



# MAKING CONFIDENT HEALTH CARE DECISIONS WITH HEALTH NET





# WHAT MAKES HEALTH NET A BETTER DECISION<sup>SM</sup>



## HEALTH NET OF ARIZONA

- More than 27 years serving your community
- A variety of plans that flex to your needs and budget
- A statewide network of over 6,000 physicians and 65 hospitals
- A national network of physicians (PPO members)
- A national pharmacy network
- Emergency care coverage worldwide

## HEALTHIER CHOICES MEAN A BETTER DECISION

At Health Net, our mission is simple: To help people be healthy, secure and comfortable. You wouldn't expect anything less from an industry leader. That's why we give you information and tools to help you make confident choices.

For more than 27 years, we've offered Arizonans a variety of flexible health care plans that match their personal needs and budget. Our value-added **Decision Power<sup>SM</sup>** program sets us apart. And with our statewide and national networks of physicians and a nationwide pharmacy network, we've got you covered.

What's more, Health Net's optional Voluntary Dental and Vision Plan gives you the added benefit of having a wide range of routine and preventive services, while our comprehensive term life insurance program provides added peace of mind. That's a plan that works — a plan designed for our Health Net Individual & Family Plan members — and that's a decision that feels good.





# A BETTER DECISION STARTS WITH CLEAR UNDERSTANDING

PPO PLANS		
DEDUCTIBLE*	COINSURANCE	
	IN-NETWORK	OUT-OF-NETWORK
\$500	80%	60%
\$1,000	80%	60%
\$2,500	80%	60%
\$5,000	80%	60%

\* Individual plan and family plan deductibles may vary.

## WHAT IS A PPO?

*PPO plans are designed for people who want to see licensed physicians and health care professionals without a referral from their personal doctor and are willing to pay a bit more for it.*

## PPO ADVANTAGES INCLUDE:

- Freedom to visit any licensed physician and be eligible for plan coverage, with substantial savings when visiting in-network providers.
- No referrals needed to see specialists.
- No claim forms when using in-network providers.
- Lower copayments and coinsurance when you see in-network providers.
- Access to First Health's national PPO network of physicians and hospitals when traveling.<sup>1</sup>

## ACCESS TO CARE

PPOs offer a choice of where you receive services: in-network and out-of-network. Doctors and facilities that are contracted with Health Net PPO are in-network. When you go out-of-network, you will pay more.

HMO PLANS	
DEDUCTIBLE*	COINSURANCE IN-NETWORK
\$0	70%
\$1,000	70%

\* Individual plan and family plan deductibles may vary.

## WHAT IS AN HMO?

*HMO plans are designed for people who want more predictable costs and one doctor to coordinate all of their medical care.*

## HMO ADVANTAGES INCLUDE:

- Set copayments for office visits, prenatal care and diagnostic testing.
  - Preventive care services.
  - Prescription coverage.
  - No claim forms.
  - Emergency care coverage worldwide.
- Your doctor is called your Primary Care Physician (PCP). Many services require only a fixed copayment from you.

HIGH-DEDUCTIBLE (HSA-COMPATIBLE) PPO PLANS		
DEDUCTIBLE*	COINSURANCE	
	IN-NETWORK	OUT-OF-NETWORK

### INDIVIDUAL

\$1,750	100%	50%
\$2,600	100%	50%
\$2,600	80%	50%

### FAMILY

\$3,500	100%	50%
\$5,150	100%	50%
\$5,150	80%	50%

\* Individual plan and family plan deductibles may vary.

## WHAT IS A HIGH-DEDUCTIBLE (HSA-COMPATIBLE) PPO PLAN?

*A high-deductible PPO plan allows you to use a Health Savings Account (HSA).*

## HSA-COMPATIBLE ADVANTAGES INCLUDE:

- Low monthly premiums.
- Preventive care coverage from in-network providers for services such as routine exams, immunizations and screenings (these services are not subject to plan deductible).
- Visit any licensed provider and be eligible for coverage — no referrals required.
- A tax-free way to save, invest and pay for qualified medical expenses.<sup>2</sup>
- Keep your HSA dollars and roll them over from year to year.

Your plan deductible is a combined medical and pharmacy deductible, which means you pay the full cost of medical services and prescriptions until you have paid the deductible amount. Then, your plan coverage kicks in.

For more details on an HSA, refer to the Health Savings Account brochure.

<sup>1</sup> Those living in Apache, Navajo, Yavapai and Yuma counties must always use the First Health network to receive in-network benefits in these areas. When accessing care in all other counties in Arizona, PPO members must use the Health Net provider network.

<sup>2</sup> These expenses include plan deductibles, copayments and coinsurance. A full list of qualified medical expenses can be found at [www.irs.gov](http://www.irs.gov).

This brochure provides general information only. For more information about the tax implications of an HSA or HSA program, please consult a professional tax advisor.



# UNDERSTANDING YOUR PHARMACY BENEFITS

## UNDERSTANDING YOUR PHARMACY BENEFITS

We understand that a well-rounded health benefit plan should also include prescription drug coverage with choice and flexibility. With our FlexChoice Rx 4-tier pharmacy program, Health Net Individual & Family Plan members enjoy affordable prescription drug coverage with the features you need.

Our FlexChoice Rx program has tiered coverage — the lower the tier, the lower the member copay amount — so you get reasonable pricing on your prescription medications. Our pharmacy benefits are designed to provide flexibility and choice by allowing you to work with your physician to determine the most cost-effective drug therapy to meet your individual needs.

Health Net contracts with most pharmacies throughout Arizona including Albertsons®, Walgreens®, CVS® and Target®, as well as most major chains throughout the United States.

To find a Health Net pharmacy, members can visit [healthnet.com](http://healthnet.com) > *View Prescription Coverage* > *Find A Pharmacy*. You can also call the Customer Contact Center at the number on your Health Net member ID card.

## HOW YOUR PHARMACY BENEFIT WORKS

All drugs covered by your Health Net of Arizona pharmacy benefit are assigned to one of four tiered levels that are described below.

The Benefit Plan and Rate Overview in your enrollment packet contains the copay amounts for each tier.

**Tier 1** Low cost preferred generic drugs and select preferred brand name drugs.

**Tier 2** Moderate cost preferred generic and brand name drugs and preferred insulins.

**Tier 3** High cost preferred generic and brand name drugs not included in Tiers 1 and 2.

**Tier 4** The highest cost non-preferred drugs, the highest cost non-preferred generics, brand name drugs with generic equivalent in Tiers 1, 2 and 3, self-injectable drugs other than preferred insulins, compounded prescription drugs, newly available drugs – FDA approved drugs may not be immediately covered. They may be available for coverage with prior authorization or precertification. The Tier 4 copayment will be assessed until the drug has been reviewed by the Health Net Pharmacy & Therapeutics Committee to determine tier placement on the Preferred Drug List.

## HEALTH NET PREFERRED DRUG LIST

The Health Net Preferred Drug List (PDL) is a list of prescription drugs eligible for coverage. The list has been approved by our Pharmacy & Therapeutics Committee, who consider questions such as: How well does the medicine work? How many people have used the medicine? How safe is it? Compared to similar, less expensive medicines, does it work better, the same or worse? Some drugs on the PDL may require prior authorization from Health Net.

To learn more about the PDL or if you want to know more about your pharmacy benefit, Health Net members can log on to [healthnet.com](http://healthnet.com). You can review your pharmacy benefits, locate pharmacies, research drug pricing and get important information on specific drugs, such as uses, side effects and potential drug-to-drug interactions.

## THIS IS A SUMMARY ONLY

Be sure to review your plan document to determine the exact exclusions and limitations of your prescription drug benefit.



# SUPPORT FOR YOUR CONCERNS

## THE DIFFERENCE DECISION POWER<sup>SM</sup> CAN MAKE

Health Net's highly valued **Decision Power** program is based upon a "whole person" approach to health management, and helps members understand their health care issues as well as take part in decisions about their treatment. With Decision Power, you'll benefit from the information, programs and advice that is available to all Health Net members.

Decision Power provides members with personal guidance plus an array of tools, including Health Coaches — specially trained health professionals, complimentary support videos and DVD's, online tools and resources to help assess, manage and track your health and medical conditions.

This program offers health, wellness and self-management resources to help you regain balance, reduce stress, and help you lead a healthier life.

Decision Power includes programs such as Quitting Matters<sup>SM</sup> tobacco cessation, Pregnancy Matters<sup>SM</sup> Prenatal Care Program, Well Rewards value-added discount program, and weight and nutrition management.

With Well Rewards, you'll receive discounts on eye exams, eyewear, health club memberships, herbs, vitamins, supplements and more.

For more information about Decision Power, Health Net members can log on to [healthnet.com](http://healthnet.com) > *Wellsite* > *Get Decision Support*.

## WHAT IS MEDICAL MANAGEMENT?

In order to maintain quality and medical management standards, the services provided to our members are continually evaluated. The following methods are used to ensure that the medical community is providing accurate and necessary care.

- **Prior Authorization (HMO Only)** — Prior authorization is the standard industry process of receiving approval for certain procedures and medical services within an HMO plan. Your PCP or specialist obtains this on your behalf. Locally staffed medical professionals answer calls to the Health Net prior authorization unit 24/7, 365 days a year.
- **Precertification (PPO Only)** — Precertification is the standard industry process of receiving approval for certain procedures and medical services within a PPO plan. Ensuring that precertification has been acquired is the member's responsibility. Your physician may obtain this on your behalf, but we encourage you to call the number on the back of your Health Net ID card to confirm if precertification has been obtained, when required.
- **Concurrent Review and Discharge Planning** — Health Net nurses and doctors follow a member's progress throughout inpatient hospitalizations. They work with the hospital to plan for your discharge and ensure post-hospital covered services are available when needed.

- **Care/Case Management** — Nurse care managers provide assistance, education and guidance to members and their families through major acute and/or chronic long-term health problems. The care managers work closely with members, their doctors, and community resources.
- **Retrospective Review** — In certain cases, Health Net nurses and doctors may assess the appropriateness of medical services on a case-by-case basis after the services have been provided. Review is usually performed on cases for which prior authorization or precertification was required but not obtained. If non-covered services were provided, the member will be responsible for the non-covered services.





## LIFE INSURANCE PROVIDES FINANCIAL SECURITY FOR THOSE WHO DEPEND ON YOU.

That's why Health Net Life Insurance Company offers affordable Individual Term Life Insurance — protecting the people you care about the most. Adding a Life Insurance plan to your health plan is easy and, as always, flexible to meet your needs. Individual Term Life Insurance is available to individuals enrolled in a Health Net Individual & Family medical plan.

### LIFE INSURANCE

MONTHLY TERM LIFE INSURANCE RATES				
Primary Insured's Age	Cost for \$1,000	Cost for \$15,000	Cost for \$30,000	Cost for \$50,000
19-29	\$0.19	\$2.85	\$5.70	\$9.50
30-39	\$0.22	\$3.30	\$6.60	\$11.00
40-49	\$0.50	\$7.50	\$15.00	\$25.00
50-59	\$1.37	\$20.55	\$41.10	\$68.50
60-64	\$2.00	\$30.00	\$60.00	\$100.00

### TERMS

- Term life coverage is available only to individuals 19 years of age and older, in conjunction with the purchase of a Health Net Individual & Family Health Plan. If you decide to purchase life coverage, be sure to complete the Beneficiary Information found on the Enrollment Application.
- Coverage can be purchased for both you and your spouse.
- If you wish to purchase life insurance, you must purchase minimum coverage of \$15,000. The maximum life insurance benefit is \$50,000.
- Coverage will not become effective until approved in writing by Health Net Life Insurance Company.

# LIFE INSURANCE DENTAL AND VISION COVERAGE

*You have big dreams for your children. You want to make sure they are secure regardless of what the future brings. What's your plan to guarantee this?*



## HEALTH NET'S OPTIONAL VOLUNTARY DENTAL AND VISION PLAN

The added benefit of having a wide range of routine and preventive services at just \$19.53 per person, per month. See the Dental and Vision Brochure for more information.

## YOUR QUESTIONS MAY ALREADY HAVE BEEN ANSWERED

### Who is eligible for Health Net Individual & Family Plans?

You must be:

- Under 64 ½
- Not eligible for Medicare
- An Arizona resident
- Legal dependent – can be covered up to their 25th birthday.

### When can dependents be enrolled?

Newborns, children placed for adoption or newly adopted children are automatically covered for 31 days, effective on the first day of the event.

To continue coverage beyond the first 31 days, you must complete an application and pay any required premium, or the coverage for your dependent will be terminated.

### What is a Primary Care Physician (PCP)?

A PCP is a physician who coordinates all medical care for HMO members. They specialize in Family Practice, General Practice, Internal Medicine and Pediatrics.

### Do I need a PCP?

HMO members must select a PCP. PPO and High-Deductible PPO plan members are not required to select a PCP. However, it is always a good idea to visit a physician on a regular basis for recommended routine and preventive care.

### Can I change my PCP?

To change your PCP, just go online at [healthnet.com](http://healthnet.com) > *Find a Doctor* or call the Customer Contact Center number on the back of your ID card. The change will be effective immediately.

### What is a deductible?

The deductible is the amount you pay for medical services each year before Health Net pays any benefits. The medical and prescription deductible is combined for High-Deductible PPO plans.

### What is a copayment?

A copayment (or copay) is a fixed dollar amount you pay for certain medical services, such as office visits, and are generally due at the time of service.

### What is coinsurance?

Coinsurance is the percentage of covered medical expenses you pay. For instance, if you enroll in an “80% in-network / 60% out-of-network” PPO plan:

- Health Net pays 80% for services received by in-network providers, you pay the remaining 20%.
- Health Net pays 60% for services received by out-of-network providers, you pay the remaining 40%.

### What is an out-of-pocket maximum?

This is the annual limit per calendar year that you will pay for covered services. Once you reach this amount, Health Net pays the rest. Copays still apply for HMO and PPO plans – does not apply to High-Deductible PPO Plans.

### What are in-network benefits vs. out-of-network benefits?

PPO plan members can access in- and out-of-network providers. This means that in-network providers are contracted directly with Health Net of Arizona<sup>1</sup>; out-of-network providers are not. Your out-of-pocket expenses are lower when using in-network providers. When traveling outside of Arizona, you can use the First Health provider network and still receive in-network benefits.

### Do I need prior authorization or precertification for services?

The PCP or referring provider will handle prior authorization requirements for HMO members. PPO plan members are responsible for obtaining precertification as required at least two business days prior to receiving the service, care or supplies. These services are listed in your Policy and are subject to change with prior written notice. For precertification, call 1-800-977-7518.

### Where can I get my prescriptions filled?

Health Net’s contracted pharmacy network can be found in the provider directory or at [healthnet.com](http://healthnet.com).

### What if I need emergency care while out of town?

Call 911 or go to the nearest emergency room. For urgent situations, HMO members should call their PCP for instructions on obtaining care. PPO plan members may receive treatment from any licensed provider, but may pay higher out-of-pocket costs for out-of-network providers. See your EOC or Policy for more details on out-of-area services and benefits.

### What if I recently received medical advice or just started treatment?

PPO members only: Medical advice, diagnosis or care of treatment for a specific condition received within the six (6) months preceding enrollment is not covered the first 12 months of enrollment.

### Does Health Net have Portability coverage?

If your group or COBRA health plan terminated in the past 63 days, you may be eligible for Individual Portability coverage, which meets the provisions of the Health Insurance Portability and Accountability Act. (HIPAA). It does not require medical underwriting and there is no pre-existing condition waiting period. To qualify, you must meet certain criteria. Contact your broker or a Health Net representative for more information. Not all benefits plans are available for Individual Portability coverage.

<sup>1</sup>Those living in Apache, Navajo, Yavapai and Yuma counties must always use the First Health network to receive in-network benefits in these areas. When accessing care in all other counties in Arizona, PPO members must use the Health Net provider network.





**IF YOU NEED ASSISTANCE** *or have additional questions, call us at 1-888-463-4875.*

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#### ENROLLMENT CHECKLIST

- Review the benefit plan and rate information in this enrollment packet.
- Select the plan that best suits your needs.
- Decide if you want to include Dental & Vision coverage and/or Life insurance.
- If you choose an HMO plan, select your Primary Care Physician (PCP) from the Health Net online directory at [healthnet.com](http://healthnet.com) > *Find a Doctor*. Or call our Customer Contact Center at 1-888-463-4875 or TTY 1-800-977-6757. You do not need to select a PCP for PPO plans.
- Fill out the enrollment application online at [healthnet.com](http://healthnet.com) or use the application enclosed in this enrollment packet.
- A parent or legal guardian must sign the enrollment application.
- Return your completed application and first month's premium in the enclosed envelope. **Do not send cash.**

The benefit information contained in this enrollment packet is a brief summary only. Members should refer to their coverage documents for detailed information on benefits, terms, conditions, exclusions and limitations.

All questions in the enrollment application must be answered and all signatures must be completed before we can process your application. Missing information may delay your enrollment effective date – the date your coverage begins. You may request a first of the month, 15th of the month or first available effective date.

All applicants must go through the medical underwriting process (not required for Individual Portability applicants). Coverage is not guaranteed and becomes effective only if approved in writing by Health Net of Arizona's Underwriting Department.

If you need assistance or have additional questions, call us at 1-888-463-4875.







## PROTECTING YOUR HEALTH INFORMATION

Once you become a Health Net member, Health Net uses and discloses a member's protected health information for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. Health Net releases protected health information to plan sponsors for administration of self-funded plans but does not release protected health information to plan sponsors/employers for insured products unless the plan sponsor is performing a payment or health care operation function for the plan.

### EXCLUSIONS AND LIMITATIONS

The exclusions and limitations presented in this enrollment brochure are not comprehensive. For a full list of exclusions and limitations see the Evidence of Coverage for HMO Plans or Policy for PPO Plans. You may obtain a copy of these documents prior to enrolling or at any time by contacting us at 1-888-463-4875.

**Exclusions and limitations include but are not limited to:**

**HMO Plans** Hospital and professional services for a normal delivery are covered only for expectant members who have been enrolled for 21 consecutive months when delivery occurs. Hospital and professional services for members who have been enrolled less than 21 consecutive months are limited to prenatal care, after 12 months of enrollment, and complications of pregnancy, as defined in the Evidence of Coverage.

With the exception of emergency care and direct access benefits, all services and items must be provided or arranged by your primary care physician. Selected services require authorization by Health Net of Arizona, Inc.

**PPO Plans** Eligible expenses for covered services delivered by non-contracted providers and facilities will be an amount determined by Health Net based on a percentage of the Health Net fee schedule, which is generally comparable to eligible expenses for covered services delivered by contracted providers and facilities. This amount may be adjusted by Health Net from time to time and at any time.

Precertification is required for certain services. Failure to obtain precertification will result in a reduction in benefits. For a comprehensive list of services requiring precertification see the Policy. Services that must be precertified include, but are not limited to: Hospital inpatient admissions (non-emergency, including acute, subacute or rehabilitation), hospital observation stays (less than 24 hours), mental health and substance abuse inpatient admissions, skilled nursing inpatient facility admissions, transplants/transplant services, select outpatient procedures, select rehabilitative programs and therapies, select durable medical equipment, home health care services (including home infusion therapy), non-emergent ambulance and transportation services, prosthetics, oncology services, podiatry services, sleep studies, oxygen and related breathing equipment, epidural steroid injections, magnetic resonance imaging (MRI), computerized axial tomography (CAT), positron emission tomography (PET) scans, magnetic resonance angiography (MRA), self-injectable medications (except insulin), select in-office pharmacy injectables.

Coverage for maternity services is limited to complications of pregnancy.

**HMO and PPO Plans** The following services and/or procedures are either limited in coverage or excluded from coverage under these health plans. These services include, but are not limited to: Comfort/convenience items, hearing aids, cosmetic surgery, court ordered care, custodial care, experimental/investigational procedures and drugs, gender alterations, infertility services, inpatient mental health services, long-term rehabilitative services, obesity, paternity testing, radial keratotomy, substance abuse treatment programs, mail order prescriptions, employment counseling, exercise programs, fraudulent services, missed appointments, temporomandibular joint disorder, vocational programs. For a complete list, refer to either the Evidence of Coverage for HMO Plans or Policy for PPO Plans. In- and out-of-network benefits are subject to deductible, then a percentage of eligible medical expenses.

All drugs covered by your outpatient prescription benefit are placed in one of four tiers on the Preferred Drug List (PDL). The lower the tier, the lower your copayment. The Health Net PDL is a listing of covered medications. Some drugs on the PDL may require prior authorization from Health Net. Prescriptions are limited to a 31-day supply. Other quantity limitations may apply.

Skilled nursing coverage is limited to 60 days per calendar year.

Expenses you incur for the following cannot be used to satisfy the out-of-pocket maximum: failure to follow prior authorization/precertification guidelines, mental illness, substance abuse, infertility, use of emergency room for non-emergent care, prescription drugs, copayments, limitations, exclusions. Check your Evidence of Coverage or Policy.

**Pre-existing Condition Limitation (PPO Plans only):** Expenses for conditions for which a member received any medical advice, diagnosis, care or treatment during the six (6) month period immediately preceding the member's effective date of coverage will be excluded from coverage the first 12 months of enrollment.

**High-Deductible PPO Plans** Preventive health care services are defined as routine physical, pap smear, mammography and PSA screenings. For a complete list see Policy.

FOR MORE INFORMATION, CONTACT  
**Health Net of Arizona, Inc.**

1230 W. Washington Street, Suite 401  
Tempe, AZ 85281-2145

Customer Contact Center

**1-888-463-4875**

Monday - Friday, 7:00 a.m. to 6:00 p.m.

Hearing Impaired Assistance

TTY **1-800-977-6757**

Monday - Friday, 7:00 a.m. to 6:00 p.m.

[healthnet.com](http://healthnet.com)



In Arizona, benefits are insured and/or administered by Health Net of Arizona, Inc. for HMO plans and Health Net Life Insurance Company for indemnity plans and life coverage. The Health Net of Arizona, Inc. service area includes all Arizona counties. Participating Providers are neither agents nor employees of Health Net of Arizona, but are independently contracted entities that are legally responsible for their own care, treatment and other services provided to Health Net members.

Decision Power<sup>SM</sup> is not part of Health Net's commercial medical benefit plans nor affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power is part of Health Net's Medicare Advantage benefit plans but is not affiliated with Health Net's provider network. Decision Power services, including Health Coaches, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies.