

PRIMECARE RETIREE MAP (Over 65 PrimeCare Retirees)	2022 Benefits
PROFESSIONAL SERVICES	
Visit to a physician, physician assistant or nurse practitioner at a Participating Provider Group (PPG)	\$0
Periodic health evaluations / Preventive services (1)	\$0
Medicare covered podiatry services - treatment of injuries and diseases of the feet / foot care for members with certain medical conditions	\$0
Routine podiatry services (cutting/removal of corns or calluses, trimming of nails, preventative maintenance care). Limited to 1 visit each calendar month	\$0
Medicare-covered chiropractic services at a Medicare Advantage PPG. Limited to the Medicare allowed chiropractic benefit	\$0
Routine chiropractic	Refer to American Specialty Health (ASH) 1-800-678-9133
Medicare-covered acupuncture services, for chronic low back pain (4)	Refer to American Specialty Health (ASH) 1-800-678-9133
Acupuncture services (4)	Refer to American Specialty Health (ASH) 1-800-678-9133
Welcome to Medicare Physical Exam / Annual Wellness Visit (2)	\$0
Medicare-covered vision examinations - diagnosis and treatment for diseases and conditions of the eye	\$0
Routine vision examinations (refraction)	\$0
Glaucoma tests (Medicare-covered) including office visit	\$0
Eyewear (Medicare covered only). Limited to one pair of eyeglasses or contact lenses after each cataract surgery	\$0
Medicare-covered hearing examinations (diagnostic hearing exams)	\$0
Hearing examinations (routine)	\$0
Specialist consultations	\$0
Physician visit to member's home (at discretion of physician)	\$0
Physician visit to hospital or skilled nursing facility (excluding care for mental disorders)	\$0
Medicare-covered immunizations (flu shot, pneumococcal and Hepatitis B)	\$0
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	20%
Administration of injected substances (including allergy injections)	\$0
Part B drugs. Injected substances provided and administered by a physician	\$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
Oral cancer drugs that are also available as an injectable. Certain self-administered antiemetic drugs are also covered when necessary for the administration and absorption of the oral cancer drug	0
Infusion therapy drugs	\$0
Self-Injectables (non-Pt B Drugs)	Refer to Edison SilverScript PDP Pharmacy Plan
Allergy testing	\$0
Allergy serum	\$0
Surgeon/assistant surgeon	\$0
Administration of anesthetics	\$0
Laboratory services (both professional and outpatient facility)	\$0
X-ray (non-complex) flat film x-rays (both professional and outpatient facility)	\$0
Complex procedures: MRIs, CT scans, PET scans and SPECT (both professional and outpatient facility)	\$0
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.	\$0
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 therapy).	\$0

PRIMECARE RETIREE MAP (Over 65 PrimeCare Retirees)	2022 Benefits
OTHER SERVICES	
Medicare covered Telehealth services	
-- Distant site professional service	\$0
-- Originating site facility service	\$0
-- Telehealth services - non-Medicare covered	Not covered
Medical social services	\$0
Patient education (wellness promotion)	\$0
Ambulance - GROUND/AIR	\$0
DDurable medical equipment (adequately meets the member's medical needs as determined by Medicare Advantage PPG)	\$0
Therapeutic shoes for diabetics: One pair per calendar year of therapeutic custom-molded shoes (including insoles 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 (adequately meets the member's medical needs as determined by Medicare Advantage PPG). Limited to 2 devices every 12 months (5)	\$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 (nonexperimental and noninvestigative professional services)	\$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 and equipment	\$0
Home health intermittent visit	\$0
Infusion therapy administration (home or outpatient)	\$0
Hospice care. Hospice services are administered only through the Medicare program. Hospice consultation, refer below	Not covered
Hospice Consultation - initial evaluation only (1 per lifetime)	\$0
Respite care	Not covered
ALCOHOL/DRUG REHABILITATION and CARE FOR MENTAL DISORDERS	
Administered by Managed Health Network (MHN)	
Refer to the MHN telephone number on the back of your Health Net ID card	
HOSPITAL AND SKILLED NURSING FACILITY SERVICES	
Unlimited days of hospital care in a medically necessary private room, semi-private room or special care unit with ancillary services. Excludes care for mental disorders	\$0
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	\$0
Outpatient services	
All other outpatient services. Excludes x-ray and lab services, refer to x-ray benefit under "Professional Services"	\$0
Outpatient surgery in hospital	\$0
Outpatient surgery in an Ambulatory Surgical Center (ASC).	\$0
Outpatient hospital or Ambulatory Surgical Center facility (ASC) for Colorectal Cancer Screenings	\$0

PRIMECARE RETIREE MAP (Over 65 PrimeCare Retirees)	2022 Benefits
EMERGENCY SERVICES	
Use of emergency room (facility and professional services) (3)	\$0
Use of urgent care center (facility and professional services) (3)	\$0
Worldwide emergency coverage	\$0
LIFETIME MAXIMUM BENEFIT	
Payments for each member's lifetime	Unlimited
OUT OF POCKET MAXIMUM	
Per Calendar Year (includes medical, mental health and chemical dependency benefits)	\$1,500

(1) 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.

(2) 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.

(3) 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.

(4) Effective 1/21/2020, specific Medicare-covered Acupuncture services are covered for chronic low back pain. (Services are