

## Health Net Green (HMO) offered by HEALTH NET OF CALIFORNIA, INC.

### Annual Notice of Changes for 2021

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.**
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#### 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 2.4 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 2.3 for information about our Provider 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.

##### 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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 4.2 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 don't join another plan by December 7, 2020, you will be enrolled in Health Net 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, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Health Net Green (HMO).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

**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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Health Net Green (HMO)**

- HEALTH NET OF CALIFORNIA, INC. is contracted with Medicare for HMO plans. Enrollment in HEALTH NET OF CALIFORNIA, INC. 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 Green (HMO).

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Health Net 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](http://ca.healthnetadvantage.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium</b> (See 2.1 for details.)	\$139	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,400	\$3,400
<b>Doctor office visits</b>	Primary care visits: You pay a \$10 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.
<b>Inpatient hospital stays</b> 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:  <b>Days 1 - 7:</b> You pay a \$275 copay per day.  <b>Days 8 and beyond:</b> You pay a \$0 copay per day.	For Medicare-covered admissions, per admission:  <b>Days 1 - 5:</b> You pay a \$200 copay per day.  <b>Days 6 and beyond:</b> You pay a \$0 copay per day.

## ***Annual Notice of Changes for 2021***

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## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Health Net Green (HMO) in 2021

On January 1, 2021, HEALTH NET OF CALIFORNIA, INC. will be combining Health Net Seniority Plus Green (HMO) with one of our plans, Health Net Green (HMO).

**If you do nothing to change your Medicare coverage by December 7, 2020, we will automatically enroll you in our Health Net Green (HMO).** This means starting January 1, 2021, you will be getting your medical coverage through **Health Net Green (HMO)**. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Health Net Seniority Plus Green (HMO) and the benefits you will have on January 1, 2021 as a member of Health Net Green (HMO).

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b>	\$139	\$0
(You must also continue to pay your Medicare Part B premium.)		
<b>Optional supplemental benefits monthly premium</b>	Health Net Total Fit Plus \$20	Health Net Enhanced Dental FLEX \$25
	Health Net Total Fitness FLEX \$35	Not available

## Section 2.2 – 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	2020 (this year)	2021 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>\$3,400</p>	<p style="text-align: center;">\$3,400</p> <p>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.</p>

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## Section 2.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [ca.healthnetadvantage.com](http://ca.healthnetadvantage.com). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider 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 to manage your care.



## Section 2.4 – 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 2021 Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
<b>Acupuncture services</b>	<p><b><u>Medicare-covered services</u></b> You pay a \$10 copay for each Medicare-covered acupuncture visit. Visit limits apply.</p> <p><b><u>Additional services</u></b> Routine acupuncture is offered as part of an optional supplemental benefit package. See Chapter 4, Section 2.2 of your Evidence of Coverage for more details.</p>	<p><b><u>Medicare-covered services</u></b> You pay a \$0 copay for each Medicare-covered acupuncture visit. Visit limits apply.</p> <p><b><u>Additional services</u></b> You pay a \$0 copay for each routine acupuncture visit up to 30 visits each calendar year, combined with routine chiropractic.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Additional medical nutritional therapy</b>	Additional medical nutritional therapy is <u>not</u> covered.	<p>You pay a \$0 copay for additional medical nutrition therapy services.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Additional telehealth services</b>	Additional telehealth services are <u>not</u> covered.	<p>Certain additional telehealth services, including those for: primary care, specialist and other health care professional services, and outpatient mental health specialty services, including psychiatric care are covered.</p> <p>Cost-shares for covered additional telehealth services are the same as the standard cost-sharing for those services in an office setting. See Chapter 4 of your Evidence of Coverage for more details.</p>

Cost	2020 (this year)	2021 (next year)
<b>Chiropractic services</b>	<p><b><u>Medicare-covered services</u></b> You pay a \$10 copay for each Medicare-covered chiropractic visit for the manual manipulation of the spine to correct subluxation.</p> <p><b><u>Additional services</u></b> Routine chiropractic services are offered as part of an optional supplemental benefit package. See Chapter 4, Section 2.2 of your Evidence of Coverage for more details.</p>	<p><b><u>Medicare-covered services</u></b> You pay a \$0 copay for each Medicare-covered chiropractic visit for the manual manipulation of the spine to correct subluxation.</p> <p><b><u>Additional services</u></b> You pay a \$0 copay for each routine chiropractic visit, up to 30 visits every calendar year, combined with routine acupuncture services.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Diabetes self-management training, diabetic services and supplies</b>	<p>You pay a \$0 copay for Medicare-covered diabetic supplies.</p> <p>Diabetic supplies are limited to Accu-Chek™ and OneTouch™. Other brands are not covered unless medically necessary and pre-authorized.</p> <p>You pay 20% of the total cost for Medicare-covered therapeutic shoes for people with diabetes who have severe diabetic foot disease.</p>	<p>You pay a \$0 copay for Medicare-covered diabetic glucometer or supplies as directed by your physician, including Accu-Chek™ and OneTouch™ if your prescription for supplies is filled through a Health Net contracted pharmacy.</p> <p>Other brands may not be covered unless medically necessary and pre-authorized. If you receive authorization for another brand, you will pay 20% of the cost.</p> <p>You pay a \$0 copay for Medicare-covered therapeutic shoes for people with diabetes who have severe diabetic foot disease.</p>
<b>Health and wellness education programs</b>	<p>Fitness benefit is offered as part of an optional supplemental benefit package. See Chapter 4, Section 2.2 of your Evidence of Coverage for more details.</p>	<p><b><u>Fitness benefit</u></b> You pay a \$0 copay for the fitness benefit.</p> <p>You have the following choices available at no cost to you:</p>

Cost	2020 (this year)	2021 (next year)
<b>Health and wellness education programs (continued)</b>		<ul style="list-style-type: none"> <li>• Fitness Center Membership: You can visit a participating fitness center near you that takes part in the program; and</li> <li>• Home Fitness Kits: You can choose from a variety of home fitness kits. You can receive up to 2 kits each benefit year.</li> </ul> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Inpatient hospital care</b>	<p>For Medicare-covered admissions, per admission:</p> <p><b>Days 1 - 7:</b> You pay a \$275 copay per day.</p> <p><b>Days 8 and beyond:</b> You pay a \$0 copay per day.</p>	<p>For Medicare-covered admissions, per admission:</p> <p><b>Days 1 - 5:</b> You pay a \$200 copay per day.</p> <p><b>Days 6 and beyond:</b> You pay a \$0 copay per day.</p>
<b>Nutritional/Dietary counseling benefit</b>	<p>Nutritional/dietary counseling benefit is <u>not</u> covered.</p>	<p>You pay a \$0 copay for each nutritional/dietary counseling visit.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Outpatient hospital observation</b>	<p>You pay a \$275 copay for each Medicare-covered observation service during an outpatient hospital facility visit.</p> <p>You pay a \$120 copay for each Medicare-covered observation service during an emergency room visit.</p>	<p>You pay a \$200 copay for each Medicare-covered observation service during an outpatient hospital facility visit.</p> <p>You pay a \$120 copay for each Medicare-covered observation service during an emergency room visit.</p>

Cost	2020 (this year)	2021 (next year)
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (ASC)</b>	<p>You pay a \$275 copay for each Medicare-covered visit to an outpatient hospital facility.</p> <p>You pay a \$125 copay for each Medicare-covered visit to an ASC.</p>	<p>You pay a \$200 copay for each Medicare-covered visit to an outpatient hospital facility.</p> <p>You pay a \$50 copay for each Medicare-covered visit to an ASC.</p>
<b>Physician/Practitioner services, including doctor's office visits</b>	<p>You pay a \$10 copay for each Medicare-covered primary care visit.</p>	<p>You pay a \$7 copay for each Medicare-covered primary care visit.</p> <p>Cost-shares for covered additional telehealth services are the same as the standard cost-sharing for those services in an office setting.</p>
<b>Skilled nursing facility (SNF) care</b>	<p>For Medicare-covered admissions, per benefit period:</p> <p><b>Days 1 – 100:</b> You pay a \$0 copay.</p>	<p>For Medicare-covered admissions, per benefit period:</p> <p><b>Days 1 – 20:</b> You pay a \$0 copay per day.</p> <p><b>Days 21 – 100:</b> You pay a \$75 copay per day.</p> <p>You pay all costs for each day after day 100.</p>
<b>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) – additional smoking cessation visits</b>	<p>Additional smoking cessation counseling sessions are <u>not</u> covered.</p>	<p>You pay a \$0 copay for each additional smoking cessation counseling visit.</p> <p>Up to 5 additional smoking cessation counseling visits are covered through Teladoc™ per calendar year.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Virtual visits</b>	<p>Virtual visits are <u>not</u> covered.</p>	<p>You pay a \$0 copay per visit with a Teladoc™ provider. Virtual visits are available 24 hours per day, 365 days a year and can be</p>

Cost	2020 (this year)	2021 (next year)
<b>Virtual visits (continued)</b>		<p>accessed by phone, smart phone app, or online.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Vision care</b>	<p><b><u>Additional services</u></b>  Routine vision eyewear is offered as part of an optional supplemental benefit package. See Chapter 4, Section 2.2 of your Evidence of Coverage for more details.</p>	<p><b><u>Medicare-covered services</u></b>  You pay a \$0 copay for each Medicare-covered glaucoma screening.</p> <p>You pay a \$0 copay for one set of Medicare-covered eyeglasses or contact lenses after each cataract surgery.</p> <p><b><u>Additional services</u></b>  You have a \$100 allowance for eyeglasses (frames and lenses) or contact lenses every calendar year.</p> <p>There is no limit on the number of purchases for routine vision hardware.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<b>Optional supplemental package #1 – You may purchase this optional supplemental benefits package for an additional premium.</b>	<p>Health Net Total Fit Plus includes:</p> <p><b><u>Dental services</u></b>  <b>In-network- and out-of-network</b>  Preventive dental services- Includes 2 exams, 2 cleanings, 1 fluoride treatment and 1 set of dental x-rays. You pay a \$0 copay per visit.</p> <p>Comprehensive dental services include:</p>	<p>Health Net Enhanced Dental FLEX includes:</p> <p><b><u>Dental services</u></b>  <b>In-network- and out-of-network</b>  There is an in- and out-of-network \$1,000 combined benefit maximum for preventive and comprehensive dental services each calendar year.</p> <p>Comprehensive dental services include:</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Optional supplemental package #1 – You may purchase this optional supplemental benefits package for an additional premium. (continued)</b></p>	<p><b>In-network and out-of-network</b></p> <ul style="list-style-type: none"> <li>• Non-Routine Services - You pay a \$0 copay per service.</li> <li>• Diagnostic services - You pay a \$0 - \$15 copay per service.</li> <li>• Restorative service - You pay a \$0 - \$300 copay per service.</li> <li>• Endodontics - You pay a \$5 - \$275 copay per service.</li> <li>• Periodontics –You pay a \$0 - \$375 copay per service.</li> <li>• Extractions- You pay a \$15 - \$150 copay per service.</li> <li>• Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay a \$0 - \$2,250 copay per service.</li> </ul> <p><b><u>Chiropractic and acupuncture services</u></b>                      Acupuncture and chiropractic services – limited to 30 visits total per calendar year. In-network you pay a \$10 copay per visit. Out-of-network you pay 50% of the total cost.</p>	<p><b>In-network and out-of-network</b></p> <ul style="list-style-type: none"> <li>• Non-Routine Services - You pay a \$0 copay per service.</li> <li>• Diagnostic services - You pay a \$0 copay per service.</li> <li>• Restorative service – You pay 20% of the total cost.</li> <li>• Endodontics - You pay 50% of the total cost.</li> <li>• Periodontics - You pay 50% of the total cost.</li> <li>• Extractions - You pay 50% of the total cost.</li> <li>• Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay 50% of the total cost.</li> </ul>

Cost	2020 (this year)	2021 (next year)
<p><b>Optional supplemental package #1 – You may purchase this optional supplemental benefits package for an additional premium. (continued)</b></p>	<p><b><u>Vision services</u></b></p> <p><b>Routine eyewear –</b> The plan covers up to \$250 per calendar year for eyeglasses (frames and lenses) or contact lenses. You are responsible for amounts above the benefit limit.</p> <p><b><u>Fitness plan</u></b> You have the following choices available to you:</p> <ul style="list-style-type: none"> <li>• a basic fitness membership at participating facilities,</li> <li>• or you may request an in-home fitness program.</li> </ul>	
<p><b>Optional supplemental package #2- – You may purchase this optional supplemental benefits package for an additional premium.</b></p>	<p>Health Net Total Fitness FLEX includes:</p> <p><b><u>Dental services</u></b> <b>In-network- and out-of-network</b> There is an in- and out-of-network \$1,000 combined benefit maximum for preventive and comprehensive dental services each calendar year.</p> <p>Preventive dental services- Includes 2 exams, 2 cleanings, 1 fluoride treatment and 1 set of dental x-rays. You pay a \$0 copay per visit.</p> <p>Comprehensive dental services include:</p> <p><b>In-network and out-of-network</b></p> <ul style="list-style-type: none"> <li>• Non-Routine Services – You pay 50% of the total cost.</li> </ul>	<p>A second optional supplemental benefit package is not offered.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Optional supplemental package #2- – You may purchase this optional supplemental benefits package for an additional premium. (continued)</b></p>	<ul style="list-style-type: none"> <li>• Diagnostic services- You pay a \$0 copay per service.</li> <li>• Restorative service - You pay 20% of the total cost.</li> <li>• Endodontics - You pay 50% of the total cost.</li> <li>• Periodontics – You pay 50% of the total cost.</li> <li>• Extractions- You pay 50% of the total cost.</li> <li>• Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay 50% of the total cost.</li> </ul> <p><b><u>Chiropractic and acupuncture services</u></b> Acupuncture and chiropractic services – limited to 30 visits total per calendar year. In-network you pay a \$10 copay per visit. Out-of-network you 50% of the total cost per visit.</p> <p><b><u>Vision services</u></b></p> <p><b>Routine eyewear –</b> The plan covers up to \$250 per calendar year for eyeglasses (frames and lenses) or contact lenses. You are responsible for amounts above the benefit limit.</p>	



Cost	2020 (this year)	2021 (next year)
<p><b>Optional supplemental package #2- – You may purchase this optional supplemental benefits package for an additional premium. (continued)</b></p>	<p><b><u>Fitness plan</u></b>                      You have the following choices available to you:</p> <ul style="list-style-type: none"> <li>• a basic fitness membership at participating facilities,</li> <li>• or you may request an in-home fitness program.</li> </ul>	
<p><b>Prior Authorization</b></p>	<p>The following required prior authorization:</p> <ul style="list-style-type: none"> <li>• Acupuncture services</li> <li>• Additional comprehensive dental services</li> <li>• Ambulatory surgical center (ASC) services</li> <li>• Ambulance services for fixed wing aircraft and non-emergency services</li> <li>• Cardiac and intensive cardiac rehabilitation services</li> <li>• Chiropractic services</li> <li>• Diabetic services and supplies</li> <li>• Durable medical equipment</li> <li>• Home health services</li> <li>• Inpatient hospital care</li> <li>• Inpatient mental health care</li> <li>• Medicare-covered dental services</li> <li>• Medicare-covered preventive services</li> <li>• Medicare Part B prescription drugs</li> <li>• Opioid treatment program services</li> <li>• Other health care professional</li> <li>• Outpatient blood services</li> <li>• Outpatient diagnostic and therapeutic radiological services</li> </ul>	<p>The following will require prior authorization:</p> <ul style="list-style-type: none"> <li>• Acupuncture services</li> <li>• Additional comprehensive dental services</li> <li>• Additional telehealth services</li> <li>• Ambulatory surgical center (ASC) services</li> <li>• Ambulance services for fixed wing aircraft and non-emergency services</li> <li>• Cardiac and intensive cardiac rehabilitation services</li> <li>• Chiropractic services</li> <li>• Diabetic services and supplies</li> <li>• Durable medical equipment</li> <li>• Home health services</li> <li>• Inpatient hospital care</li> <li>• Inpatient mental health care</li> <li>• Medicare-covered dental services</li> <li>• Medicare-covered preventive services</li> <li>• Medicare Part B prescription drugs</li> <li>• Opioid treatment program services</li> <li>• Other health care professional</li> <li>• Outpatient blood services</li> </ul>

Cost	2020 (this year)	2021 (next year)
<b>Prior Authorization (continued)</b>	<ul style="list-style-type: none"> <li>• Outpatient diagnostic tests and lab services</li> <li>• Outpatient hospital observation</li> <li>• Outpatient hospital services, including surgery</li> <li>• Outpatient mental health care</li> <li>• Outpatient mental health specialty services</li> <li>• Outpatient rehabilitation services – physical and speech therapy</li> <li>• Outpatient rehabilitation service – occupational therapy</li> <li>• Outpatient substance abuse</li> <li>• Partial hospitalization services</li> <li>• Physician specialist services</li> <li>• Prosthetic devices and related supplies</li> <li>• Pulmonary rehabilitation</li> <li>• Skilled Nursing Facility (SNF) care</li> <li>• Supervised exercise therapy</li> <li>• Vision care eyewear</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient diagnostic and therapeutic radiological services</li> <li>• Outpatient diagnostic tests and lab services</li> <li>• Outpatient hospital observation</li> <li>• Outpatient hospital services, including surgery</li> <li>• Outpatient mental health care</li> <li>• Outpatient mental health specialty services</li> <li>• Outpatient rehabilitation services – physical and speech therapy</li> <li>• Outpatient rehabilitation service – occupational therapy</li> <li>• Outpatient substance abuse</li> <li>• Partial hospitalization services</li> <li>• Physician specialist services</li> <li>• Prosthetic devices and related supplies</li> <li>• Pulmonary rehabilitation</li> <li>• Skilled Nursing Facility (SNF) care</li> <li>• Supervised exercise therapy</li> <li>• Vision care eyewear</li> </ul>

### SECTION 3 Administrative Changes

Description	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount changes (MOOP)</b>	<p>The following benefits and services apply to your maximum out-of-pocket:</p> <p>All in-network Medicare-covered benefits.</p> <p>All non-Medicare-covered services covered by your plan.</p>	<p>The following benefits and services apply to your maximum out-of-pocket:</p> <p>All in-network Medicare-covered benefits.</p>
<b>Medicare plan ID change</b>	Your Medicare plan ID was H0562-045.	Your Medicare plan ID is H0562-044.
<b>Referral Changes</b>	Your plan required Referrals from your PCP for select services.	Referral requirements may have changed for 2021. See the Medical Benefits Chart in Chapter 4 of your 2021 Evidence of Coverage for benefits that require referrals.
<b>Service area changes</b>	<p>Our service area includes:</p> <ul style="list-style-type: none"> <li>• Alameda (CA)</li> <li>• Placer (CA)</li> <li>• Sacramento(CA)</li> <li>• Stanislaus (CA)</li> </ul>	<p>Our service area includes:</p> <ul style="list-style-type: none"> <li>• Alameda (CA)</li> <li>• Los Angeles (CA)</li> <li>• Placer (CA)</li> <li>• Riverside (CA)</li> <li>• Sacramento (CA)</li> <li>• San Bernardino (CA)</li> <li>• Stanislaus (CA)</li> </ul>

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Health Net 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 be enrolled in our Health Net Green (HMO).

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 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 2021*, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **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 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 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 8.1 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 5 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, 2021.

### 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, 2021, 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, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 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).

Health Insurance Counseling & Advocacy Program (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. Health Insurance Counseling & Advocacy Program (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 Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 (TTY 711). You can learn more about Health Insurance Counseling & Advocacy Program (HICAP) by visiting their website (<http://www.hicapservices.net/>).

## SECTION 7 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 through AIDS Drug Assistance Program (ADAP) at 1-844-421-7050 (TTY 711) from Monday - Friday: 8 a.m. - 5 p.m. (excluding holidays). 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. AIDS Drug Assistance Program (ADAP) at 1-844-421-7050 (TTY 711) from Monday - Friday: 8 a.m. - 5 p.m. (excluding holidays).

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call AIDS Drug Assistance Program (ADAP) at 1-844-421-7050 (TTY 711) from Monday - Friday: 8 a.m. - 5 p.m. (excluding holidays).

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Health Net 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 2021 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 2021. For details, look in the *2021 Evidence of Coverage* for Health Net 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](http://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](http://ca.healthnetadvantage.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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## **Section 8.2 – Getting Help from Medicare**

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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 ([www.medicare.gov](http://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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

### **Read Medicare & You 2021**

You can read *Medicare & You 2021* 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 ([www.medicare.gov](http://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.

## 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, audio, 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 Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. 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 in the chart below and telling them you need help filing a grievance; Health Net's Member Services 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 (TTY: 1-800-537-7697).

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

### Member Services Telephone Numbers by State Chart

State	Telephone Number and Plan Type
California	1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (all other HMO); (TTY: 711)
Oregon	1-888-445-8913 (HMO and PPO); (TTY: 711)



**English:** Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

**Español (Spanish):** Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

**简体中文(Chinese):** 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要，请拨打上述电话号码。

**Tiếng Việt (Vietnamese):** Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

**Tagalog (Tagalog):** Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

**한국어(Korean):** 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

**Armenian:** Ուժեղացված լեզուների օգնություն, երբե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ

**فارسي (Persian):** خدمات ترجمه، حمایت های؛ خدمات کمکی و سایر انواع دیگر به صورت رایگان در اختیار شما قرار می گیرند. برای به دست یابی به این خدمات، لطفاً با شماره تلفن بالا تماس بگیرید.

**Русский язык (Russian):** Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

**日本語 (Japanese):** 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

**(Arabic):** خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجاناً. للحصول عليها، يرجى الاتصال بالرقم أعلاه.

**ਪੰਜਾਬੀ (Panjabi):** ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਅਤੇ ਦੂਜੇ ਬਦਲਵੇਂ ਫਾਰਮੈਟ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇਹਨਾਂ ਦੇ ਲਈ ਵਿਰਧਾ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

**ខ្មែរ (Mon-Khmer, Cambodian):** សេវាកម្មជំនួយភាសា ជំនួយជំនួស និងសេវាកម្មនានា នឹងទប់ ដែលមានជម្រើស លើសសេវាផ្សេងទៀត ដែលសេវាកម្មអាចរកបានសោយឥតគិតថ្លៃ។ សេវាទាំងនេះ អាចមានសេវា ៖ រូបភាពស្រាវជ្រាវ និងសេវាផ្សេងៗទៀត។

**Ntawv Hmoob (Hmong):** Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

**हिंदी (Hindi):** भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अयि वैकल्पिक फ़ॉर्म आपके लिए निः शुल्क उपलब्ध हैं। इन्हें प्राप्त करने के लिए, कृपया उपरोक्त नंबर पर कॉल करें।

**ไทย Thai):** การช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อ

**Українська мова (Ukrainian):** Вам можуть бути безкоштовно надані послуги з перекладу, допоміжні засоби та послуги, а також матеріали в інших, альтернативних, форматах. Щоб одержати їх, зателефонуйте, будь ласка, за номером телефону, який зазначений вище.

**Română (Romanian):** Servicii de asistență lingvistică, ajutoare și servicii auxiliare, precum și alte formate alternative vă stau la dispoziție în mod gratuit. Pentru a le obține, apălați numărul de mai sus.

**Cushite (Cushite):** Tajaajila qarqaarsa afaanii, qarqaarsa deeggarsaa fi tajaajilaa, fi qarqaarsi akkaataa biroo bilisaan siif laataama. Tajaajila kanniin argachuuf maaloo lakkoofsa asii olii bilbili.

**Deutsch (German):** Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

**Français (French) :** Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.