



# 2012 Summary of Benefits

## **University of California**

*Health Net Seniority Plus (Employer HMO)  
Benefits Effective January 1, 2012  
Medical Plan 3KU, 3KV*

**The Original Medicare summary is required by the Centers for Medicare & Medicaid Services (CMS) but does not apply to University of California members. UC's Seniority Plus members' benefits are described in the column entitled Health Net Seniority Plus (Employer HMO).**

# 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. (Health Net), a Medicare Advantage Health Maintenance Organization (HMO). 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.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more. You may join or leave a plan only at certain times and your benefits may change from year to year. Please call member services at the telephone number on the back of this document or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD 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 the United States, either work or live in the service area and meet any additional eligibility requirements of the Group:

- The principal member who is entitled to Medicare Part A and enrolled in Medicare Part B;
- Spouse, who must be listed on the enrollment form completed by the principal member and meets the same qualifications as the principal member. (The term "spouse" may also include the member's domestic partner as defined, as required by the law in your State.)

Individuals with End Stage Renal Disease (ESRD) are not eligible to enroll in this Plan unless you develop ESRD while a current Health Net member, or meet other regulatory exceptions, including exceptions applicable to employer group sponsored plans.

## **WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?**

If you have Medicare supplemental or Medigap policy insurance that fills gaps in the Original Medicare Plan, you may not need it if you join Health Net Seniority Plus (Employer HMO). If you disenroll from your supplemental or Medigap policy, you may not be able to enroll in the same one again. You should check into this carefully before you disenroll from your supplemental or Medigap policy to make sure you have all of the coverage you need. Please contact 1-800-MEDICARE (1-800-633-4227 anytime 24 hours a day, 7 days a week for further information about Medigap policies. TTY/TDD users should call 1-877-486-2048.

You or your spouse may have, or be able to get, employer group health coverage, such as this Health Net Seniority Plus (Employer HMO). If so, you should talk to the employer to find out how your benefits will be affected if you join Health Net Seniority Plus (Employer HMO). Get this information before you decide.

## **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 or for an up-to-date list visit us at [www.healthnet.com/uc](http://www.healthnet.com/uc). 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 except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

## **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/uc](http://www.healthnet.com/uc).

## **UC WALK-UP PHARMACY SERVICE THROUGH UC MEDICAL CENTER PHARMACIES**

Health Net and the UC Medical Center Pharmacies have partnered to offer UC members with the ability to fill up to a 90-day prescription for maintenance medications at any of the UC designated Medical Center Pharmacies. Just like Health Net's mail-order services, you can obtain up to a 90-day supply at UC-designated Medical Center Pharmacies for the same cost-sharing that you would pay for a 90-day supply from a preferred mail-order pharmacy.

### **Participating UC Medical Center Pharmacies**

- UC Davis Medical Center Pharmacy and Medical Partners of Davis Pharmacy
- UCI Medical Center Specialty Pharmacy and UCI Family Health Center Pharmacy
- UCLA Pharmacy – Medical Plaza and Outpatient Pharmacy
- UCSD Medical Center Pharmacy and UCSD Medical Group Pharmacy
- UCSD Ambulatory Care Clinic, UCSD Moores Cancer Center, and Edith & William Perlman Ambulatory Care Pharmacies

For complete information, call Health Net Seniority Plus (Employer HMO) at **1-800-539-4072** (or **1-800-929-9955** TDD/TTY for the hearing impaired). Business hours are Monday through Friday, 8:00 a.m. to 8:00 p.m., 7 days a week.

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

Part B and Part D Drugs only are covered under this plan. All other drugs (that are not Part B and not Part D Drugs) on the Formulary are excluded under this plan. These drugs may be covered under your supplemental pharmacy benefit.

## **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 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 enrollees before the change is made. You can see our complete formulary on our Web site at [www.healthnet.com/uc](http://www.healthnet.com/uc).

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.

## **WHAT ARE MY COSTS FOR COVERED DRUGS?**

Your prescription drug coverage under this Health Net Seniority Plus (Employer HMO) plan coordinates benefits with your Commercial Pharmacy Wrap Plan. This means that your costs for covered drugs on our formulary are much less than if you were covered under this plan alone. For specific information about your final cost-share for covered drugs, refer to the "Commercial Pharmacy Wrap Plan" section at the end of this Summary of Benefits.

## **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/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://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 a.m. and 7 p.m., Monday through Friday. TTY/TDD 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. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 non-preferred 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 drugs for osteoporosis for certain women with Medicare.

- 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 was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- 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 provided through DME.

## **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](http://www.medicare.gov) and select "Health and Drug Plans" then "Compare Drug and Health Plans" 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/uc](http://www.healthnet.com/uc).**

**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 **1-800-539-4072** for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD **(800)-929-9955**)

**Prospective members** should call toll-free/locally **1-800-539-4072** for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD **(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](http://www.medicare.gov) on the web.

Health Net Seniority Plus (Employer HMO) is a product of Health Net of California, Inc., a federally qualified Health Maintenance organization (HMO), a Medicare Advantage organization with a Medicare contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Benefits and/or co-payments/co-insurance may change each plan year. You must

continue to pay your Medicare Part B premium. Limitations, co-payments, and restrictions may apply. You must use plan providers except in emergency or urgent care situations. If you obtain routine care from out-of-network providers neither Medicare nor Health Net Seniority Plus (Employer HMO) will be responsible for the costs.

This document may be available in other formats such as large print, audio, or other 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

**Premium and Other Important Information**

In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the yearly Part B deductible amount was \$162 and may change for 2012.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

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).

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.

**General**

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).

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.

Please contact your Group for more information about the premium payment for this Plan.

This plan covers all Medicare-covered preventive services with zero cost sharing.

**Doctor and Hospital Choice**  
(For more information, see Emergency and Urgently Needed Care.)

You may go to any doctor, specialist or hospital that accepts Medicare.

You must go to network doctors, specialists and hospitals.

You need a referral to go to network hospitals and certain doctors, including specialists (for certain benefits).

**Out of Pocket Maximum**

There is no Out of Pocket Maximum.

As a member of our plan, the most you will have to pay out-of-pocket

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
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(This is the most that you pay out-of-pocket during the calendar year for in network covered 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.)

for covered services in the 2012 plan year is \$1500. If you reach the maximum out-of-pocket payment amount of \$1500 you will not have to pay any out-of-pocket costs for the remainder of the year for covered services.

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**INPATIENT CARE**

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**Inpatient Hospital Care**

In 2011 the amounts for each benefit period were:

Days 1 – 60: \$1,132 deductible

Days 61 – 90: \$283 per day

Days 91 – 150: \$566 per lifetime reserve day

These amounts may change for 2012. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.

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.

You pay \$250 per admission for Inpatient Hospital services in a network hospital.

You are covered for unlimited days each benefit period.

Except in an emergency, your doctor must obtain authorization from the plan.

**Inpatient Substance Abuse and Rehabilitation Services**

Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).

You pay \$250 for Inpatient Substance Abuse and Rehabilitation Services in a network hospital.

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>Acute Care Detoxification</b>	You pay 20% coinsurance.	<p>You are covered for unlimited days each benefit period.</p> <p>Except in an emergency, your doctor must obtain authorization from the plan</p>
<b>Inpatient Mental Health Care</b>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</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>You pay \$250 per admission for services in a network hospital.</p> <p>You are covered for unlimited days each benefit period.</p> <p>Except in an emergency, your doctor must obtain authorization from the plan.</p>
<b>Partial Hospitalization Program</b>	<p>Specified copayment for outpatient partial hospitalization program services provided by a hospital or community mental health center (CMHC). Copay 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.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<p><b>Skilled Nursing Facility</b> (In a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 – 20: Covered in full per day</p> <p>Days 21 – 100: \$141.50 per day</p> <p>These amounts may change for 2012.</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>There is no copayment for services in a Skilled Nursing Facility.</p> <p>You are covered for 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>You will not be charged additional cost-sharing for professional services.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<p><b>Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>There is no copayment for all covered home health visits.</p>	<p>There is no copayment for Medicare-covered home health visits.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<p><b>Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p> <p>You pay the doctor’s office visit copay for a consultative visit before you select hospice (See “Doctor Office Visits” below.)</p> <p>Authorization rules may apply for this service. Contact plan for</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
details.		
<b>OUTPATIENT CARE</b>		
<b>Doctor Office Visits</b>	You pay 20% coinsurance.	You pay \$15 for each non-routine primary care doctor office visit for Medicare-covered services.
Includes visit to physician's assistant or nurse practitioner.		You pay \$15 for each specialist visit for Medicare-covered services.
<b>Chiropractic Services</b>	You pay 20% coinsurance for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.	You pay \$15 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).
	Supplemental routine care is not covered.	Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
<b>Routine Chiropractic Care</b>	Routine care is not covered.	You pay \$15 per visit when using our chiropractic network (20 visits per calendar year).*
		*Amounts you pay for these services do not count toward the maximum out-of-pocket amount.
<b>Podiatry Services</b>	You pay 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	You pay \$15 for each Medicare-covered visit (medically necessary foot care).
	Supplemental routine care is not covered.	You pay \$15 for each routine visit up to 1 visit per calendar month.
		Authorization rules may apply. Contact plan for details.
<b>Outpatient Mental Health Care</b>	You pay 40% coinsurance for most outpatient mental health services.	For Medicare-covered Mental Health services, you pay:

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>Outpatient Substance Abuse Care</b>	You pay 20% coinsurance.	<ul style="list-style-type: none"> <li>- \$15 for each individual therapy visit 1 and beyond.</li> <li>- \$7.50 for each group therapy visit 1 and beyond.</li> </ul> <p>For Medicare-covered Mental Health services with a psychiatrist, you pay:</p> <ul style="list-style-type: none"> <li>- \$15 for each individual therapy visit 1 and beyond.</li> <li>- \$7.50 for each group therapy visit 1 and beyond.</li> </ul> <p>Authorization rules may apply for services. Contact plan for details.</p>
<b>Behavioral Health Care Telephonic Clinical Consultations</b>  For behavioral health care telephonic clinical consultations please call Managed Health Network (MHN) at 1-800-663-9355	Not covered.	<p>For Medicare-covered services, you pay:</p> <ul style="list-style-type: none"> <li>- \$15 for each individual visit 1 and beyond.</li> <li>- \$7.50 for each group therapy visit 1 and beyond.</li> </ul> <p>Authorization rules may apply for services. Contact plan for details.</p>
<b>Outpatient Services/Surgery</b>	<p>You pay 20% coinsurance for the doctor.</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible.</p> <p>You pay 20% coinsurance for</p>	<p>There is no copayment for Medicare-covered visits to an ambulatory surgical center and outpatient hospital facility.</p> <p>Authorization rules may apply for services. Contact the plan for details.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>Ambulance Services</b> (Medically necessary ambulance services.)	ambulatory surgical center facility charges.  You pay 20% coinsurance.	There is no copayment for Medicare-covered ambulance services.  Non-emergency ambulance must be Prior Authorized.
<b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% coinsurance for the doctor's services.  Specified copayment for outpatient hospital facility emergency services.  Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.  You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.	You pay \$50 for each Medicare-covered emergency room visit.  You do not pay this amount if you are immediately admitted to the hospital.  You have Worldwide Coverage.
<b>Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	NOT covered outside the U.S. except under limited circumstances.  You pay 20% coinsurance or a set copayment.  NOT covered outside the U.S. except under limited circumstances.	You pay \$15 for each Medicare-covered urgently needed care visit.  You do not pay this amount if you are immediately admitted to the hospital.  You have Worldwide Coverage.

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay 20% coinsurance.	You pay \$15 for each Medicare-covered Occupational Therapy visit.  You pay \$15 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.  Authorization rules may apply for services. Contact plan for details.

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**OUTPATIENT MEDICAL SERVICES AND SUPPLIES**

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<b>Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	You pay 20% coinsurance.	There is no copayment for Medicare-covered items.  Authorization rules may apply for services. Contact plan for details.
<b>Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	You pay 20% coinsurance.	There is no copayment for Medicare-covered items.
<b>Diabetes Programs and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)	You pay 20% coinsurance for diabetes self-management training.	There is no copayment for diabetes self-management training.
	You pay 20% coinsurance for diabetes supplies.	There is no copayment for diabetes supplies.
	You pay 20% coinsurance for diabetic therapeutic shoes or inserts.	There is no copayment for diabetic therapeutic shoes or inserts.
<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	You pay 20% coinsurance for diagnostic tests and x-rays.	There is no copayment for Medicare-covered diagnostic procedures and tests.
	There is no copayment for Medicare-covered lab services.	There is no copayment for Medicare-covered x-rays.
	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	There is no copayment for Medicare-covered diagnostic radiology services (not including x-rays).  There is no copayment for Medicare-covered therapeutic



Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
	<p>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>You pay 20% coinsurance for the digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>radiology services.</p> <p>There is no copayment for Medicare-covered lab services.</p> <p>There is no copayment for the digital rectal exam and other related services for all men with Medicare over age 50.</p>
<b>Cardiac and Pulmonary Rehabilitation Services</b>	<p>You pay 20% coinsurance for Cardiac Rehabilitation Services.</p> <p>You pay 20% for Intensive Cardiac Rehabilitation Services.</p> <p>You pay 20% for Pulmonary Rehabilitation Services.</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>You pay \$15 for Medicare-covered Cardiac Rehabilitation Services.</p> <p>You pay \$15 for Medicare-covered Intensive Cardiac Rehabilitation Services.</p> <p>You pay \$15 for Medicare-covered Pulmonary Rehabilitation Services.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<b>Injection Services</b>	<p>You pay 20% coinsurance.</p>	<p>You pay \$15 for each Medicare-covered service provided by a physician or designee.</p> <p>You pay \$15 for hormonal therapy treatment related to Gender Identity Disorder (GID).</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<b>Allergy testing</b>	<p>You pay 20% coinsurance.</p>	<p>There is no copayment for each Medicare-covered service.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<b>Allergy desensitizing serum</b>	<p>You pay 20% coinsurance.</p>	<p>There is no copayment for each Medicare-covered service</p> <p>Authorization rules may apply for</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
services. Contact plan for details.		
PREVENTIVE SERVICES		
<b>Preventive Services/Wellness Education Programs</b>	<p>No coinsurance, copayment, or deductible for the following:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>• 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.</li> <li>• 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</li> </ul>	<p>There is no copayment for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Bone Mass Measurement.</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening (Pap test and pelvic exam)</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine</li> <li>• HIV Screening</li> <li>• Breast Cancer Screening (Mammogram)</li> <li>• Medical Nutrition Therapy Services</li> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine</li> <li>• Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>• Welcome to Medicare Physical Exam (initial preventive physical exam)</li> </ul>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>Kidney Disease and Conditions</b>	<p>mammogram for women between ages 35-39.</p> <ul style="list-style-type: none"> <li>• 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 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.</li> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>• Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>• Welcome to Medicare Physical Exam (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 Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months</li> </ul>	<p>There is no copayment for renal dialysis.</p> <p>There is no copayment for kidney disease education services.</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>ADDITIONAL BENEFITS</b>		
<b>Immunosuppressive Drugs</b> (Following discharge after and approved transplant)	You pay 20% coinsurance.	The applicable copayments for covered Part B drugs will apply.
<b>Outpatient Prescription Drugs</b>	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>***Please note that the prescription drug coverage under this Health Net Seniority Plus (Employer HMO) plan coordinates benefits with your Commercial Pharmacy Wrap plan. Refer to the “Commercial Pharmacy Wrap Plan” section at this end of this Summary of Benefits for your final costs for covered drugs.***</p> <p><b>General</b></p> <p>This plan uses a formulary. We will send the formulary to you. You can also see the formulary at <a href="http://www.healthnet.com/uc">www.healthnet.com/uc</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/ Urban (Indian Health Service).</li> </ul> <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</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		<p>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 Medicare Prescription Drug Plan Finder on Medicare.gov. 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><b>For covered Part B Drugs you pay the following:</b></p> <p><b>One-month (30-day) supply of Part B Drugs:</b></p> <ul style="list-style-type: none"> <li>- \$5 Copayment – Tier 1</li> <li>- \$20 Copayment – Tier 2</li> </ul>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		<ul style="list-style-type: none"> <li>- \$35 Copayment – Tier 3</li> <li>- 25% Coinsurance – Tier 4</li> <li>- 25% Coinsurance – Tier 5</li> </ul> <p><b>Three-month (90-day) supply of Part B Drugs purchased at retail pharmacies:</b></p> <ul style="list-style-type: none"> <li>- \$15 Copayment – Tier 1</li> <li>- \$60 Copayment – Tier 2</li> <li>- \$105 Copayment – Tier 3</li> <li>- 25% Coinsurance – Tier 4</li> <li>- 25% Coinsurance – Tier 5</li> </ul> <p><b>Three-month (90-day) supply of Part B Drugs purchased via mail order:</b></p> <ul style="list-style-type: none"> <li>- \$10 Copayment – Tier 1</li> <li>- \$40 Copayment – Tier 2</li> <li>- \$70 Copayment – Tier 3</li> <li>- 25% Coinsurance – Tier 4</li> <li>- 25% Coinsurance – Tier 5</li> </ul> <p><b>For covered Part D Drugs you pay the following:</b></p> <p><b><u>Part D Deductible:</u></b>  You will pay a yearly deductible of \$320 for Part D Drugs. After you meet the Part D deductible, you will reach the initial coverage period.</p> <p><b><u>Initial Coverage</u></b>  You pay the following until your total yearly drug costs reach \$2,930.</p> <p><b><u>Retail Pharmacy</u></b>  <b>One-month (30-day) supply of Part D Drugs purchased at retail pharmacies:</b></p> <ul style="list-style-type: none"> <li>- 25% Coinsurance – Tier 1</li> <li>- 25% Coinsurance – Tier 2</li> <li>- 25% Coinsurance – Tier 3</li> <li>- 25% Coinsurance – Tier 4</li> </ul>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		<p data-bbox="1037 268 1393 296">- 25% Coinsurance – Tier 5</p> <p data-bbox="1037 338 1487 443"><b>Three-month (90-day) supply* of Part D Drugs purchased at retail pharmacies:</b></p> <ul data-bbox="1037 485 1393 659" style="list-style-type: none"> <li>- 25% Coinsurance – Tier 1</li> <li>- 25% Coinsurance – Tier 2</li> <li>- 25% Coinsurance – Tier 3</li> <li>- 25% Coinsurance – Tier 4</li> <li>- 25% Coinsurance – Tier 5</li> </ul> <p data-bbox="1037 701 1487 806">*Some drugs are limited to a 30-day supply. Please contact the plan for more information.</p> <p data-bbox="1037 848 1195 875"><b><u>Mail Order</u></b></p> <p data-bbox="1037 884 1451 1094"><b>Up to a three-month (90-day)* supply of Part D Drugs purchased via <u>Preferred</u> mail order pharmacy or obtained through the UC Walk-Up Service:</b></p> <ul data-bbox="1037 1136 1393 1310" style="list-style-type: none"> <li>- 25% Coinsurance – Tier 1</li> <li>- 25% Coinsurance – Tier 2</li> <li>- 25% Coinsurance – Tier 3</li> <li>- 25% Coinsurance – Tier 4</li> <li>- 25% Coinsurance – Tier 5</li> </ul> <p data-bbox="1037 1352 1487 1457">*Some drugs are limited to a 30-day supply. Please contact the plan for more information.</p> <p data-bbox="1037 1499 1451 1646"><b>Up to a three-month (90-day)* supply of Part D Drugs purchased via <u>Non-preferred</u> mail order pharmacy:</b></p> <ul data-bbox="1037 1688 1393 1862" style="list-style-type: none"> <li>- 25% Coinsurance – Tier 1</li> <li>- 25% Coinsurance – Tier 2</li> <li>- 25% Coinsurance – Tier 3</li> <li>- 25% Coinsurance – Tier 4</li> <li>- 25% Coinsurance – Tier 5</li> </ul> <p data-bbox="1037 1904 1451 1932">*Some drugs are limited to a 30-</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
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day supply. Please contact the plan for more information.

**Coverage Gap**

After your total Part D drug costs reach \$2,930, you, or others on your behalf, will pay the following:

- **Generic Part D drugs:** 86% of the drug cost
- **Brand Name Part D drugs eligible for a discount as determined by Medicare:** A discounted price, as described in “Medicare Coverage Gap Discount Program for Part D Brand Name Drugs” below.
- **All Other Covered Part D Drugs:** You pay 100% of the total drug costs.
- **All Other Covered Drugs (Not Part D Drugs):**The applicable coinsurance/copayment, as shown in the Initial Coverage Stage.

Once your yearly out-of-pocket payments for Part D drugs reach \$4,700, you move on to the Catastrophic Coverage Stage.

**Medicare Coverage Gap Discount Program**

The Medicare Coverage Gap Discount Program provides manufacturer discounts on Part D brand name drugs as determined by Medicare to enrollees who have reached the coverage gap threshold and are not already receiving “Extra Help.” A 50% discount (excluding the dispensing and administration fees, if any) will be applied to your share of the cost for



Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		<p>covered Part D brand name drugs from manufacturers that have agreed to pay the discount.</p> <p>You also receive some coverage for generic drugs. If you reach the coverage gap, the plan pays 14% of the price for generic drugs and you pay the remaining 86% of the price. The coverage for generic drugs works differently than the discount for brand name drugs. For generic drugs, the amount paid by the plan (14%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap. Also, the dispensing fee is included as part of the cost of the drug.</p> <p>We will automatically apply the discount when your pharmacy charges you for your drug and your Explanation of Benefits will show any discount provided. The amount discounted by the manufacturer counts toward your out-of-pocket costs as if you had paid this amount and moves you through the coverage gap.</p> <p><b><u>Catastrophic Coverage</u></b>  After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.60 for generic or a preferred brand Part D drug that is a multi-source drug and</li> <li>- \$6.50 for all other Part D drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p>For all other covered drugs you continue to pay your copayment or</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
		coinsurance.
<b>Immunizations for Foreign Travel and Occupational Purposes</b>	You pay 100% of the charges for Immunizations that are for foreign travel and occupational purposes.	You pay 20% of the charges.
<b>Dental Services</b>	Preventive dental services (such as cleaning) are not covered.	In general, preventive dental benefits (such as cleaning) are not covered.  There is no copayment for Medicare-covered dental benefits (when medically necessary to properly monitor, control or treat a severe medical condition).
<b>Hearing Services</b>	Supplemental routine hearing exams and hearing aids are not covered.  You pay 20% coinsurance for diagnostic hearing exams.	There is no copayment for hearing aids. Limited to a maximum payable of \$2,000 for 2 standard hearing aids every 36 months.  You pay:  - \$15 for each Medicare-covered hearing exam (diagnostic hearing exams).  - \$15 for each routine hearing test up to 1 test every year.
<b>Vision Services</b>	You pay 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.  Supplemental routine eye exams and glasses are not covered.  Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.  Annual glaucoma screenings covered for people at risk.	There is no copayment for the following items:  - Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).  - Medicare covered glaucoma screening. Limited to one screening every year.  You pay:  - \$15 for each Medicare-covered

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>Transgender Surgery and Services (including hysterectomy, oophorectomy and mastectomy), Travel, Lodging, and Meal Costs</b>	Not covered.	<p>eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <ul style="list-style-type: none"> <li>- \$15 for each routine eye exam, limited to 1 exam every year.</li> <li>- Lenses are covered (in full or subject to an eyewear allowance). \$100 allowance for frames every 24 months.*</li> </ul> <p>No referral necessary for eyewear from any Health Net Vision Program network provider.</p> <p>*Amounts you pay for these services do not count toward the maximum out-of-pocket amount.</p> <p>Please refer to the Evidence of Coverage for the complete schedule of services and copayments.</p> <p>You pay a \$250 for inpatient transgender services or surgery.</p> <p>There is no copayment for outpatient transgender services or surgery.</p> <p>Travel, lodging, meal costs and transgender surgery requires prior authorization.</p> <p>Travel, lodging, meal costs and transgender surgery and related services approved by the Plan are subject to a combined inpatient and outpatient lifetime benefit maximum of \$75,000 for each member.</p> <p>The travel, lodging, meal costs and transgender surgery must be</p>

Benefit	Original Medicare	Health Net Seniority Plus (Employer HMO)
<b>Health/Wellness Education</b>	Not covered.	<p>performed by a Health Net qualified provider in conjunction with gender transformation treatment. The treatment plan must conform to Harry Benjamin International Gender Dysphoria Association (HBIGDA) standards. Psychotherapy and hormonal treatment are excluded from the lifetime maximum.</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including newsletters</li> <li>• Nutritional benefit</li> <li>• Nursing hotline</li> <li>• Smoking cessation</li> <li>• Health Club Membership/Fitness Classes –Silver&amp;Fit®</li> </ul>
<b>Transportation (Routine)</b>	Not covered.	This plan does not cover routine transportation.
<b>Acupuncture</b>	Not Covered.	This plan does not cover Acupuncture.

# Commercial Pharmacy Wrap Plan

*The Commercial Pharmacy Wrap Plan is underwritten by Health Net Life Insurance Company. Please refer to the Commercial Pharmacy Wrap Plan Certificate of Insurance for more details about this plan's coverage and limitations.*

The benefits of the Commercial Pharmacy Wrap Plan are subject to coordination with benefits payable under your Health Net Seniority Plus (Employer HMO) prescription drug coverage. The amount we pay for Part D drugs under this plan **does not** count toward your Medicare Part D initial coverage limit or true out of pocket (TrOOP) costs. However, the amount you pay for Part D drugs under this plan **does** count and will help you move through the different stages of Medicare Part D coverage to qualify for catastrophic coverage for Part D Drugs.

Please note that we cover some prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you pay for these drugs does not count towards Your Medicare Part D initial coverage limit or true out of pocket (TrOOP) costs.

## **Plan Specific Out-of-Pocket Maximum**

Once your copayment and coinsurance payments total the amount shown below in a calendar year, you will not pay any more copayment/coinsurance for covered drugs for the rest of the calendar year. All expenses that count toward the out-of-pocket maximum will be automatically calculated by us.

Calendar Year Out-of-Pocket Maximum \_\_\_\_\_ \$2,000

## **Copayments and Coinsurance**

Covered Prescription Drugs	Retail Pharmacy (up to a 30-day supply)	Retail Pharmacy (up to a 90-day supply)	Mail-Order Pharmacy (up to a 90-day supply)	UC Walk-Up Service (up to a 90-day supply)
<b>Tier 1 (Preferred Generic Drugs)</b>	\$5	\$15	\$10	\$10
<b>Tier 2 (Preferred Brand Drugs)</b>	\$20	\$60	\$40	\$40
<b>Tier 3 (Non-Preferred Brand Drugs)</b>	\$35	\$105	\$70	\$70
<b>Tier 4 (Injectable Drugs)</b>	25%	25%	25%	25%
<b>Tier 5 (Specialty Drugs)</b>	25%	25%	25%	25%

**Notes:**

- This plan covers drugs that are payable under the prescription drug benefit of your Health Net Seniority Plus (Employer HMO) plan.
- Some covered drugs may require prior authorization to be covered.
- When there is a generic version of a brand name drug available, our network pharmacies will usually dispense the generic version. The brand name drug will usually be available for your Tier 3 copayment.
- If a drug that is not on our formulary is payable under your Health Net Seniority Plus (Employer HMO) prescription drug benefit, such drug is also covered under this plan subject to the Tier 3 copayment.
- Prescription Drugs for the treatment of diabetes (including insulin) are covered as stated in the Formulary.
- Some retail network pharmacies may provide up to a 90-day supply of maintenance drugs for a copayment per 30-day supply. Please check with your retail pharmacy to see if this service is available to you.
- Up to a 90-day prescription for maintenance medications can be obtained at any of the UC designated Medical Center Pharmacies.



# Contact us

Health Net Seniority Plus (Employer HMO)  
Post Office Box 10198  
Van Nuys, California 91410-0198

## **Member Services**

Business hours are 8:00 a.m. to 8:00 p.m., Pacific Time, 7 days a week.  
1-800-539-4072

## **Telecommunications Device for the Hearing Impaired (TTY/TDD)**

1-800-929-9955

**[www.healthnet.com/uc](http://www.healthnet.com/uc)**