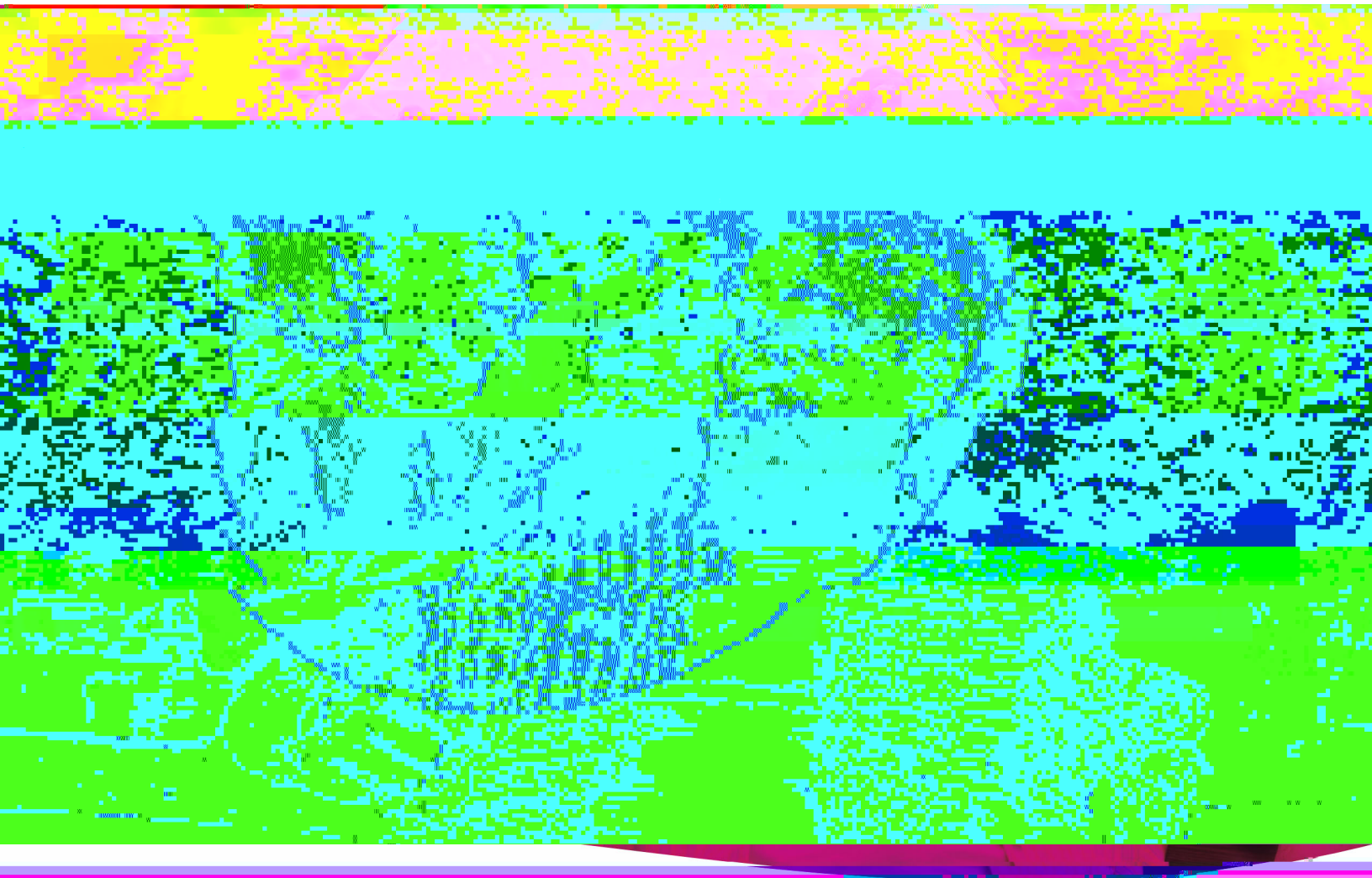


This is your Summary of Benefits.

2024

Health Net Seniority Plus Employer (HMO)

Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara*, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Yolo Counties, CA



This booklet provides you with a summary of what we cover and the cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page and ask for the "Evidence of Coverage" (EOC).

You are eligible to enroll in Health Net Seniority Plus Employer (HMO) if:

You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

You must be a United States citizen or are

Summary of Benefits

JANUARY 1, 2024–DECEMBER 31, 2024

Benefits	Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance
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Monthly Plan Premium

Services with an * (asterisk) may require prior authorization or referral from your doctor.

Benefits	Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance
Mental Health Services*	<p>Outpatient Mental Health Services:</p> <p>Individual and group therapy: \$5 copay per visit</p> <p>Inpatient Mental Health Services:</p> <p>Individual and group therapy: \$0 copay per visit</p> <p>No limit to the number of days covered by the plan each hospital stay</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Skilled Nursing Facility*	<p>Plan covers up to 100 days each benefit period.</p> <p>You pay \$0 copay per admission for Medicare-covered services in a Skilled Nursing Facility.</p> <p>You pay all costs for each day after day 100 in the benefit period.</p> <p>A “benefit period” begins the first day you go into a hospital or Skilled Nursing Facility. The benefit period ends when you haven’t received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.</p>
Physical Therapy*	\$0 copay per Medicare-covered Physical Therapy visit
Ambulance*	\$0 copay (per one-way trip) for ground or air ambulance services
Ambulatory Surgery Center*	Ambulatory Surgery Center: \$0 copay per visit

Services with an * (asterisk) may require prior authorization or referral from your doctor.

Part D Prescription Drugs

Deductible Stage	This plan does not have a Part D deductible. You begin in the Initial Coverage Stage when you fill your first prescription of the plan year.	
Initial Coverage Stage	After you have met your deductible (if applicable), the plan pays its share of the cost of your drugs and you pay your share of the cost. You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$5,030. "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes what the plan pays and what you pay. Once your "total drug costs" reach \$5,030 you move to the next payment stage (Coverage Gap Stage).	
	Standard Retail Rx 30-day supply	Mail Order Rx 100-day supply
	If you use one of our mail order pharmacies to fill up to a 100-day supply of your medications, you may be able to save money. Costs may vary depending on the type of pharmacy used and days' supply. Check your Evidence of Coverage for more information.	
	\$5 copay	\$0 copay
Tier 2: Generic Drugs	\$10 copay	\$0 copay

Part D Prescription Drugs

Coverage Gap Stage	<p>During this payment stage, your copays will remain the same. Your “out-of-pocket costs” will reflect a 70% manufacturer’s discount on covered brand name drugs. The plan will cover the remainder of the cost. (The amount paid by the plan does not count towards your “out-of-pocket costs.”) For more information, refer to the “What you pay for your prescription drugs” section of your EOC.</p> <p>You stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$8,000. “Out of pocket costs” include what you pay when you fill or refill a prescription for a covered Part D drug and payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). Once your “out-of-pocket costs” reach \$8,000, you move to the next payment stage (Catastrophic Coverage Stage).</p>
Catastrophic Stage	<p>Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the plan year. During this payment stage, the plan pays all of the cost for your covered drugs.</p>

Services with an * (asterisk) may require prior authorization or

Additional Covered Benefits

Benefits

Services with an * (asterisk) may require prior authorization or referral from your doctor.

For more information, please contact:
Health Net Seniority Plus Employer (HMO)
Post Office Box 10420
Van Nuys, CA 91410-0420

healthnet.com

Current members should call: 1-800-275-4737 (TTY:711)

Prospective members should call: 1-800-275-4737 (TTY:711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (1-800-77-486-2048, TTY:711)