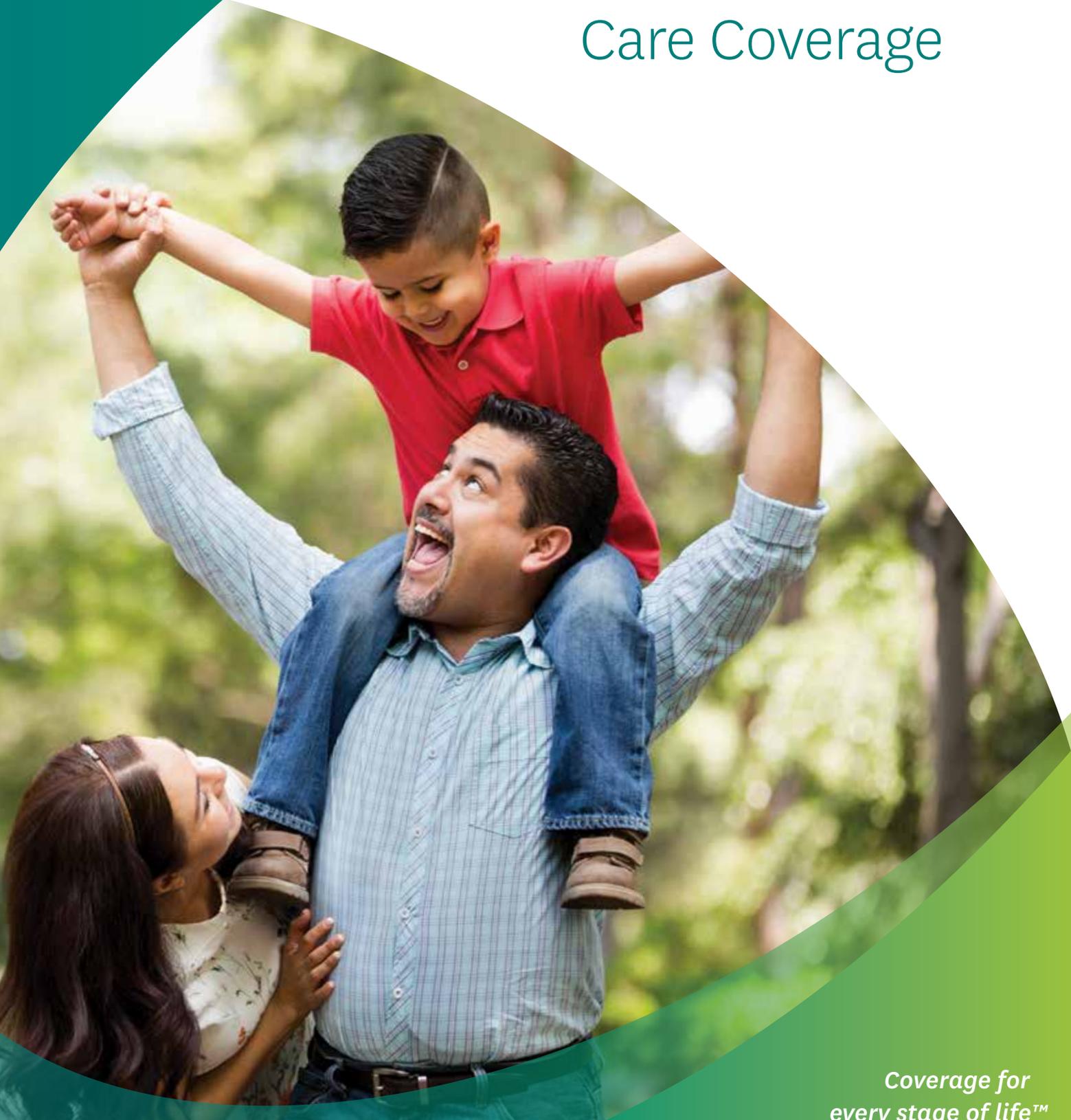




Health Net of California, Inc. and  
Health Net Life Insurance Company (Health Net)

INDIVIDUAL & FAMILY PLANS

# Know Your Health Care Coverage



Coverage for  
every stage of life™

# Common Health Coverage Words

Sometimes it seems like health coverage comes with its own language! Use this list of common health coverage words as you read this guide.

Word	What is it?	Example
<b>Health plan or health insurer</b> 	Organization that offers health coverage.	Health Net of California, Inc.
<b>Health coverage</b> 	Also called “health insurance.” Helps pay for health care services.	<p>Medicare and Medi-Cal are types of health coverage from the government.</p> <p>You can get private health coverage through your job, Covered California, a health plan, or a health insurer.</p>
<b>Managed care</b> 	<p>A way of managing:</p> <ul style="list-style-type: none"> <li>• how much you pay for health care,</li> <li>• how you access your health care benefits and services, and</li> <li>• the quality of health care you receive.</li> </ul>	<p>Health plans offer these types of managed care health coverage options:</p> <p>Health Maintenance Organization (HMO)            Preferred Provider Organization (PPO)            Exclusive Provider Organization (EPO)            Health Care Services Plan (HSP)</p>
<b>Preventive care</b> 	<p>Health care services that can protect you from getting sick and help you stay healthy. You do not have to be sick to see your doctor.</p>	<ul style="list-style-type: none"> <li>• Flu shot</li> <li>• Yearly health exam</li> <li>• Advice from your doctor about diet</li> <li>• Advice from your doctor about preventing health problems</li> </ul>
<b>Routine care</b> 	<p>Doctor visits to get care for yourself. This is very important if you have conditions like diabetes or other health problems.</p>	<p>Seeing your doctor:</p> <ul style="list-style-type: none"> <li>• When you are sick</li> <li>• To talk about a long-term condition</li> <li>• To talk about your medicines</li> </ul>

Word	What is it?	Example
<b>Primary care physician (PCP)</b> 	<p>The main doctor you see for preventive and routine care. You will often visit your PCP before you see other types of doctors, like a specialist. For some types of health coverage, you always see your PCP first.</p> <p>Your PCP may also be called “Provider of Choice” or “Primary Care Provider.”</p>	<p>A PCP provides a yearly health exam, sees you when you are sick and gives you advice about your medicine and basic health problems. Sometimes, your PCP refers you to other health care providers, like specialists.</p>
<b>Specialist</b> 	<p>A doctor you see for certain types of health problems. Your PCP will refer you to specialists if needed.</p>	<p>There are many types of specialists.</p> <p>A cardiologist is a heart specialist, and an oncologist is a cancer specialist.</p>
<b>Network</b> 	<p>The group of doctors, hospitals, clinics, labs, and other health care providers that a health plan agrees to work with to give health care services.</p>	<p>CommunityCare HMO Network is one of Health Net of California, Inc.’s common networks.</p>
<b>Referral</b> 	<p>A request from your doctor for you to see a specialist within your network. You may need a referral before you can see a specialist. Your health plan may need to approve the referral before your specialist visit.</p>	<p>Referral to an orthopedic surgeon for a back injury.</p>



# Make Sense of Health Care Costs

*There are two types of health care costs when you get health care services. These costs depend on what type of health coverage you have.*



1

## **Premium**

Costs you pay to have health care coverage.

+



2

## **Out-of-pocket costs**

Costs you often pay at the time you use a health care service.

=

**Your total health care costs**



## Costs you pay to have health care coverage

Word	What is it?	When do I pay it?	Example
<b>Premium</b>	A set amount you pay regularly to get health coverage. You must pay a premium to your health plan to stay covered even if you do not use health services.	Monthly or yearly payments.	If your premium is <b>\$480</b> a year, you would pay <b>\$40</b> each month to have health coverage.
<b>Out-of-pocket cost</b>	Costs, other than premiums, that you pay to use health care services.	Often at the time you use a health care service or soon after.	<ul style="list-style-type: none"> <li>• Copayments</li> <li>• Coinsurance</li> <li>• Deductible</li> </ul>

## Costs you often pay at the time you use a health care service

Word	What is it?	When do I pay it?	Example
<b>Copayment</b>	<p>Also called a “copay.” A set fee you pay for a health care service. You pay this fee to your health care provider, often at the time you use health care services.</p> <p>Medical, pharmacy, emergency, and other specialty care can have different copay amounts.</p>	<p>At the time you use a health care service.</p> <p>Most preventive health services are at no cost.</p>	If your copay is <b>\$30</b> for a regular doctor visit, you pay <b>\$30</b> each time you visit that type of doctor.
<b>Coinsurance</b>	Coinsurance is based on a percentage of the cost for the service. You pay coinsurance to your health care provider.	You may get a bill from your health care provider for your coinsurance amount. <sup>1</sup>	If your coinsurance is <b>20%</b> and the medical bill is <b>\$100</b> , you pay <b>\$20</b> . The health plan pays <b>80%</b> , or <b>\$80</b> .
<b>Deductible</b>	You pay the full amount for certain health care services until you have paid your deductible amount. After you pay your deductible, covered services are still subject to other cost sharing like copayments and coinsurance. <sup>2</sup>	You must pay your deductible amount to your health care providers during the year whenever you use services. <sup>3</sup>	If your deductible is <b>\$1,000</b> , you must pay <b>\$1,000</b> in health care costs to your health care providers during the year before you can use health care services for a copay or coinsurance.
<b>Out-of-pocket maximum</b>	<p>Out-of-pocket maximum can include copays, coinsurance and deductibles. This limit never includes your premium or costs for health care services your health plan does not cover.</p> <p>Once you reach your out-of-pocket maximum for the plan year, your health plan will pay 100% of your covered health care costs for the remainder of the plan year.</p>	You will pay your copays, coinsurance and deductibles during the year until you reach your plan’s out-of-pocket maximum amount. That is the most you will pay in covered health care costs for the coverage year.	If your out-of-pocket maximum is <b>\$5,000</b> , the most you will pay for covered services each year is <b>\$5,000</b> in copays, coinsurance and deductibles.

<sup>1</sup>For coinsurance, sometimes you pay the entire cost of the health care service at the time you see a health care provider. Then, you send your receipt to your health plan. Your health plan pays you back for its share of the health care costs.

<sup>2</sup>Some types of health coverage have no deductible.

<sup>3</sup>You should always read your health plan coverage agreement, sometimes called an *Evidence of Coverage*, to find out how your deductible is met.



## What You Get With Managed Health Care



You can also get services to help you speak to your doctor in your own language.

- **Access to quality care** – You get quality health care from a network of doctors. Your doctor works closely with you to provide the right care and treatment options. You also get helpful information about your rights and responsibilities as a health plan member.
- **A health plan that's there to help**
  - Your health plan is there to make sure you get the right care – where and when you need it.
  - Your health plan can help you make an appointment, change doctors and answer questions about your bill.
- If you are sick or need health advice, you can speak to a nurse over the phone and sometimes online. Advice nurses can suggest how to care for injuries and illnesses and prepare for doctor visits.
- **Benefits and services to help you stay healthy** – These can include:
  - Support to help you quit smoking.
  - Health education classes.
  - Programs to help you eat healthy and be more active.



# Choose Health Coverage That Fits Your Life

*Health plans work with networks of health care providers so you can get health care at set costs. Health plans offer different types of coverage based on your health needs and budget. You get cost savings by getting health care within a health plan's network of doctors and providers.*

## HMO

### Health Maintenance Organization (HMO)

An HMO is a type of health coverage that offers access to health care through a network of health care providers. A network is a set group of doctors, hospitals, clinics, labs, and pharmacies. You choose a primary care physician (PCP) from your network, who will arrange your care and refer you to specialists in the network, as needed.

#### Why choose an HMO?

- Trust your PCP to oversee your care and refer you to specialists as needed.
- Less paperwork for you.
- Lower out-of-pocket costs.

### Choices for where and how you get care: the Health Net CommunityCare HMO example



See your PCP – the main doctor you choose from the CommunityCare HMO Network. You see your PCP when you need care and for referrals to specialists.



Use the CommunityCare HMO Network for all covered services. If you need a specialist, your PCP will refer you to one.

There is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.



Use Teladoc telehealth services by phone, video or app. Use Teladoc when your doctor's office is closed or you need quick access to health care services.

Teladoc providers can treat many common illnesses, such as sinus problems, upper respiratory infections, allergies, bronchitis, and pinkeye.



Speak to a registered nurse by phone 24/7 for advice on handling urgent health concerns and caring for minor injuries and illnesses like fevers and the flu.



Use urgent care when you need treatment right away for things like minor sprains, earaches, colds, or back pain.

Go immediately to the nearest emergency room or call 911 in the event of an emergency.

# PPO

## Preferred Provider Organization (PPO)

A PPO is also a type of health coverage with a set network of health care providers. You can see providers outside of the network, but you may pay more. You can also go to a specialist without getting a referral. **Note:** Out-of-state coverage is limited to emergency or urgent services.

### Why choose a PPO?

- You want more choices of doctors and hospitals.
- You prefer the flexibility of choosing specialists, when needed, to meet your health care needs.
- You want to manage your own health care without seeing your PCP first.

### Choices for where and how you get care: the Health Net PPO example<sup>4</sup>



Go directly to any doctor or specialist in the Individual & Family Plan PPO Network for care.

The network includes all the specialists you may need for your health – from cardiologists to dermatologists.



Schedule a visit from a Heal doctor for primary, preventive and urgent care “house calls.” A Heal doctor will come to you at your home, office or hotel, 8:00 a.m.–8:00 p.m., seven days a week. Available by appointment in select urban areas.



Use Teladoc telehealth services by phone, video or app. Use Teladoc when your doctor’s office is closed or you need quick access to health care services.

Teladoc providers can treat many common illnesses, such as sinus problems, upper respiratory infections, allergies, bronchitis, and pinkeye.



Speak to a registered nurse by phone 24/7 for advice on handling urgent health concerns and caring for minor injuries and illnesses like fevers and the flu.



Visit a walk-in clinic, like a MinuteClinic (available in select CVS stores), where you can get care for common illnesses, wellness screenings, vaccinations, and more.



Use urgent care when you need treatment right away for things like minor sprains, earaches, colds, or back pain.

Go immediately to the nearest emergency room or call 911 in the event of an emergency.



Go outside the network to see any health provider you like. You’ll pay more out-of-pocket when you do.

<sup>4</sup>These care choices apply to Health Net’s individual product Full Network PPO. Health Net’s EnhancedCare PPO tailored network is also available in some regions.

# EPO

## Exclusive Provider Organization (EPO)

An EPO is a type of health coverage that also has a network of health care providers. As with an HMO, you must use health care providers within your network. You must choose a PCP, but you can see a specialist without seeing your PCP first. You can only see specialists within the PureCare One EPO Network.

### Why choose a EPO?

- You want more choices of doctors and hospitals but do not want to pay the higher cost for a PPO.
- You want to see a specialist without a referral.
- You want to manage your own health care without seeing your PCP first.

### Choices for where and how you get care: the Health Net PureCare One EPO example



See your PCP – the main doctor you choose from the PureCare One EPO Network.



Go directly to any doctor or specialist in the PureCare One EPO Network for care. You don't have to see your PCP first or get referrals.

There is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.



Schedule a visit from a Heal doctor for primary, preventive and urgent care "house calls." A Heal doctor will come to you at your home, office or hotel, 8:00 a.m.–8:00 p.m., seven days a week. Available by appointment in select urban areas.



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Go immediately to the nearest emergency room or call 911 in the event of an emergency.



# HSP

## Health Care Services Plan (HSP)

An HSP is a type of health coverage like an HMO. You must choose a PCP, but you can see a specialist without seeing your PCP first. You can only see specialists within the PureCare HSP Network.



### Why choose an HSP?

- You trust your PCP to oversee your care.
- You want to see a specialist without a referral.

### Choices for where and how you get care: the Health Net PureCare HSP example



See your PCP – the main doctor you choose from the PureCare HSP Network.



Go directly to any doctor or specialist in the PureCare HSP Network for care. You don't have to see your PCP first or get referrals.

There is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.



Use Teladoc telehealth services by phone, video or app. Use Teladoc when your doctor's office is closed or you need quick access to health care services.

Teladoc providers can treat many common illnesses, such as sinus problems, upper respiratory infections, allergies, bronchitis, and pinkeye.



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Use urgent care when you need treatment right away for things like minor sprains, earaches, colds, or back pain.

Go immediately to the nearest emergency room or call 911 in the event of an emergency.



## For more information about managed care health plans available from Health Net, visit [www.myhealthnetca.com](http://www.myhealthnetca.com).

This information is meant to help people learn the basics of managed health care. Some of the words in this brochure may not apply to your health coverage or they may be used differently. Check with your health plan for more information about your health care benefits. Please refer to your *Plan Contract* and *Evidence of Coverage* (HMO and HSP), or *Policy* (PPO and EPO) for terms and conditions of coverage.

## For Health Net members

To learn more about your health care benefits, call the Member Services number on your member ID card or visit [www.myhealthnetca.com](http://www.myhealthnetca.com).

## Visit our website at [www.myhealthnetca.com](http://www.myhealthnetca.com)

Customer Contact Center: **1-888-926-4988**

Sales and enrollment: **1-877-527-8409**

Automated payment: **1-800-539-4193**

Help using our website: **1-866-458-1047**