2019 Health Net Medicare Advantage Plan Information

Thank you for your interest in applying for the Health Net Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. Health Net will send out an outbound enrollment verification letter by mail within 15 calendar days from receipt of the enrollment request.

Enrollment Packet – click links below to view the information

Star Rating: HMO / PPO
Download Application
Benefits: Aqua (N) / Aqua (S) / Ruby (pdx) / Ruby Lane / Ruby (ccdj) / Ruby (other) / Ruby (djj) / Violet 1 (North) / Violet 1 (South) / Violet 2 (clmw) / Violet 2 (mp) / Violet 2 (bly) / Violet 2 (dj) / Violet 2 (j) / Violet 3
Providers
Formulary
Pharmacy Locator

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. *If they are signed prior to October 15th they will be returned to you with a new application.* If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc…

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: Click here
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: https://medicare-oregon.com/

Y0062_MULTIPLAN_CDA INSURANCE Oregon 2019

This is your Summary of Benefits.

2019

Health Net Violet 3 (PPO) H5439-015

Douglas and Josephine Counties, OR

H5439_19_8061SB_015_M Accepted 09072018

Health Net®
MEDICARE PROGRAMS

This booklet provides you with a summary of what we cover and your cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page, and ask for the "Evidence of Coverage" (EOC), or you may access the EOC on our website at or.healthnetadvantage.com.

You are eligible to enroll in Health Net Violet 3 (PPO) 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 Violet 3 (PPO) service area counties). Our service areas include the following counties in Oregon: Douglas and Josephine.
- 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.)

With Health Net Violet 3 (PPO) Medicare Advantage plan, 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.

You can see our plan's provider directory at our website at or.healthnetadvantage.com.

This Health Net Violet 3 (PPO) plan also includes prescription drug coverage and access to our large network of pharmacies. Our drug plan is designed specifically for Medicare beneficiaries and includes a comprehensive selection of affordable generic and brand-name drugs.

Summary of Benefits

JANUARY 1, 2019–DECEMBER 31, 2019

Benefits	Health Net Violet 3 (PPO) H5439-015 Premiums / Copays / Coinsurance	
	In-Network	**Out-of-Network**
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.	
Deductible	$170 deductible combined in-network and out-of-network covered medical services $200 deductible for Part D prescription drugs (applies to drugs on Tiers 3, 4 and 5)	
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	• $5,900 in-network annually • $8,700 combined in- and out-of-network annually This is the most you will pay in copays and coinsurance for medical services for the year.	
Inpatient Hospital Coverage*	• $295 copay per day, days 1 through 4 • $0 copay per day, days 5 and beyond	• $475 copay per day, days 1 through 10 • $0 copay per day, days 11 and beyond
Outpatient Hospital*	• Outpatient Hospital (includes observation services): $300 copay per visit • Ambulatory Surgical Center: $250 copay per visit	• Outpatient Hospital (includes observation services): $335 copay per visit • Ambulatory Surgical Center: $285 copay per visit
Doctor Visits*	• Primary Care: $20 copay per visit • Specialist: $40 copay per visit	• Primary Care: $30 copay per visit • Specialist: $50 copay per visit
Preventive Care *(e.g., flu vaccine, diabetic screening)*	$0 copay	$0 copay
	Other preventive services are available. Cost-sharing may apply when other services are received in addition to the preventive service.	

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Benefits	Health Net Violet 3 (PPO) H5439-015 Premiums / Copays / Coinsurance	
	In-Network	**Out-of-Network**
Emergency Care	$90 copay per visit	
	You do not have to pay the copay if admitted to the hospital immediately.	
Urgently Needed Services	$35 copay per visit	$50 copay per visit
	Copay is not waived if admitted to hospital.	
Diagnostic Services/ Labs/Imaging*	• Lab services: $15 copay • Diagnostic tests and procedures: 0% - 19% coinsurance • X-ray services: $18 copay	• Lab services: $20 copay • Diagnostic tests and procedures: 0% - 20% coinsurance • X-ray services: $20 copay
Hearing Services	Hearing exam (Medicare-covered): $30 copay per visit	Hearing exam (Medicare-covered): $50 copay per visit
Dental Services	Dental services (Medicare-covered): $40 copay	Dental services (Medicare-covered): $50 copay
	Additional preventive and comprehensive dental benefits are available for an extra premium. See optional supplemental benefits section.	
Vision Services	• Vision exam (Medicare-covered): $10 copay per visit • Routine eye exam: $10 copay per visit • Routine eyewear: up to $250 allowance for every 2 calendar years	• Vision exam (Medicare-covered): $50 copay per visit • Routine eye exam: $10 copay per visit • Routine eyewear: up to $250 allowance for every 2 calendar years
Mental Health Services*	Individual and group therapy: $40 copay per visit	Individual and group therapy: $50 copay per visit
Skilled Nursing Facility*	For each benefit period, you pay: $0 copay per day, days 1 through 20 $170 copay per day, days 21 through 100	For each benefit period, you pay: $0 copay per day, days 1 through 20 $220 copay per day, days 21 through 100

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Benefits	Health Net Violet 3 (PPO) H5439-015 Premiums / Copays / Coinsurance	
	In-Network	Out-of-Network
Physical Therapy*	$40 copay per visit	$50 copay per visit
Ambulance*	$380 copay (per one-way trip)	$380 copay (per one-way trip)
Transportation	Not Covered	
Medicare Part B Drugs*	• Chemotherapy drugs: 17% coinsurance • Other Part B drugs: 17% coinsurance	• Chemotherapy drugs: 20% coinsurance • Other Part B drugs: 20% coinsurance

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Part D Prescription Drugs			
Deductible Phase	$200 deductible (Deductible does not apply to Tiers 1, 2 and 6.)		
Initial Coverage Phase *(after you pay your Part D deductible, if applicable)*	**Preferred Retail Rx 30-day supply**	**Standard Retail Rx 30-day supply**	**Mail-Order Rx 90-day supply**
Tier 1: Preferred Generic	$5 copay	$10 copay	$10 copay
Tier 2: Generic	$15 copay	$20 copay	$30 copay
Tier 3: Preferred Brand	$37 copay	$47 copay	$74 copay
Tier 4: Non-Preferred Drug	$90 copay	$100 copay	$225 copay
Tier 5: Specialty	29% coinsurance	29% coinsurance	Not available
Tier 6: Select Care Drugs	$0 copay	$0 copay	$0 copay
Important Info:	Cost-sharing may change depending on the pharmacy you choose (such as Preferred Retail, Standard Retail, Mail-Order, Long-Term Care or Home Infusion) and when you enter another of the four phases of the Part D benefit. For more information about the costs for Long-Term Supply, Home Infusion, or additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our EOC online.		

Benefits	Additional Covered Benefits Health Net Violet 3 (PPO) H5439-015 Premiums / Copays / Coinsurance	
	In-Network	**Out-of-Network**
Chiropractic Care*	Chiropractic services (Medicare-covered): $20 copay per visit	Chiropractic services (Medicare-covered): $20 copay per visit
Medical Equipment/ Supplies*	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 19% coinsurance • Prosthetics (e.g., braces, artificial limbs): 19% coinsurance • Diabetic supplies: $0 copay	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance • Prosthetics (e.g., braces, artificial limbs): 20% coinsurance • Diabetic supplies: $0 copay
Foot Care* (Podiatry Services)	Foot exams and treatment (Medicare-covered): $40 copay per visit	Foot exams and treatment (Medicare-covered): $50 copay per visit
Virtual Visit	Teladoc offers 24 hours a day/7 days a week/365 days a year virtual visit access to board certified doctors to help address a wide variety of health concerns/questions.	
Wellness Programs	• Fitness program: $0 copay • 24-hour nurse advice line: $0 copay • Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): $0 copay For a detailed list of wellness program benefits offered, please refer to the EOC.	• Fitness program: $0 copay • 24-hour nurse advice line: $0 copay • Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): $0 copay For a detailed list of wellness program benefits offered, please refer to the EOC.
Worldwide Emergency Care	$50,000 plan coverage limit for supplemental urgent/emergent services outside the U.S. and its territories every year.	$50,000 plan coverage limit for supplemental urgent/emergent services outside the U.S. and its territories every year.
Routine Annual Exam	$0 copay	$0 copay

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Optional Supplemental Benefits *(you must pay an extra premium each month for these benefits)*		
Preventive and Diagnostic Plus Dental PPO		
Monthly Premium This additional monthly premium is in addition to your monthly plan premium and the monthly Medicare Part B premium.	$19 per month	
Preventive Dental Care You can see any licensed dentist to receive covered preventive services; however, you pay a little more to use providers who are out-of-network.		
Dental Care Benefits		
	In-network	**Out-of-network**
Annual deductible (deductible applies to all services)	$35 in- and out-of-network (applies to all services)	
Annual benefit maximum	$500 in- and out-of-network combined	
Preventive services: Oral exams, cleanings (prophylaxis), fluoride treatment, dental x-rays – 1 set of preventive x-rays (up to 4 bitewing x-rays)	Covered at 100%	You pay 20%

Optional Supplemental Benefits *(you must pay an extra premium each month for these benefits)*		
Comprehensive Dental PPO		
Monthly Premium This additional monthly premium is in addition to your monthly plan premium and the monthly Medicare Part B premium.	$39 per month	
Preventive/Comprehensive Dental Care You can see any licensed dentist to receive covered preventive and/or comprehensive services with minor restorative and non-surgical periodontics; however, you pay a little more to use providers who are out-of-network.		
Dental Care Benefits		
	In-network	**Out-of-network**
Annual deductible (deductible applies to all services)	$50	$100
Annual benefit maximum	$1,000 in- and out-of-network combined	
Preventive services: Oral exams, cleanings (prophylaxis), fluoride treatment, dental x-rays – 1 set of preventive x-rays (up to 4 bitewing x-rays)	Covered at 100%	You pay 50%
Diagnostic services:	Covered at 100%	You pay 50%
General services: fillings, general anesthetics	You pay 20%	You pay 50%
Major services: crowns, removable and fixed bridges, complete and partial dentures, oral surgery, periodontics, endodontics	You pay 50%	You pay 50%

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

FLY023053EK00 (8/18)

CA_OR_19_8313MLI_C 07302018

ARABIC	**تنبيه:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) **(مكبلا و مصلا فتا ه مقر: 711).**
ARMENIAN	**ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝** Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: **Զանգահարեք:** California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) 。
CUSHITE	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
HINDI	ध्यान दें: यदि आप हिंदी बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711). पर कॉल करें।
HMONG	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
JAPANESE	**注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。** California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711) **にお電話ください。**
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) 번으로 전화해 주십시오.

MON-KHMER CAMBODIAN	ចណាបអារម្មណ៍: បេសនអ្នកនយាយភាសាខ្មែរ សេវាជនួយភាសាដោយឥតគតថ្លៃ គមានសរាបអ្នក។ សូម ទូរស័ព្ទទៅលេខCalifornia: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។
PERSIAN	توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711) تماس بگیرید.
PUNJABI	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711) 'ਤੇ ਕਾੱਲ ਕਰੋ।
ROMANIAN	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
THAI	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
UKRAINIAN	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
VIETNAMESE	CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711).

For more information, please contact:

Health Net Life Insurance Company
Health Net Violet 3 (PPO)
PO Box 10420
Van Nuys, CA 91410-0420

or.healthnetadvantage.com

Current members should call: 1-888-445-8913 (TTY: 711)

Prospective members should call: 1-800-949-6192 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-888-445-8913 (TTY: 711) for more information.

"Coinsurance" is the percentage you pay of the total cost of certain medical and prescription drug services.

This document is available in other formats such as Braille, large print or audio.

The provider network may change at any time. You will receive notice when necessary.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Health Net members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

SBS023803EO00 (7/18)