

# 2014 Guide to Understanding Your Benefits

*Additional information about covered benefits available under the  
Health Net Healthy Heart (HMO) Plan*

## **California**

Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties



**Josefina Bravo**  
Health Net

# The Health Net *Healthy Heart* (HMO) Plan



## The simple truth

Health care is complicated. Choosing a company, selecting a plan, understanding your coverage can be difficult, but it doesn't have to be. You simply have to know what choices you have so you can make the best decision possible.



Visit **www.healthnet.com/medicare** and register for an online member account. This lets you access your plan information and manage your account preferences.

At Health Net, we've built our business around the specific needs of the individuals we serve. We have a variety of easy-to-use plans to meet as many situations as possible. Our vast network of participating physicians, hospitals, pharmacies, and medical professionals has been built carefully over two decades for our Medicare line of business.

Another great reason to choose Health Net is because we have made it easier to understand both your benefits and your costs. The next several pages outline products and services available to you from Health Net, and we also clarify some of the benefits and services that may be a challenge to understand. We encourage you to review this information so you can take advantage of the many Health Net products, services and resources designed to help keep you healthy.

*Understanding your benefits is the key to getting the most from your health care coverage*

It's important that you understand your benefits, so you can get the health care services you need. At Health Net, we're here to make sure that each benefit is easy to understand and simple for you to use. The following sections will help explain some of your benefits in more detail.

## Optional Supplemental Benefit Package 3

You pay \$17 per month for these optional supplemental benefits in addition to your monthly plan premium and the monthly Medicare Part B premium.

### Chiropractic services

Coverage for up to 30 visits every year (combined with acupuncture services). Verification of medical necessity or referral is not required for visits. Medical necessity verification may be required for subsequent visits and treatments.

Medicare-covered chiropractic services, including manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part), are covered under the medical benefit through your participating physician group (PPG).

### Acupuncture

You pay \$10 for each visit, up to 30 visits every year (combined with chiropractic services). Verification of medical necessity or referral is not required for visits. Medical necessity verification may be required for subsequent visits and treatments.

### Eyewear

There is a \$250 maximum payable\* every two years for one pair of frames or contact lenses (not applicable to medically necessary contact lenses).

Contact lenses are covered in lieu of eyeglasses. There is no charge for standard plastic eyeglass lenses. Multi-year benefits may not be available in subsequent years.

\*You pay 80% of the remaining balance over the maximum payable for frames and 85% of the balance for conventional contact lenses. You pay 100% of the remaining balance for disposable contact lenses.

### Dental services DHMO

With the exception of emergency and urgent dental care, all covered services must be provided by a contracted dentist. Most covered services will be available from, and provided by, your selected primary care general dentist. Comprehensive copay amounts vary by service/procedure:

	<i>In-network</i>
Diagnostic services	\$0-\$15
Restorative services (includes crowns/ fillings)	\$0-\$300
Endodontics/ periodontics/ extractions	\$0-\$375
Oral/maxillofacial surgery/other Prosthodontics (includes partials/ dentures)	\$0-\$2,250



## Optional Supplemental Benefit Package 5

You pay \$27 per month for these optional supplemental benefits in addition to your monthly plan premium and the monthly Medicare Part B premium.

### **Chiropractic services**

Coverage for up to 30 visits every year (combined with acupuncture services). Verification of medical necessity or referral is not required for first-time visits. Medical necessity verification may be required for subsequent visits and treatments.

Medicare-covered chiropractic services, including manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part), are covered under the medical benefit through your participating physician group (PPG).

### **Acupuncture**

You pay \$10 for each visit, up to 30 visits every year (combined with chiropractic services). Verification of medical necessity or referral is not required for first-time visits. Medical necessity verification may be required for subsequent visits and treatments.

### **Eyewear**

There is a \$250 maximum payable\* every two years for one pair of frames or contact lenses (not applicable to medically necessary contact lenses). Contact lenses are covered in lieu of eyeglasses. There is no charge for standard plastic eyeglass lenses. Multi-year benefits may not be available in subsequent years.

\*You pay 80% of the remaining balance over the maximum payable for frames and 85% of the balance for conventional contact lenses. You pay 100% of the balance for disposable contact lenses.

## Dental services DPPO

You can see any licensed dentist to receive covered preventive and general comprehensive dental services; however, your cost-sharing will be less if you use plan providers.

<i>In-network</i>	<i>Out-of-network</i>
One-time, annual in-network deductible of \$35	One-time, annual out-of-network deductible of \$35
\$1,000 plan maximum per year (combined with out-of-network for all services)	\$1,000 plan maximum per year (combined with in-network for all services)
\$0 copayment for preventive services	20% coinsurance of Maximum Allowable Cost (MAC)* for preventive services
20% coinsurance for general comprehensive services	40% coinsurance of Maximum Allowable Cost (MAC)* for general comprehensive services

\*MAC is the maximum dollar amount allowed by the plan for a covered dental service. After the deductible, you will be responsible for the difference between MAC and the billed charges. Premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium.

### *Outpatient hospital*

Outpatient hospital services cost-sharing amounts vary depending upon the specific service as specified in the medical benefits section of the Evidence of Coverage.

### *Skilled nursing facility*

You pay all costs for each day after day 100 in a benefit period. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

### *Annual routine physical exam*

Our plan covers an annual routine physical exam in addition to the Medicare-covered annual wellness visit. The annual routine physical exam allows you to seek a separate visit with your physician to discuss general health questions or issues without presentation of a specific chief complaint and includes a comprehensive review of any symptoms you may have and physical examination.

This 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.

## *Silver&Fit*<sup>®</sup> program



As an eligible Silver&Fit Basic member, you may choose one of the two options below:

### **1. Silver&Fit Basic Network**

Your Silver&Fit membership entitles you to take advantage of all of the services and amenities included with your fitness facility or exercise center membership. Fitness facility amenities may include access to cardiovascular and resistance training equipment; exercise classes offered by the fitness facility; and, where available, saunas, steam rooms and whirlpools. Amenities offered by exercise centers may vary by facility.<sup>1</sup>

### **2. Silver&Fit Home Fitness Program**

Your Silver&Fit Home Fitness Program offers you the chance to participate in fitness and education activities in the comfort of your own home. When you join, you may choose to receive up to two of the following kits:<sup>2</sup>

- Dance kit
- Strength exercise kit
- Walking kit
- Yoga kit
- Tai chi kit

- Pilates kit
- Aqua aerobics kit
- Stress management kit

The kits may include items such as a DVD, a booklet with general information about the topic, and a Quick Start guide.

### **Access Silver&Fit Online**

All members are eligible to register for the Silver&Fit website, [www.SilverandFit.com](http://www.SilverandFit.com), which can be viewed in 12-, 14-, or 16-point font and allows you to:

- Utilize the fitness facility locator and enrollment change features in the event you wish to change fitness facilities.
- Access fitness literature to help you make healthier lifestyle choices.
- Choose from multiple health trackers to monitor your progress.
- Access the Silver&Fit member newsletters.

To register, simply go to [www.SilverandFit.com](http://www.SilverandFit.com). Once you register, you may begin utilizing all of the website features.

<sup>1</sup>Any nonstandard fitness facility services that typically require an additional fee are not included.

<sup>2</sup>Kit offerings are subject to availability and may change without notice. Limit of two kits maximum per benefit year.

## *Decision Power® – Health and Wellness: A bridge to healthy actions*

### **Information, resources and support for every person, every stage of health**

When you choose Health Net, you get more than health care coverage. You get Decision Power. Decision Power brings together under one roof the information, resources and personal support that fit you, your health and your life. Whether you're focused on staying fit, dealing with back pain, or facing a serious diagnosis, we're here to help you work with your doctor and make informed decisions.

### **Staying healthy is just as important as getting well**

Making the most of your health is what Decision Power is all about. We're focused on your whole health, not just one concern or disease. So we work with you to identify potential health risks, and help prevent minor concerns from becoming big problems. We're here should you face serious medical concerns.

### **Your health, your time, your choice**

Whether you...

- have a question
- want help with a specific health goal
- need treatment but want to understand all your options
- are living with illness

You choose how and when to use the information, resources and support available. You can use Decision Power online or by calling. Try multiple resources at once, or one at a time. 24 hours a day, seven days a week, Decision Power is here for you.

The products and services indicated with an asterisk (\*) in the following chart are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Health Net grievance process.

You have access to Decision Power through your current enrollment with Health Net of California, Inc. or Health Net Life Insurance Company.

Decision Power is part of Health Net's Medicare Advantage benefit plans. But it is not affiliated with Health Net's provider network. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies.

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When you choose Health Net, you get more than health care coverage. You get Decision Power. Decision Power brings together under one roof the information, resources and personal support that fit you, your health and your life.

The following is the at-a-glance reference guide to the benefits available to you through Decision Power.

<i>Recommendation</i>	<i>Health Net offering powered by Decision Power</i>
Healthy Aging	<b>Programs and resources</b> <ul style="list-style-type: none"> <li>• Online wellness programs on exercise, healthy aging, condition management</li> <li>• Online Health Games to improve memory and concentration</li> </ul>
Promoting weight management and nutrition	<b>Weight loss programs</b> <ul style="list-style-type: none"> <li>• Discounts for Weight Watchers® and Jenny Craig®* Nutrition program</li> <li>• Access to a wellness health coach</li> <li>• Online nutrition program</li> </ul>
Health & Wellness Information Line	<b>Nurse support</b> <ul style="list-style-type: none"> <li>• Talk to a licensed nurse via phone, or chat about injuries, illnesses, chronic conditions and preventive care; available 24 hours, 7 days a week.</li> </ul>
Managing stress	<b>Massage therapy</b> <ul style="list-style-type: none"> <li>• Discounts on massage therapy services through contracted providers*</li> </ul>
Avoiding tobacco	<b>Smoking cessation programs</b> <ul style="list-style-type: none"> <li>• Telephonic and online support programs</li> </ul>

### *Provider network*

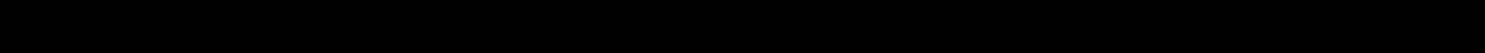
Health Net Healthy Heart uses specific providers only. Not all Participating Provider Groups (PPGs) and their affiliated Primary Care Physicians (PCPs) and facilities are available to you in your service area for this plan. In addition, you may be limited to providers within your Primary Care Provider's (PCP's) and/or medical group's network. This means that the PCP and/or medical group that you choose may determine the specialists and hospitals you can use. It is important to understand that Health Net offers a variety of plans in each service area. If your provider of choice is not available through this plan, the provider may

be available through a different Health Net plan offering. To obtain the most up-to-date information regarding available providers for this plan, please contact us at the number listed in this brochure.

### *More information*

Want to know more before you choose Health Net? You can get additional benefit information by calling Member Services at 1-800-977-6738. Our hours of operation are 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users call 1-800-929-9955. You can also visit us online at [www.healthnet.com](http://www.healthnet.com).





Health Net of California, Inc. has a contract with Medicare and the California state Medicaid program to offer HMO, PPO, HMO-SNP plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

Chiropractic and acupuncture benefits are administered by American Specialty Health Networks, Inc., a subsidiary of American Specialty Health Incorporated.

The Silver&Fit program is provided by American Specialty Health Systems, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and is used with permission herein.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

For additional information, please contact our Member Services number at 1-800-977-6738. (TTY/TDD users should call 1-800-929-9955). Hours are 8:00 a.m. to 8:00 p.m., 7 days a week.

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# Health Net Medicare Advantage Plans

## 2014 Optional Benefit

# Individual Enrollment Form



**Health Net**  
MEDICARE PROGRAMS

Health Net offers Optional Benefits for an additional monthly plan premium. This form may be used only by our current members who are adding the Optional Benefits Package to their existing Health Net Medicare Advantage plan or who are already enrolled in an Optional Benefit Package and are switching to a different package option. Please review the plan package options listed on the back of this form before enrolling. The premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium. Please keep the yellow copy of this form as your temporary ID card until your new ID card is mailed to you.

<i>Your personal information:</i>				
Last name:		First name:		MI:
Home address (may not be a PO box):				
City:			State:	ZIP:
Mailing address (if different from above):				
City:			State:	ZIP:
Home telephone: (____) _____ - _____		Email address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth: (____/____/____) (M M / D D / Y Y Y Y)		Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____		
Medicare #: (from red, white and blue Medicare card)		Health Net Subscriber #:		

**After you have completed this form, please mail it to:**

Health Net of California, Inc.  
PO Box 10420  
Van Nuys, CA 91499-6208

**Please complete this section if you are enrolling in an Optional Benefits Package:** I am currently enrolled in a Health Net Medicare Advantage plan, paying a monthly plan premium of \$\_\_\_\_\_ and wish to enroll in the Optional Benefits Package #\_\_\_ for an additional monthly premium of \$\_\_\_\_\_.

**Please complete this section if you are a current member and are switching Optional Benefits Packages:** I am currently enrolled in a Health Net Medicare Advantage plan AND Optional Benefits Package #\_\_\_ and wish to switch to Optional Benefits Package #\_\_\_ for an additional monthly premium of \$\_\_\_\_\_.

Please do not use this form to change Health Net Medicare Advantage Plans.

White Copy – Health Net    Yellow Copy – Enrollee

If choosing Package Plan #1 or Package Plan #3, please make a dental provider selection from the Health Net Dental Provider Directory. Provider name: \_\_\_\_\_ Provider ID #: \_\_\_\_\_

Please see the last page of this form for the Optional Benefits Packages that are available with your Health Net Medicare Advantage plan.

New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. I understand that to be eligible for the Optional Supplemental Benefits Package, I must remain a member of a Health Net Medicare Advantage plan. If I disenroll from my plan, I will be automatically disenrolled from the Optional Supplemental Benefits Package. If I discontinue payment of the Optional Supplemental Benefits Package, my membership in the Optional Supplemental Benefits Package will be terminated, and my Medicare Advantage (medical) plan enrollment status will not be affected. My coverage will default to my standard Health Net Medicare Advantage (medical) plan only.

You may disenroll at any time from this option by providing written notice to Health Net, but once disenrolled, reenrollment during the same calendar year will be limited. The available election periods for the Optional Benefits are from October 15, 2013, through December 31, 2013, for a January 1, 2014, effective date; January 1, 2014, through January 31, 2014, for a February 1, 2014, effective date; or from May 15, 2014, through June 30, 2014, for a July 1, 2014, effective date.

When electing the HMO option, you understand that, beginning with the effective date of coverage for this Optional Benefits Package, in order for services to be covered, you must obtain those services through Health Net contracted providers, with the exception of emergency or urgently needed services as described in the Summary of Benefits or Evidence of Coverage (EOC). The PPO Optional Benefits Package provides two levels of coverage. In-network coverage applies when you receive services from providers within the network. Out-of-network coverage applies when you receive covered services from providers who do not participate in the network. Your cost-sharing will usually be lower when utilizing in-network providers than when accessing care out-of-network. To obtain these services at the in-network level of coverage, please refer to the Summary of Benefits or Evidence of Coverage (EOC) for the plan.

If a Health Net provider denies a request for service or payment of a claim, you may appeal the denial decision by using the Medicare appeals process as described in your Evidence of Coverage (EOC). Health Net will notify you when your effective date of coverage begins.

**Go paperless!** Please select which of the following Medicare materials you would like to receive online instead of by the U.S. Postal Service (USPS):

- I want to receive all available documents online, not by USPS.
- Explanation of Benefits (EOB)
- Standardized Annual Notice of Change/Evidence of Coverage (ANOC/EOC)
- Post-enrollment materials (Formulary, Provider Directory, Pharmacy Directory)
- All future available documents (You will be notified via email when a new online document type becomes available.)

You acknowledge and agree that, by selecting the document(s) above, you are consenting to receive electronic delivery via [www.healthnet.com](http://www.healthnet.com) and to stop USPS delivery of the paper versions of the document(s) selected above. You agree that your consent, when issued electronically by use of your personal information or passwords, bears the same legal authority as your written signature and is binding by law. The documents selected above will be delivered to you online at [www.healthnet.com](http://www.healthnet.com) instead of by USPS. In order for us to deliver the selected documents to you electronically, you must provide us with your email address where indicated on the first page. We will email you when a new document is available. To view documents online, you'll need to register and log in to [www.healthnet.com](http://www.healthnet.com) using your user name and password. You may change your document delivery preferences at any time online or by calling Health Net at the number listed on this form.

### Release of information:

I allow the Centers for Medicare & Medicaid Services (CMS) to give information to the plan, and I allow the Plan, Plan's doctors and clinics, or anyone else with medical or other relevant information about me, to give CMS or CMS's agents the information needed to run the Medicare program. I also give the Plan authorization to release necessary or other relevant information about me to service providers.

**I understand that my signature on this application means that I have read and understand the contents of this application and agree to abide by the plan rules concerning the Optional Benefits Plans.** (Please read your Evidence of Coverage document to know what rules you must follow in order to receive coverage with Health Net.)

Print name:		
Signature:		Date: (____/____/____) (M M / D D / Y Y Y Y)
<i>If you are the authorized representative, you must provide the following information:</i>		
Last name:	First name:	MI:
Address (may not be a PO box):		
City:	State:	ZIP:
Relationship to applicant:	Phone number: (____) ____ - ____	

Thank you for choosing Health Net. If you have questions regarding Health Net (HMO), Health Net Seniority Plus (HMO) or Healthy Heart (HMO), please call 1-800-275-4737 (TTY/TDD 1-800-929-9955), 8:00 a.m. to 8:00 p.m. Pacific time (PT), seven days a week. If you have questions regarding Health Net Violet (PPO), please call 1-800-960-4638 (TTY/TDD 1-800-929-9955), 8:00 a.m. to 8:00 p.m., seven days a week.

### Office use only

Group #:	Effective date:
Correction of member information:	

Health Net of California, Inc. has a contract with Medicare to offer HMO plans. Health Net Life Insurance Company has a contract with Medicare to offer PPO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Individuals must have both Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information.

This information is available for free in other languages. Please call our customer service number at 1-800-275-4737. TTY/TDD users should call 1-800-929-9955. Hours are 8:00 a.m. to 8:00 p.m., seven days a week. Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con el número de nuestro servicio al cliente al 1-800 275-4737. Los usuarios de TTY/TDD deben llamar al 1-800-929-9955. El horario de atención es de 8:00 a.m. a 8:00 p.m., los siete días de la semana.

Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net and Health Net Seniority Plus are registered service marks of Health Net, Inc. All rights reserved.

**Please review the plan package options before enrolling in an Optional Benefits Package.**

Health Net Seniority Plus Green (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Ruby Select (HMO), Health Net Healthy Heart (HMO), and Health Net Violet (PPO) Optional Benefit Plan Packages

Counties	Green Plan	Healthy Heart Plan	Ruby Seniority Plus Plan	Ruby Select Plan	Violet Plan
Alameda	Plan #1 or Plan #2	Plan #1 or Plan #2			
Contra Costa	Plan #1 or Plan #2				
Fresno		Plan #1 or Plan #2			
Kern			Plan #1 or Plan #2		
Los Angeles		Plan #3 <sup>2</sup> or Plan #5 <sup>2</sup>	Plan #1 or Plan #2		
Orange		Plan #3 <sup>2</sup> or Plan #5 <sup>2</sup>	Plan #1 or Plan #2		
Placer <sup>1</sup>	Plan #1 or Plan #2	Plan #1 or Plan #2		Plan #1 or Plan #2	Plan #4
Riverside		Plan #3 <sup>2</sup> or Plan #5 <sup>2</sup>	Plan #1 or Plan #2		
Sacramento	Plan #1 or Plan #2	Plan #1 or Plan #2		Plan #1 or Plan #2	Plan #4
San Bernardino		Plan #3 <sup>2</sup> or Plan #5 <sup>2</sup>	Plan #1 or Plan #2		
San Diego		Plan #3 <sup>2</sup> or Plan #5 <sup>2</sup>	Plan #1 or Plan #2		Plan #4
San Francisco		Plan #6		Plan #1 or Plan #2	Plan #4
San Joaquin	Plan #1 or Plan #2				Plan #4
Santa Barbara <sup>1</sup>	Plan #1 or Plan #2				
Santa Clara				Plan #1 or Plan #2	
Santa Cruz				Plan #1 or Plan #2	
Sonoma	Plan #1 or Plan #2			Plan #1 or Plan #2	
Stanislaus	Plan #1 or Plan #2	Plan #1 or Plan #2			Plan #4
Yolo	Plan #1 or Plan #2	Plan #6		Plan #1 or Plan #2	Plan #4

Please refer to the Summary of Benefits or Evidence of Coverage (EOC) for detailed information, service areas, benefit premiums, and costs associated with each plan. Some plans are not available in all service areas.

**Package Plan #1** Monthly plan premium: \$19

Benefits: Chiropractic/Acupuncture, HMO Comprehensive Dental, Eyewear and Health Club Membership/Fitness

**Package Plan #2** Monthly plan premium: \$29

Benefits: Chiropractic/Acupuncture, PPO Dental, Eyewear and Health Club Membership/Fitness

**Package Plan #3** Monthly plan premium: \$17

Benefits: Chiropractic/Acupuncture, HMO Comprehensive Dental and Eyewear<sup>2</sup>

**Package Plan #4** Monthly plan premium: \$27

Benefits: Chiropractic/Acupuncture, PPO Dental and Eyewear

**Package Plan #5** Monthly plan premium: \$27

Benefits: Chiropractic/Acupuncture, PPO Dental and Eyewear<sup>2</sup>

**Package Plan #6** Monthly plan premium: \$21

Benefits: Chiropractic/Acupuncture; Additional PPO Preventive, Diagnostic and Comprehensive Dental; Eyewear; and Health Club Membership/Fitness

<sup>1</sup>Indicates partial county. Please refer to the Health Net Dental Provider Directory for a listing of service areas.

<sup>2</sup>This option is only available for individuals enrolled or enrolling in the Healthy Heart Plan for Los Angeles, Orange, Riverside, San Bernardino, or San Diego. Health Club Membership/Fitness is included as a general benefit and is not included in the Optional Benefit Package.