

2016 Guide to Understanding Your Benefits

*Additional information about covered benefits available from
Health Net Seniority Plus Green (HMO) Plan*

Alameda, Placer, Sacramento, Sonoma and Stanislaus counties, CA



Lisa Pasillas-Le,
Health Net
*We're part of your
health team.*

Health Net *Medicare Advantage*

Health Maintenance Organization

(HMO) 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 HMO 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**.

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 of our 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. (Please note that our Health Net Green plan does not include prescription drug coverage.)

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 (in other words, your permanent residence is within one of the Health Net HMO 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.)

Mark Rivera,
Health Net
*We help protect
the health of
our communities.*



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.

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 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. 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 (HMO) plans come complete with important preventive care and screening tests with a \$0 copay.

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 screenings (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 screenings (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, lungs, head and neck, abdomen, brain and nervous system (neurology), skin (dermatology), and extremities. There is a \$0 copayment for the annual routine physical exam.



Routine vision benefits

Health Net Seniority Green (HMO) plan includes coverage for an annual routine eye exam.

<i>Benefit description</i>	<i>In-network</i>
Routine vision exam	\$10 copay (covered once every year)

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 Seniority Plus Green (HMO) plan members can add the Optional Supplemental Benefit Package #1 or #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 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 #1

Monthly premium: \$22

This additional 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 copayment amounts vary by service and procedure:

	<i>In-network</i>
Preventive Services (includes oral exam, cleaning, fluoride treatment and dental x- rays)	\$0 copay
Diagnostic services	\$0 – \$15 copay
Restorative services (includes crowns, fillings)	\$0 – \$300 copay
Endodontics/Periodontics/Extractions	\$0 – \$375 copay
Oral/Maxillofacial surgery/Other prosthodontics (includes partials, dentures)	\$0 – \$2,250 copay

Routine eyewear

Routine eyewear	Up to \$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

	<i>In-network</i>
Routine (non-Medicare covered) Chiropractic	\$10 copay per visit
Acupuncture	\$10 copay per visit
Combined annual visit limit	30 visits

SilverSneakers[®] Fitness membership

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.

Optional Supplemental Benefit Package #2

Monthly premium: \$32

This additional 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 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.

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SilverSneakers® Fitness membership

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 1-800-977-6738 (TTY: 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 of California, Inc. has a contract with Medicare to offer HMO and HMO SNP 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 current enrollment with Health Net of California, Inc. (Health Net). 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 provider network may change at any time. You will receive notice when necessary.

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

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 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.

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