

2015 Guide to Understanding Your Benefits

*Additional information about covered benefits available from
Health Net Gold Select (HMO) Plans*

Los Angeles, Orange, Riverside, and San Bernardino counties, CA



**Deanna
Washington,
Health Net**
*We help you make
informed health
decisions.*

Health Net *Medicare Advantage* *Health Maintenance Organization (HMO) Plans*

The simple truth



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

This guide will help you understand the key elements of our HMO plans. Once you enroll, you will receive an *Evidence of Coverage* (EOC) that will provide you with full details about your Health Net plan. For more information, please visit our website at www.healthnet.com/medicareplans.

Our HMO plans give you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current *Provider Directory* or, for an up-to-date list of network providers, visit www.healthnet.com/medicareplans. (Please note that except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network

providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Health Net will be responsible for the costs.)

Most Health Net HMO plans also include Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source.

Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand-name drugs.

You are eligible to enroll in a Health Net Medicare Advantage HMO plan if:



You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.



You permanently reside in the service area of the plan (i.e., your permanent residence is within one of the Health Net HMO service areas.



You do not have end-stage renal disease (ESRD). (Exceptions may apply for individuals who develop ESRD while enrolled in a Health Net commercial group plan.)

Mark Rivera,
Health Net
*We help members
get the most from
their benefits.*



Health Net *Medicare Advantage* – *How Your Benefits Work*



For ease and convenience, get your plan information electronically! Simply log in at www.healthnet.com and click *Delivery Preferences* in the Profile section of your My Account page.

Coinsurance and copayments

Some benefits require coinsurance cost-sharing, where you pay a percentage of the total cost of a service based on Medicare-allowable costs or Health Net contracted rates. With copayments, you pay a fixed amount at the time of service. Member Services is happy to answer questions about benefit coinsurance or copayments.

Spending safety net

Health Net Medicare Advantage plans help protect you from unexpected costs with a maximum out-of-pocket (MOOP) spending limit. The plan MOOP is a safety net that limits how much the member spends for plan-covered services during the year. Member cost-sharing for covered services accumulates up to an annual member out-of-pocket spending limit. Once the limit has been reached, Health Net will pay 100% of covered benefits and services for the remainder of the calendar year. Not all plan services count toward the MOOP.

Prior authorization requirements

Some covered services require prior authorization. Your health care provider usually initiates the process and requests authorization when required. When specific services are prior authorized by Health Net as medically appropriate, you have the assurance that Health Net will pay for them. If appropriate prior authorizations have not been obtained, services may not be covered or may not be covered in full. The *Evidence of Coverage* lists prior authorization requirements.

Select provider network

Health Net Gold Select (HMO) Plans use specific providers only. Not all participating provider groups (PPGs) and their affiliated primary care providers (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.



Staying healthy is just as important as getting well.

Decision Power®: Health & 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, quitting tobacco use 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. And 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, or
- are living with illness,

...you choose how and when to use the information, resources and support available.

Get guidance on setting achievable health goals. Focus on reaching a healthy weight with a step-by-step online plan. Work with a clinician to evaluate treatment options. You can use Decision Power online or call the number on the back of your Health Net ID card. Try multiple resources at once, or one at a time. Decision Power is here for you.

All Health Net Medicare Advantage plans come complete with Decision Power. Because when it comes to your health, there's more than one right answer.





Save time and the environment!

Get your plan information electronically!

Simply log

in at **www.**

healthnet.com

and click *Delivery*

Preferences in the

Profile section of

your My Account

page.

Preventive coverage with Health Net

Health Net HMO plans come complete with important preventive care and screening tests available with a \$0 copayment. These preventive services include:

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease screening
- Cervical and vaginal cancer screening (Pap test and pelvic exam)
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- HIV screening
- Medical nutrition therapy
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening
- Screening and counseling to reduce alcohol misuse
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs

- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vaccines – flu and pneumonia
- “Welcome to Medicare” preventive visit

Annual routine physical exam

A yearly routine physical exam can support you in your pursuit of overall health and wellness, and can identify health issues that need attention or treatment by you or your provider.

Our plans cover an annual routine physical exam in addition to the Medicare-covered annual wellness visit.

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. There is a \$0 copayment for the annual routine physical exam.

Routine vision benefits

Health Net Gold Select (HMO) Plans include integrated coverage for an annual routine eye exam and for routine eyewear.

Transportation services (non-emergent)

The Health Net Gold Select (HMO) Plans include up to 36 one-way trips with a \$0 copayment per calendar year for routine transportation to plan-approved locations, such as doctor offices and hospitals.

Hearing aids

Hearing aids are provided by Hearing Care Solutions, Inc. There is a \$1,000 coverage limit for two hearing aids (one pair) or \$500 coverage limit for one hearing aid every 3 years at three technology levels – premium, advanced or superior. All instruments are fully digital.



You pay any remaining balance over the coverage limit. There is no copayment for the hearing aid fitting exam. Multi-year benefits may not be available in subsequent years.

SilverSneakers® Fitness Program

Health Net Medicare Advantage members have access to health and fitness benefits through SilverSneakers® Fitness program. SilverSneakers is the nation's leading wellness program designed exclusively for active older adults. Members have access to more than 11,000 participating fitness locations across the country. SilverSneakers is provided through Healthways, Inc. There are no copayments, coinsurance or deductibles for SilverSneakers.

Prior to participating in any exercise or weight management program, it is important for you to seek the advice of a physician or other qualified health professional.

How do I enroll?

To sign up for SilverSneakers or search for participating fitness locations by ZIP code, visit silversneakers.com. Once you have found a participating location near you, take your SilverSneakers ID card with you and show it to the front desk staff when you arrive.

No SilverSneakers card? Call 1-888-423-4632 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time, to request your card to be mailed. Ask for your personal SilverSneakers ID number and write down the number to use until your card arrives in the mail.

When you first visit the participating location of your choice, you will have to sign a membership agreement with the participating location. You may begin accessing services at that time. The membership agreement you will be required to sign at the participating location is for a basic fitness membership at no additional cost to your health plan premium, which includes the covered services available through the program described below. If you choose to access fitness center services otherwise available from the center at an additional fee, then the agreement may reflect costs associated with those non-program related services. **If you are already enrolled in the SilverSneakers benefit and choose to remain enrolled, you do not need to take any action (there is no need to re-enroll).**

Tina Machi,
Health Net
We help members build healthy habits.



**Explanation of covered services:
What is usually included in a basic fitness membership?**

The basic fitness center membership provided with SilverSneakers includes all of the services and amenities included in the basic fitness center membership at the participating fitness location*, such as:

- Cardiovascular equipment
- Free weights or resistance training equipment
- Group exercise classes (where available) designed exclusively for active older adults who want to improve their strength, flexibility, balance, agility, coordination, and endurance
- Amenities such as saunas, steam rooms, pools, and whirlpools (where available) and where included as part of the basic fitness membership
- Program-related social activities and health education events
- Specially trained Program Advisors™ to introduce members to SilverSneakers and show you around their location

*Membership does not include any non-standard participating fitness center services that typically require an additional fee.

Members have access to more than 11,000 participating fitness locations across the country.



**Explanation of covered services:
What is SilverSneakers Steps®?**

As an alternative for members who can't get to a SilverSneakers participating location, SilverSneakers Steps® is available to Health Net members. SilverSneakers Steps is a self-directed physical activity program that allows members to measure, track and increase physical activity while doing activities of their choice. Steps allows members to choose from a general fitness, strength, walking, or yoga kit to use at home or when they travel. Eligible plan members may order a Steps kit at silversneakers.com.

What services are offered through SilverSneakers Customer Service line?

Health Net members may call SilverSneakers Customer Service toll-free at **1-888-423-4632**, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time, (**TTY users should call 711**), for information on any of the following:

- Enrollment
- Program design
- Member eligibility
- Participating location search
- Changing participating fitness centers

SilverSneakers Online

The SilverSneakers website, silversneakers.com, provides a comprehensive, easy-to-use wellness resource. As a Health Net member, you can be part of a thriving and secure online community where you may:

- Utilize the fitness center locator to find new participating fitness centers and FLEX™ classes,
- Access fitness articles and download recipes and meal plans to help you make better health decisions,
- Order replacement ID cards,
- Interact with the SilverSneakers online community.



Exclusions and Limitations

The following services are not offered from SilverSneakers:

- Services or supplies provided by any person, company or provider other than a SilverSneakers participating fitness location
- All education materials other than those produced for SilverSneakers by Healthways, Inc.
- Telecommunications devices, telephone handset amplifiers, television recorders, and telephones compatible with hearing aids
- Education program services for individuals other than the members
- Prescription drugs, over-the-counter products, dietary supplements, herbal supplements, vitamins, minerals, weight control products, meal-replacement beverages or powders, prepackaged meals or any other types of food or food product, whether or not it is recommended, prescribed or supplied by a health care provider, fitness center or program
- All listening devices, including, but not limited to, audiotape and CD players
- Services for members with serious medical conditions for which SilverSneakers services are not appropriate

DHMO Dental services

Health Net Gold Select (HMO) Plans include the DHMO dental benefits. With the exception of emergency and urgent dental care services, all covered services must be provided by a contracting dentist. Most covered services will be available from, and provided by, your selected primary care general dentist. Comprehensive copayment amounts vary by service/procedure.

	<i>In-network</i>
Diagnostic services	\$0-\$15 copay
Restorative services	\$0-\$300 copay
Endodontics/Periodontics/Extractions	\$0-\$375 copay
Oral/Maxillofacial surgery/Other prosthodontics (includes partials, dentures)	\$0-\$2,250 copay

Janis E. Carter,
Health Net
*We're part of your
health team.*



Health Net Formularies, Pharmacies and Mail Order Drug Program



With a Health Net Medicare Advantage plan with Part D (MAPD), it is easy and convenient for you to get the quality drugs you need at an affordable price!

Health Net MAPD plans provide coverage for many drugs commonly used by Medicare members (including generic, brand-name and some injectable drugs). To obtain the most value for your prescription benefit, you should ask

your doctor to prescribe drugs on your plan's Health Net Medicare Formulary which has been approved by the Centers for Medicare & Medicaid Services (CMS).

What is a formulary (drug list)?

For Health Net's Medicare Advantage plans with Part D, our Medicare formularies identify drugs covered under your prescription benefit. Your doctor or specialist should refer to the formulary for your plan when choosing drugs for you. The formularies are updated periodically, based on input from the Health Net Pharmacy and Therapeutics (P&T) Committee as new drugs are approved or reevaluated by the U.S. Food and Drug Administration (FDA).

How do I find out if my drug is on my plan's formulary?

When your doctor prescribes a drug, ask if it is on your plan's Health Net Medicare Formulary. If you already have a prescription, you can find out by calling us at 1-800-275-4737 (TTY users should call 711), 8:00 a.m. to 8:00 p.m., seven days a week. Or simply view our formulary online by going to www.healthnet.com/medicareplans, entering your ZIP code when prompted, and scrolling down to More Medicare Resources to Help You Make the Right Decision, then over to *Drug and Pharmacy Information*. This will allow you to quickly find a specific drug, determine if the drug is covered on your plan's formulary and if there are any limitations or restrictions. You may also choose to view and print the entire formulary for your plan. The Health Net Gold Select (HMO) Plans use the Classic Formulary.



Which pharmacies can I use?

You can fill your prescriptions at any of Health Net's network pharmacies or through our mail order drug program. You will receive Health Net's Medicare Pharmacy Directory upon enrollment. You are not required to use the same pharmacy every time you fill a prescription.

How do I use the mail order drug program?

Although most covered drugs can be ordered through the mail order drug program (except for some injectable or specialty drugs), the program is most appropriate for drugs used to treat long-term, ongoing medical conditions for which the drug dosage has already been determined (referred to as "maintenance drugs").

Your drug is a maintenance drug if:

- you take it continuously to manage chronic or long-term conditions, and
- dosage adjustments are either no longer required or are made infrequently.

If you receive your drugs through the mail order drug program, you can receive up to a three-month supply at a reduced copayment (except injectable and specialty drugs). Mail order is convenient, easy to use, and has free delivery to anywhere in the 50 United States and Washington, D.C.



More information

Want to know more before you choose Health Net?



You can get additional benefit information by calling Member Services at 1-800-275-4737 (TTY users should call 711). 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.



You can also visit us online at www.healthnet.com.

Health Net has a contract with Medicare to offer HMO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

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You have access to Decision Power through your current enrollment with Health Net of California, Inc. Decision Power is part of Health Net's Medicare Advantage benefit plans. 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.

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. The actual complete terms and conditions of the health plan are set forth in the applicable *Evidence of Coverage* document.

Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Please contact the plan for further details.

For additional information, please contact our Member Services number at 1-800-275-4737 (TTY users should call 711).

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.

For certain kinds of drugs, you can use the plan's network mail order services. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail order service are marked as "mail order" drugs in our Drug List. Our plan's mail order service requires you to order at least a 30-day supply of the drug and no more than a 90-day supply. To get order forms and information about filling your prescriptions by mail, visit our website at www.healthnet.com, or call Member Services at 1-800-275-4737 (TTY users should call 711) for assistance. Usually a mail order pharmacy order will get to you in no more than 14 days. If your mail order is delayed, call Member Services at the number listed above for assistance.

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