

2012 Benefit Guide

Additional information about covered benefits available under Health Net Healthy Heart (PPO), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) and Health Net Aqua (PPO) in Northern Oregon and Southwest Washington counties



**Michael McClusky,
RPh,
Health Net**
*We help members
get the most from
their benefits.*

Health Net Healthy Heart (PPO), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) and Health Net Aqua (PPO)



The simple truth

Good health means something different to everyone. How you protect yours is an individual choice. That's why Health Net offers a range of Medicare Advantage plans.

Manage your plan benefits and handle your health care needs on our award winning website, healthnet.com.

- All of our plans offer freedom, flexibility and a choice of monthly plan premiums to fit your needs and protect yourself or a loved one from unexpected medical expenses.
- Our prescription drug coverage includes many of the most commonly prescribed brand-name drugs at an affordable price.
- We offer the convenience of personal customer support and virtually no paperwork.
- Access to Decision Power,[®] a health support service only offered through Health Net.

With all of our Preferred Provider Organization (PPO) Medicare Advantage plans, you'll enjoy the freedom and flexibility to access your health care where you want and when you want. 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 contracted providers

in our network. Either way, doctor visits, hospital stays and many other services have a simple copay, which helps to make health care costs more predictable.

You are eligible to enroll in a Health Net Medicare Advantage 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 the Health Net service area).
- 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.

Healthy Heart (PPO) Silver&Fit® fitness program

Silver&Fit is a fitness program available to Healthy Heart plan members. Choose a no-cost membership at a participating fitness facility, an annual allowance for an out-of-network fitness facility, or the Silver&Fit Home Fitness Program. There are no copays, coinsurance or deductibles for Silver&Fit programs.

Fitness facility membership

The standard fitness facility/exercise center membership, with Silver&Fit, includes all of the services and amenities included with a fitness facility membership, such as:

- Cardiovascular equipment;
- Free weights or resistance training equipment;
- Exercise classes; and
- Amenities such as saunas, steam rooms, pools and whirlpools (where available).

Non-standard fitness facility services that typically require an additional fee are not covered.

If your fitness facility or exercise center is not participating in the Silver&Fit program, or you can't locate a participating facility that is convenient to your home, you can still take advantage of your Silver&Fit benefit. You are eligible to receive an annual reimbursement of up to \$150 for your out-of-network fitness facility membership dues.

Silver&Fit Home Fitness Program

Instead of selecting a nearby fitness facility or exercise center, members may choose to exercise in the comfort and convenience of their own home.

Participants in the Silver&Fit Home Fitness Program may choose a maximum of two of these nine fun and helpful Home Fitness Kits:

- Exercise
- Walking
- Pilates
- Yoga
- Aqua Aerobics
- Tai Chi
- Stress Management
- Strength
- Dance

The kits will include:

- Equipment items (such as bands, pedometer, DVD, etc., depending on the topic).
- A booklet with general information about the topic.
- A "Quick Start" guide that explains how to start using the equipment items.

Note: Kit offerings are subject to availability and may change without notice.



The Silver&Fit Program is provided by American Specialty Health Systems, Inc., a subsidiary of American Specialty Health, Incorporated (ASH). Not all programs and services are available in all areas. Silver&Fit and the Silver&Fit logo are federally registered trademarks of ASH.

Preventive coverage with Health Net

Health Net Healthy Heart, Violet Option 1, Violet Option 2, and Aqua plans come complete with valuable preventive care and screening tests available with \$0 copayment. These preventive services include:

- Abdominal aortic aneurysm screening
- Bone mass measurement
- Cardiovascular screening
- Cervical and vaginal cancer screening (Pap test and pelvic exam)
- Colorectal cancer screening
- Diabetes screening
- Influenza vaccine
- Hepatitis B vaccine
- Pneumococcal vaccine
- HIV screening
- Breast cancer screening (mammogram)
- Medical nutrition therapy services
- Prostate cancer screening (prostate specific antigen (PSA) test only)
- Smoking cessation (counseling to stop smoking)
- Welcome to Medicare physical exam (initial preventive physical exam)
- Personalized prevention plan services (annual wellness visits)

Comprehensive annual physical exam

A comprehensive yearly 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 and your provider. Healthy Heart, Violet Option 1, Violet Option 2, and Aqua plans include an annual comprehensive physical exam at \$0 copayment for the exam.



**Susan Potthoff,
Health Net**

*We make health care
easy to understand.*

Preventive dental and routine vision benefits
 Healthy Heart, Violet Option 1 and Aqua plans have integrated coverage

for preventive dental benefits, including regular preventive exams, routine cleanings and X-rays after a \$35 annual dental deductible:

<i>Integrated preventive dental benefit description</i>	<i>Plan coverage</i>	
	In-network	Out-of-network
2 exams every 12 months	0% coinsurance	20% coinsurance UCR ²
2 routine cleanings every 12 months		
Bitewing X-rays, once every 12 months		
Panoramic X-rays, once every 36 months ¹		
Maximum annual preventive benefit	\$500 per year	

Healthy Heart, Violet Option 1 and Aqua plans also include integrated coverage for an annual routine eye exam and for routine eyewear.

<i>Integrated routine vision benefit description</i>	<i>Plan coverage</i>	
	In-network	Out-of-network
Routine vision exam (covered once every 12 months)	\$10 copay	\$0 copay, up to a \$45 allowance ³
Routine eyewear (covered once every 24 months) ¹	\$100 allowance	

¹Multi-year benefit; may not be available in subsequent years.

²UCR: Usual, customary and reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area. Member is responsible for the coinsurance and the difference between UCR and billed charges.

³Plan pays up to the allowance amount and member is responsible for any remaining balance.

Optional supplemental benefits

Healthy Heart, Violet Option 1, Violet Option 2, and Aqua plans

Health Net also offers optional supplemental benefit packages for an additional monthly premium. These options include quality, affordable benefits to round out your health coverage while you enjoy the convenience of one-stop shopping with Health Net.

Tailor your coverage with these optional supplemental benefit packages:

- **Extended Dental Optional Package:** Enhances coverage included with Healthy Heart, Violet Option 1 and Aqua plans with additional dental benefits, including

restorative services and non-surgical periodontal treatment and maintenance.

- **Preventive Dental Plus Optional Package:** Adds dental benefits to Violet Option 2 coverage, including preventive services, restorative services and non-surgical periodontal treatment and maintenance.
- **Routine Vision Optional Package:** Adds vision benefits to Violet Option 2 coverage for routine eye exams and eyewear.

Please see the 2012 Optional Supplemental Benefits Guide for Health Net Medicare Advantage PPO plans for details and rates.

Complementary health care

Coverage for complementary care is another way that Health Net gives you tools to make health care choices. Health Net Medicare Advantage contracts with American Specialty Health Networks, Inc. (ASH Networks) to provide complementary health care, including routine chiropractic, acupuncture and naturopathy services through the ASH Networks. ASH administers Health Net Medicare Advantage payments to out-of-network providers.

<i>Complementary care benefit</i>	<i>In-network and out-of-network</i>
Routine chiropractic care	\$15 per office visit ¹
Acupuncture	\$15 per office visit ¹
Naturopathy	\$15 per office visit ¹

¹There is a combined \$500 annual coverage limit for routine chiropractic, acupuncture and naturopathy.

Health Net Medicare Advantage – How your benefits work

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 or Health Net contracted costs. With copayments, you pay a fixed amount at the time of service. Our Member Services and Case Management teams are happy to answer questions about benefit coinsurance or copayments.

Annual deductible

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

Health Net PPO plans include a once-a-year medical deductible that applies to specific in-network and out-of-network benefit categories: Healthy Heart: \$75, Violet Option 1: \$175, Violet Option 2: \$275, and Aqua: \$75.

The annual medical Plan deductible does not apply to the following benefits categories:

Primary care or specialist office visits; emergency care; urgent care (in-network only); diabetes monitoring supplies; home health agency care;

preventive services; flat film X-rays; lab tests; Medicare-covered or routine vision exams; Medicare-covered hearing exams; Medicare-covered or routine chiropractic services; naturopathic services; acupuncture services; preventive dental services; routine eyewear; Part D drugs; outpatient mental health; psychiatric or substance abuse individual or group sessions.

The annual medical Plan deductible does apply to the following benefit categories (and any benefit not listed above):

Inpatient hospital care; inpatient mental health care; partial hospitalization (alternative to inpatient mental health services); skilled nursing facility (except for the Violet Option 2 plan); ambulance services; prosthetic devices and related supplies; outpatient surgery and services; outpatient diagnostic tests; outpatient rehabilitation services, including cardiac rehabilitation; durable medical equipment and related supplies; Medicare-covered eyewear; blood; urgent care services (out-of-network only); Medicare Part B drugs.

At Health Net we're committed to making health care simple and easy to understand.

Once the annual deductible has been met, you will not have another one in the Plan year, which runs from January 1 through December 31.

Spending safety net

Health Net Medicare Advantage plans help protect you from unexpected costs with an out-of-pocket maximum (OOPM) spending limit. The Plan OOPM 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 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 OOPM-covered benefits and services received in-network for the remainder of the calendar year.

Member cost-sharing for in- and out-of-network services 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 OOPM-covered benefits and services for the remainder of the calendar year.

Not all plan services are covered under the OOPM. Preventive dental, routine vision, routine eyewear, complementary care services (naturopathy, acupuncture and routine chiropractic), hearing aids, fitness club membership and Part D prescription drugs are excluded from the OOPM.

Prior authorization requirements

Some in-network 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 (EOC) lists prior authorization requirements.

Post-stabilization care

When the doctors who are giving you emergency care say that your condition is stable and the medical emergency is over, your care proceeds to the “post-stabilization” phase.

If you receive inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at an in-network hospital.

Decision Power®

Health in Balance

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, 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. 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
- are living with illness

...you choose how and when to use the information, resources and support available. Get guidance setting achievable health goals. Focus on reaching a healthy weight with a step-by-step online plan. Work with a Health Coach to evaluate treatment options.

You can use Decision Power online, or by calling a Health Coach. Try multiple resources at once, or one at a time. 24 hours a day, seven days a week, 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.

Health Net formulary, 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! Your Health Net Healthy Heart, Violet Option 1, or Violet Option 2 Medicare prescription drug benefit provides coverage for many drugs commonly used by Medicare members including generic, brand and some injectable drugs. To obtain the most value for your prescription benefit, you should ask your doctor to prescribe drugs on the Health Net Medicare Formulary that have been approved by the Centers for Medicare & Medicaid Services (CMS).

What is the formulary (drug list)?

Health Net's Medicare Formulary identifies drugs covered under your prescription benefit. Your doctor or specialist should refer to this list when choosing drugs for you. The list 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 the formulary?

When your doctor prescribes a drug, ask if it is on the Health Net Medicare Formulary. If you already have a prescription, you can find out by calling us at 1-800-949-6192 (TTY/TDD 1-800-929-9955), 8:00 a.m. to 8:00 p.m., 7 days a week. Or simply log on to www.healthnet.com, click on *I'm a Member*, select your state, choose *My Pharmacy Benefits* then *Medicare Members* and select *Drug List*. Selecting the Formulary Search Tool option allows you to quickly find a specific drug, determine if the drug is covered, and if there are any limitations or restrictions. You may also choose to view and print the entire 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 – you may go to any of our network pharmacies at any time.

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 for non-preferred mail order pharmacies, 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.

Please note: If you are currently a member of a Medicare Advantage (MA) plan, you must sign up for your Medicare Part D pharmacy plan through your MA plan, like Health Net Healthy Heart, Violet Option 1, or Violet Option 2. If you sign up for a different Medicare Part D pharmacy plan, Medicare will automatically disenroll you from your current MA plan.

Health Net. A Medicare Advantage organization with a Medicare contract. This contract is renewed annually, and availability of coverage beyond the end of the contract year is not guaranteed. This plan may not be available to Medicare beneficiaries in the following contract year because by law, plan sponsors, like Health Net, can choose not to renew their contract with CMS, or they can reduce their service area, and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. Individuals must have both Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Limitations, copayments/coinsurance, and restrictions may apply. Plan benefits and cost-sharing may vary by plan, county and region. Contact the plan for further details.

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.

The Medicare prescription drug benefit is only available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plan or Prescription Drug Plan (PDP). Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply. Beneficiaries that are already enrolled in a Health Net MA-PD or PDP plan must receive their Medicare prescription drug benefit through that Plan and may be enrolled in only one MA-PD or PDP plan at a time. Beneficiaries enrolled in an MA plan may not enroll in a PDP, unless they are a member of a Private Fee-for-Service MA plan (PFFS) that does not provide Medicare prescription drug coverage, or an 1876 cost plan.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), 24 hours a day, 7 days a week; your State Medicaid Office; or the Social Security Administration at 1-800-772-1213 (TTY/TDD users should call 1-800-325-0778) between 7:00 a.m. and 7:00 p.m., Monday through Friday.

Medicare beneficiaries may enroll in Health Net's MA or PDP plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.Medicare.gov. For full information on this plan's benefits, including information on premium withhold or direct bill options, and other exclusions, limitations or restrictions to services not already identified in this document, please contact Health Net at 1-800-949-6192 (TTY/TDD 1-800-929-9955 for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., 7 days a week.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage (EOC) document. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

You have access to Decision Power through your current enrollment with any of the following Health Net companies: 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 Health Coaches, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies.

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This information is available for free in other languages. Please contact our customer service number at 1-800-949-6192 for additional information. Our hours of operation are 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users call 1-800-929-9955.

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