Health Net®
MEDICARE PROGRAMS

Summary of Benefits

2021

Health Net Ruby Select (HMO) H0562: 097
San Francisco County, CA

H0562_097_21_19050SB_M Accepted 09012020

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 Ruby Select (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 Ruby Select (HMO) service area county). Our service area includes the following county in California: San Francisco.

The Health Net Ruby Select (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 Ruby Select (HMO) will be responsible for the costs.)

This Health Net Ruby Select (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, 2021 – DECEMBER 31, 2021

Benefits	Health Net Ruby Select (HMO) H0562: 097 Premiums / Copays / Coinsurance
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.
Deductibles	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)]	$4,400 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: • $345 copay per day, for days 1 through 5 • $0 copay per day, for days 6 and beyond
Outpatient Hospital Coverage* ▪	• Outpatient Hospital: $345 copay per visit • Observation Services: $345 copay during an outpatient hospital facility visit • Observation Services: $90 copay during an emergency room visit
Doctor Visits (Primary Care Providers and Specialists)* ▪	• Primary Care: $5 copay per visit • Specialist: $20 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 copay per visit Copay is not waived if admitted to hospital.
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: $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 Ruby Select (HMO) H0562: 097 Premiums / Copays / Coinsurance
Hearing Services* ▪	• Hearing exam (Medicare-covered): $0 copay • Routine hearing exam: $0 copay (1 every calendar year) • Hearing aid: $0 to $1,580 copay (2 hearing aids total, 1 per ear, per calendar year)
Dental Services* ▪	• Dental services (Medicare-covered): $0 copay per visit • Preventive Dental Services: $0 copay (including oral exams, cleanings, fluoride treatment, and X-rays) Comprehensive dental services: Additional comprehensive dental benefits are available.
Vision Services* ▪	• Vision exam (Medicare-covered): $0 to $20 copay per visit • Routine eye exam: $12 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $150 allowance every calendar year
Mental Health Services*	Individual and group therapy: $15 copay per visit
Skilled Nursing Facility*	For each benefit period, you pay: • $0 copay per day, days 1 through 20 • $105 copay per day, days 21 through 100
Physical Therapy* ▪	$0 copay per visit
Ambulance	• Ground ambulance services: $295 copay (per one-way trip) • Air ambulance services: 5% coinsurance (per one-way trip)
Ambulatory Surgery Center* ▪	Ambulatory Surgery Center: $200 copay per visit
Transportation* ▪	• $0 copay (per one-way trip) • Up to 10 one-way trips to plan-approved health-related locations every calendar year. Mileage limits may apply.
Medicare Part B Drugs*	• Chemotherapy drugs: 20% coinsurance • Other Part B drugs: 20% coinsurance

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Part D Prescription Drugs			
Deductible Stage	This plan does not have a Part D deductible.		
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 $4,130. "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 $4,130 you move to the next payment stage (Coverage Gap Stage).		
	Preferred Retail Rx 30-day supply	**Standard Retail Rx 30-day supply**	**Mail Order Rx 90-day supply**
Tier 1: Preferred Generic Drugs	$0 copay	$8 copay	$0 copay
Tier 2: Generic Drugs	$3 copay	$15 copay	$6 copay
Tier 3: Preferred Brand Drugs	$42 copay	$47 copay	$116 copay
Tier 4: Non-Preferred Drugs	$95 copay	$100 copay	$275 copay
Tier 5: Specialty	33% coinsurance	33% coinsurance	Not available
Tier 6: Select Care Drugs	$0 copay	$0 copay	$0 copay
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 $6,550. "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 $6,550, you move to the next payment stage (Catastrophic Coverage Stage).		
Catastrophic Coverage 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 ($3.70 for a generic drug or a drug that is treated like a generic, $9.20 for all other drugs).		

Part D Prescription Drugs	
Important Info:	Cost-sharing may change depending on the level of help you receive, the pharmacy you choose (such as Standard Retail, Preferred 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 Ruby Select (HMO) H0562: 097** **Premiums / Copays / Coinsurance**
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.
Opioid Treatment Program Services*	• Individual setting: $15 copay per visit • Group setting: $15 copay per visit
Over-the-Counter (OTC) Items	$0 copay ($50 allowance per quarter) for items available via mail. There is a limit of 9 per item, per order, with the exception of certain products, which have additional limits. You are allowed to order once per quarter and any unused money does not carry over to the next quarter. Please visit the plan's website to see the list of covered over-the-counter items.
Chiropractic Care* ▪	• Chiropractic services (Medicare-covered): $10 copay per visit • Routine chiropractic services: $0 copay per visit (24 visits every calendar year combined with routine acupuncture services)
Acupuncture* ▪	• Acupuncture services for chronic low back pain (Medicare-covered): $10 copay per visit in a chiropractic setting • Acupuncture services for chronic low back pain (Medicare-covered): $5 copay per visit in a Primary Care Provider's office • Acupuncture services for chronic low back pain (Medicare-covered): $20 copay per visit in a Specialist's office • Routine acupuncture services: $0 copay per visit (24 visits every calendar year combined with routine chiropractic services)

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Additional Covered Benefits	
Benefits	**Health Net Ruby Select (HMO) H0562: 097** **Premiums / Copays / Coinsurance**
Medical Equipment/ Supplies*	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance • Prosthetics (e.g., braces, artificial limbs): 20% coinsurance • Diabetic supplies: 0% to 20% coinsurance. Minimum cost for preferred diabetic supplies and maximum cost for non-preferred diabetic supplies after prior authorization.
Foot Care▪ (Podiatry Services)	• Foot exams and treatment (Medicare-covered): $20 copay • Routine foot care: $20 copay per visit (12 visits every calendar year)
Virtual Visit	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.
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 For a detailed list of wellness program benefits offered, please refer to the EOC.
Worldwide Emergency Care	$50,000 plan coverage limit for urgent/emergent services outside the U.S. and its territories every calendar year.
Routine Annual Exam	$0 Copay

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PRIVACY PRACTICES:

Once you become a Health Net member, Health Net uses and discloses a member's protected health information and nonpublic personal financial information* for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. These safeguards include limiting access to an individual's protected health information to only those who have a need to know in order to perform payment, treatment, health care operations or where permitted or required by law. Health Net's entire Notice of Privacy Practices can be found at ca.healthnetadvantage.com under "Privacy" or you may call the Customer Contact Center at the phone number on the back cover of this booklet to obtain a copy.

**Nonpublic personal financial information includes personally identifiable financial information that you provided to us to obtain health plan coverage or we obtained in providing benefits to you. Examples include Social Security numbers, account balances and payment history. We do not disclose any nonpublic personal information about you to anyone, except as permitted by law.*

For more information, please contact:

Health Net Ruby Select (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 drug 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.

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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