

This is your Summary of Benefits.



2025

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



Medical planB78
H0562_8_SB_M09122024

This booklet provides you with a summary of what we cover and the cost of the plan. To get a complete list of services we cover, please call us at the number listed on the last page.

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

x 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.

x You must be a United States citizen or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Health Net Seniority Plus Employer (HMO) service area). You must also meet any of the following criteria:
The service area includes the following counties in California: 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

*Denotes partial county

For partial counties, you must live in one of the following zip codes to join this plan: 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, or 93464.

The Health Net Seniority Plus Employer (HMO) gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a Primary Care Provider (PCP) to work with you and coordinate your care. You can ask for a current provider directory or, for an up-to-date list of network providers, visit healthnet.com (Please note that, except for emergency care, urgently needed care when you are out of the network of area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Health Net Seniority Plus Employer (HMO) will be responsible for the costs.)

This Health Net Seniority Plus Employer (HMO) also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source.

The plan has a List of Covered Drugs (formulary). The list will tell you if your drug has any limits or restrictions. You can view the drug list on our website at healthnet.com/groupmedicareformulary. You can also call us to ask for a copy.

Summary of Benefits

JANUARY 1, 2021 DECEMBER 31, 2025

Benefits

Health Net Seniority Plus Employer (HMO)
Premiums [(E)-6.99JDC 19MCID 7 >9 37.92 re W

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

Benefits	Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance
Doctor Visits* (Primary Care Providers and Specialists)	xPrimary Care: \$5 copay per visit xSpecialist: \$5 copay per visit xChristian Science Practitioner: 20% coinsurance per ¹ visit. ¹ This benefit is limited to a maximum allowable of \$30 each day and a shared limit of 20 treatments each calendar year.

Preventive Care
 (e.g. flu vaccine,
 diabetic screening)

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

Benefits

Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance

Vision Services*

xVision exam (Medicareovered): \$15 copay per visit

xRoutine eye exam(refraction): \$15 copayper visit up to 1 every

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

Services with an * (asterisk)

Additional Covered Benefits

Benefits	Health Net Seniority Plus Employer (HMO) Premiums / Copays / Coinsurance
Podiatry Services* (Foot Care)	<ul style="list-style-type: none"> xFoot exams and treatment (Medicare covered):\$15 xRoutine foot care\$15per visit1 visitper calendar month xMedicarecovered podiatry visits are for medically necessary care.
Physical Exam/ Wellness Visit	xYou pay \$ copay for each routine physical exam.

Wellness Programs

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

For more information, please contact:

Health Net Seniority Plus Employer (HMO)

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ATENCIÓN: Si necesita ayuda en su idioma llame al 1-800-275-4737 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al 1-800-275-4737 (TTY: 711). Estos servicios son gratuitos.

ATENSYON: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-800-275-4737 (TTY: 711). Available din ang mga tulong at serbisyo para mga taong may kapansanan, gaya ng mga dokumento sa braille at mala print. Tumawag sa 1-800-275-4737 (TTY: 711). Libre ang mga serbisyon.

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CHÚ Ý: N u quý v c n tr giúp b ng ngôn ng c a quý v , hãy g i s 1-800-275-4737 (TTY: 711). Các h tr và d ch v dành cho ng i khuy t t t ch ng h n nh tài li u b ng ch n i và b n in c ch l n c ng c cung c p. G i s 1-800-275-4737 (TTY: 711). Các d ch v này mi n phí.