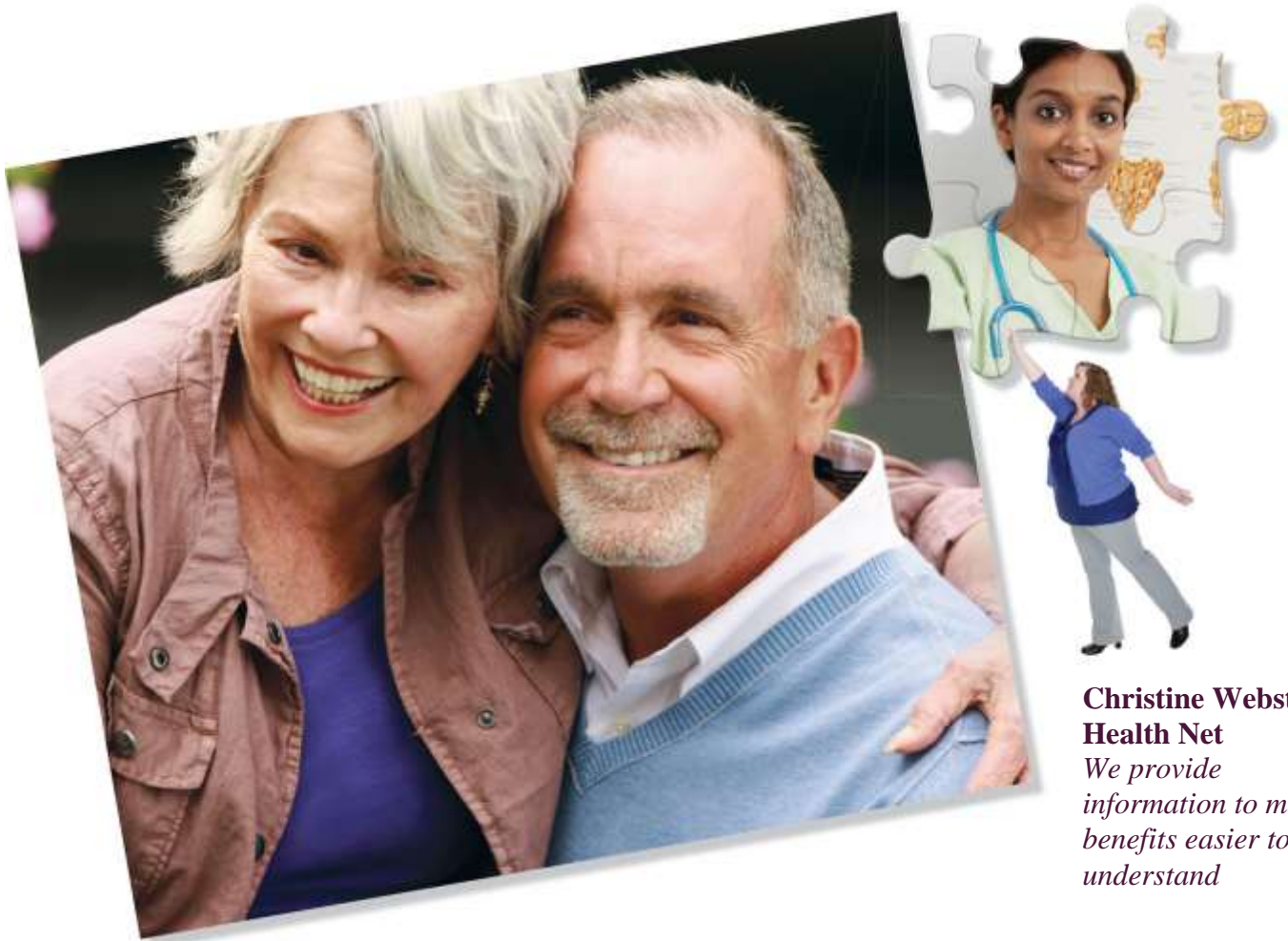


2016 Guide to Understanding *Your* Benefits

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

San Francisco County, CA



**Christine Webster,
Health Net**
*We provide
information to make
benefits easier to
understand*

Health Net *Medicare Advantage*

Preferred Provider Organization (PPO) Plan

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 Violet PPO plan. 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.

With Health Net's PPO Medicare Advantage Violet plans, you'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracting providers in our network. Either way, doctor visits, hospital stays and many other services have a simple copayment, which helps make health care costs more predictable.

In addition to your medical coverage, the **Violet (PPO)** plan also includes prescription drug coverage and access to our large network of pharmacies. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

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 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.

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



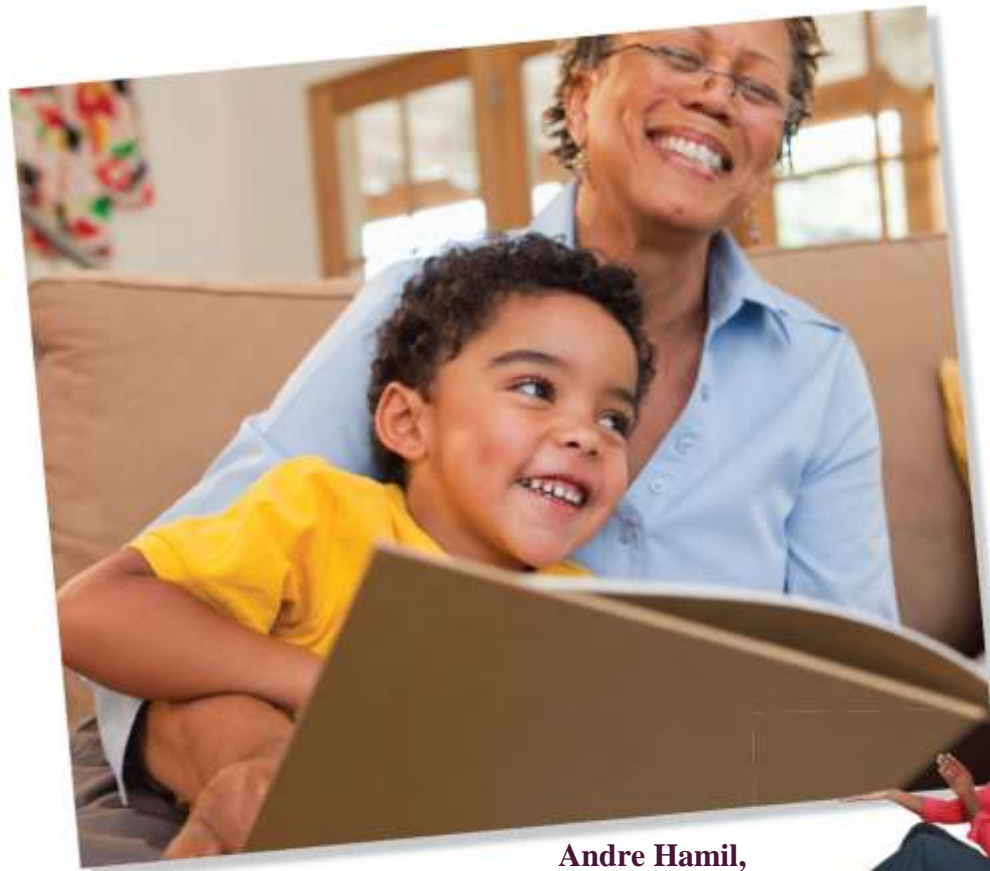
You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.



You permanently reside in the service area of the plan (in other words, your permanent residence is within one of the Health Net PPO service area counties).



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



**Andre Hamil,
Health Net**

*We provide information to make
benefits easier to understand*



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



For ease and convenience, get your plan information electronically! Simply log in at **www.healthnet.com** and click *Document 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. Our Member Services team is happy to answer questions about benefit coinsurance or copayments.

Annual medical plan deductible

A plan deductible is the amount a member pays before selected benefits are covered by the plan.

Health Net Violet (PPO) plan includes a once-a-year medical deductible that is waived for many popular benefits and services. The annual deductible runs from January 1 through December 31. Please refer to your EOC for deductible details.



Spending safety net

Health Net Medicare Advantage Violet (PPO) 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 in-network services (including payments made toward the deductible) accumulates up to an annual in-network member out-of-pocket spending limit. Once the in-network limit has been reached, Health Net will pay 100% of covered benefits and services received in-network for the remainder of the calendar year.

Member cost-sharing for in- and out-of-network services (including payments made toward the deductible) accumulates up to a combined annual member out-of-pocket spending limit. Once the combined limit has been reached, Health Net will pay 100% of all MOOP-covered benefits and services for the remainder of the calendar year.

Not all plan services count toward the MOOP.

Prior authorization requirements

Some in-network covered services require prior authorization. Prior authorization for out-of-network services is recommended but not required. 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 EOC lists prior authorization requirements.



When it comes
to your health,
there's more
than one right
answer.

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.

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 by logging into www.healthnet.com and selecting wellness center or call the number on the back of your Health Net ID card and ask for Decision Power. 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! To get your plan information online, log in at www.healthnet.com and click *Document Delivery Preferences* in the Profile section of your My Account page.

Preventive coverage with Health Net

Health Net Medicare Advantage Violet (PPO) plan comes complete with important preventive care and screening tests.

These preventive services include:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screening (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screening (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Annual routine physical exam

An annual 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 plan covers an annual routine physical exam in addition to the Medicare-covered Yearly “Wellness” visits. This physical exam could include all or some of the following components as applicable: history, vital signs, general appearance, and exams for the heart, lung, head and neck, abdomen, brain and nervous system (neurology), skin (dermatology), and extremities.

Routine vision benefits

Health Net Violet (PPO) plan includes coverage for an annual routine eye exam.

<i>Benefit description</i>	<i>Plan coverage</i>	
	In-network	Out-of-network
Routine vision exam (covered once every year)	\$10 Copay	Up to a \$45 allowance*

*Plan pays up to the allowance amount and the member is responsible for any remaining balance.





Health Net Formularies, **Pharmacies** *and* **Mail Order Drug** *Program*

Health Net makes it easy and convenient for you to get the quality drugs you need at an affordable price! Health Net Violet (PPO) plan includes the Medicare prescription drug benefit, which provides 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 formulary identifies drugs covered under your prescription benefit. Your doctor or specialist should refer to the formulary for your plan when choosing drugs for you. The formulary is 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 1-800-977-6738 (TTY: 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 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. Some network pharmacies offer preferred cost-sharing. Your costs for some drugs may be less at pharmacies that offer preferred cost-sharing. To find network pharmacies that offer preferred cost-sharing, contact Member Services or view our pharmacy directory list at healthnet.com/medicare select *Drug and Pharmacy Information* at the bottom of the page then *Find a Pharmacy* to view the pharmacy directory for your plan.



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 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 some 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 Violet (PPO) plan members can add the Optional Supplemental Benefit Package #4 to their plan for an additional monthly premium. Optional Supplemental Package #4 includes coverage for PPO preventive and comprehensive dental care, routine eyewear, chiropractic care, and acupuncture. 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 optional supplement package on the enrollment form at the time you enroll in a Health Net Medicare Advantage PPO plan.
- Or, new members can purchase an 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 an optional benefit package by completing an Optional Supplemental Benefits Individual Enrollment Form during the following election periods:
- October 15, 2015, through December 31, 2015, for a January 1, 2016, effective date; or
- January 1, 2016, through January 31, 2016, for a February 1, 2016, effective date.; or
- May 15, 2016, through June 30, 2016, for a July 1, 2016, effective date.

Optional Supplemental Benefit Package #4

(Dental PPO, routine eyewear, chiropractic and acupuncture)

Monthly premium: \$27*

*The premium for optional supplemental benefits is paid in addition to the 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 after deductible for preventive services	20% coinsurance of Maximum Allowable Charge (MAC)* after deductible for preventive services
20% coinsurance after deductible for general comprehensive services	40% coinsurance of Maximum Allowable Charge (MAC)* after deductible 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

<i>Routine eyewear</i>	<i>In-network</i>	<i>Out-of-network</i>
Routine eyewear	Up to \$100 allowance every 24 months combined for in-network and out-of-network* You pay 80% of the remaining balance, if applicable.	Up to \$100 allowance every 24 months combined for in-network and out-of-network* You pay 100% of the remaining balance, if applicable.

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

Chiropractic and acupuncture services

<i>Chiropractic & acupuncture services</i>	<i>In-network</i>	<i>Out-of-network</i>
Routine (non-Medicare covered) Chiropractic and/or acupuncture	\$15 copay	\$15 copay
Annual visit limit	20 visits combined annual maximum	



Health Net has a contract with Medicare to offer PPO 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.

You have access to Decision Power through your current enrollment with Health Net Life Insurance Company. 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 Health Net Life Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. 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 1-800-977-6738. (TTY: 711). From October 1 through February 14, our office hours for both Member Services and the TTY number are from 8:00 a.m. to 8:00 p.m., 7 days a week. From February 15 through September 30, our office hours for both Member Services and the TTY number are from 8:00 a.m. to 8:00 p.m., Monday through Friday. From February 15 through September 30, calls on Saturdays, Sundays and holidays are handled by our automated phone system.

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 1-800-977-6738 (TTY: 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.

The Formulary, pharmacy network, and or/provider network may change at any time. You will receive notice when necessary.

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