

# 2014 HMO Optional Supplemental Benefits Guide

*Health Net Medicare Advantage plans*

*Health Net Ruby (HMO) and Health Net Jade (HMO SNP)*

**Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill  
counties, OR**



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*Health Net*

# Enhance *Your Health Care*

## *Health Net Medicare Advantage plans*

Good health means something different to everyone. How you take care of yours is an individual choice. That's why Health Net offers the choice to customize your coverage. Ruby (HMO) and Jade (HMO SNP) members can add the Preventive Dental Plus optional supplemental benefit package to their plan for an additional monthly premium.

### *How to enroll in an optional supplemental benefit package*

#### **New members**

- Simply check the option for Preventive Dental Plus on the enrollment form at the time you enroll in a Health Net Medicare Advantage HMO plan.
- Or, new members can purchase the optional supplemental benefit until the end of the first month of initial enrollment by completing the Optional Supplemental Benefits Individual Enrollment Form. Benefits will become effective the first of the following month.

#### **Current members**

- Add the optional benefit package by completing an Optional Supplemental Benefits Individual Enrollment Form between October 15 and December 31, 2013. The benefit will be effective on January 1, 2014.
- Or, add an optional benefit package by completing an Optional Supplemental Benefits Individual Enrollment Form between January 1 and January 31, 2014. The benefit will be effective February 1, 2014.

The premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium.

## Preventive Dental Plus coverage

### Healthy Net Ruby and Health Net Jade

The Preventive Dental Plus Optional Package covers an extensive range of preventive, restorative and non-surgical periodontal services. You may choose a dentist in our network and enjoy greater savings out-of-pocket. Or you can see a dentist not in our network and pay a little more when you use their services.

	<i>In-network</i>	<i>Out-of-network</i>
<b>Monthly premium</b> (premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium)		\$31
<b>Annual deductible</b>	\$35 in- and out-of-network combined	
<b>Annual benefit maximum</b>	\$1,250 in- and out-of-network combined (Specific dental codes may apply.)	
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Every year: 2 exams, 2 routine cleanings, bitewing X-rays</li> <li>• Every 3 years<sup>1</sup>: panoramic X-rays</li> </ul>	\$0 copayment (Health Net pays 100%)	20% coinsurance of UCR <sup>2</sup> (Health Net pays 80% of UCR) <sup>3</sup>
<b>Restorative services</b> <ul style="list-style-type: none"> <li>• Amalgam and resin composite fillings (one restoration per tooth surface every 3 years<sup>1</sup>)</li> </ul>	20% coinsurance (Health Net pays 80%)	20% coinsurance of UCR <sup>2</sup> (Health Net pays 80% of UCR) <sup>3</sup>
<b>Nonsurgical periodontal services</b> <ul style="list-style-type: none"> <li>• Scaling and root planing, debridement, and periodontal maintenance</li> </ul>	50% coinsurance (Health Net pays 50%)	50% coinsurance of UCR <sup>2</sup> (Health Net pays 50% of UCR) <sup>3</sup>

### Nonsurgical periodontal services

This supplemental benefit package includes coverage for nonsurgical periodontal treatment (scaling and root planing) and periodontal maintenance. Periodontal maintenance is covered twice per year with a history of periodontal therapy. If no periodontal maintenance was received in the last 12 months, a re-evaluation examination is required. Periodontal maintenance is not covered during the first 90 days after periodontal therapy. Full-mouth debridement is covered to permit a periodontal evaluation; however, it is not covered on the same date as scaling and root planing, prophylaxis or any examination.

<sup>1</sup>Multi-year benefit may not be available in subsequent years.

<sup>2</sup>UCR: Usual, customary and reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

<sup>3</sup>Member is responsible for the difference between UCR and billed charges.

Health Net has a contract with Medicare to offer HMO, HMO SNP and PPO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's Medicare Advantage (MA) plans. You must reside in the plan service area in order to apply for Health Net's MA plans. Members may enroll in the plan only during specific times of the year. Contact Health Net for more information. Medicare beneficiaries must continue to pay their Medicare Part B premiums and any applicable monthly health plan premium. Limitations, copayments/coinsurance and restrictions may apply. Plan benefits and cost-sharing may vary by plan, county and region.

These optional supplemental benefits are not Medicare-covered services; Medicare services are covered under the member's Medicare Advantage plan. Any unused portion of these benefits cannot be carried over from one year to the next. Members may enroll in the plan and choose optional supplemental benefit packages only during specific times of the year. Contact Health Net for more information. If you disenroll from the optional supplemental benefit packages, it will not affect your original Health Net Medicare Advantage (MA) plan.

For full information on this plan's benefits, including information on premium withhold or direct bill options, and other exclusions, limitations or restrictions to services not already identified in this document, please contact Health Net at 1-888-445-8913 (TTY/TDD 1-800-929-9955 for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., seven days a week.

For the Ruby (HMO) Plan or Jade (HMO SNP) Plan, in-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net and who accept Medicare. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor Health Net will be responsible for the costs. However, members may use in- or out-of-network providers for optional supplemental benefits. Please note that accessing optional supplemental benefits out-of-network may cost more than receiving care from Health Net's in-network providers.

Medicare beneficiaries may enroll in Health Net's MA plans and optional supplemental benefit packages through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov).

The benefit information provided herein is a brief summary, not a complete description of benefits. For more information, contact the plan. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

This information is available for free in other languages. Please call our customer service number at 1-888-445-8913. TTY/TDD users call 1-800-929-9955, 8:00 a.m. to 8:00 p.m., seven days a week.

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	<i>Preventive Dental Plus Option</i>	<i>Routine Vision Option</i>	<i>Extended Dental Option</i>
Plan	Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO), Health Net Aqua (PPO), Health Net Ruby (HMO), Health Net Jade (HMO SNP)	Health Net Violet Option 2 (PPO)	Health Net Healthy Heart (PPO)
Monthly premium	\$31	\$6	\$23
Routine benefits	Preventive Dental Plus coverage: preventive, restorative and nonsurgical periodontal services	Routine Vision coverage: routine eye exam and eyewear	Extended Dental coverage: restorative and nonsurgical periodontal services

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. However, I will remain enrolled in my standard Health Net Medicare Advantage (medical) plan.

The open enrollment periods for Optional Supplemental Benefits for current Health Net medical members are from October 15, 2013, through December 31, 2013, for a January 1, 2014 effective date and from January 1, 2014, through January 31, 2014, for a February 1, 2014 effective date. New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. Members may disenroll at any time from an Optional Supplemental Benefits package by providing written notice to Health Net. The disenrollment date will be the first day of the month following Health Net's receipt of the disenrollment request. Once disenrolled, members must wait until the next open enrollment period to enroll for a January 1 effective date.

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 U.S. Mail (provide email address on page 1):

- I want to receive all available documents online, not by U.S. Mail
- 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 U.S. Mail 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 U.S. Mail. 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.

White – Health Net      Yellow – Member

*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 Supplemental Benefits Plans.**

(Please read your Evidence of Coverage document to know what rules you must follow in order to receive coverage with Health Net.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of beneficiary (M M D D Y Y Y Y) Health Net representative's signature

If you are the authorized representative, you must provide the following information:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Relationship to enrollee:** \_\_\_\_\_

Thank you for choosing Health Net. If you have questions, please call us at 1-888-445-8913 (TTY/TDD 1-800-929-9955 for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., seven days a week.

<i>Office use only</i>	
Group #:	Effective date:
Correction of member information:	

Health Net has a contract with Medicare to offer HMO, PPO, HMO SNP coordinated care plans. This contract is renewed annually, and availability of coverage beyond the end of the contract year is not guaranteed. This plan may not be available to Medicare beneficiaries in the following contract year because by law, plan sponsors, like Health Net, can choose not to renew their contract with CMS, or they can reduce their service area, and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. The benefit information provided herein is a brief summary, not a complete description of benefits. For more information, contact the plan. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. 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. Limitations, copayments/coinsurance and restrictions may apply. 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 1-888-445-8913. TTY/TDD users call 1-800-929-9955.

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