

FLEX RETIREE MAP (Over 65 Flex Retirees)	2021 Benefits
<b>PROFESSIONAL SERVICES</b>	
Visit to a physician, physician assistant or nurse practitioner at a Participating Provider Group (PPG)	\$30
Periodic health evaluations/preventive services - <i>Applies when the only service(s) provided is a Medicare covered preventive service(s). Abdominal aortic aneurysm screening, bone mass measurement, cardiovascular screening, colorectal cancer screening, diabetes screening, diabetes self-management training, flu shots, Hepatitis B, HIV screening, mammograms, medical nutritional therapy services, pap tests/pelvic exam, pneumonia shot, prostate cancer screening and smoking cessation, 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 STI's, intensive behavioral counseling for cardiovascular disease (bi-annual) and intensive behavioral therapy for obesity.</i>	\$0
Routine podiatry services (cutting/removal of corns or calluses, trimming of nails, preventative maintenance care). Limited to 1 visit each calendar month	\$30
Medicare covered podiatry services - treatment of injuries and diseases of the feet / foot care for members with certain medical conditions	\$30
Chiropractic services when using our American Speciality Health Plan Chiropractic Network. Non-Medicare covered (routine)	\$30 (30 visit maximum)
Annual wellness visit. Welcome to Medicare Physical Exam: <i>one-time within 12 months of obtaining Medicare Part B coverage</i>	\$0
Welcome to Medicare Physical Exam (Initial Preventive Physical Exam - IPPE term not for SOB use): <i>one-time within 12 months of obtaining Medicare Part B coverage. Personalized Preventive Plan Services; Medicare covered annual wellness visit, available within the first 12 months of Medicare Part B coverage or 12 months after the Welcome to Medicare Physical exam; one per year.</i>	\$0
Vision Examinations(Medicare covered diagnosis and treatment for diseases and conditions of the eye)	\$30
Vision examinations (for refraction)	\$30
Eyewear (Medicare covered only) - Limited to one pair of eyeglasses or contact lenses after each cataract surgery	\$0
Glaucoma tests (Medicare-covered) including office visit	\$0
Hearing examinations (Medicare covered)	\$0
Hearing examinations (routine)	\$0
Specialist consultations	\$30
Physician visit to member's home (at discretion of physician)	\$30
Physician visit to hospital or skilled nursing facility (excluding care for mental disorders)	\$0

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Immunizations - Medicare covered for influenza, pneumococcal and Hepatitis B	\$0
Immunizations - other medically necessary immunizations as determined by Medicare (such as, but not limited to, rabies, and tetanus vaccines)	\$0
Immunizations for foreign travel/occupational purposes	\$0
Administration of injected substances (including allergy injections)	\$0
Part B Drugs - Injected substances provided by and administered by a physician (including but not limited to allergy serum, immunosuppressive drugs and infusion therapy drugs) <i>Immunosuppressive drugs are covered at 80% of Medicare approved charges following a covered transplant in accordance with Medicare guidelines.</i>	\$0
Immunosuppressive drugs are covered following a covered transplant in accordance with Medicare guidelines	20% / max cost share of \$25 per day
Epoetin (EPO)	\$0
Osteoporosis Drugs	\$0
Infusion therapy drugs	\$0
Oral Cancer Drugs that are also available in injectable form. Certain self-administered antiemetic drugs are also covered when necessary for the administration and absorption of the oral cancer drug	\$0
Self-Injectables (non-Pt B Drugs)	Refer to Edison SilverScript PDP Pharmacy Plan
Allergy testing	\$0
Allergy desensitizing serum	\$0
Surgeon/assistant surgeon - Office	\$0
Surgeon/assistant surgeon - Outpatient hospital or ASC (1)	\$0
Surgeon/assistant surgeon - Inpatient Hospital (1)	\$0
Administration of anesthetics - Office	\$0
Administration of anesthetics - Outpatient hospital or ASC (1)	\$0
Administration of anesthetics - Inpatient Hospital (1)	\$0
Laboratory services (both professional and outpatient facility)	\$0
Non-complex/flat film x-rays (both professional & outpatient facility)	\$0
Complex tests - includes MRIs, CT Scans, Pet Scans & SPECT (both professional and outpatient facility)	\$150
Other diagnostic services - including but not limited to EKG, EEG, nuclear cardiology, etc. (both professional and outpatient facility)	\$0
Rehabilitation therapy (outpatient physical, speech, occupational, respiratory and cardiac therapy). Limited to treatment for conditions which are subject to significant improvement through relatively reasonable therapy.	\$30
Dental services (Medicare-covered dental services include services by a dentist or oral surgeon that are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor).	\$0

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<b>OTHER SERVICES</b>	
Medical social services	\$0
Patient education (wellness promotion)	\$0
Ambulance - GROUND/AIR	\$0
Durable medical equipment (adequately meets the member's medical needs as determined by Seniority Plus PPG)	\$0
Therapeutic shoes for diabetics: One pair per calendar year of therapeutic custom-molded shoes (including inners provided with such shoes) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes)	\$0
Diabetic supplies	\$0
Hearing aids. Benefit limited to \$500 each year	\$0
Prosthesis (replacing body parts)	\$0
Blood - includes storage, administration and coverage of whole blood and packed red cells	\$0
Blood - clotting factors (Part B; self injectables for hemophilia)	\$0
Organ tissue and stem cell transplants	\$0
Chemotherapy	
Professional services	\$0
Part B Drugs	\$0
Outpatient Facility Services	\$0
Radiation Therapy	
Professional services	\$0
Outpatient Facility Services	\$0
Renal dialysis (facility or professional services while not hospital confined)	\$0
Dialysis Supplies/Equipment	\$0
Home health intermittent visit	\$0
Home or Outpatient Infusion Therapy - administration	\$0
Hospice Care - Hospice services are administered only through the Medicare program.	Not covered
Respite care (non-hospice benefit pre-authorized by Health Net Medical Management)	Not covered
Hospice Consultation - initial evaluation only (1 per lifetime)	\$0
<b>ALCOHOL/DRUG REHABILITATION and CARE FOR MENTAL DISORDERS</b>	
<b>Administered by Managed Health Network (MHN)</b>	
<b>HOSPITAL AND SKILLED NURSING FACILITY SERVICES</b>	
Unlimited days of care in a semi-private room or intensive care unit with ancillary services	\$340 Per Admit
Skilled Nursing Services - Limited to 100 days per benefit period (spell of illness) in a Medicare certified bed. A benefit period begins when a member receives skilled nursing services and ends when the member has not been inpatient (in a hospital or SNF) for 60 consecutive days.	
Days 1-17	\$20 per day
Days 18-100	\$0
<b>Outpatient services:</b>	
All other outpatient services - excludes X-ray and Lab services - see X-ray benefit under 'Professional Services'. (1)	\$30
Outpatient surgery in hospital or Ambulatory Surgical Center (ASC) (1)	\$150
Outpatient hospital or Ambulatory Surgical Center facility (ASC) for Preventive Colorectal Cancer Screenings (1)	\$0

FLEX RETIREE MAP (Over 65 Flex Retirees)	2021 Benefits
<b>EMERGENCY SERVICES</b>	
<i>The emergency room or urgent care copay will not be required if the is admitted as a hospital inpatient directly from the emergency room or urgent care center.</i>	
Use of emergency room (facility and professional services)	\$100
Use of urgent care center (facility and professional services)	\$40
Worldwide emergency coverage	\$0
<b>LIFETIME MAXIMUM BENEFIT</b>	
Payments for each member's lifetime	Unlimited
<b>OUT OF POCKET MAXIMUM</b>	
Per Calendar Year (includes medical, mental health and chemical dependency benefits)	\$3490
<p>(1) For services provided on or after 5/30/14, benefits are included for all medically necessary and authorized services related to Transsexual/Transgender surgery. For benefit configuration purposes only - not to be reflected on Schedule of Benefits.</p>	
<p>(2) Applies when the only service(s) provided is a Medicare-covered preventive service(s). Abdominal aortic aneurysm screening, bone mass measurement, cardiovascular screening, colorectal cancer screening, diabetes screening, diabetes self-management training, flu shots, Hepatitis B shot, HIV screening, mammograms, medical nutritional therapy services, pap tests/pelvic exam, pneumonia shot, prostate cancer screening, smoking cessation, 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 STI's, intensive behavioral counseling for cardiovascular disease (bi-annual) and intensive behavioral therapy for obesity.</p>	
<p>(3) Welcome to Medicare Physical exam: The Welcome to Medicare physical exam is limited to one-time within 12 months of obtaining Medicare Part B coverage. Personalized Preventive Plan Services; Medicare-covered annual wellness visit, available within the first 12 months of Medicare Part B coverage or 12 months after the Welcome to Medicare Physical exam; one per year.</p>	
<p>(4) The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.</p>	