Health Net®

Health Net Cal MediConnect Plan
(Medicare-Medicaid Plan)

2020 Summary of Benefits

Los Angeles County

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Coverage for every stage of life™

Health Net Cal MediConnect: **Summary of Benefits 2020**

Introduction

This document is a brief summary of the benefits and services covered by Health Net Cal MediConnect Plan (Medicare-Medicaid Plan). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Health Net Cal MediConnect. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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Health Net Cal MediConnect: **Summary of Benefits 2020**

A. Disclaimers

This is a summary of health services covered by Health Net Cal MediConnect for 2020. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Under Health Net Cal MediConnect you can get your Medicare and Medi-Cal services in one health plan. A Health Net Cal MediConnect care coordinator will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- You can get this document for free in other formats, such as large print, braille or audio. Call 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
- If you would like Health Net Cal MediConnect to send you member materials on an on-going basis in other formats, such as braille or large print, or in a language other than English, please contact Member Services. Tell Member Services that you would like to place a standing request to get your materials in another format or language.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
- ATENCIÓN: Si usted habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-464-3571 (TTY: 711) de 8:00 a.m. a 8:00 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días feriados puede dejar un mensaje. Le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.
- ВНИМАНИЕ: Если вы говорите по-русски, мы можем предложить вам бесплатные услуги переводчика. Звоните по телефону 1-855-464-3571 (линия TTY: 711). Вы можете получить необходимую информацию непосредственно у сотрудника плана с

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понедельника по пятницу с 8:00 часов утра до 8:00 часов вечера. В нерабочее время, а также в выходные и праздничные дни, вы можете оставить сообщение. Вам перезвонят на следующий рабочий день. Звонок бесплатный.

- PAALALA: Kung nagsasalita ka ng Tagalog, available sa inyo ang mga serbisyo ng tulog sa wika, nang walang singil. Tumawag sa 1-855-464-3571 (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Paglipas ng mga oras ng negosyo, tuwing Sabado at Linggo at sa pista opisyal, maaari kang mag-iwan ng mensahe. Ang iyong tawag ay ibabalik sa loob ng susunod na araw ng negosyo. Libre ang tawag.

- XIN LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi 1-855-464-3571 (TTY: 711) từ 8 giờ sáng đến 8 giờ tối, từ thứ Hai đến hết thứ Sáu. Sau giờ làm việc, vào các ngày cuối tuần và ngày lễ, quý vị có thể để lại tin nhắn. Cuộc gọi của quý vị sẽ được hồi đáp vào ngày làm việc hôm sau. Cuộc gọi này miễn phí.

- 알림:귀하께서한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (TTY: 711)번으로 월요일 - 금요일, 오전 8 시부터 오후 8 시까지 전화하십시오. 영업시간 이후, 주말 및 공휴일에는 메시지를남기실 수 있습니다. 다음 영업일에 저희가 귀하께 전화를 드리겠습니다. 안내전화는 무료입니다.

- 請注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-855-464-3571 (聽障專線：711)。週一至週五，上午 8 點到下午 8 點。非營業時間、週末及假日，您可以留言。我們會在下一個工作日給您回電。此專線為免付費電話。

- ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե Հայերեն եք խոսում, անվճար լեզվական օգնության ծառայություններ են հասնում Ձեզ : Զանգահարեք 1-855-464-3571 (TTY՝ 711): Մի անձ այստեղ է Ձեզ հետ զրուցելու նպատակով երկուշաբթիից ուրբաթ, կ.ա. 8:00-ից կ.հ. 8:00-ը: Աշխատանքային ժամերից անց, հանգստյան օրերին եւ տոներին, կարող եք թողնել հաղորդագրություն: Ձեր զանգը կվերադարձվի հաջորդ աշխատանքային օրվա ընթացքում: Հեռախոսազանգն անվճար է:

وللاتصال ،الجمعة إلى الاثنين يوم من ،مساءً 8:00 حتى صباحًا 8:00 الساعة من ،1-855-464-3571 (TTY: 711) بالرقم الاتصال يُرجى .مجانًا اللغوية المساعدة خدمات لك تتوافر ،العربية تتحدث كنت إذا : مجانية المكالمة هذه .التالي العمل يوم في مكالمتك على سنرد .رسالة ترك يمكنك ، والعطلات الأجازات أيام ،الرسمي الدوام أوقات غير في.

توجه: اگر به فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در شما اختیار می باشند. با شماره 1-855-464-3571 (TTY: 711) از ساعت 8:00 صبح تا 8:00 شب، دوشنبه تا جمعه. بگیرید تماس از بعد ساعات کاری، در آخر هفته ها و تعطیلات رسمی، می توانید پیام بگذارید. به تماس تلفنی شما در روز کاری بعدی پاسخ داده خواهد شد. این تماس رایگان است.

If you have questions, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.healthnetcalifornia.com.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect Plan?	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need. Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
What is a Health Net Cal MediConnect care coordinator?	A Health Net Cal MediConnect care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	LTSS are for members who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. LTSS include the following programs: Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).

Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Medi-Cal benefits in Health Net Cal MediConnect that you get now?	You will get most of your covered Medicare and Medi-Cal benefits directly from Health Net Cal MediConnect. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. When you enroll in Health Net Cal MediConnect, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. Also, if you are taking any Medicare Part D prescription drugs that Health Net Cal MediConnect does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Health Net Cal MediConnect to cover your drug if medically necessary.

Frequently Asked Questions (FAQ)	Answers
Can you go to the same doctors you see now?	Often that is the case. If your providers (including doctors and pharmacies) work with Health Net Cal MediConnect and have a contract with us, you can keep going to them. • Providers who have an agreement with us are "in-network." **You must use the providers in Health Net Cal MediConnect's network.** • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Health Net Cal MediConnect's plan. For more information about seeing providers outside of Health Net Cal MediConnect's network, please call Member Services or read Health Net Cal MediConnect's *Member Handbook*. To find out if your doctors are in the plan's network, call Member Services or read Health Net Cal MediConnect's *Provider and Pharmacy Directory*. If Health Net Cal MediConnect is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for up to 12 months if they provide services that Medicare and Medi-Cal would cover and certain conditions are met. Please call Member Services at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday, and tell them you want to request continuity of care.
What happens if you need a service but no one in Health Net Cal MediConnect's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Health Net Cal MediConnect will pay for the cost of an out-of-network provider.
Where is Health Net Cal MediConnect available?	The service area for this plan includes Los Angeles County, CA (with the exception of ZIP code only: 90704). You must live in this area to join the plan.

Frequently Asked Questions (FAQ)	Answers
Do you pay a monthly amount (also called a premium) under Health Net Cal MediConnect?	You will not pay any monthly premiums to Health Net Cal MediConnect for your health coverage.
What is prior authorization?	Prior authorization means that you must get approval from Health Net Cal MediConnect before you can get a specific service or drug or see an out-of-network provider. Health Net Cal MediConnect may not cover the service or drug if you do not get approval. If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. Health Net Cal MediConnect can provide you with a list of services or procedures that require you to obtain prior authorization from Health Net Cal MediConnect before the service is provided. See Chapter 3 of the *Member Handbook* to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the *Member Handbook* to learn which services require a prior authorization.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Health Net Cal MediConnect may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists. See Chapter 3 of the *Member Handbook* to learn more about when you will need to get a referral from your PCP.

Frequently Asked Questions (FAQ)	Answers
What is Extra Help?	Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS." Your prescription drug copays under Health Net Cal MediConnect already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
Who should you contact if you have questions or need help? (continued on the next page)	**If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call Health Net Cal MediConnect Member Services:** **CALL** 1-855-464-3571 Calls to this number are free. A live person is here to talk with you from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. Member Services also has free language interpreter services available for people who do not speak English. **TTY** 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. A live person is here to talk with you from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day.

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	**If you have questions about your health, please call the *Nurse Advice Call Line*:** **CALL** 1-855-464-3571 Calls to this number are free. Coaching and nurse advice from trained clinicians are available 24 hours a day, 7 days a week. **TTY** 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Coaching and nurse advice from trained clinicians are available 24 hours a day, 7 days a week. **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:** **CALL** 1-855-464-3571 Calls to this number are free. Licensed behavioral health clinicians are available 24 hours a day, 7 days a week. **TTY** 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Licensed behavioral health clinicians are available 24 hours a day, 7 days a week.

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor (This section is continued on the next page.)	Visits to treat an injury or illness	$0	If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. For routine visits, referral and prior authorization rules may apply. You must go to network doctors, specialists and hospitals.
	Wellness visits, such as a physical	$0	Annual Wellness Visit every 12 months.
	Transportation to a doctor's office	$0	**Non-Medical Transportation (NMT)** – Unlimited round trips to plan-approved locations by passenger car, taxi or other forms of public/private transportation every year. Referral requirements may apply. **Non-Emergency Medical Transportation (NEMT)** – Necessary to obtain covered medical services, and your medical condition does not allow you to travel by bus, passenger car, taxicab, or another form of public or private transportation. Referral and prior authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor (Continued from previous page.)	Specialist care	$0	You must go to network doctors, specialists and hospitals. Prior authorization rules may apply. Referral may be required for network specialists (for certain benefits).
	Care to keep you from getting sick, such as flu shots	$0	Referral and prior authorization is not required for flu or pneumonia vaccines. Referral and prior authorization rules may apply for other services.
	"Welcome to Medicare" preventive visit (one time only)	$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.
You need medical tests	Lab tests, such as blood work	$0	Referral and prior authorization rules may apply.
	X-rays or other pictures, such as CAT scans	$0	Referral and prior authorization rules may apply.
	Screening tests, such as tests to check for cancer	$0	Depending on the service, referral and prior authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on next page)	Generic drugs (no brand name)	$0 to $3.60 copay for up to a 90-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please see Health Net Cal MediConnect's *List of Covered Drugs* (Drug List) for more information. Some drugs may require prior authorization. Quantity limits may apply. You may get your drugs at network retail pharmacies and/or our mail order pharmacies. In only a few cases, we will cover prescriptions filled at out-of-network pharmacies. If you go to an out-of-network pharmacy, you will have to pay the full cost of your prescription. You can send us a copy of your receipt and ask us to pay you back for our share of the cost. Please see Chapter 5 of the *Member Handbook* to learn more about out-of-network pharmacies. You can get a long-term supply (also called an "extended supply") when you fill your prescription at certain pharmacies. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply. **Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $6,350, you will pay $0 for drugs on your plan's formulary.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Brand name drugs	$0 to $8.95 copay for up to a 90-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please see Health Net Cal MediConnect's *List of Covered Drugs* (Drug List) for more information. Some drugs may require prior authorization. Quantity limits may apply. You may get your drugs at network retail pharmacies and/or our mail order pharmacies. In only a few cases, we will cover prescriptions filled at out-of-network pharmacies. If you go to an out-of-network pharmacy, you will have to pay the full cost of your prescription. You can send us a copy of your receipt and ask us to pay you back for our share of the cost. Please see Chapter 5 of the *Member Handbook* to learn more about out-of-network pharmacies. You can get a long-term supply (also called an "extended supply") when you fill your prescription at certain pharmacies. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply. Please see your Provider and Pharmacy Directory for specific pharmacies. **Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $6,350, you will pay $0 for drugs on your plan's formulary.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Over-the-counter drugs	$0 copay for up to a 90-day supply.	There may be limitations on the types of drugs covered. Please see Health Net Cal MediConnect's *List of Covered Drugs* (Drug List) for more information.
	Medicare Part B prescription drugs	$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Some Part B drugs may be subject to step therapy. Read the *Member Handbook* for more information on these drugs Prior authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Medically necessary physical therapy, occupational therapy and speech and language pathology services are covered. Referral and prior authorization rules may apply.
You need emergency care (continued on the next page)	Emergency room services	$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories. Prior authorization is not required. You are covered for worldwide emergency/urgent care services received outside of the United States. There is an annual limit of $50,000 for worldwide emergency/urgent coverage.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from previous page)	Ambulance services	$0	Prior authorization is not required for in-network and out-of-network emergency ambulance services. For non-emergency ambulance services, prior authorization rules may apply.
	Urgent care	$0	You may get covered urgent care whenever you need it, anywhere in the United States or its territories. Also see “Emergency room services” above for worldwide emergency/urgent coverage. Prior authorization is not required.
You need hospital care	Hospital stay	$0	There are no limits to the number of medically necessary covered days by the plan for each hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. You must go to network doctors, specialists and hospitals. Referral and prior authorization rules may apply for nonemergency hospital stays.
	Doctor or surgeon care	$0	Doctor and surgeon care is provided as part of your hospital stay.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	$0	**Outpatient Rehabilitation Services Medically** necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Referral and prior authorization rules may apply. **Cardiac and Pulmonary Rehabilitation Services** Referral and prior authorization rules may apply.
	Medical equipment for home care	$0	Referral and prior authorization rules may apply.
	Skilled nursing care	$0	**Skilled Nursing Facility (SNF)** No limit to the number of days covered by the plan each SNF stay. No prior hospital stay is required. Referral and prior authorization rules may apply. Home Health Care Includes medically necessary intermittent skilled nursing care, home health aid services and rehabilitation services. Prior authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	Medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk. Referral rules may apply. Up to 1 supplemental routine eye exam every year.
	Glasses or contact lenses	$0	One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery. $250 plan coverage limit for supplemental eyewear including eyeglasses (lenses and frames) or contact lenses every two years.
You need hearing or auditory services	Hearing screenings	$0	Referral and prior authorization rules may apply.
	Hearing aids	$0	Limited to services covered by Medi-Cal. Hearing aid benefit is limited to $1,510 per fiscal year. Limit does not apply to pregnant or nursing facility resident beneficiaries. Referral rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	$0	Referral and prior authorization rules may apply.
	Diabetes supplies and services	$0	Diabetes self-management training. Diabetes monitoring supplies. Therapeutic shoes or inserts. Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Your PCP or care coordinator may help you get covered services. Referral and prior authorization rules may apply.
You have a mental health condition	Mental or behavioral health services	$0	Individual therapy visit. Group therapy visit. Individual therapy visit with a psychiatrist. Group therapy visit with a psychiatrist. Partial hospitalization program services. Prior authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance abuse problem	Substance abuse services	$0	**Inpatient Hospital Care** Includes Substance Abuse and Rehabilitation Services. No limit to the number of days covered by the plan each hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. Referral and prior authorization rules may apply. **Outpatient Substance Abuse Care** Individual substance abuse outpatient treatment visit. Group substance abuse outpatient treatment visit. Prior authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need long-term mental health services	Inpatient care for people who need mental health care	$0	You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. Plan covers 60 lifetime reserve days. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. Prior authorization rules may apply. **Institution for Mental Disease Services for Individuals 65 or Older** Referral and prior authorization rules may apply. Contact the plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	$0	Referral and prior authorization rules may apply. (Note: This is not a complete list of covered DME or supplies. Contact the Plan for details.)
	Nebulizers	$0	Referral and prior authorization rules may apply. (Note: This is not a complete list of covered DME or supplies. Contact the Plan for details.)
	Crutches	$0	Referral and prior authorization rules may apply. (Note: This is not a complete list of covered DME or supplies. Contact the Plan for details.)
	Walkers	$0	Referral and prior authorization rules may apply. (Note: This is not a complete list of covered DME or supplies. Contact the Plan for details.)
	Oxygen equipment and supplies	$0	Referral and prior authorization rules may apply. (Note: This is not a complete list of covered DME or supplies. Contact the Plan for details.)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home ***(continued on next page)***	Meals brought to your home	$0	Prior authorization rules may apply. Contact the Plan for details. This service is only available for Multipurpose Senior Services Program (MSSP) waiver-eligible members. State eligibility requirements may apply. MSSP is covered up to $4,285 per year.
	Home services, such as cleaning or housekeeping	$0	Prior authorization rules may apply. Contact the Plan for details. For Multipurpose Senior Services Program (MSSP) waiver eligible members. State eligibility requirements may apply. MSSP is covered up to $4,285 per year.
	Changes to your home, such as ramps and wheelchair access	$0	Prior authorization rules may apply. Contact the Plan for details. For Multipurpose Senior Services Program (MSSP) waiver eligible members. State eligibility requirements may apply. MSSP is covered up to $4,285 per year.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Home health care services	$0	Prior authorization rules may apply. Contact the Plan for details
	Services to help you live on your own	$0	Prior authorization rules may apply. Contact the Plan for details. For Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP) waiver-eligible members. State eligibility requirements may apply. MSSP is covered up to $4,285 per year.
	Adult day services or other support services	$0	Prior authorization rules may apply. Contact the Plan for details. For Community-Based Adult Services (CBAS)-eligible members. State eligibility requirements may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Assisted living or other housing services	$0	Prior authorization rules may apply. Referral requirements may apply. Contact the Plan for details. Plan will assist with coordinating services offered through other organizations such as Independent Living Centers or programs such as the Assisted Living Waiver Programs. Contact the Plan for details.
	Nursing home care	$0	Referral and prior authorization rules may apply. Contact the Plan for details.
Your caregiver needs some time off	Respite care	$0	Prior authorization rules may apply. Contact the Plan for details. For Multipurpose Senior Services Program (MSSP) waiver-eligible members. State eligibility requirements may apply. MSSP is covered up to $4,285 per year.

D. Other services that Health Net Cal MediConnect covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services covered by Health Net Cal MediConnect	Your costs for in-network providers and service information
Acupuncture services	$0 We will pay for up to two outpatient acupuncture services in any one calendar month or more often if they are medically necessary.
Care Plan Optional (CPO) services	$0 CPO services may be available under your Individualized Care Plan. These services give you more help at home, like home delivered meals following an inpatient hospitalization or respite care. These services can help you live more independently but do **not** replace long-term services and supports (LTSS) that you are authorized to get under Medi-Cal. If you need help or would like to find out how CPO services may help you, contact your care coordinator.
Family planning services	$0 Contact the Plan for details.

Other services covered by Health Net Cal MediConnect	Your costs for in-network providers and service information
Fitness Benefit	$0 The Plan covers a basic fitness membership at a participating fitness facility or an in-home fitness program. Prior Authorization rules may apply. Contact the Plan for details.
Incontinence cream and diapers	$0 Referral and prior authorization rules may apply.
Kidney disease and conditions	$0 • Inpatient, outpatient and home dialysis. The plan covers kidney dialysis services when you are outside the plan's service area for a short time. You can get these services at a Medicare-certified dialysis facility. • Kidney disease education services. Referral and prior authorization rules may apply.
Meals	$0 Two (2) home delivered meals per day for up to 14 days following discharge from an inpatient hospital or skilled nursing facility. Services are contingent on medical necessity and Case Management review and prior authorization to vendor.

Other services covered by Health Net Cal MediConnect	Your costs for in-network providers and service information
Multipurpose Senior Services Program (MSSP)	$0 Prior authorization rules may apply. Contact the Plan for details. $4,285 plan coverage limit for Multipurpose Senior Services Program (MSSP) every year. State eligibility requirements may apply.
Nursing facility resident services	$0 Nursing facility resident: • Chiropractic care and foot care • Vision and dental • Acupuncture • Hearing exams and hearing aids Prior authorization rules may apply. Contact the Plan for details.
Opioid treatment program services	$0 The plan will pay for the following services to treat opioid use disorder: • Medications approved by the Food and Drug Administration (FDA) and, if applicable, managing and giving you these medications • Substance use counseling • Individual and group therapy • Testing for drugs or chemicals in your body (toxicology testing) Prior Authorization rules may apply. Contact the Plan for details.

Other services covered by Health Net Cal MediConnect	Your costs for in-network providers and service information
Over-the-Counter (OTC) Items	$0 The Plan covers up to **$55** per calendar quarter. OTC items will be shipped to you by mail. Unused balance at the end of each quarter will be forfeited. You can order up to 15 of the same item per quarter unless noted in the catalog. There is no limit on the number of total items in your order.
Podiatry services	$0 Podiatry visits are for medically necessary foot care. Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Routine foot care (for up to 12 visits every year). Referral rules may apply.
Prosthetic devices	$0 Medical supplies related to prosthetics, splints and other devices. Prior authorization rules may apply.

Other services covered by Health Net Cal MediConnect	Your costs for in-network providers and service information
Supervised exercise therapy (SET)	$0 The plan will pay for SET for members with symptomatic peripheral artery disease (PAD) who have a referral for PAD from the physician responsible for PAD treatment. The plan will pay for: • Up to 36 sessions during a 12-week period if all SET requirements are met • An additional 36 sessions over time if deemed medically necessary by a health care provider Additional exclusions and limitations may apply. Please contact the plan for details. Prior Authorization may rules apply. Contact the Plan for details.
Tobacco Cessation Counseling for pregnant women	$0 Referral and prior authorization rules may apply.

Other services covered by Health Net Cal MediConnect	Your costs for in-network providers and service information
Wellness/Education and other supplemental benefits	$0 The plan covers the following supplemental education/wellness programs: • Health Education • Nutritional/Dietary Benefit • Nursing Hotline Prior authorization rules may apply to Health Education, and Nutritional/Dietary Benefit counseling.

E. Services covered outside of Health Net Cal MediConnect

This is not a complete list. Call Member Services to find out about other services not covered by Health Net Cal MediConnect but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
Some hospice care services	$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	$0
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	Services that are covered under Denti-Cal, the Medi-Cal dental program, are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Denti-Cal.

F. Services that Health Net Cal MediConnect , Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Health Net Cal MediConnect , Medicare, or Medi-Cal	
Services considered not "reasonable and necessary," according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically needed.
Reversal of sterilization procedures and non-prescription contraceptive supplies.	

G. Your rights as a member of the plan

As a member of Health Net Cal MediConnect, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity**. This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Get information in other formats (e.g., large print, braille, and/or audio)

- Be free from any form of physical restraint or seclusion
- Not be billed by network providers
- Have your questions and concerns answered completely and courteously

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Care Provider (PCP) and you can change your PCP at any time during the year
  - See a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your doctor advises against it
  - Stop taking medicine
  - Ask for a second opinion. Health Net Cal MediConnect will pay for the cost of your second opinion visit.
  - Create and apply an advance directive, such as a will or health care proxy.

You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:

- Get timely medical care
- Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help you communicate with your doctors and your health plan. Call 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday if you need help with this service

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services, 24 hours a day, seven days a week, without prior approval in an emergency
  - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private

If you have questions, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.healthnetcalifornia.com.

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers with the California Department of Managed Health Care (DMHC). The DMHC has a toll-free phone number **(1-888-HMO-2219)** and a TTY line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC's website (http://www.hmohelp.ca.gov**)** has complaint forms, Independent Medical Review (IMR) application forms, and instructions online. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
  - Ask for a state fair hearing from the State of California
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the Health Net Cal MediConnect *Member Handbook*. If you have questions, you can also call Health Net Cal MediConnect Member Services.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Health Net Cal MediConnect should cover something we denied, call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. You may be able to appeal our decision.

If you still do not agree with this decision, you can:

- Ask for an "Independent Medical Review" (IMR) and an outside reviewer that is not related to the health plan will review your case
- Ask for a "State Hearing" and a judge will review your case

You can ask for both an IMR and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an IMR or State Hearing.

INDEPENDENT MEDICAL REVIEW (IMR)

If you want an IMR, you must ask for one within **180 calendar days** from the date of this "Notice of Appeal Resolution" letter. The paragraph below will provide you with information on how to request an IMR. Note that the term "grievance" is talking about both "complaints" and "appeals."

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone **Health Net** at **1-800-675-6110** and use **Health Net's appeal** process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 calendar days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The Department's Internet Website **(http://www.hmohelp.ca.gov)** has complaint forms, IMR application forms, and instructions online.

STATE HEARING

If you want a State Hearing, you must ask for one within **120 calendar days** from the date of the "Notice of Appeal Resolution" (NAR) informing you that the previous Adverse Benefit Determination is partially or fully upheld. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for a State Hearing within 10 calendar days** from the date the NAR letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you ask for the State Hearing.

You can ask for a State Hearing by phone or in writing:

- By phone: Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.
- In writing: Fill out a State Hearing form or send a letter to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

A State Hearing form is included with this letter. Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 calendar days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 calendar days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 calendar days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an **"expedited hearing"** and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, someone a relative, friend, advocate, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an "authorized representative."

For questions about complaints and appeals, you can read Chapter 9 of the Health Net Cal MediConnect *Member Handbook*. You can also call Health Net Cal MediConnect Member Services.

If you have a problem, concern or questions related to your benefits or care, please call Health Net Cal MediConnect Member Services.

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at Health Net Cal MediConnect Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call California Department of Health Care Services Fraud & Abuse Hotline at 1-800-822-6222 (TTY:711), or Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud & Elder Abuse at 1-800-722-0432 (TTY: 711). Your call is free and confidential.

Health Net Cal MediConnect: **Summary of Benefits 2020**

Non-Discrimination Notice

Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) 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 Cal MediConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net Cal MediConnect:

- 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 the Health Net Cal MediConnect Customer Contact Center at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Health Net Cal MediConnect 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; the Health Net Cal MediConnect 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.

If you have questions, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.healthnetcalifornia.com.

Multi-Language Insert

Multi-language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Chinese Mandarin: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

Chinese Cantonese: 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego)（TTY: 711）。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Korean: 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). 번으로 전화해 주십시오 .

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-855-464-3571 (Los Angeles)، 1-855-464-3572 (San Diego) (TTY: 711).

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). पर कॉल करें।.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). まで、お電話にてご連絡ください。

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Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-855-464-3572 (San Diego), 1-855-464-3571 (Los Angeles).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ
1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
Hu rau 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Laotian: ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາອັງກິດ, ການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທ
1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Visit **mmp.healthnetcalifornia.com**