

<b>Health Net California - Wellcare No Premium Ruby HMO</b> Fresno, Kern and Madera Counties <b>Medicare Advantage Plan JY9 w/ Part D - Effective 1/1/2023</b> Contract ID: H 0562 - Plan Benefit Package: 079		JY9
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOPM):</b> All eligible medical, mental health, chemical dependency and pharmacy Part B drug services apply to OOPM. Pharmacy Part D drugs and some supplemental benefits do not apply to the OOPM. Refer to the Evidence of Coverage (EOC) for additional details.		
Per member.		\$2,200 <sup>5</sup>
<b>PROFESSIONAL SERVICES</b>		
Visit to a physician, physician assistant or nurse practitioner at a Medicare Advantage PPG.		\$0
Periodic health evaluations / Preventive services office visit. <sup>1,6</sup>		\$0
Annual wellness visit - available within first 12 months of Medicare Part B coverage or 12 months after the Welcome to Medicare Preventive Visit.		\$0 / Limited to 1 exam per cal yr
Welcome to Medicare Preventive Visit. <sup>2</sup>		\$0 / Limited to 1 per lifetime
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
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.		\$0
Routine podiatry services. Cutting/removal of corns or calluses, trimming of nails, preventative maintenance care.		\$0 / Limited to 6 visits per cal yr
Chiropractic services		
Medicare-covered chiropractic services at a Medicare Advantage PPG. Limited to the Medicare allowed chiropractic benefit.		\$0
Routine chiropractic and acupuncture services. Limited to 12 visits every year for acupuncture and 24 visits every year for chiropractic		Administered by American Specialty Health Refer members to ASH 1-800-678-9133 (TTY:711)
Vision services		
Medicare-covered vision examinations - diagnosis and treatment for diseases and conditions of the eye.		\$0
Routine vision examinations (refraction).		\$0 / Limited to 1 exam per cal yr
Glaucoma test (Medicare-covered) including office visit.		\$0 / Limited to 1 exam per cal yr
Eyewear (Medicare covered only). Limited to one pair of eyeglasses or contact lenses after each cataract surgery.		\$0
Routine eyewear (glasses and contacts) - Unlimited with a \$300 allowance every year. Member pays the remaining balance over the allowance.		Core benefit administered by Envolve Vision, Inc. Refer members to Health Net Vision Services 1-866-392-6058 (TTY:711)
Hearing examinations		
Medicare-covered hearing examinations (diagnostic hearing exams).		\$0
Routine hearing examinations.		\$0 / Limited to 1 exam per cal yr
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
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.		20%
Immunizations for foreign travel/occupational purposes.		Not covered
Administration of injected substances (including allergy injections).		\$0
Injected substances provided and administered by a physician for Part B drugs. Part B drugs include, but are not limited to, allergy serum, immuno-suppressive drugs, epoetin injections, osteoporosis drugs, oral cancer drugs and infusion therapy drugs.		20%
Self-injectable medications. Self-injectables administered by a physician in an office setting, or in the outpatient department of a hospital (not the hospital pharmacy) will be subject to the benefit for Part B Drugs. Self-injectables obtained from a pharmacy must be obtained through the Pharmacy benefit.		Not covered Refer to pharmacy benefit
Allergy testing.		\$0
Surgeon/assistant surgeon		
Office.		\$0
Outpatient hospital or ambulatory surgical center (ASC).		\$0
Inpatient hospital.		\$0
Administration of anesthetics		
Office.		\$0
Outpatient hospital or ambulatory surgical center (ASC).		\$0
Inpatient hospital.		\$0

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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).	\$50
Other diagnostic services, including but not limited to EEG, and nuclear cardiology etc. (both professional and outpatient facility).	\$0
EKG tests.	\$0
Rehabilitation therapy, includes cardiac rehabilitation, occupational therapy, physical therapy, respiratory therapy, speech/language therapy and comprehensive outpatient rehabilitation facility services.	\$0
Supervised exercise therapy for Peripheral Artery Disease.	\$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 treatments of neoplastic disease or services that would be covered when provided by a physician.	\$0
Routine dental services. Available in a buy-up package for an extra premium.	Administered by Dental Benefit Administrative Services Refer members to Health Net Dental 1-866-249-2382 (TTY:711)
OTHER SERVICES	
Telehealth services	\$0/25 <sup>8</sup>
Medical social services.	\$0
Patient education (wellness promotion).	\$0
Ambulance (ground)	\$245 per one way trip
Ambulance (air)	\$245per one way trip
Transportation (non-emergent) to plan approved location. (12 one way trips per year)	\$0
Durable medical equipment (adequately meets the member's medical needs as determined by Medicare Advantage PPG).	\$0/20%
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).	20%
Diabetic supplies (refer to the Introduction section for additional information).	\$0
Hearing aids - Limited to 2 pair every year. \$0 copay for accessible lowest technology level instruments, \$500 per ear copay for the accessible highest technology level instruments.	Core benefit administered by Hearing Care Solutions, Inc. Refer members to Hearing Care Solutions 1-866-344-7756 (TTY:711)
Hearing aid fitting exam.	\$0 / every year
Prosthetic devices and related supplies (replacing body parts).	20%
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).	20%
Organ, tissue and stem cell transplants (nonexperimental and noninvestigative professional services only).	\$0
Chemotherapy	
Professional services.	\$0
Part B drugs.	20%
Outpatient facility services.	\$0
Radiation therapy	
Professional services.	\$0
Outpatient facility services.	20%
Renal dialysis (facility or professional services while not hospital confined).	20%
Dialysis supplies and equipment.	20%

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, lung cancer screening, 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 Preventive Visit; one time within 12 months of obtaining Medicare Part B coverage.
3	A benefit period starts on the first day of admission to a hospital or skilled nursing facility (SNF) and ends when a member has been out of the hospital or SNF for 60 consecutive days.
4	The emergency room copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room.
5	If the member changes from an Medicare Advantage PPO Plan to an Medicare Advantage HMO plan or mid year, the deductibles (if applicable) and out-of-pocket maximum accruals will be carried over to the new plan.
6	Benefits are available at no member cost for services received through the Medicare Diabetes Prevention Program administered by Solera. Members may contact Solera at 877-790-4520
7	Includes observation beds.
8	\$0 when provided through a preferred vendor; for all other providers, Telehealth cost share mirrors in-person cost share based on type of services provided

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OTHER SERVICES - continued	
Home health intermittent visit. Includes home health rehab.	\$0
Infusion therapy administration (home or outpatient).	\$0
Infusion therapy drugs.	20%
Medical supplies. Medical supplies are included in the applicable cost-sharing amount where the specific service is provided, e.g., if the medical supplies were used during a visit to an emergency room, then they would be included as part of the emergency room visit copayment.	\$0
Hospice care. Hospice services are administered only through the Medicare program. Hospice consultation, refer below.	Not covered
Hospice consultation - initial evaluation only.	\$0 / Limited to 1 per lifetime
HOSPITAL AND SKILLED NURSING FACILITY SERVICES	
Unlimited days of care in a medically necessary private room, semi-private room or special care unit with ancillary services. Excluding care for mental disorders.	\$50 per day 5 day maximum per admission
Skilled nursing services. Limited to 100 days per benefit period (spell of illness) in a Medicare certified bed. <sup>3</sup>	
Days 1 - 20	\$0 per day
Days 21 - 50	\$75 per day
Days 51-100	\$0 per day
Outpatient services	
All other outpatient services, excludes x-ray and laboratory services -- refer to x-ray & lab benefits under the Professional Services section.	\$0
Outpatient surgery (including epidurals) in a hospital. Includes observation beds.	\$50/\$125
Outpatient surgery (including epidurals) in an ambulatory surgical center (ASC).	\$25
Outpatient Medicare-covered preventive colorectal cancer screenings performed in a hospital or ASC.	\$0
Outpatient chemotherapy & radiation therapy (facility services). Refer to coverage under the Other Services section.	See Other Services section
Acute inpatient care for alcohol and drug abuse (detoxification).	See Inpatient Hospital Care
EMERGENCY SERVICES	
NOTE: Non-emergency care (including urgently needed care) received within the plan's service area in most cases are covered only if performed by a network provider, however, if a member cannot get to a network provider, urgently needed care received from an out-of-network provider is 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.	
Use of emergency room (facility and professional services).	\$125 <sup>4, 7</sup>
Use of urgent care center (facility and professional services).	\$0
Worldwide emergency/urgent coverage. The annual benefit maximum is \$50,000 combined for both emergency and urgent care services.	\$125
FITNESS PROGRAM	
Fitness benefit – Peerfit Move	Administered by Peerfit Move Refer members to (855) 378-6683 (TTY:711)
OVER THE COUNTER ITEMS	
OTC Items.	\$0 \$92 Max plan benefit every three months
MEALS BENEFIT	
Meals	Not covered
CHEMICAL DEPENDENCY REHABILITATION and CARE FOR MENTAL DISORDERS	
ADMINISTERED BY MANAGED HEALTH NETWORK (MHN) - Refer members to MHN at 800-646-5610 (TTY:711)	

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7	Includes observation beds.