

2017 Summary of Benefits

Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)

Los Angeles County, CA

Health Net Cal MediConnect

Summary of Benefits



This is a summary of health services covered by Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) for January 1, 2017. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people with both Medicare and Medi-Cal.
- Under Health Net Cal MediConnect, you can get your Medicare and Medi-Cal services in one health plan. A Health Net Cal MediConnect Care Coordinator will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the *Member Handbook*.
- Limitations, copays and restrictions may apply. For more information, call Health Net Cal MediConnect Member Services or read the Health Net Cal MediConnect *Member Handbook*.
- The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits and/or copays may change on January 1 of each year.
- Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- You can get this information for free in other languages. Call 1-855-464-3571 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. The call is free.
- You can get this information for free in other formats, such as large print, braille or audio. Call 1-855-464-3571 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. The call is free.
- If you would like Health Net Cal MediConnect to send you member materials on an on-going basis in other formats, such as braille or large print, or in a language other than English, please contact Member Services. Tell Member Services that you would like to place a standing request to get your materials in another format or language.



If you have questions, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711). A live person is here to talk with you Monday through Friday, 8:00 a.m. to 8:00 p.m. At other times – including Saturday, Sunday and federal holidays – you can leave a voicemail. We will return your call the following business day. The call is free. **For more information**, visit www.healthnet.com/calmediconnect.

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Այս տեղեկությունը կարող եք անվճար ստանալ ուրիշ լեզուներով: Չանգահարեք 1-855-464-3571 համարով Los Angeles County-ում և 1-855-464-3572 համարով San Diego County-ում (TTY-ից օգտվողներ զանգահարեք 711 համարով): Մի անձ այստեղ է Ձեզ հետ զրուցելու նպատակով երկուշաբթիից ուրբաթ, կ.ա. 8:00-ից կ.հ. 8:00-ը: Ուրիշ պահերի, ներառյալ՝ շաբաթ, կիրակի և դաշնային տոներին, կարող եք հեռախոսային պատգամ թողնել: Մենք Ձեր հեռախոսակաՆՆՆՆ կպատասխանենք հաջորդ աշխատանքային օրը: ՀեռախոսակաՆՆՆՆ անվճար է:

يمكنك الحصول على هذه المعلومات مجانًا بلغات أخرى. يُرجى الاتصال بالرقم 1-855-464-3571 (الهاتف النصي (TTY): 711). يوجد شخص متاح للتحدث معك مباشرةً من الاثنين إلى الجمعة، من 8:00 صباحًا إلى 8:00 مساءً. وفي أوقات أخرى — بما في ذلك يومي السبت والأحد وأيام العطلات الفيدرالية — يمكنك ترك بريد صوتي. سنرد على مكالمتك في يوم العمل التالي. هذه المكالمة مجانية.

Puede obtener esta información en forma gratuita en otros idiomas. Llame al 1-855-464-3571 (TTY: 711). Una persona en vivo y en directo está aquí para hablar con usted de lunes a viernes, de 8:00 a.m. a 8:00 p.m. En otros momentos —incluyendo los sábados, domingos y días feriados federales— puede dejar un mensaje de correo de voz. Le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.

Thông tin này được cung cấp miễn phí bằng nhiều ngôn ngữ khác. Xin gọi số 1-855-464-3571 (TTY: 711). Tại đây có nhân viên trực điện thoại trao đổi với quý vị từ thứ Hai đến hết thứ Sáu, 8:00 sáng đến 8:00 tối. Vào các thời gian khác – bao gồm thứ Bảy, Chủ Nhật, và các ngày nghỉ lễ liên bang – quý vị có thể để lại thư thoại. Chúng tôi sẽ trả lời cuộc gọi của quý vị vào ngày làm việc tiếp theo. Cuộc gọi này miễn phí.

您可以免費取得本資訊的其他語言版本。請致電 1-855-464-3571 (聽障專線：711)。週一至週五上午 8:00 至下午 8:00 都有人員可接聽您的電話。其他時候 (包含週六、週日和國定假日) 您可在語音信箱中留話。我們會在下一個工作日回您電話。此專線為免付費電話。



If you have questions, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711). A live person is here to talk with you Monday through Friday, 8:00 a.m. to 8:00 p.m. At other times – including Saturday, Sunday and federal holidays – you can leave a voicemail. We will return your call the following business day. The call is free. **For more information**, visit www.healthnet.com/calmediconnect.

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Вы можете получить данную информацию на других языках бесплатно. Позвоните по телефону 1-855-464-3571 (линия ТТУ: 711). Вы можете получить необходимую информацию непосредственно у сотрудника компании с понедельника по пятницу, с 8:00 часов утра до 8:00 часов вечера. В другие дни — включая субботу, воскресенье и дни федеральных праздников — Вы можете оставить голосовое сообщение. Мы перезвоним вам в течение следующего рабочего дня. Звонки по этому телефону являются бесплатными.

Maaari mong makuha ang impormasyong ito nang libre sa iba pang mga wika. Tumawag sa 1-855-464-3571 (TTY: 711). May taong sasagot sa iyong tawag mula Lunes hanggang Biyernes, 8:00 a.m. hanggang 8:00 p.m. Maaari kang mag-iwan ng voicemail sa ibang mga oras at araw – kabilang ang Sabado, Linggo at mga pederal na holiday. Tatawagan ka namin sa susunod na araw ng negosyo. Libre ang tawag.

귀하는 이 정보를 다른 언어들로도 무료로 이용하실 수 있습니다. 1-855-464-3571 (TTY: 711)번으로 전화하십시오. 월요일부터 금요일, 오전 8시에서 오후 8시 사이에 상담원이 직접 안내해드립니다. 토요일, 일요일 및 연방정부 휴무일을 포함한 기타 시간에는 음성 메시지를 남기실 수 있습니다. 저희가 다음 영업일에 바로 전화를 드리겠습니다. 안내전화는 무료입니다.

می توانید این اطلاعات را به طور رایگان به سایر زبان ها دریافت کنید. با شماره 1-855-464-3571 (TTY: 711) تماس بگیرید. یک شخص گویا از دوشنبه تا جمعه و از ساعت 8:00 صبح تا 8:00 شب آماده گفتگو با شماست. در سایر اوقات - شامل شنبه، یکشنبه و تعطیلات فدرال - می توانید پست صوتی بگذارید. ما به تماس تلفنی شما در روز کاری بعدی پاسخ خواهیم داد. این تماس رایگان است.

អ្នកអាចទទួលព័ត៌មាននេះជាភាសាផ្សេងទៀត ដោយឥតគិតថ្លៃឡើយ។ សូមទូរស័ព្ទទៅលេខ 1-855-464-3571 (TTY: 711)។ មនុស្សពិតនៅទីនេះអាចនិយាយជាមួយអ្នក ពីថ្ងៃច័ន្ទ រហូតថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់។ នៅពេលផ្សេងទៀត – រួមទាំងថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃបុណ្យរដ្ឋបាលសហព័ន្ធ – អ្នកអាចទុកសារសំព័ន្ធបាន។ យើងនឹងទូរស័ព្ទមកអ្នកវិញ នៅថ្ងៃធ្វើការបន្ទាប់ទៀត។ ការហៅនេះ គឺឥតចេញថ្លៃឡើយ។



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The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect plan?	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Health Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need. Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
What is a Health Net Cal MediConnect Care Coordinator?	A Health Net Cal MediConnect Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	<p>LTSS are for beneficiaries who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p> <p>LTSS include the following four programs: In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).</p>
Will you get the same Medicare and Medi-Cal benefits in Health Net Cal MediConnect that you get now?	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from Health Net Cal MediConnect. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. When you enroll in Health Net Cal MediConnect, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>Also, if you are taking any Medicare Part D prescription drugs that Health Net Cal MediConnect does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Health Net Cal MediConnect to cover your drug if medically necessary.</p>



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<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with Health Net Cal MediConnect and have a contract with us, you can keep going to them. Providers who have an agreement with us are “in-network.” You must use the providers in Health Net Cal MediConnect’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Health Net Cal MediConnect’s plan. For more information about seeing providers outside of Health Net Cal MediConnect’s network, please call Member Services or read Health Net Cal MediConnect’s <i>Member Handbook</i>.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Health Net Cal MediConnect’s <i>Provider and Pharmacy Directory</i>.</p> <p>If Health Net Cal MediConnect is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for up to 12 months if they provide services that Medicare and Medi-Cal would cover and certain conditions are met. Please contact Health Net Cal MediConnect Member Services at 1-855-464-3571 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m and tell them you want to request continuity of care.</p>
<p>What happens if you need a service but no one in Health Net Cal MediConnect’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Health Net Cal MediConnect will pay for the cost of an out-of-network provider.</p>
<p>Where is Health Net Cal MediConnect available?</p>	<p>The service area for this plan includes: Los Angeles County, CA (with the exception of the following ZIP code only: 90704). You must live in this area to join the plan.</p>
<p>Do you pay a monthly amount (also called a premium) under Health Net Cal MediConnect?</p>	<p>You will not pay any monthly premiums to Health Net Cal MediConnect for your health coverage.</p>



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What is prior authorization?	<p>Prior authorization means that you must get approval from Health Net Cal MediConnect before you can get a specific service or drug or see an out-of-network provider. Health Net Cal MediConnect may not cover the service or drug if you don't get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Health Net Cal MediConnect can provide you with a list of services or procedures that require you to obtain prior authorization from Health Net Cal MediConnect before the service is provided.</p>
What is a referral?	<p>A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Health Net Cal MediConnect may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the <i>Member Handbook</i>.</p>
What is Extra Help?	<p>Extra Help is a Medicare program that helps reduce your prescription drug program costs such as copays. Your prescription drug copays under Health Net Cal MediConnect already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call Health Net Cal MediConnect Member Services.</p> <p>Call: 1-855-464-3571 Calls to this number are free. A live person is here to talk with you Monday through Friday, 8:00 a.m. to 8:00 p.m. At other times – including Saturday, Sunday and federal holidays – you can leave a voicemail. We will return your call the following business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY: 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. A live person is here to talk with you Monday through Friday, 8:00 a.m. to 8:00 p.m. At other times – including Saturday, Sunday and federal holidays – you can leave a voicemail. We will return your call the following business day.</p> <p>If you have questions about your health, please call the Nurse Advice Line.</p> <p>Call: 1-855-464-3571 Calls to this number are free. Coaching and nurse advice from trained clinicians are available 24 hours a day, 7 days a week.</p> <p>TTY: 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Coaching and nurse advice from trained clinicians are available 24 hours a day, 7 days a week.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? <i>(continued)</i>	<p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line.</p> <p>Call: 1-855-464-3571 Calls to this number are free. Licensed behavioral health clinicians are available 24 hours a day, 7 days a week.</p> <p>TTY: 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Licensed behavioral health clinicians are available 24 hours a day, 7 days a week.</p>



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The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. For routine visits, referral and prior authorization rules may apply. You must go to network doctors, specialists and hospitals.
	Wellness visits, such as a physical	\$0	Annual Wellness Visit every 12 months.
	Transportation to a doctor's office	\$0	Non-Medical Transportation (NMT) – Unlimited trips to plan-approved locations by passenger car, taxi or other forms of public/private transportation every year. Referral requirements may apply. Non-Emergency Medical Transportation (NEMT) – Necessary to obtain covered medical services, and your medical condition does not allow you to travel by bus, passenger car, taxicab, or another form of public or private transportation. Referral and prior authorization rules may apply.
	Specialist care	\$0	You must go to network doctors, specialists and hospitals. Prior authorization rules may apply. Referral required for network specialists (for certain benefits).
	Care to keep you from getting sick, such as flu shots	\$0	Referral and prior authorization is not required for flu or pneumonia vaccines. Referral and prior authorization rules may apply for other services.
	"Welcome to Medicare" preventive visit (one time only)	\$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Referral and prior authorization rules may apply.
	X-rays or other pictures, such as CAT scans	\$0	Referral and prior authorization rules may apply.
	Screening tests, such as tests to check for cancer	\$0	Depending on the service, referral and prior authorization rules may apply.
You need drugs to treat your illness or condition	Generic drugs (no brand name)	<p>\$0 to \$3.30 copay for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please see Health Net Cal MediConnect's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>In only a few cases, we will cover prescriptions filled at out-of-network pharmacies. If you go to an out-of-network pharmacy, you will have to pay the full cost of your prescription. You can send us a copy of your receipt and ask us to pay you back for our share of the cost. Please see Chapter 5 of the <i>Member Handbook</i> to learn more about out-of-network pharmacies.</p> <p>For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,950, you will pay \$0 for drugs on your plan's formulary.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition <i>(continued)</i>	Brand name drugs	\$0 to \$8.25 copay for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.	<p>There may be limitations on the types of drugs covered. Please see Health Net Cal MediConnect's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>In only a few cases, we will cover prescriptions filled at out-of-network pharmacies. If you go to an out-of-network pharmacy, you will have to pay the full cost of your prescription. You can send us a copy of your receipt and ask us to pay you back for our share of the cost. Please see Chapter 5 of the <i>Member Handbook</i> to learn more about out-of-network pharmacies.</p> <p>For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,950, you will pay \$0 for drugs on your plan's Drug List.</p>
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see Health Net Cal MediConnect's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization rules may apply.



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical or speech therapy	\$0	Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Referral and prior authorization rules may apply.
You need emergency care	Emergency room services	\$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories. Prior authorization is not required. You are covered for worldwide emergency/urgent care services received outside of the United States. There is an annual limit of \$50,000 for worldwide emergency/urgent coverage.
	Ambulance services	\$0	Prior authorization is not required for in-network and out-of-network emergency ambulance services. For non-emergency ambulance services, prior authorization rules may apply.
	Urgent care	\$0	You may get covered urgent care whenever you need it, anywhere in the United States or its territories. Also see "Emergency room services" above for worldwide emergency/urgent coverage. Prior authorization is not required.



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	<p>There are no limits to the number of medically necessary covered days by the plan for each hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>You must go to network doctors, specialists and hospitals.</p> <p>Referral and prior authorization rules may apply for non-emergency hospital stays.</p>
	Doctor or surgeon care	\$0	Doctor and surgeon care is provided as part of your hospital stay.



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	<p>Outpatient Rehabilitation Services Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Referral and prior authorization rules may apply.</p> <p>Cardiac and Pulmonary Rehabilitation Services Referral and prior authorization rules may apply.</p>
	Medical equipment for home care	\$0	Referral and prior authorization rules may apply.
	Skilled nursing care	\$0	<p>Skilled Nursing Facility (SNF) No limit to the number of days covered by the plan each SNF stay. No prior hospital stay is required. Referral and prior authorization rules may apply.</p> <p>Home Health Care Includes medically necessary intermittent skilled nursing care, home health aid services and rehabilitation services. Prior authorization rules may apply.</p>



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	Medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk. Referral and prior authorization rules may apply. Up to 1 supplemental routine eye exam every year.
	Glasses or contact lenses	\$0	One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery. Referral and prior authorization rules may apply. \$250 plan coverage limit for supplemental eyewear (eyeglasses or contact lenses) every two years.
You need hearing or auditory services	Hearing screenings	\$0	Referral and prior authorization rules may apply.
	Hearing aids	\$0	Limited to services covered by Medi-Cal. Hearing aid benefit is limited to \$1,510 per fiscal year. Limit does not apply to pregnant or nursing facility resident beneficiaries. Referral rules may apply.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Referral and prior authorization rules may apply.
	Diabetes supplies and services	\$0	Diabetes self-management training. Diabetes monitoring supplies. Therapeutic shoes or inserts. Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Referral and prior authorization rules may apply.



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Mental or behavioral health services	\$0	Individual therapy visit. Group therapy visit. Individual therapy visit with a psychiatrist. Group therapy visit with a psychiatrist. Partial hospitalization program services. Prior authorization rules may apply.
You have a substance abuse problem	Substance abuse services	\$0	<p>Inpatient Hospital Care Includes Substance Abuse and Rehabilitation Services. No limit to the number of days covered by the plan each hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. Referral and prior authorization rules may apply.</p> <p>Outpatient Substance Abuse Care Individual substance abuse outpatient treatment visit. Group substance abuse outpatient treatment visit. Prior authorization rules may apply.</p>



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Plan covers 60 lifetime reserve days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Prior authorization rules may apply.</p> <p>Institution for Mental Disease Services for Individuals 65 or Older</p> <p>Referral and prior authorization rules may apply.</p> <p>Contact plan for details.</p>
You need durable medical equipment (DME)	Wheelchairs	\$0	<p>Referral and prior authorization rules may apply.</p> <p>(Note: This is not a complete list of covered DME or supplies. Contact plan for details.)</p>
	Canes	\$0	
	Crutches	\$0	
	Walkers	\$0	
	Oxygen	\$0	



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	Prior authorization rules may apply. Contact plan for details. This service is only available for Multipurpose Senior Services Program (MSSP) waiver-eligible members. MSSP is covered up to \$4,285 per year.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization rules may apply. Contact plan for details. For Multipurpose Senior Services Program (MSSP) waiver or In-Home Supportive Services (IHSS) eligible members. MSSP is covered up to \$4,285 per year. IHSS is for up to 283 hours every month.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization rules may apply. Contact plan for details. For Multipurpose Senior Services Program (MSSP) waiver-eligible members. MSSP is covered up to \$4,285 per year.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Prior authorization rules may apply. Contact plan for details. For In-Home Supportive Services (IHSS) eligible members. IHSS is for up to 283 hours every month.
	Home health care services	\$0	Prior authorization rules may apply. Contact plan for details.



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Health Net Cal MediConnect: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own	\$0	Prior authorization rules may apply. Contact plan for details. For Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP) waiver, or In-Home Supportive Services (IHSS) eligible members. MSSP is covered up to \$4,285 per year. IHSS is for up to 283 hours every month.
	Adult day services or other support services	\$0	Prior authorization rules may apply. Contact plan for details. For Community-Based Adult Services (CBAS) eligible members.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Prior authorization rules may apply. Referral requirements may apply. Contact plan for details. Plan will assist with coordinating services offered through other organizations such as Independent Living Centers or programs such as the Assisted Living Waiver Programs. Contact plan for details.
	Nursing home care	\$0	Referral and prior authorization rules may apply. Contact plan for details.
Your caregiver needs some time off	Respite care	\$0	Prior authorization rules may apply. Contact plan for details. For Multipurpose Senior Services Program (MSSP) waiver-eligible members. MSSP is covered up to \$4,285 per year.



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Health Net Cal MediConnect: Summary of Benefits

Other services that Health Net Cal MediConnect covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services covered by Health Net Cal MediConnect	Your costs for <u>in-network</u> providers
Chiropractic services	\$0 Chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part). Referral and prior authorization rules may apply.
Acupuncture services	\$0 We will pay for up to two outpatient acupuncture services in any one calendar month or more often if they are medically necessary.
Podiatry services	\$0 Podiatry visits are for medically necessary foot care. Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Routine foot care (for up to 12 visits every year). Referral rules may apply.
Prosthetic devices	\$0 Medical supplies related to prosthetics, splints and other devices. Prior authorization rules may apply.
Incontinence cream and diapers	\$0 Referral and prior authorization rules may apply.
Kidney disease and conditions	\$0 <ul style="list-style-type: none"> • Inpatient, outpatient and home dialysis. The plan covers kidney dialysis services when you are outside the plan's service area for a short time. You can get these services at a Medicare-certified dialysis facility. • Kidney disease education services. Referral and prior authorization rules may apply.



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Health Net Cal MediConnect: Summary of Benefits

Other services that Health Net Cal MediConnect covers

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Other services covered by Health Net Cal MediConnect	Your costs for <u>in-network</u> providers
Wellness/Education and other supplemental benefits	\$0 The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> • Health Education • Nutritional/Dietary Benefit • Additional Sessions of Smoking and Tobacco Cessation Counseling Prior authorization rules may apply to Health Education, Nutritional/Dietary Benefit and Additional Sessions of Smoking and Tobacco Cessation Counseling. <ul style="list-style-type: none"> • Nursing Hotline
Dental services	\$0 Certain dental services are covered under Denti-Cal. Health Net Cal MediConnect offers additional dental benefits. Contact the plan for details.
Tobacco Cessation Counseling for pregnant women	\$0 Referral and prior authorization rules may apply.
Case management	\$0 Contact plan for details.
Family planning services	\$0 Contact plan for details.



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Health Net Cal MediConnect: Summary of Benefits

Other services that Health Net Cal MediConnect covers

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Other services covered by Health Net Cal MediConnect	Your costs for <u>in-network</u> providers
Nursing facility resident services	\$0 Nursing facility resident: <ul style="list-style-type: none"> • Chiropractic care and foot care • Vision and dental • Acupuncture • Hearing exams and hearing aids Prior authorization rules may apply. Contact plan for details.
In-Home Supportive Services (IHSS)	\$0 Prior authorization rules may apply. Members that qualify may receive up to 283 hours of IHSS every month if approved by your county social worker. Contact plan for details.
Multipurpose Senior Services Program (MSSP)	\$0 Prior authorization rules may apply. Contact plan for details. \$4,285 plan coverage limit for Multipurpose Senior Services Program (MSSP) every year.



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Health Net Cal MediConnect: Summary of Benefits

Benefits covered outside of Health Net Cal MediConnect

This is not a complete list. Call Member Services to find out about other services not covered by Health Net Cal MediConnect but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Certain dental services, including cleanings, fillings and complete dentures	Services that are covered under the Medi-Cal Dental Program are not chargeable to you. However, you are responsible for your share of cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Medi-Cal.



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Health Net Cal MediConnect: Summary of Benefits

Services that Health Net Cal MediConnect, Medicare and Medi-Cal do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Health Net Cal MediConnect, Medicare or Medi-Cal

Services that are not “reasonable and necessary,” according to the standards of Medicare and Medi-Cal, unless these services are listed by our plan as covered services.

Experimental medical and surgical treatment, items and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and terms are those that are not generally accepted by the medical community.

Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically needed.

Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

Reversal of sterilization procedures and non-prescription contraceptive supplies.



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Health Net Cal MediConnect: Summary of Benefits

Your rights as a member of the plan

As a member of Health Net Cal MediConnect, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have the right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, and/or audio).
 - Be free from any form of restraint or seclusion.
 - Not to be billed by network providers.
 - Have your questions and concerns answered completely and courteously.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover.
 - How to get services.
 - How much services will cost you.
 - Names of health care providers and care managers.
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP), and you can change your PCP at any time.
 - See a women’s health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion. Health Net Cal MediConnect will pay for the cost of your second opinion visit.
 - Create and apply an advance directive, such as a will or health care proxy.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get medical care timely.



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Health Net Cal MediConnect: Summary of Benefits

- Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- Have interpreters to help you communicate with your doctors and your health plan. Call 1-855-464-3571 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. if you need help with this service.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services, 24 hours a day, seven days a week, without prior approval in an emergency.
 - See an out-of-network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care.
 - Ask for a state fair hearing from the State of California.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Health Net Cal MediConnect *Member Handbook*. If you have questions, you can also call Health Net Cal MediConnect Member Services.



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Health Net Cal MediConnect: Summary of Benefits

Non-Discrimination Notice

Every company or agency that works with Medicare and Medi-Cal must obey the law. You cannot be treated differently because of your age, claims experience, color, creed, ethnicity, evidence of insurability, gender, genetic information, geographic location, health status, medical history, mental or physical disability, national origin, race, religion, or sex.

Health Net Cal MediConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net Cal MediConnect 's Customer Contact Center at 1-855-464-3571 (TTY: 711), 8:00 a.m. to 8:00 p.m.

If you believe that Health Net Cal MediConnect has failed to provide these services or discriminated in another way on the basis of age, claims experience, color, creed, ethnicity, evidence of insurability, gender, genetic information, geographic location, health status, medical history, mental or physical disability, national origin, race, religion, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net Cal MediConnect 's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

If you think that you have not been treated fairly for any of these reasons, call the Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019. TDD users should call 1-800-537-7697. You can also visit <http://www.hhs.gov/ocr/office/> for more information.



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Health Net Cal MediConnect: Summary of Benefits

If you have a complaint or think we should cover something we denied

If you have a complaint or think Health Net Cal MediConnect should cover something we denied, call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Health Net Cal MediConnect *Member Handbook*. You can also call Health Net Cal MediConnect Member Services.

If you have a problem, concern or questions related to your benefits or care, please call Health Net Cal MediConnect Member Services at 1-855-464-3571 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m.

If you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Health Net Cal MediConnect Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- California Department of Health Care Services Fraud & Abuse Hotline at 1-800-822-6222, or Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud & Elder Abuse at 1-800-722-0432. Your call is free and confidential.



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