Health Net California Seniority Plus HMO ***Restricted* Plan K1V w/ Part D - Effective 1/1/2023** **Contract ID: H0562-803**	**K1V**
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOPM): All eligible medical, mental health, chemical dependency and pharmacy Part B drugs apply to the OOPM.	
Per member.	$3,775 [2]
PROFESSIONAL SERVICES	
Visit to a physician, physician assistant or nurse practitioner at a PPG.	$30
Periodic health evaluations / Preventive services. [1]	$0
Podiatry services	
Medicare covered podiatry services. Medically necessary treatment of injuries and diseases of the feet and foot care for members with certain medical conditions.	$30
Routine podiatry services. Cutting/removal of corns or calluses, trimming of nails, preventative maintenance care. Limited to 1 visit each calendar month.	$30
Chiropractic services	
Medicare covered chiropractic services at a Medicare Advantage PPG. Limited to the Medicare allowed chiropractic benefit.	$20
Routine chiropractic.	**Refer to American Specialty Health (ASH) 1-800-678-9133**
Acupuncture services	
Medicare-covered acupuncture services, for chronic low back pain. [3]	**Refer to American Specialty Health (ASH) 1-800-678-9133**
Acupuncture. [3]	$20
	Refer to American Specialty Health (ASH) 1-800-678-9133
Welcome to Medicare Physical Exam / Annual Wellness Visit. [4]	$0
Annual routine physical exam. Annual routine physical exam covered in addition to the Medicare-covered Annual Wellness Visit. Routine Annual Physical Exam could include all or some of the following components as applicable: history, vital signs, general appearance, heart exam, lung exam, head and neck exam, abdominal exam, neurological exam, dermatological exam, and extremities exam.	$0 Limited to 1 exam per cal yr
Vision services	
Medicare-covered vision examinations - diagnosis and treatment for diseases and conditions of the eye.	$30
Routine vision examinations (refraction).	$30 Limited to 1 exam per cal yr
Glaucoma test (Medicare-covered) including office visit.	$0
Eyewear (Medicare covered only). Limited to one pair of eyeglasses or contact lenses after each cataract surgery.	$0
Routine eye wear (glasses and contacts).	Not covered
Hearing examinations	
Medicare covered hearing examinations (diagnostic hearing exams).	$0
Routine hearing examinations.	$0 Limited to 1 exam per cal yr
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
Immunizations	
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.	$0
Administration of injected substances (including allergy injections).	$0
Part B drugs. Injected substances provided and administered by a physician.	$0
Immunosuppressive drugs. Covered following a covered transplant in accordance with Medicare guidelines.	$0
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-injectable medications (non-Part B drugs).	Refer to pharmacy
Allergy serum.	$0

Allergy testing.	$0
Surgeon/assistant surgeon (includes epidurals and bariatric).	$30
Administration of anesthetics (includes bariatric).	$30

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PROFESSIONAL SERVICES continued	
Diagnostic services (lab/x-ray)	
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).	$165
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
Supervised exercise therapy for Peripheral Artery Disease	$10
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
OTHER SERVICES	
Medicare covered Telehealth services.	
Distant site professional service.	$30
Originating site facility service.	$0
Telehealth Services (non-Medicare Covered).	$0
Medical social services.	$0
Patient education (wellness promotion).	$0
Ambulance (ground and air).	$0
Durable 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-made shoes (including inserts 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 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 $500 benefit maximum every 12 months.	$0
Prosthesis (replacing body parts).	$0
Wigs (cranial prosthesis).	Not covered
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 non-investigative professional services only).	$0
Chemotherapy	
Professional services.	$30
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).	$30
Respite care.	Not covered
ALCOHOL/DRUG REHABILITATION & CARE FOR MENTAL DISORDERS	
ADMINISTERED BY MANAGED HEALTH NETWORK - Refer members to MHN at 800-646-5610	

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 If the member changes from an Medicare Advantage PPO Plan to an Medicare Advantage HMO plan or from an Medicare Advantage HMO Plan to an Medicare Advantage PPO plan mid-year, the deductible (if applicable) and out-of-pocket accruals will be carried to the new plan.

3 Specific Medicare-covered Acupuncture services are covered for chronic low back pain. Services are limited to 12 sessions for 90 days, with an additional 8 sessions for those patients who demonstrate improvement. No more than 20 acupuncture treatments may be administered annually.

4 **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.

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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.	$340
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 1-20	$0 per day
Days 21 -37	$20 per day
Days 38 -100	$0 per day
Outpatient services.	
All other outpatient services. Excludes x-ray and lab services, refer to x-ray benefit under "Professional Services".	$30
Outpatient surgery in a hospital (includes epidurals and observation bed).	$165
Outpatient surgery in an Ambulatory Surgical Center (includes epidurals).	$165
Outpatient hospital or Ambulatory Surgical Center facility for Colorectal Cancer Screenings.	$0
OVER THE COUNTER ITEMS	
OTC Items.	Not Covered
EMERGENCY SERVICES	
NOTE: Non-emergency care (including urgently needed care) received **within** the PPG service area must be performed or authorized by the member's PPG in order for services to be covered. When urgently needed care is provided **outside** the PPG service area, authorization is not mandatory in order for services to be covered. When services are provided that meet the criteria for emergency care, whether **within or outside** the PPG service area, the services are covered. Refer to the Introduction pages for more information.	
Use of emergency room (facility and professional services).	$0
Copayment if not admitted to inpatient facility directly from the emergency room	$90
Use of urgent care center (facility and professional services).	$40
Worldwide emergency coverage.	$0