

2015 Summary of Benefits

Health Net Seniority Plus (Employer HMO)

Alameda, Contra Costa, Fresno, 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.



Benefits effective January 1, 2015
and later (Medical plan BZY)
H0562 Health Net of California, Inc.

Material ID # H0562_EG_2015_0009 Compliance Approved 08262014



INTRODUCTION TO SUMMARY OF BENEFITS

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan, such as **Health Net Seniority Plus (Employer HMO)**.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Health Net Seniority Plus (Employer HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- 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 <http://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.

Information in this booklet

- Things to Know About **Health Net Seniority Plus (Employer HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-275-4737. Someone who speaks your language can help you. This is a free service.

This information is also available in a different format, including large print, audio and in non-English formats. Please call Member Services at the number printed on the back cover of this booklet if you need plan information in another format.

Things to Know About Health Net Seniority Plus (Employer HMO)

Hours of Operation

From October 1 through February 14, our office hours for both Member Services and the TTY are from 8:00 a.m. to 8:00 p.m. Pacific time, 7 days a week.

From February 15 through September 30, our office hours for both Member Services and the TTY are from 8:00 a.m. to 8:00 p.m. Pacific time, Monday through Friday. Calls are handled by our automated phone system on Saturdays, Sundays, and holidays.

Health Net Seniority Plus (Employer HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-275-4737 (TTY users should call 711).
- If you are not a member of this plan, call toll-free 1-800-977-6738 (TTY users should call 711).
- Our website: <http://www.healthnet.com/medicare>

Who can join?

To join **Health Net Seniority Plus (Employer HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our 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, 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

You must live in one of the following zip codes to join this plan: 95602, 95603, 95604, 95631, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95701, 95703, 95713, 95714, 95715, 95717, 95722, 95736, 95746, 95747, 95765, 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, 93464.

Which doctors, hospitals, and pharmacies can I use?

Health Net Seniority Plus (Employer HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered drugs.

You can see our plan's Provider Directory at our website (<http://www.healthnet.com/medicare>).

You can see our plan's Pharmacy Directory at our website (<https://www.healthnet.com/medicare/pharmacy>).

Or, call us and we will send you a copy of the Provider Directory and Pharmacy Directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. In addition to your coverage for Part D drugs, our plan covers some drugs not covered by Part D. These drugs are included on our Drug List. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage Stage.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <https://www.healthnet.com/medicare/pharmacy>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier.

Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change for the 2016 plan year.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply.

SUMMARY OF BENEFITS

Health Net Seniority Plus (Employer HMO)

MONTHLY PREMIUM AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<p>How much is the monthly premium?</p>	<p>Your coverage is provided through 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).</p>
<p>Is there any limit on how much I will pay for my covered services?</p>	<p>As a member of our plan, the most you will have to pay out-of-pocket for in-network covered services in 2015 is \$3400. The amounts you pay for the deductibles (if applicable to your plan), copayments, and coinsurance for in-network covered services count toward this maximum out-of-pocket amount. The amounts you pay for any plan premiums (if applicable to your plan) and/or for your prescription drugs do not count toward your maximum out-of-pocket amount. In addition, amounts you pay for some services do not count toward your maximum out-of-pocket amount. If you reach the maximum out-of-pocket amount of \$3400, you will not have to pay any out-of-pocket costs for the rest of the year for covered services.</p> <p>However, you must continue to pay your plan premium (if applicable) and the Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).</p>
<p>Is there a limit on how much the plan will pay?</p>	<p>Our plan has a coverage limit every year for certain in-network benefits.</p> <p>Contact us for the services that apply.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

Outpatient Care and Services

Acupuncture	This plan does not cover Acupuncture and other alternative therapies.
Ambulance services*	<p><i>*Non-emergency transportation by ambulance may require prior authorization (approval in advance). Contact the plan for details.</i></p> <p>There is no copayment for Medicare-covered ambulance services.</p>
Cardiac and pulmonary rehabilitation services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for each Medicare-covered cardiac rehabilitation service visit.</p> <p>There is no copayment for each Medicare-covered pulmonary rehabilitation service visit.</p>
Chiropractic services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>
Routine Chiropractic Care	<p>You pay \$5 for each Non-Medicare covered (routine) chiropractic visit when using our chiropractic network up to 12 visits every year.*</p> <p><i>*Amounts you pay for these services do not count toward the maximum out-of-pocket amount.</i></p>
Dental Services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency</i></p> <p>There is no copayment for Medicare-covered dental benefits (when medically necessary to properly monitor, control or treat a severe medical condition).</p> <p>In general, routine preventive dental (non- Medicare covered) benefits (such as cleaning) are not covered.</p>
Diabetes self-management training, diabetic services and supplies*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered diabetes self-management training.</p> <p>There is no copayment for Medicare-covered diabetes supplies.</p> <p>There is no copayment for Medicare-covered diabetic therapeutic shoes or inserts.</p>
Diagnostic tests and therapeutic services and supplies*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered diagnostic procedures and tests.</p> <p>There is no copayment for Medicare-covered x-rays.</p> <p>There is no copayment for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>There is no copayment for Medicare-covered therapeutic radiology services.</p>

	There is no copayment for Medicare-covered lab services.
Physician/practitioner services, including doctor's office visits*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>You pay \$5 for each Medicare-covered primary care doctor office visit or medically-necessary surgery services furnished in a physician's office.</p> <p>You pay \$5 for each Medicare-covered specialist visit or medically-necessary surgery services furnished in a specialist's office.</p> <p>There is no copayment for each physician visit to your home.</p>
Durable medical equipment and related supplies*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered durable medical equipment.</p>
Emergency care	<p>You pay \$50 for each Medicare-covered emergency room visit.</p> <p>You do not pay this amount if you are immediately admitted to the hospital.</p> <p>Coverage is limited to within the United States¹.</p> <p>For coverage outside of the United States,¹ please see "Worldwide Emergency Coverage" below in this Summary of Benefits.</p> <p>¹United States means the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.</p>
Podiatry services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered visits.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p>
Health and wellness education programs	<p>The plan covers the following supplemental wellness/education programs:</p> <ul style="list-style-type: none"> • Health Education • Additional smoking and tobacco use cessation visits • Nursing hotline • Health Club Membership/Fitness Classes –SilverSneakers® <p>There is no copayment for health and wellness education programs.</p>
Hearing Services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for 2 hearing aids every 36 months.</p> <p>You pay \$5 for each Medicare-covered hearing test (diagnostic hearing exam).</p> <p>There is no copayment for each supplemental routine (non-Medicare covered) hearing test, up to 1 test every year.</p>
Home health agency care*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered home health visits.</p>
Outpatient mental health care*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>You pay \$5 for each Medicare-covered individual therapy visit.</p> <p>You pay \$5 for each Medicare-covered group therapy visit.</p> <p>You pay \$5 for each Medicare-covered individual therapy visit with a psychiatrist.</p>

	You pay \$5 for each Medicare-covered group therapy visit with a psychiatrist.
Outpatient rehabilitation services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered Occupational Therapy visits. There is no copayment for Medicare-covered Physical Therapy visits. There is no copayment for Medicare-covered Speech and Language Pathology visits.</p>
Outpatient substance abuse services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>You pay \$5 for each Medicare-covered individual therapy visit. You pay \$5 for each Medicare-covered group therapy session.</p>
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered ambulatory surgical center or outpatient hospital facility visits.</p>
Partial hospitalization services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered partial hospitalization.</p>
Physical exam*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for each routine physical exam.</p>
Prosthetic devices and related supplies*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered prosthetic devices and related supplies.</p>
Services to treat kidney disease and conditions*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered renal dialysis. There is no copayment for Medicare-covered kidney disease education services.</p>
Transportation (non-emergency)	<p>This plan does not cover non-emergency transportation. Authorization rules may apply.</p>
Urgently Needed Care	<p>You pay \$5 for each in-area Medicare-covered urgently needed care visit. You pay \$25 for each out-of-area Medicare-covered urgently needed care visit.</p> <p>You do not pay this amount if you are immediately admitted to the hospital.</p>
Vision Services*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>You pay \$5 for each Medicare-covered eye exam (diagnosis and treatment of diseases and conditions of the eye). There is no copayment for each supplemental routine (non-Medicare covered) eye exam, limited to 1 exam every year.</p>

	<p>There is no copayment for Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</p> <p>There is no copayment for Medicare-covered glaucoma screening. Limited to one screening every year.</p>
Worldwide emergency coverage	<p>You pay \$50 for worldwide emergency care services received outside of the United States¹.</p> <p>¹United States means the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.</p>
Preventive Care*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no coinsurance, copayment, or deductible for beneficiaries eligible for preventive screening.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Immunizations • Medical nutrition therapy • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exam • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use for people with no sign of tobacco-related disease) • “Welcome to Medicare” preventive visit • Annual “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice care	<p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by Original Medicare, not the plan.</p> <p>Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn’t elected the hospice benefit.</p> <p>You pay \$5 for a consultative visit before you select hospice.</p>

Inpatient Care	
Acute care detoxification*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Medicare-covered acute care detoxification services.</p>
Inpatient hospital care*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>There is no copayment for Medicare-covered hospital stays.</p> <p>You pay \$1,500 for confinement for organ and bone marrow transplant.</p> <p>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.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Inpatient mental health care*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>There is no copayment for Medicare-covered services in a network hospital.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Inpatient substance abuse care*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>There is no copayment for Inpatient substance abuse care covered services in a network hospital.</p>
Skilled Nursing Facility (SNF)*	<p><i>*Prior authorization (approval in advance) may be required to be covered, except in an emergency.</i></p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>There is no copayment for Medicare-covered services in a Skilled Nursing Facility.</p> <p>You pay all costs for each day after day 100 in the benefit period.</p> <p>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.</p>

PRESCRIPTION DRUG BENEFITS

How much do I pay for drugs covered under Medicare Part B?	There is no copayment for Medicare-covered Part B drugs.		
Initial Coverage Stage	<p>During the Initial Coverage stage, the plan pays its share of the cost of your covered prescription drugs and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription.</p> <p>You stay in the Initial Coverage Stage until the total amount for the Part D prescription drugs you have filled and refilled reaches the \$2,960 limit for the Initial Coverage Stage.</p>		
Standard Retail Cost-Sharing	Tier	One-month supply (up to a 30-day supply)	Three-month supply (up to a 90-day supply)
	Tier 1 (Preferred generic drugs)	\$5	\$15
	Tier 2 (Preferred brand drugs)	\$7.50	\$22.50
	Tier 3 (Non-preferred brand drugs)	\$7.50	\$22.50
	Tier 4 Injectable Drugs (Includes injectable drugs that do not meet the Centers for Medicare & Medicaid Services (CMS) minimum cost threshold required to be placed on Tier 5 (Specialty Drugs).)	\$7.50	\$22.50
	Tier 5 Specialty drugs (High cost drugs. Specialty Drugs are not eligible for	\$7.50	\$22.50

	exceptions for payment at a lower tier.)		
Standard Mail Order Cost-Sharing	Tier	One-month supply (up to a 30-day supply)	Three-month supply (up to a 90-day supply)
	Tier 1 (Preferred generic drugs)	\$5	\$10
	Tier 2 (Preferred brand drugs)	\$7.50	\$10
	Tier 3 (Non-preferred brand drugs)	\$7.50	\$10
	Tier 4 Injectable Drugs (Includes injectable drugs that do not meet the Centers for Medicare & Medicaid Services (CMS) minimum cost threshold required to be placed on Tier 5 (Specialty Drugs).)	\$7.50	\$10
	Tier 5 Specialty drugs (High cost drugs. Specialty Drugs are not eligible for exceptions for payment at a lower tier.)	\$7.50	\$10
		If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You must get drugs from a network pharmacy.	

Catastrophic Coverage Stage

You qualify for the Catastrophic Coverage Stage when your Part D out-of-pocket costs have reached the \$4,700 limit for the plan year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the plan year.

During this stage, the plan will pay most of the cost for your Part D drugs.

- **Your share** of the cost for a covered Part D drug will be either coinsurance or a copayment, whichever is the *larger* amount:
 - *–either–* coinsurance of 5% of the cost of the drug
 - *–or–* \$2.65 copayment for a generic drug or a drug that is treated like a generic. Or a \$6.60 copayment for all other drugs.

For more information please contact

Health Net Seniority Plus (Employer HMO)

Post Office Box 10420

Van Nuys, CA 91410-0420

Current members should call

1-800-275-4737 (TTY users should call 711)

Prospective members should call

1-800-977-6738

(TTY users should
call 711)

www.healthnet.com/medicare

(6/14)

Health Net has a contract with Medicare to offer HMO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

Health Net of California, Inc. is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.