

# 2014 Guide to Understanding Your Benefits

*Additional information about covered benefits available under the  
Health Net Violet (PPO) Plan*

## **California**

Placer, San Diego, Sacramento, San Francisco, San Joaquin, Stanislaus and Yolo Counties



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Health Net

# The Health Net *Violet* (PPO) 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 4

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 and acupuncture services

You pay \$15 for each chiropractic or acupuncture visit and are covered up to an in-network\* and out-of-network\*\* combined maximum of 20 visits every year (combined for all routine chiropractic and acupuncture services).

\*In-network: Verification of medical necessity or referral is not required for first-time visits. Medical necessity verification may be required for subsequent visits and treatments.

\*\*Out-of-network: Services must be furnished by a provider qualified to provide the benefit in question. For services to be covered, a non-plan provider must sign a Provider Acceptance Form (PAF) to accept the plan's terms and conditions of payment. Services received without a signed PAF are not covered. Out-of-network services may be subject to verification of medical necessity. To ensure that services are covered, prior authorization is recommended, although not required.

Medicare-covered chiropractic services, including manual manipulation of the spine to correct subluxation (a displacement or

misalignment of a joint or body part), if you receive these services from a chiropractor or other qualified provider.

### Eyewear

There is a \$100 maximum payable\* every two years combined for in-network and out-of-network. Contact lenses are covered in lieu of eyeglasses. Allowance is not applicable to medically necessary contact lenses. Multi-year benefits may not be available in subsequent years.

The combined maximum payable\* applies to:

- Frames purchased in- or out-of-network (limited to 1 every 2 years).
- Contact lenses purchased in- or out-of-network.
- Eyeglass lenses purchased out-of-network.

\*In-network: You pay 80% of the remaining balance over the maximum payable for frames and 85% of the balance for conventional contact lenses. For disposable contact lenses, you pay 100% of the remaining balance over the maximum payable. Out-of-network: You pay 100% of the remaining balance over the maximum payable for frames, eyeglass lenses and contact lenses (conventional or disposable).

## 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.

### *Vision services*

You are covered for up to one supplemental routine eye exam every year (combined for in-network and out-of-network). For out-of-network, there is no copay. Health Net pays up to \$45; you pay any remaining balance.

### *Preventive care services*

This plan provides coverage for Medicare-covered preventive services at no cost for in-network and a 10% coinsurance for San Diego county and 15% coinsurance for Placer, Sacramento, San Francisco, San Joaquin, Stanislaus, and Yolo counties for out-of-network benefits with the exception of flu shots and pneumonia vaccines which are covered with no charge.

### *Blood*

Coverage of whole blood and packed red blood cells begins with the first pint of blood at no cost for San Diego county and a 20% coinsurance for Placer, Sacramento, San Francisco, San Joaquin, Stanislaus, and Yolo counties for in-network and a 10% coinsurance for San Diego county and 30% coinsurance for Placer, San Diego, Sacramento, San Francisco, San Joaquin, Stanislaus, and Yolo counties.



## *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.

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.

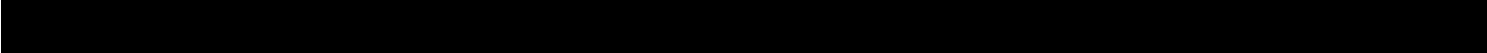
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The following is the at-a-glance reference guide to the benefits available to you through Decision Power.

<i>Recommendation</i>	<i>Health Net offering powered by Decision Power</i>
Healthy Aging	<p><b>Programs and resources</b></p> <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	<p><b>Weight loss programs</b></p> <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	<p><b>Nurse support</b></p> <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	<p><b>Massage therapy</b></p> <ul style="list-style-type: none"> <li>• Discounts on massage therapy services through contracted providers*</li> </ul>
Avoiding tobacco	<p><b>Smoking cessation programs</b></p> <ul style="list-style-type: none"> <li>• Telephonic and online support programs</li> </ul>

### *More information*

Want to know more before you choose Health Net? You can get additional benefit information by calling Member Services at 1-800-960-4638. 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 has a contract with Medicare to offer PPO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

For PPO plans, 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. Members enrolled in Health Net MA Preferred Provider Organization (PPO) plans can receive care from out-of-network providers. With the exception of emergencies, it may cost more to get care from out-of-network providers. Health Net will reimburse PPO plan members for covered services received in- or out-of-network as long as the services are medically necessary. PPO members do not need a referral if they are going to see an out-of-network provider.

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

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 1-800-960-4638. (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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