2021 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 / Complement / Ruby (bccllmmpwy) / Ruby (ccdj) / Ruby (jj) / Violet 1 / Violet 2 (bclmmpwy) / Violet 2 (djj) / Violet 3 / Violet 4 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 2021

Summary of Benefits

2021

Health Net Aqua (PPO) H5439: 010

Benton, Clackamas, Douglas, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Washington and Yamhill counties, OR;

Clark County, WA

This booklet provides you with a summary of what we cover and the 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 Aqua (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 must be a United States citizen, or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Health Net Aqua (PPO) service area counties). Our service area includes the following counties in Oregon and Washington: Benton, Clackamas, Douglas, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Washington and Yamhill, OR; Clark County, WA.

With Health Net Aqua (PPO) 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.

Summary of Benefits

JANUARY 1, 2021 – DECEMBER 31, 2021

Benefits	Health Net Aqua (PPO) H5439: 010 Premiums / Copays / Coinsurance	
	In-network	**Out-of-network**
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.	
Deductibles	$125 deductible combined in-network and out-of-network for covered medical services	
Maximum Out-of-Pocket Responsibility	• $2,500 in-network annually • $5,100 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for covered medical services for the year.	
Inpatient Hospital Coverage*	For each admission, you pay: • $175 copay per day, for days 1 through 8 • $0 copay per day, for days 9 and beyond	For each admission, you pay: • $200 copay per day, for days 1 through 8 • $0 copay per day, for days 9 and beyond
Outpatient Hospital Coverage*	• Outpatient Hospital: 20% coinsurance (up to $175) per visit • Observation Services: $175 copay per visit	• Outpatient Hospital: $200 copay per visit • Observation Services: $200 copay per visit
Doctor Visits (Primary Care Providers and Specialists)	• Primary Care: $12 copay per visit • Specialist: $25 copay per visit	• Primary Care: $20 copay per visit • Specialist: $40 copay per visit
Preventive Care (e.g. flu vaccine, diabetic screening)	$0 copay	$0 copay
	Other preventive services are available.	
Emergency Care	$120 copay per visit	$120 copay per visit
	You do not have to pay the copay if admitted to the hospital immediately.	
Urgently Needed Services	$25 copay per visit	$25 copay per visit
	Copay is not waived if admitted to hospital.	

Services with an * (asterisk) may require prior authorization from your doctor.

Benefits	Health Net Aqua (PPO) H5439: 010 Premiums / Copays / Coinsurance	
	In-network	**Out-of-network**
Diagnostic Services/ Labs/Imaging* (includes diagnostics tests and procedures, labs, diagnostic radiology, and X-rays)	COVID-19 testing and specified testing-related services at any location are $0. • Lab services: $0 copay • Diagnostic tests and procedures: 0% to 15% coinsurance • EKG: 0% coinsurance • X-ray services: $12 copay • Diagnostic radiology services (such as, MRI, MRA, CT, PET): 15% coinsurance	• Lab services: $0 copay • Diagnostic tests and procedures: 20% coinsurance • EKG: 0% coinsurance • X-ray services: $20 copay • Diagnostic radiology services (such as, MRI, MRA, CT, PET): 20% coinsurance
Hearing Services	• Hearing exam (Medicare-covered): $25 copay per visit • Routine hearing exam: $0 copay (1 every calendar year) • Hearing aid: $0 to $1,580 copay (2 hearing aids total 1 per ear, per every calendar year)	Hearing exam (Medicare-covered): $40 copay per visit
Dental Services	• Dental services (Medicare-covered): $25 copay per visit • Preventive Dental Services: $0 copay (including oral exams, cleanings, fluoride treatment, and X-rays)	• Dental services (Medicare-covered): $40 copay per visit • Preventive Dental Services: $0 copay (including oral exams, cleanings, fluoride treatment, and X-rays)
	Comprehensive dental services: Additional comprehensive dental benefits are available. There is a maximum allowance of $2,000 every calendar year; it applies to all comprehensive dental benefits. In and Out-of-Network combined.	
Vision Services	• Vision exam (Medicare-covered): $0 to $10 copay per visit • Routine eye exam: $10 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $250 allowance every 2 calendar years combined for both in-and-out-of-network	• Vision exam (Medicare-covered): $40 copay per visit • Routine eye exam: $10 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $250 allowance every 2 calendar years combined for both in-and-out-of-network

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Benefits	Health Net Aqua (PPO) H5439: 010 Premiums / Copays / Coinsurance	
	In-network	**Out-of-network**
Mental Health Services	Individual and group therapy: $25 copay per visit	Individual and group therapy: $40 copay per visit
Skilled Nursing Facility*	For each benefit period, you pay: • $0 copay per day, for days 1 through 20 • $184 copay per day, for days 21 through 100	• For each benefit period, you pay: • $0 copay per day, for days 1 through 20 • $220 copay per day, for days 21 through 100
Physical Therapy*	$25 copay per visit	$40 copay per visit
Ambulance	$100 copay (per one-way trip) for ground or air ambulance services	$100 copay (per one-way trip) for ground or air ambulance services
Ambulatory Surgery Center*	Ambulatory Surgery Center: 20% coinsurance (up to $150) per visit	Ambulatory Surgery Center: $175 copay per visit
Transportation	Not covered	
Medicare Part B Drugs*	• Chemotherapy drugs: 15% coinsurance • Other Part B drugs: 15% coinsurance	• Chemotherapy drugs: 20% coinsurance • Other Part B drugs: 20% coinsurance

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Additional Covered Benefits		
Benefits	**Health Net Aqua (PPO) H5439: 010 Premiums / Copays / Coinsurance**	
	In-network	**Out-of-network**
Additional Telehealth Services	The cost share of Medicare-covered additional telehealth services with primary care physicians, specialists, individual/group sessions with mental health and psychiatric providers and other health care practitioners within these practices will be equal to the cost share of these individual services' office visits.	
Opioid Treatment Program Services	• Individual setting: $25 copay per visit • Group setting: $25 copay per visit	• Individual setting: $40 copay per visit • Group setting: $40 copay per visit
Chiropractic Care	• Chiropractic services (Medicare-covered): $15 copay per visit • Routine chiropractic services: $15 copay per visit (24 visits every calendar year combined with routine acupuncture and naturopathy services)	• Chiropractic services (Medicare-covered): $15 copay per visit • Routine chiropractic services: $15 copay per visit (24 visits every calendar year combined with routine acupuncture and naturopathy services

Services with an * (asterisk) may require prior authorization from your doctor.

Additional Covered Benefits		
Benefits	**Health Net Aqua (PPO) H5439: 010** **Premiums / Copays / Coinsurance**	
	In-network	**Out-of-network**
Acupuncture	• Acupuncture services for chronic low back pain (Medicare-covered): $15 copay per visit in a chiropractic setting • Acupuncture services for chronic low back pain (Medicare-covered): $12 copay per visit in a Primary Care Provider's office • Acupuncture services for chronic low back pain (Medicare-covered): $25 copay per visit in a Specialist's office • Routine acupuncture services: $15 copay per visit (24 visits every calendar year combined with routine chiropractic and naturopathy services)	• Acupuncture services for chronic low back pain (Medicare-covered): $15 copay per visit in a chiropractic setting • Acupuncture services for chronic low back pain (Medicare-covered): $20 copay per visit in a Primary Care Provider's office • Acupuncture services for chronic low back pain (Medicare-covered): $40 copay per visit in a Specialist's office • Routine acupuncture services: $15 copay per visit (24 visits every calendar year combined with routine chiropractic and naturopathy services)
Medical Equipment/ Supplies*	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 15% coinsurance • Prosthetics (e.g., braces, artificial limbs): 15% 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): $25 copay	Foot exams and treatment (Medicare-covered): $40 copay
Virtual Visit	Teladoc™ plan offers 24 hours a day/7days a week/365 days a year virtual visit access to board certified doctors to help address a wide variety of health concerns/questions.	

Services with an * (asterisk) may require prior authorization from your doctor.

Additional Covered Benefits		
Benefits	**Health Net Aqua (PPO) H5439: 010 Premiums / Copays / Coinsurance**	
	In-network	**Out-of-network**
Wellness Programs	• Fitness program: $0 copay • 24-hour Nurse Connect: $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 Connect: $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 urgent/emergent services outside the U.S. and its territories every calendar year.	$50,000 plan coverage limit for urgent/emergent services outside the U.S. and its territories every calendar year.
Routine Annual Exam	$0 copay	$0 copay

Services with an * (asterisk) may require prior authorization from your doctor.

For more information, please contact:

Health Net Aqua (PPO)
PO Box 10420
Van Nuys, CA 91410

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/or prescription drug services.

The Provider Network may change at any time. You will receive notice when necessary.

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

Out-of-network/non-contracted providers are under no obligation to treat
Health Net Aqua (PPO) members, except in emergency situations. 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.

Health Net is contracted with Medicare for PPO plans. Enrollment in Health Net depends on contract renewal.

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