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Health Net



2014

Summary of Benefits

*Health Net Seniority Plus (Employer HMO)
Benefits effective January 1, 2014 and later
(Medical plan 9XN)*



Health Net®
MEDICARE PROGRAMS

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Introduction to the Summary of Benefits

Thank you for your interest in Health Net Seniority Plus (Employer HMO). Our plan is offered by Health Net of California, Inc., a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover, or every limitation or exclusion. To get a complete list of our benefits, please call Health Net Seniority Plus (Employer HMO) and ask for the "Evidence of Coverage." The information in this Summary of Benefits is subject to change. The Evidence of Coverage contains the exact terms and conditions of your coverage.

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Health Net Seniority Plus (Employer HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Health Net Seniority Plus (Employer HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Health Net Seniority Plus (Employer HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS HEALTH NET SENIORITY PLUS (EMPLOYER HMO) AVAILABLE?

The service area for this plan includes the following counties in California:

Alameda, Contra Costa, 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, Yolo Counties.

The asterisk (*) indicates a partial county, in which you must live in one of the following zip codes to join the plan:

Placer*: 95602, 95603, 95604, 95631, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95701, 95703, 95713, 95714, 95715, 95717, 95722, 95736, 95746, 95747, 95765.

Santa Barbara*: 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.

WHO IS ELIGIBLE TO JOIN HEALTH NET SENIORITY PLUS (EMPLOYER HMO)?

You can join Health Net Seniority Plus (Employer HMO) as long as:

- you live in our geographic service area. (See the “Where is Health Net Seniority Plus (Employer HMO) available?” section above for a description of our service area.)
- -- *and* -- you have both Medicare Part A
- -- *and* -- Medicare Part B
- -- *and* -- you meet any additional eligibility requirements of your employer’s or union’s benefits administrator.

Individuals with End Stage Renal Disease (ESRD) are generally not eligible to enroll in Health Net Seniority Plus (Employer HMO) unless they are members of our organization and have been since their dialysis began.

If you currently pay a premium for Medicare Part A and/or Medicare Part B, you must continue to pay your premium in order to keep your Medicare Part A and/or Medicare Part B and to remain a member of this plan.

CAN I CHOOSE MY DOCTORS?

Health Net Seniority Plus (Employer HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current *Provider Directory*. For an updated list, visit us at www.healthnet.com/medicare. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Health Net Seniority Plus (Employer HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.healthnet.com/medicare. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Health Net Seniority Plus (Employer HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Health Net Seniority Plus (Employer HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send our formulary to you and you can see our complete formulary on our Web site at www.healthnet.com/medicare.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov "Programs for People with Limited Income and Resources" in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY users should call 1-800-325-0778 or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Plan benefits and cost-sharing may change from year to year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end the contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Health Net Seniority Plus (Employer HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Health Net Seniority Plus (Employer HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a Tier 3 (Non-preferred brand drugs) or Tier 4 (Injectable drug) at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Health Net Seniority Plus (Employer HMO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Health Net Seniority Plus (Employer HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medicare Equipment.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Find health & drug plans" then "Medicare Plan Finder" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Health Net Seniority Plus (Employer HMO) for more information about this plan.

Visit us at www.healthnet.com/medicare or, call us:

Customer Service Hours:

8:00 a.m. to 8:00 p.m., Pacific time, 7 days a week.

Current members should call toll-free/locally **1-888-926-4941** for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD **1-888-926-5003**)

Prospective members should call toll-free/locally **1-800-977-6738** for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD **1-800-929-9955**)

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. (TTY users should call **1-877-486-2048**). You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as large print, audio, or other alternate formats. For additional information, call customer service at the phone number listed above.

If you have any questions about this plan's benefits or costs, please contact Health Net Seniority Plus (Employer HMO) for details.

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
Summary of Benefits		
IMPORTANT INFORMATION		
<p>Premium and Other Important Information</p>	<p>In 2013, the monthly Part B Premium is \$104.90 and the annual Part B deductible amount is \$147.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>Please contact your Group for more information about the premium payment for this plan. You must continue to pay your Part B premium.</p>
<p>Doctor and Hospital Choice (For more information, see Emergency and Urgently Needed Care.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>
<p>Out of Pocket Maximum (This is the most that you pay out-of-pocket during the calendar year</p>	<p>There is no Out-of-Pocket Maximum.</p>	<p>As a member of our plan, the most you will have to pay out-of-pocket for covered Part A and Part B services in the 2014 plan year is</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
for in network covered Part A and Part B services. Amounts you pay for any plan premiums, Medicare Part A and Part B premiums, and outpatient prescription drugs (if applicable to your plan) do not count toward the maximum out-of-pocket amount.)		\$6700. If you reach the maximum out-of-pocket payment amount of \$6700 you will not have to pay any out-of-pocket costs for the remainder of the plan year for covered services.

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
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INPATIENT CARE

<p>Inpatient Hospital Care</p>	<p>In 2013 the amounts for each benefit period are:</p> <p>Days 1 – 60: \$1,184 deductible</p> <p>Days 61 – 90: \$296 per day</p> <p>Days 91 – 150: \$592 per lifetime reserve day</p> <p>These amounts may change in 2014.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of</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>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
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Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
	benefit periods you can have.	
Inpatient Substance Abuse and Rehabilitation Services	<p>In 2013 the amounts for each benefit period are:</p> <p>Days 1 – 60: \$1,184 deductible</p> <p>Days 61 – 90: \$296 per day</p> <p>Days 91 – 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</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>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Acute Care Detoxification	You pay 20% coinsurance.	<p>No limit to the number of days covered by the plan each hospital stay.</p> <p>There is no copayment for acute care detoxification services.</p> <p>Authorization rules may apply. Contact the plan for details.</p>
Inpatient Mental Health Care	In 2013 the amounts for each benefit period are:	You are covered for 150 days each benefit period up to the 190-day

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	<p>Days 1 – 60: \$1,184 deductible</p> <p>Days 61 – 90: \$296 per day</p> <p>Days 91 – 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>lifetime</p> <ul style="list-style-type: none"> • There is no copayment per admission for Days 1 to 150. • You pay 100% of the cost of the hospital stay for days 151 and thereafter unless a new benefit period begins. <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> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>Partial Hospitalization Program</p>	<p>Specified copayment for outpatient partial hospitalization program services provided by a hospital or Community Mental Health center (CMHC). Copayment cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>There is no copayment for Medicare-covered partial hospitalization program services.</p> <p>Authorization rules may apply. Contact the plan for details.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<p>Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)</p>	<p>In 2013 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 – 20: No copayment per day</p> <p>Days 21 – 100: \$148 per day</p> <p>These amounts may change for 2014.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</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 SNF stays.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> <p>Authorization rules may apply.</p>
<p>Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>There is no copayment.</p>	<p>There is no copayment for Medicare-covered home health visits.</p> <p>Authorization rules may apply.</p>
<p>Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>You must get care from a Medicare-certified hospice. You must consult your plan before you select hospice.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
OUTPATIENT CARE		
Doctor Office Visits	20% coinsurance.	<p>You pay \$10 for each Medicare-covered primary care doctor visit.</p> <p>You pay \$10 for each Medicare-covered specialist visit.</p> <p>Authorization rules may apply.</p>
Chiropractic Services	<p>Supplemental routine care is not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	<p>You pay \$10 for each Medicare-covered chiropractic visit.</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> <p>Authorization rules may apply.</p>
Routine Chiropractic Care	Supplemental routine care is not covered.	Routine care is not covered.
Podiatry Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>You pay \$10 for each Medicare-covered visit.</p> <p>You pay \$10 for each supplemental routine (non-Medicare covered).</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p> <p>Authorization rules may apply.</p>
Outpatient Mental Health Care	20% coinsurance for most outpatient mental health services.	<p>You pay \$10 for each Medicare-covered individual therapy visit.</p> <p>You pay \$10 for each Medicare-covered group therapy visit.</p> <p>You pay \$10 for each Medicare-covered individual therapy visit with a psychiatrist.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		<p>You pay \$10 for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>Authorization rules may apply.</p>
Outpatient Substance Abuse Care	20% coinsurance.	<p>You pay \$10 for each Medicare-covered individual substance abuse outpatient treatment visit.</p> <p>You pay \$10 for each Medicare-covered group substance abuse outpatient treatment visit.</p> <p>Authorization rules may apply.</p>
Outpatient Services/Surgery	<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility charges. Copayment cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p>There is no copayment for Medicare-covered ambulatory surgical center or outpatient hospital facility visits.</p> <p>Authorization rules may apply.</p>
Ambulance Services (Medically necessary ambulance services.)	20% coinsurance.	<p>There is no copayment for Medicare-covered ambulance benefits.</p> <p>Authorization rules may apply.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<p>Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copayment cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don’t have to pay the emergency room copayment if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered emergency room visit.</p> <p>You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.</p>
<p>Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance or a set copayment.</p> <p>If you are admitted to the hospital within 3 days for the same condition, there is no copayment for the urgently needed-care visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$25 for each Medicare-covered urgently needed care visit.</p> <p>You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.</p>
<p>Worldwide Coverage</p>	<p>Not Covered</p>	<p>There is no copayment for worldwide emergency care services received outside of the United States¹.</p> <p>¹ United States means the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	You pay \$10 for Medicare-covered Occupational Therapy visits. You pay \$10 for Medicare-covered Physical Therapy visits. You pay \$10 for Medicare-covered Speech and Language Pathology visits. Authorization rules may apply.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	There is no copayment for Medicare-covered durable medical equipment. Authorization rules may apply.
Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance. 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	There is no copayment for Medicare-covered prosthetic devices. Authorization rules may apply.
Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training. 20% coinsurance for diabetes supplies.	You pay \$10 for Medicare-covered diabetes self-management training. There is no copayment for Medicare-covered diabetes monitoring supplies. Specific manufacturers may apply.* *You pay \$10 if obtained at your PCP's or Specialist's office. There is no copayment for Medicare-covered diabetic therapeutic shoes or inserts. Authorization rules may apply.

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>There is no copayment for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</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> <p>Authorization rules may apply.</p>
Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation Services.</p> <p>20% for Intensive Cardiac Rehabilitation Services.</p> <p>20% for Pulmonary Rehabilitation Services.</p>	<p>You pay \$10 for Medicare-covered Cardiac Rehabilitation Services.</p> <p>You pay \$10 for Medicare-covered Intensive Cardiac Rehabilitation Services.</p> <p>You pay \$10 for Medicare-covered Pulmonary Rehabilitation Services.</p> <p>Authorization rules may apply.</p>
PREVENTIVE SERVICES		
Preventive Services	<p>No coinsurance, copayment, or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement. Covered once every 24 months (more often if medically 	<p>There is no copayment for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
	<p>necessary) if you meet certain medical conditions.</p> <ul style="list-style-type: none"> • Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. There is no copayment for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren’t on dialysis or haven’t had a kidney transplant) when referred by a 	<p>Original Medicare. Authorization rules may apply.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
	<p>doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> <ul style="list-style-type: none"> • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse. • Screening for depression in adults. • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs • Intensive behavioral counseling for Cardiovascular Disease (bi-annual). 	

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
	<ul style="list-style-type: none"> • Intensive behavioral therapy for obesity. • Welcome to Medicare Preventive Visit (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for kidney disease education services.</p>	<p>You pay \$10 for Medicare-covered renal dialysis.</p> <p>There is no copayment for Medicare-covered kidney disease education services.</p> <p>Authorization rules may apply.</p>
Outpatient Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>There is no copayment for Medicare-covered Part B Drugs (including Immunosuppressive Drugs following discharge after an approved transplant).*</p> <p>* You pay \$10 for the office visit</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.healthnet.com/medicare on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		<ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/ Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from the plan for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Find health and drug plans on Medicare.gov.</p>

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		<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Health Net Seniority Plus (Employer HMO) approves the exception, you will pay Tier 3 cost sharing for that drug.</p> <p><u>Deductible</u> There is no deductible for this plan.</p> <p><u>Initial Coverage Stage</u> You pay the following:</p> <p><i>Retail Pharmacy</i> One-month (30-day) supply of Part D Drugs purchased at retail pharmacies:</p> <ul style="list-style-type: none"> - \$5 copayment – Tier 1 - \$20 copayment – Tier 2 - \$50 copayment – Tier 3 - \$30 copayment – Tier 4 - \$30 copayment – Tier 5 <p>Three-month (90-day) supply of Part D Drugs purchased at retail pharmacies:</p> <ul style="list-style-type: none"> - \$15 copayment – Tier 1 - \$60 copayment – Tier 2 - \$150 copayment – Tier 3 - \$90 copayment – Tier 4 - \$90 copayment – Tier 5 <p><i>Mail Order</i> Up to a three-month (90-day) supply of Part D Drugs purchased via <u>Preferred</u> mail-order pharmacy *:</p> <ul style="list-style-type: none"> - \$10 copayment – Tier 1

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		<ul style="list-style-type: none"> - \$40 copayment – Tier 2 - \$100 copayment – Tier 3 - \$60 copayment – Tier 4 - \$60 copayment – Tier 5 <p>*There is a \$1,000 annual out-of-pocket maximum for covered drugs obtained through Health Net’s mail service.</p> <p>Up to a three-month (90-day) supply of Part D Drugs purchased via <u>Non-preferred mail-order pharmacy</u>:</p> <ul style="list-style-type: none"> - \$15 copayment – Tier 1 - \$60 copayment – Tier 2 - \$150 copayment – Tier 3 - \$90 copayment – Tier 4 - \$90 copayment – Tier 5 <p><u>Coverage Gap Stage</u> There is no coverage gap for our plan. You pay your copayment or coinsurance for covered Part D generic drugs.</p> <p>Medicare Coverage Gap Discount Program When you are in the Coverage Gap Stage (after your total Part D drug costs reach \$2,850), you pay the lesser of your copayment or coinsurance, or 50% of the cost for covered Part D brand name drugs plus the dispensing fee. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the Coverage Gap Stage.</p> <p>You continue paying the lesser of your copayment or coinsurance or the discounted price for covered</p>

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		<p>Part D brand name drugs until your yearly out-of-pocket payments reach a maximum amount that Medicare has set. In 2014, that amount is \$4,550. Once your yearly out-of-pocket payments for Part D drugs reach \$4,550, you move on to the Catastrophic Coverage Stage. See “Catastrophic Coverage Stage” below for information about your coverage in the Catastrophic Coverage Stage.</p> <p>For all other covered non-Part D drugs you continue to pay your copayment or coinsurance.</p> <p>Medicare has rules about what counts and what does <i>not</i> count as your out-of-pocket costs. When you reach an out-of-pocket limit of \$4,550, you leave the Coverage Gap Stage and move on to the Catastrophic Coverage Stage.</p> <p><u>Catastrophic Coverage Stage</u> After your yearly out-of-pocket Part D drug costs reach \$4,550, you pay the lower of:</p> <ul style="list-style-type: none"> –either – coinsurance of 5% of the cost of the drug —or – your applicable drug tier copay <p>For all other covered drugs you continue to pay your copayment or coinsurance.</p>
Immunizations for Foreign Travel and Occupational Purposes	Immunizations for foreign travel/occupational purposes are not covered.	There is no copayment for Immunizations for foreign travel/occupational purposes.

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Dental Services	Preventive dental services (such as cleaning) are not covered.	<p>In general, preventive dental benefits (such as cleaning) are not covered.</p> <p>You pay \$10 for Medicare-covered dental benefits (when medically necessary to properly monitor, control or treat a severe medical condition).</p>
Hearing Services	<p>Supplemental routine hearing exams and hearing aids are not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>There is no copayment for a maximum of 2 hearing aid devices that adequately meet the member's medical needs every 36 months. Benefit maximum of \$1000.</p> <p>You pay \$10 for each Medicare-covered hearing exam (diagnostic hearing exam).</p> <p>You pay \$10 for each supplemental routine (non-Medicare covered) hearing exam, up to 1 exam every year.</p> <p>Authorization rules may apply.</p>
Vision Services	<p>You pay 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk.</p> <p>Supplemental routine eye exams and glasses (lenses and frames) are not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>You pay \$10 for each Medicare-covered eye exam (diagnosis and treatment of diseases and conditions of the eye).</p> <p>You pay \$10 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</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		<p>screening. Limited to one screening every year.*</p> <p>*Office visit of \$10 may apply.</p>
Wellness/Education and Other Supplemental Benefit Programs	Not covered	<p>The plan covers the following supplemental wellness/education benefits:</p> <ul style="list-style-type: none"> • Health education • Nursing hotline • Additional smoking and tobacco use cessation visits
Transportation (Routine)	Not covered	This plan does not cover routine transportation.

Contact us

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Member Services

Business hours are 8:00 a.m. to 8:00 p.m., Pacific Time, 7 days a week.
1-888-926-4941 – Current Members
1-800-977-6738– Prospective Members

**Telecommunications Device
for the Hearing Impaired (TTY/TDD)**
1-888-926-5003

www.healthnet.com/medicare