

# 2015 Guide to Understanding Your Benefits

*Additional information about covered benefits available from  
Health Net Healthy Heart (HMO) Plans*

Alameda, Fresno, Los Angeles, Orange, Placer, Riverside, Sacramento,  
San Bernardino, and Stanislaus 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](http://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](http://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](http://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.

*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...

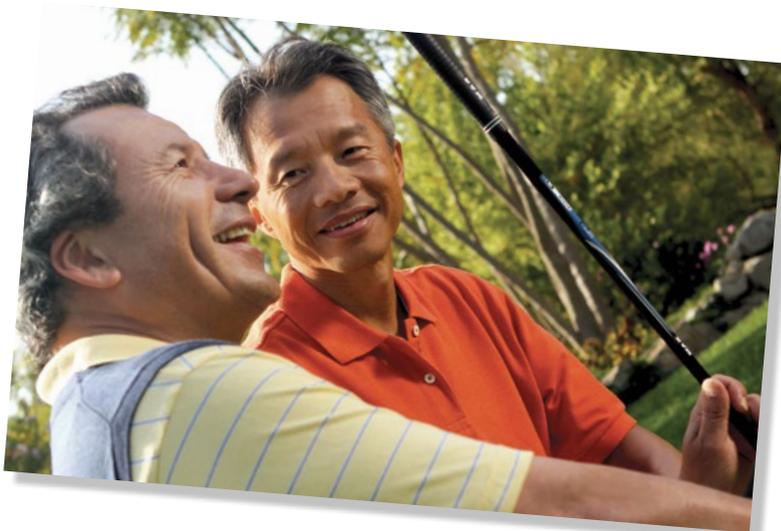
- have a question,
  - want help with a specific health goal,
  - need treatment but want to understand all your options, or
  - are living with illness,
- ...you choose how and when to use the information, resources and support available.

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.



Staying healthy is just as important as getting well.





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 Healthy Heart (HMO) Plans include integrated coverage for an annual routine eye exam.

# 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](http://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.



### *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.



# Optional Supplemental Benefits: Enhance *Your* Health Care



Good health means something different to everyone. How you take care of yours is an individual choice. That's why Health Net offers the choice to customize your coverage with optional supplemental benefits. Health Net Healthy Heart (HMO) Plan members can add the Optional Supplemental Benefit Package #1 or Package #2 to their plan for an additional monthly premium.

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

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

### **New members**

- Simply check the option on the enrollment form at the time you enroll in a Health Net Medicare Advantage HMO plan.

- Or, new members can purchase the optional supplemental benefit until the end of the first month of initial enrollment by completing the Optional Supplemental Benefits Individual Enrollment Form. Benefits will become effective the first of the following month.

### **Current members**

Add the optional benefit package by completing an Optional Supplemental Benefits Individual Enrollment Form during the following election periods:

- October 15, 2014, through December 31, 2014, for a January 1, 2015, effective date; or
- January 1, 2015, through January 31, 2015, for a February 1, 2015, effective date; or
- May 15, 2015, through June 30, 2015, for a July 1, 2015, effective date.

## Optional Supplemental Benefit Package #1

**Monthly premium: \$20\***

\*Monthly premium is in addition to your monthly plan premium and the monthly Medicare Part B Premium.

### *DHMO Dental services*

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 copay 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

## Optional Supplemental Benefit Package #2

**Monthly premium: \$30\***

\*Monthly premium is in addition to your monthly plan premium and the monthly Medicare Part B Premium.

### *DPPO Dental services*

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 Charge (MAC)* for preventive services
20% coinsurance for general comprehensive services	40% coinsurance of Maximum Allowable Charge (MAC)* for general comprehensive services

\*MAC: Maximum Allowable Charge 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 the MAC and billed charges.

## Routine eyewear for Package #1 or #2

	<i>In-network</i>
Routine eyewear	Up to a \$250 allowance every 24 months*

\*Plan pays up to the allowance amount and the member is responsible for any remaining balance. Multi-year benefit may not be available in subsequent years.

## Chiropractic and acupuncture services for Package #1 or #2\*

	<i>In-network</i>
Routine (non-Medicare covered) chiropractic	\$10 copay
Routine acupuncture	\$10 copay
Annual visit limit	30 visits combined annual maximum

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

## SilverSneakers® Fitness Membership

	<i>In-network</i>
Choose a membership at a participating fitness facility or the SilverSneakers Steps Home Fitness Program.	There are no copays, coinsurance or deductibles for SilverSneakers programs.



### 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](http://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.

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

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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](http://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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