

Feature	Health Net Seniority Plus CA HMO - Post-65
Provider	Health Net Life Insurance Company, Inc. 1-800-275-4737; 1-800-596-6565 non-members www.healthnet.com/ngc
Cost Sharing	
Annual Deductible	\$0 Individual; \$0 Family
Out-of-pocket maximum	\$0 Individual; \$0 Family
Lifetime coverage limit	Limit does not apply
Policies/Requirements	
Need to file claims	No; except for covered urgent or emergency care received outside of Health Net service area
Domestic partner benefits	Yes
Access	
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	No
Out-of-area dependent coverage	No
Out-of-area participant coverage	No
Spending Account	
HRA -- You only	Not applicable
HRA -- You and spouse	Not applicable
HRA -- You and child	Not applicable
HRA -- You and family	Not applicable
Eligible expenses for reimbursement	Not applicable
Outpatient Services	
Primary doctor office visit	\$10 copay
Specialist doctor office visit	\$10 copay; PCP referral required
Preventive Care	
Annual physical exam	100% covered
Well-woman exam (includes pap)	100% covered
Mammogram	100% covered
Pediatric exams	100% covered
Immunizations (child)	100% covered
Colorectal screening	100% covered
Cancer screenings	100% covered
Cardiovascular screenings	100% covered
Allergy tests and treatments	100% covered; testing, serum, and injection services
Outpatient Care	
Outpatient surgery	100% covered
Outpatient laboratory services	100% covered
Outpatient physical therapy	\$10 copay
Outpatient X-ray	100% covered
Outpatient occupational therapy	\$10 copay
Outpatient speech therapy	\$10 copay
Outpatient cardiac rehabilitation	\$10 copay

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	Family Planning/Maternity Care
Office visit: pre/postnatal	\$10 copay
In-hospital delivery services	100% covered
Newborn nursery services	100% covered
Fertility services	Covered according to Medicare guidelines based on place of service; check with Plan for details
In vitro fertilization	Not covered
Artificial insemination	Not covered; medically necessary services covered according to Medicare guidelines; check with Plan for details
Female tubal ligation	100% covered; outpatient hospital setting; \$10 copay office setting
Male vasectomy	100% covered; outpatient hospital setting; \$10 copay office setting
	Hearing
Hearing evaluations	\$10 copay
Hearing aids	Not covered
	Vision
Routine vision exams	\$10 copay; limited to PCP screening or eye refraction exam through selected Medical Group; limited to one exam per benefit plan year
Regular lenses and frames	Not covered
Contact lenses	Not covered
	Dental
Dental implants	Not covered
Accidental injury to teeth	Coverage based on place of service; check with Plan for details
Surgical removal of tumors, cysts and impacted teeth	Tumor related examinations and treatment of the gums may be covered; limitations apply; check with Plan for details
	Inpatient Services
Hospital copay	100% covered
Hospital semi-private room	100% covered
Inpatient lab and X-ray	100% covered
Inpatient surgery	100% covered
Inpatient physician and surgeon services	100% covered
	Emergency Care
Emergency room (not followed by admission)	\$50 copay
Urgent care clinic visit	\$50 copay
Ambulance services	100% covered
	Prescription Drug Coverage
Annual prescription deductible	Not applicable
Prescription drug website	Same as medical plan
Prescription drug member services	Same as medical plan
Prescription drug vendor	Same as medical plan
Annual Rx out-of-pocket maximum	\$1,500 Individual; \$3,000 Family
	Retail
Retail generic	\$5 copay; 30 day supply; formulary generic at participating pharmacies only
Retail formulary brand	\$15 copay; 30 day supply; at participating pharmacies only
Retail nonformulary brand	Not covered

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	Mail Order
Mail order generic	\$10 copay; 90 day supply; formulary generic
Mail order formulary brand	\$30 copay; 90 day supply
Mail order nonformulary brand	Not covered
	Other
Oral contraceptives	Retail and mail order available; applicable prescription drug copay applies
Fertility drugs	Not covered
Retail injectable drugs	75% covered; Specialty Injectables Groups A & B at retail pharmacies only; check with Plan for details
	Mental Health
Mental Health: Combined with substance abuse	Yes
Mental Health: Outpatient coverage	\$10 copay; must be medically necessary
Mental Health: Inpatient coverage	100% covered; limited to 190 days per lifetime
	Substance Abuse
Detox: Outpatient coverage	100% covered
Detox: Inpatient coverage	100% covered; limited to 190 days per lifetime
Rehab: Outpatient coverage	\$10 copay
Rehab: Inpatient coverage	100% covered; limited to 190 days per lifetime
	Alternative Care
Chiropractic	\$10 copay; limited to 20 visits per calendar year at ASHP provider; no PCP referral required
Acupuncture	Not covered
	Care Management Programs
Heart disease care management	Yes
Hypertension care management	Yes
Diabetes care management	Yes
Asthma care management	Yes
Prenatal care management	Yes
Cancer care management	Yes
Smoking cessation program	Yes; 12-week course of prescription drug therapy available per calendar year; check with Plan for details
Weight control program	Yes; limited to the treatment of morbid obesity; discount programs available
	Other
Noncustodial home health care	100% covered
Hospice care	Covered under original Medicare program; check with Plan for details
Prescribed care in noncustodial skilled nursing facility	100% covered; limited to 150 days per calendar year
Durable medical equipment	100% covered
Prosthetic devices	100% covered