2015 Summary *of* Benefits

Health Net Aqua (PPO)

Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington and Yamhill counties, OR; Clark County, WA

Health Net®
MEDICARE PROGRAMS

Benefits effective January 1, 2015
H5520 Health Net Life Insurance Company
Material ID # H5520_2015_0296 CMS Accepted 09032014

SECTION I

INTRODUCTION TO SUMMARY OF BENEFITS

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Health Net Aqua (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Health Net Aqua (PPO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Health Net Aqua (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.
This document may be available in a non-English language. For additional information, call us at 1-888-445-8913 (TTY users should call 711).
Este documento puede estar disponible en un idioma distinto al inglés. Para obtener información adicional, llamenos al 1-888-445-8913 (Los usuarios de TTY deben llamar al 711).

Things to Know About Health Net Aqua (PPO)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time.

Health Net Aqua (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-888-445-8913 (TTY users should call 711).
- If you are not a member of this plan, call toll-free 1-800-949-6192 (TTY users should call 711).
- Our website: http://www.healthnet.com/medicare

Who can join?

To join **Health Net Aqua (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Oregon: Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill; Washington: Clark.

Which doctors, hospitals, and pharmacies can I use?

Health Net Aqua (PPO) has a network of doctors, hospitals, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You can see our plan's provider directory at our website (http://www.healthnet.com/medicare).

Or, call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

• **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.

• **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

Health Net Aqua (PPO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

If you have any questions about this plan's benefits or costs, please contact Health Net Life Insurance Company for details.

SECTION II

SUMMARY OF BENEFITS

Health Net Aqua (PPO)	
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	$45 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan has deductibles for some hospital and medical services. $125 per year for some in-network and out-of-network services.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: • $2,500 for services you receive from in-network providers. • $5,100 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE: • SERVICES WITH A [1] MAY REQUIRE PRIOR AUTHORIZATION.
• SERVICES WITH A [2] MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

Outpatient Care and Services	
Acupuncture and Other Alternative Therapies[1]	There is a limit to how much our plan will pay: • In-network: $15 copay • Out-of-network: $15 copay Combined $500 annual allowance for in and out-of-network routine chiropractic, acupuncture, and naturopathic services.
Ambulance[1]	• In-network: $100 copay • Out-of-network: $100 copay
Chiropractic Care[1]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): • In-network: $15 copay • Out-of-network: $15 copay Routine chiropractic visit (there is a limit to how much our plan will pay): • In-network: $15 copay • Out-of-network: $15 copay Combined $500 annual allowance for in and out-of-network routine chiropractic, acupuncture, and naturopathic services.
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • In-network: $25 copay • Out-of-network: $20-40 copay, depending on the service You will always pay a $40 copay for out-of-network dental services.
Diabetes Supplies and Services	Diabetes monitoring supplies: • In-network: You pay nothing • Out-of-network: 20% of the cost Diabetes self-management training: • In-network: You pay nothing • Out-of-network: You pay nothing Therapeutic shoes or inserts: • In-network: 15% of the cost • Out-of-network: 20% of the cost
Diagnostic Tests, Lab and Radiology Services, and X-Rays[1]	Diagnostic radiology services (such as MRIs, CT scans): • In-network: 15% of the cost • Out-of-network: 20% of the cost Diagnostic tests and procedures: • In-network: 0-15% of the cost, depending on the service • Out-of-network: 0-20% of the cost, depending on the service

Diagnostic Tests, Lab and Radiology Services, and X-Rays[1] (continued)	Lab services: • In-network: You pay nothing • Out-of-network: You pay nothing Outpatient x-rays: • In-network: $12 copay • Out-of-network: $20-40 copay, depending on the service Therapeutic radiology services (such as radiation treatment for cancer): • In-network: 15% of the cost • Out-of-network: 20% of the cost You will always pay a $20 copay for out-of-network X-ray services.
Doctor's Office Visits	Primary care physician visit: • In-network: $12 copay • Out-of-network: $20-40 copay, depending on the service Specialist visit: • In-network: $25 copay • Out-of-network: $20-40 copay, depending on the service You will always pay a $20 copay for out-of-network Primary care physician visits. You will always pay a $40 copay for out-of-network Specialist visits.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	• In-network: 15% of the cost • Out-of-network: 20% of the cost
Emergency Care	$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs. $50,000 plan coverage limit for supplemental emergency services outside the U.S. and its territories every year.
Foot Care *(podiatry services)*	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: $25 copay • Out-of-network: $20-40 copay, depending on the service You will always pay a $40 copay for out-of-network podiatry services.
Hearing Services	Exam to diagnose and treat hearing and balance issues: • In-network: $25 copay • Out-of-network: $20-40 copay, depending on the service You will always pay a $40 copay for out-of-network hearing services.

Home Health Care[1]	• In-network: You pay nothing • Out-of-network: $15 copay You will always pay a $40 copay for out-of-network hearing services.
Mental Health Care[1]	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • In-network: • $175 copay per day for days 1 through 8 • You pay nothing per day for days 9 through 90 • Out-of-network: • $200 copay per day for days 1 through 8 • You pay nothing per day for days 9 through 190 Outpatient group therapy visit: • In-network: $25 copay • Out-of-network: $50 copay Outpatient individual therapy visit: • In-network: $25 copay • Out-of-network: $50 copay
Outpatient Rehabilitation[1]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • In-network: $25 copay • Out-of-network: $35 copay Occupational therapy visit: • In-network: $25 copay • Out-of-network: $35 copay Physical therapy and speech and language therapy visit: • In-network: $25 copay • Out-of-network: $35 copay You will always pay a $50 copay for out-of-network group therapy visits. You will always pay a $50 copay for out-of-network individual therapy visits.

Outpatient Substance Abuse[1]	Group therapy visit: • In-network: $25 copay • Out-of-network: $50 copay Individual therapy visit: • In-network: $25 copay • Out-of-network: $50 copay You will always pay a $50 copay for out-of-network group therapy visits. You will always pay a $50 copay for out-of-network individual therapy visits.
Outpatient Surgery[1]	Ambulatory surgical center: • In-network: $150 copay • Out-of-network: $175 copay Outpatient hospital: • In-network: $175 copay or 15% of the cost, depending on the service • Out-of-network: $200 copay or 20% of the cost, depending on the service
Over-the-Counter Items	Not Covered
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	Prosthetic devices: • In-network: 15% of the cost • Out-of-network: 20% of the cost Related medical supplies: • In-network: 15% of the cost • Out-of-network: 20% of the cost
Renal Dialysis	• In-network: 20% of the cost • Out-of-network: 20% of the cost
Transportation	Not covered
Urgent Care	$25-50 copay, depending on the service If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • In-network: $0-25 copay, depending on the service • Out-of-network: $0-40 copay, depending on the service Routine eye exam (for up to 1 every year): • In-network: $10 copay • Out-of-network: $0-40 copay, depending on the service Contact lenses (for up to 1 every two years): • In-network: You pay nothing • Out-of-network: You pay nothing Eyeglasses (frames and lenses) (for up to 1 every two years): • In-network: You pay nothing • Out-of-network: You pay nothing Eyeglasses frames (for up to 1 every two years):

Vision Services (continued)	• In-network: You pay nothing • Out-of-network: You pay nothing Eyeglasses lenses (for up to 1 every two years): • In-network: You pay nothing • Out-of-network: You pay nothing Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing • Out-of-network: You pay nothing Our plan pays up to $250 every two years for eyewear from any provider.
Preventive Care	• In-network: You pay nothing • Out-of-network: You pay nothing Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Inpatient Care	
Inpatient Hospital Care[1]	Our plan covers an unlimited number of days for an inpatient hospital stay. • In-network: • $175 copay per day for days 1 through 8 • You pay nothing per day for days 9 through 90 • You pay nothing per day for days 91 and beyond • Out-of-network: • $200 copay per day for days 1 through 8 • You pay nothing per day for days 9 and beyond
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF. • In-network: • You pay nothing per day for days 1 through 20 • $100 copay per day for days 21 through 100 • Out-of-network: • You pay nothing per day for days 1 through 20 • $150 copay per day for days 21 through 100
PRESCRIPTION DRUG BENEFITS	
How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: • In-network: 15% of the cost • Out-of-network: 20% of the cost Other Part B drugs[1]: • In-network: 15% of the cost • Out-of-network: 20% of the cost Our plan does not cover Part D prescription drug.
OPTIONAL BENEFITS **(you must pay an extra premium each month for these benefits)**	
Package 1: Preventative Dental Plus	Benefits include: • Preventive Dental • Comprehensive Dental
How much is the monthly premium?	Additional $31.00 per month. You must keep paying your Medicare Part B premium and your $45.00 monthly plan premium.
How much is the deductible?	$35 per year.
Is there any limit on how much I will pay for my covered services?	Our plan pays up to $1,250 every year.

For more information please contact

Health Net Aqua (PPO)
Post Office Box 10420
Van Nuys, CA 91410-0420

Current members should call
1-888-445-8913 (TTY users should call 711)
8:00 a.m.–8:00 p.m., 7 days a week

Prospective members should call
1-800-949-6192 (TTY users should call 711)
8:00 a.m.–8:00 p.m., 7 days a week

From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, your call will be handled by our automated phone system on weekends and certain holidays.

www.healthnet.com

OR112018 (9/14)