"> • \$0 deductible for covered medical services • \$35 deductible for dental services |
| Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i> | \$3,400 annually This is the most you will pay in copays and coinsurance for covered medical services for the year. |
| Inpatient Hospital Coverage* ▪ | For each admission, you pay: <ul style="list-style-type: none"> • \$200 copay per day, for days 1 through 5 • \$0 copay per day, for days 6 and beyond |
| Outpatient Hospital Coverage* ▪ | <ul style="list-style-type: none"> • Outpatient Hospital: \$200 copay per visit • Observation Services: \$200 copay during an outpatient hospital facility visit • Observation Services: \$120 copay during an emergency room visit • Ambulatory Surgical Center: \$50 copay per visit |
| Doctor Visits* ▪ | <ul style="list-style-type: none"> • Primary Care: \$7 copay per visit • Specialist: \$10 copay per visit |
| Preventive Care* ▪ <i>(e.g. flu vaccine, diabetic screening)</i> | \$0 copay for most Medicare-covered preventive services Other preventive services are available. |
| Emergency Care | \$120 copay per visit You do not have to pay the copay if admitted to the hospital immediately. |
| Urgently Needed Services | \$10 copay per visit |
| Diagnostic Services/ Labs/Imaging* | <ul style="list-style-type: none"> • Lab services: \$0 copay • Diagnostic tests and procedures: \$0 copay • Outpatient X-ray services: \$0 copay • Diagnostic Radiology Services (such as, MRI, MRA, CT, PET): \$60 copay |

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

Services with a ▪ (square) may require referral from your doctor.

| Benefits | Health Net Seniority Plus Green (HMO) H0562: 044 Premiums / Copays / Coinsurance |
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| Hearing Services* ■ | <ul style="list-style-type: none"> ● Hearing exam (Medicare-covered): \$10 copay ● Routine hearing exam: \$10 copay (1 every calendar year) |
| Dental Services* ■ | <ul style="list-style-type: none"> ● Dental services (Medicare-covered): \$0 copay per visit ● Preventive Dental Services: \$0 copay (including oral exams, cleanings, and X-rays) ● Comprehensive dental services: Additional comprehensive dental benefits are available. ● There is a maximum allowance of \$500 every calendar year; it applies to all comprehensive and preventive dental benefits. |
| Vision Services* ■ | <ul style="list-style-type: none"> ● Vision exam (Medicare-covered): \$10 copay per visit ● Routine eye exam: \$10 copay per visit (up to 1 every calendar year) ● \$100 max allowance for eyeglass frames (or contact lenses in lieu of frames) every 2 years. ● \$120 max allowance for progressive eyeglass lenses or lens upgrades every 2 years (upgrades limited to progressive lenses only). |
| Mental Health Services* | Individual and group therapy: \$25 copay per visit |
| Skilled Nursing Facility* | For each benefit period, you pay: <ul style="list-style-type: none"> ● \$0 copay per day, days 1 through 20 ● \$75 copay per day, days 21 through 100 |
| Physical Therapy* ■ | \$0 copay per visit |
| Ambulance* | <ul style="list-style-type: none"> ● Ground ambulance services: \$125 copay (per one-way trip) ● Air ambulance services: 5% coinsurance (per one-way trip) |
| Transportation | Not covered |
| Medicare Part B Drugs* | <ul style="list-style-type: none"> ● Chemotherapy drugs: 20% coinsurance ● Other Part B drugs: 20% coinsurance |

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Additional Covered Benefits

| Benefits | Health Net Seniority Plus Green (HMO) H0562: 044 Premiums / Copays / Coinsurance |
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| Opioid Treatment Program Services* | <ul style="list-style-type: none"> • Individual setting: \$25 copay per visit • Group setting: \$25 copay per visit |
| Chiropractic Care* ▪ | <ul style="list-style-type: none"> • Chiropractic services (Medicare-covered): \$10 copay per visit • Routine chiropractic services: \$10 copay per visit (30 visits every calendar year combined with acupuncture services) |
| Acupuncture* ▪ | Acupuncture: \$10 copay per visit (30 visits every calendar year combined with routine chiropractic services) |
| Medical Equipment/Supplies* | <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance • Prosthetics (e.g., braces, artificial limbs): 20% coinsurance • Diabetic supplies: \$0 copay |
| Foot Care[■] <i>(Podiatry Services)</i> | <ul style="list-style-type: none"> • Foot exams and treatment (Medicare-covered): \$10 copay • Routine foot care: \$10 copay per visit (12 visits every calendar year) |
| Wellness Programs | <ul style="list-style-type: none"> • 24-hour Nurse Connect: \$0 copay <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p> |
| Worldwide Emergency Care | \$50,000 plan coverage limit for supplemental urgent/emergent services outside the U.S. and its territories every calendar year. |

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Services with a ▪ (square) may require referral from your doctor.

For more information, please contact:

Health Net Seniority Plus Green (HMO)
PO Box 10420
Van Nuys, CA 91410

ca.healthnetadvantage.com

Current members should call: 1-800-275-4737 (TTY: 711)
Prospective members should call: 1-800-977-6738 (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.

“Coinsurance” is the percentage you pay of the total cost of certain medical and/or prescription services.

The 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)

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