Health Net®
MEDICARE PROGRAMS

This is your Summary of Benefits.

2020

Health Net Seniority Plus Sapphire Premier II (HMO) H3561: 006

Imperial, Riverside and San Bernardino counties, CA

H3561_006_20_13319SB_M_Accepted 09012019

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 Sapphire Premier II (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 Sapphire Premier II (HMO) service area counties). Our service area includes the following counties in California: Imperial, 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 Sapphire Premier II (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 and pharmacy 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 Sapphire Premier II (HMO) will be responsible for the costs.)

This Health Net Seniority Plus Sapphire Premier II (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.

Summary of Benefits

JANUARY 1, 2020–DECEMBER 31, 2020

Benefits	Health Net Seniority Plus Sapphire Premier II (HMO) H3561: 006 Premiums / Copays / Coinsurance
Monthly Plan Premium	$32 You must continue to pay your Medicare Part B premium.
Deductible	• $0 deductible for covered medical services • $380 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5) • $1,364 deductible for inpatient hospital stay
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$6,700 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.
Inpatient Hospital Coverage* ▪	In 2019, the amounts for each benefit period were: • $1,364 hospital deductible each benefit period • $0 copay per day for days 1 through 60 • $341 copay per day for days 61 through 90 • $682 copay per day per lifetime reserve day (may change in 2020)
Outpatient Hospital Coverage* ▪	Outpatient Hospital (includes ambulatory surgical center and observation services: 20% coinsurance per visit
Doctor Visits* ▪	• Primary Care: $0 copay per visit • Specialist: $0 copay per visit
Preventive Care* ▪ *(e.g. flu vaccine, diabetic screening)*	$0 copay for most Medicare-covered preventive services Other preventive services are available.
Emergency Care	$90 copay per visit You do not have to pay the copay if admitted to the hospital immediately.
Urgently Needed Services	20% coinsurance (up to $65) per visit

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 Sapphire Premier II (HMO) H3561: 006 Premiums / Copays / Coinsurance
Diagnostic Services/ Labs/Imaging*	• Lab services: $0 copay • Diagnostic tests and procedures: 20% coinsurance • Outpatient X-ray services: 20% coinsurance • Diagnostic Radiology Services (such as, MRI, MRA, CT, PET): 20% coinsurance
Hearing Services* ▪	• Hearing exam (Medicare-covered): 20% coinsurance • Routine hearing exam: $0 copay (1 every calendar year) • Hearing aid: $0 - $1,350 copay (2 hearing aids total, 1 per ear, per calendar year)
Dental Services* ▪	• Dental services (Medicare-covered): 20% coinsurance per visit • Comprehensive dental services: Additional comprehensive dental benefits are available. • There is a maximum allowance of $1,000 every calendar year; it applies to all comprehensive dental benefits.
Vision Services* ▪	• Vision exam (Medicare-covered): $0 copay per visit • Routine eye exam: $0 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $550 allowance every calendar year
Mental Health Services*	Individual and group therapy: 20% coinsurance per visit
Skilled Nursing Facility*	In 2019, the amounts for each benefit period were: • $0 copay per day, days 1 through 20 • $170.50 copay per day, days 21 through 100 (may change for 2020)
Physical Therapy* ▪	$0 copay per visit
Ambulance*	20% coinsurance (per one-way trip) for ground or air ambulance services
Transportation* ▪	$0 copay (per one-way trip) Up to 40 one-way trips to plan-approved locations each calendar year. Mileage limits may apply.
Medicare Part B Drugs*	• Chemotherapy drugs: 20% coinsurance • Other Part B drugs: 20% coinsurance

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

Part D Prescription Drugs		
Deductible Stage	$380 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5). The Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your Part D drugs until you reach the plan's deductible amount. Once you have paid the plan's deductible amount for your Part D drugs, you leave the Deductible Stage and move on to the next payment stage (Initial Coverage Stage).	
Initial Coverage Stage *(after you pay your Part D deductible, if applicable)*	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 $4,020. "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 $4,020 you move to the next payment stage (Coverage Gap Stage).	
	Standard Retail Rx 30-day supply	**Mail Order Rx 90-day supply**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic	$20 copay	$60 copay
Tier 3: Preferred Brand	$47 copay	$141 copay
Tier 4: Non-Preferred Drug	$100 copay	$300 copay
Tier 5: Specialty	26% coinsurance	Not available
Tier 6: Select Care Drugs	$0 copay	$0 copay

Part D Prescription Drugs	
Coverage Gap Stage	During this payment stage, you receive a 70% manufacturer's discount on covered brand name drugs and the plan will cover another 5%, so you will pay 25% of the negotiated price and a portion of the dispensing fee on brand-name drugs. In addition, the plan will pay 75% and you pay 25% for generic drugs. (The amount paid by the plan does not count towards your out-of-pocket costs.) You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches $6,350. "Out of pocket costs" includes 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 $6,350, you move to the next payment stage (Catastrophic Coverage Stage).
Catastrophic Stage	During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is greater: a payment equal to 5% coinsurance of the drug, or a copayment ($3.60 for a generic drug or a drug that is treated like a generic, $8.95 for all other drugs).
Important Info:	Cost-sharing may change depending on the level of help you receive, the pharmacy you choose (such as Standard Retail, Mail Order, Long-Term Care, or Home Infusion) and when you enter any of the four stages of the Part D benefit. For more information about the costs for Long-Term Supply, Home Infusion, or additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our EOC online.

Additional Covered Benefits	
Benefits	Health Net Seniority Plus Sapphire Premier II (HMO) H3561: 006 Premiums / Copays / Coinsurance
Opioid Treatment Program Services*	• Individual setting: 20% coinsurance per visit • Group setting: 20% coinsurance per visit
Over-the-Counter (OTC) Items	$0 copay ($55 allowance per quarter) for items available via mail There is a limit of 15 per item, per order, with the exception of blood pressure monitors, which are limited to one per year. Please visit the plan's website to see the list of covered over-the-counter items.
Meals*	$0 copay Plan covers home-delivered meals (up to 2 meals per day for 14 days) following discharge from an inpatient facility or skilled nursing facility provided the meals are medically necessary and ordered by a physician or practitioner.
Chiropractic Care* ▪	• Chiropractic services (Medicare-covered): $0 copay per visit • Routine chiropractic services: $0 copay per visit (30 visits every calendar year combined with acupuncture services)
Acupuncture* ▪	Acupuncture: $0 copay per visit (30 visits every calendar year combined with routine chiropractic services)
Medical Equipment/ Supplies*	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance • Prosthetics (e.g., braces, artificial limbs): 20% coinsurance • Diabetic supplies: 20% coinsurance
Foot Care▪ *(Podiatry Services)*	• Foot exams and treatment (Medicare-covered): $0 copay • Routine foot care: $0 copay per visit (12 visits every calendar year)
Wellness Programs	• Fitness program: $0 copay • 24-hour Nurse Connect: $0 copay • Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): $0 copay • Coverage for one Personal Emergency Medical Response Device per lifetime. $0 copay For a detailed list of wellness program benefits offered, please refer to the EOC.
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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For more information, please contact:

Health Net Seniority Plus Sapphire Premier II (HMO)
PO Box 10420
Van Nuys, CA 91410

ca.healthnetadvantage.com

Current members should call: 1-800-431-9007 (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 1-800-431-9007 (TTY: 711) for more information.

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

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 1-800-431-9007 (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 1-800-431-9007（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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