

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 ATR)
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

We have free interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call us at 1-888-893-1572. 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 1-888-893-1572 (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 and hospitals can I use?

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

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

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

Health Net Seniority Plus (Employer HMO) covers Part B prescription drugs. However, this plan does not cover Part D prescription drugs.

Benefits, 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

How much is the monthly premium?	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).
Is there any limit on how much I will pay for my covered services?	As a member of our plan, the most you will have to pay out-of-pocket for in-network covered services in 2015 is \$1500. 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) 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 \$1500, you will not have to pay any out-of-pocket costs for the rest of the year for covered services. 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).
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

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	You pay \$5 for each Non-Medicare covered (routine) chiropractic visit when using our chiropractic network up to 20 visits every year.*
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> <p>There is no copayment for Medicare-covered lab services.</p>

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>There is no copayment for Medicare-covered primary care doctor office visits or medically-necessary surgery services furnished in a physician's office.</p> <p>There is no copayment for Medicare-covered specialist visits 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>There is no copayment for Medicare-covered emergency room visits.</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>There is no copayment for supplemental routine (non-Medicare covered) visits, up to 1 visit per calendar month.</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 aid devices every 36 months.</p> <p>There is no copayment for Medicare-covered hearing test (diagnostic hearing exams).</p> <p>There is no copayment for 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>There is no copayment for Medicare-covered individual therapy visits.</p> <p>There is no copayment for Medicare-covered group therapy visits.</p> <p>There is no copayment for Medicare-covered individual therapy visits with a</p>

	<p>psychiatrist.</p> <p>There is no copayment for Medicare-covered group therapy visits with a psychiatrist.</p>
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.</p> <p>There is no copayment for Medicare-covered Physical Therapy visits.</p> <p>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>There is no copayment for Medicare-covered individual substance abuse outpatient treatment visits.</p> <p>There is no copayment for Medicare-covered group substance abuse outpatient treatment visits.</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.</p> <p>There is no copayment for Medicare-covered kidney disease education services.</p>
Transportation (non-emergency)	<p>This plan does not cover non-emergency transportation.</p> <p>Authorization rules may apply.</p>
Urgently Needed Care	<p>There is no copayment for Medicare-covered urgently needed care visits.</p>
Vision 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 eye exams (diagnosis and treatment of diseases and conditions of the eye).</p>

	<p>There is no copayment for supplemental routine (non-Medicare covered) eye exams, 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>There is no copayment 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>
Prescription Drugs	<p>Drugs covered under Medicare Part B</p> <p>You pay the following for Medicare-covered Part B Drugs when obtained or administered at a physician's office:</p> <p>You pay 20% coinsurance for Immunosuppressive Medicare –covered Part B Drugs with a maximum coinsurance amount of \$25 per day.</p> <p>There is no copayment for all other Medicare-Covered Part B Drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>This plan does not offer prescription drug coverage.</p> <p>Prescription drugs are administered through SilverScript (Employer PDP) Medicare Part D Prescription Drug Plan.</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)

	<ul style="list-style-type: none"> • “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>There is no copayment 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>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>

For more information please contact

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

Current members should call
1-888-893-1572 (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.

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