Health Net Seniority Plus Green (HMO) offered by Health Net of California, Inc.

Annual Notice of Changes for 2020

You are currently enrolled as a member of Health Net Seniority Plus Green (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.4 for information about benefit and cost changes for our plan.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider & Pharmacy Directory.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

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2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at https://www.medicare.gov website. Click "Find health & drug plans."
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** Health Net Seniority Plus Green (HMO), you don't need to do anything. You will stay in Health Net Seniority Plus Green (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don't join another plan by **December 7, 2019**, you will stay in Health Net Seniority Plus Green (HMO).
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-275-4737 for additional information. (TTY users should call 711). Hours are 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.
- We must provide information in a way that works for you (in languages other than English, in audio, in large print, or other alternate formats, etc.).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Health Net Seniority Plus Green (HMO)

- Health Net is contracted with Medicare for HMO and HMO SNP plans, and with the state Medicaid program. Enrollment in Health Net depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Health Net of California, Inc. When it says "plan" or "our plan," it means Health Net Seniority Plus Green (HMO).

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Health Net Seniority Plus Green (HMO) in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at ca.healthnetadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Cost	2019 (this year)	2020 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,400	$3,400
Doctor office visits	Primary care visits: You pay a $7 copay per visit. Specialist visits: You pay a $10 copay per visit.	Primary care visits: You pay a $7 copay per visit. Specialist visits: You pay a $10 copay per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day**.**	For Medicare-covered admissions, per admission: Days 1-5: You pay a $200 copay per day. Days 6 and beyond: You pay a $0 copay per day.	For Medicare-covered admissions, per admission: Days 1-5: You pay a $200 copay per day. Days 6 and beyond: You pay a $0 copay per day.

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$3,400	$3,400 Once you have paid $3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider & Pharmacy Directory is located on our website at ca.healthnetadvantage.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider & Pharmacy Directory. **Please review the 2020 Provider & Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage.*

Cost	2019 (this year)	2020 (next year)
Prior Authorization	The following required prior authorization: • Inpatient hospital care • Inpatient mental health care • Skilled Nursing Facility (SNF) care • Cardiac and pulmonary rehabilitation services • Partial hospitalization services • Home health services • Chiropractic services • Physician specialist services • Outpatient mental health specialty services • Outpatient mental health care (psychiatric) • Outpatient rehabilitation services: o Occupational therapy o Physical therapy o Speech therapy • Outpatient diagnostic tests and lab services • Outpatient diagnostic/ therapeutic radiological services • Outpatient hospital services • Outpatient observation services • Ambulatory Surgical Center (ASC) services • Outpatient substance abuse • Outpatient blood services • Ambulance services for fixed wing aircraft and non-	The following will require prior authorization: • Inpatient hospital care • Inpatient mental health care • Skilled Nursing Facility (SNF) care • Cardiac and pulmonary rehabilitation services • Partial hospitalization services • Home health services • Chiropractic services • Physician specialist services • Outpatient mental health specialty services • Outpatient mental health care (psychiatric) • Outpatient rehabilitation services: o Occupational therapy o Physical therapy o Speech therapy • Opioid treatment services • Outpatient diagnostic tests and lab services • Outpatient diagnostic/ therapeutic radiological services • Outpatient hospital services • Outpatient observation services • Ambulatory Surgical Center (ASC) services

Cost	2019 (this year)	2020 (next year)
	emergency Medicare services • Durable medical equipment • Prosthetic devices and related supplies • Diabetic services and supplies • Services to treat kidney disease and conditions: o Renal dialysis o Kidney disease education • Acupuncture services • Medicare-covered preventive services (zero cost-share services) • Other Medicare-covered preventive services: o Glaucoma screening o Diabetes self-management training o Barium enema o Digital rectal exam o EKG following welcome visit o Other Medicare-covered preventive services • Medicare Part B prescription drugs • Comprehensive dental services • Vision care exams • Vision care eyewear • Hearing exams	• Outpatient substance abuse • Outpatient blood services • Ambulance services for fixed wing aircraft and non-emergency Medicare services • Durable medical equipment • Prosthetic devices and related supplies • Diabetic services and supplies • Acupuncture services • Medicare-covered preventive services (zero cost-share services) • Medicare Part B prescription drugs • Comprehensive dental services • Vision care eyewear The following will no longer require prior authorization: • Services to treat kidney disease and conditions: o Renal dialysis o Kidney disease education • Other Medicare-covered preventive services: o Glaucoma screening o Diabetes self-management training o Barium enema o Digital rectal exam o EKG following welcome visit o Other Medicare-covered preventive services

Cost	2019 (this year)	2020 (next year)
		• Vision care exams • Hearing exams
Opioid treatment services	Not covered as a separate benefit. Some services for Opioid Use Treatment were covered under your Substance Abuse benefits.	You pay a $25 copay for each Medicare-covered opioid treatment in a group or individual setting.
Vision care (exams)	You pay a $10 copay for each Medicare-covered eye exam, including an annual diabetic eye exam.	You pay a $0 copay for each Medicare-covered diabetic eye exam. You pay a $10 copay for all other Medicare-covered eye exams.
Routine vision care (eyewear)	You pay a $65 copay for standard progressive lenses every 2 calendar years. You pay a $65 copay plus 80% of the retail charge, minus $120 plan allowance for premium progressive lenses. Please refer to your Evidence of Coverage for more details.	You pay a $65 copay for standard and premium progressive lenses. There is a $120 benefit limit on progressive lenses every 2 calendar years. You are responsible for amounts over the benefit limit. Please refer to your Evidence of Coverage for more details.
Chiropractic supports and devices	Chiropractic supports and appliances are covered up to a $50 limit per calendar year.	Chiropractic supports and appliances are not covered.

SECTION 2 Administrative Changes

Process	2019 (this year)	2020 (next year)
Maximum out-of-pocket amount changes (MOOP)	The following benefits and services apply to your maximum out-of-pocket: All in-network Medicare-covered benefits Unlimited additional days of inpatient acute hospital care Worldwide emergency care, urgent care , and emergency transportation services First 3 pints of blood Routine eye exams Routine hearing exams Non-Medicare covered routine foot care Non-Medicare covered annual physical exam	The following benefits and services apply to your maximum out-of-pocket: All in-network Medicare-covered benefits First 3 pints of blood Acupuncture services Non-Medicare covered annual physical exam Nurse advice line Preventive dental services Routine eye exams Non-Medicare covered routine foot care Routine chiropractic care
Referral Changes	Your plan required Referrals from your PCP for select services.	Referral requirements may have changed for 2020. See the Medical Benefits Chart in Chapter 4 of your 2020 Evidence of Coverage for benefits that require referral.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Health Net Seniority Plus Green (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov and click "Review and Compare Your Coverage Options." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Health Net Seniority Plus Green (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Health Net Seniority Plus Green (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling & Advocacy Program (HICAP).

HICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at 1-800-434-0222. TTY users call 711 (National Relay Service). You can learn more about HICAP by visiting their website (www.hicapservices.net).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:

  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance California Office of AIDS – ADAP program. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. California Office of AIDS – ADAP program can be contacted at 1-844-421-7050 from Monday through Friday, between 8 a.m. and 5 p.m., excluding holidays. TTY users call 711.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call California Office of AIDS – ADAP program at 1-844-421-7050. TTY users should call 711.

SECTION 7 Questions?

Section 7.1 – Getting Help from *Health Net Seniority Plus Green (HMO)*

Questions? We're here to help. Please call Member Services at 1-800-275-4737. (TTY only, call 711.) We are available for phone calls from October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. A messaging system is used after hours, weekends, and on federal holidays. Calls to these numbers are free.

Read your 2020 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for Health Net Seniority Plus Green (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at

ca.healthnetadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at ca.healthnetadvantage.com. As a reminder, our website has the most up-to-date information about our provider network (Provider & Pharmacy Directory).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on "Find health & drug plans.")

Read Medicare & You 2020

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (https://www.medicare.gov) or 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.