

# A BETTER DECISION STARTS WITH A CLEAR UNDERSTANDING

**Small Business Group**  
**HMO 15**  
*(539)*



**Health Net<sup>®</sup>**  
A Better Decision

When is the best time to know what your health plan covers? Now. Before you enroll, and well before you need care.

Health Net HMO encourages and covers preventive care and health education. Paperwork is eliminated; members do not have to submit claims for reimbursement. Emergency care is covered worldwide.

At Health Net, we keep things simple, so that you can make your health care decisions with confidence.

## WHAT IS AN HMO?

An HMO (Health Maintenance Organization) plan centers on the relationship between you and your personal doctor. When you enroll, you choose a primary care physician (PCP). This doctor will be the first person you visit when you are sick, and for routine care.

Your PCP will belong to a larger group of health professionals, called a Participating Physician Group. If you need care from a specialist, your PCP will refer you to one within the group. If you need facility-based care (excluding emergencies), your PCP will refer you to a hospital or facility within the group, and take care of any necessary pre-authorizations.

## STEP 1 – CHOOSING YOUR PCP

Your PCP is perhaps the most important person who can help you stay in the best possible health. For this reason, it is important to choose a PCP with whom you are comfortable. It is also important to choose a PCP whose office is near your workplace or home.

If you are adding a spouse or dependent children to your plan coverage, you will need to select a PCP for each.

To see the most current PCP listing, visit [www.healthnet.com](http://www.healthnet.com), and click on *Search Our Doctor Network*. Once you do:

- 1) Click on *California*.
- 2) Select your plan type under *Small Group*.
- 3) Choose your search options – by physician name, details or location.
- 4) Look for a doctor with the words “accepting new patients.”
- 5) Click on the physician name to learn more and see their physician group.

*TIP: Once you have found a PCP for you and each covered family member, be sure to write down the PCP's ID#, as well as the Enrollment ID for their physician group.*

## EMERGENCY CARE

If you feel that you are in an emergency, call 911 or go immediately to the nearest hospital emergency room. Emergency visits are covered regardless of whether or not the hospital belongs to your assigned physician group. What's more, you are covered for emergency visits anywhere in the world.

## HOW MUCH WILL YOU OWE?

One of the advantages of enrolling in an HMO plan is that you may pay less “out-of-pocket” expense than with other types of plans. Most office visits, to a PCP or specialist, require a modest **copayment** (set dollar amount). Visits to a hospital or facility may only require a copayment, as well. However, there *may* be some services that require a percentage of the overall cost (co-insurance).

A better decision means looking carefully at the benefit details that follow, so that you have a clear understanding of the out-of-pocket costs in your plan *before* you enroll.

## WHAT ELSE DO YOU GET?

### DECISION POWER<sup>SM</sup>

If you face a significant medical condition or procedure, you may ask: How do I learn more? What are my options? Maybe you'll be too panicked to get this far.

Decision Power puts you in touch with professional Health Coaches, 24 hours a day, seven days a week. Whether you are facing an upcoming surgery or an ongoing health concern, a Health Coach is there to support you, each step of the way. The goal is to help you maintain optimal health, and work closely with your doctor in making health care decisions with confidence.

Of those who have used Decision Power – 80% have more confidence in dealing with their health and medical concerns. 80% say talking with a Health Coach helped them to improve their condition. 95% would recommend the service to a friend.<sup>1</sup>

### HEALTHGATE® EBM SOLUTIONS

Better health care decisions begin with learning about your condition. But, where can you find information that is trustworthy and easy to understand?

*(continued on back cover)*

<sup>1</sup>Health Dialog Services Corporation member survey

## KEY FEATURES

## HMO 15

|                                                                                                                               |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Lifetime maximum                                                                                                              | None                                                                                                   |
| Annual deductible                                                                                                             | None                                                                                                   |
| Maximum annual out-of-pocket costs                                                                                            | \$1,500 single/\$3,000 family                                                                          |
| Office visit (includes office visits for maternity)                                                                           | \$15 copayment                                                                                         |
| Well-baby care (up to age 2)                                                                                                  | No charge                                                                                              |
| Periodic health evaluation (age 2 and older)                                                                                  | \$15 copayment                                                                                         |
| Vision and Hearing exams                                                                                                      | \$15 copayment                                                                                         |
| X-rays & Laboratory procedures (including mammograms)                                                                         | No charge                                                                                              |
| Outpatient services (professional/institutional)                                                                              | No charge/20%                                                                                          |
| Outpatient surgery (professional/institutional)                                                                               | No charge/20%                                                                                          |
| Inpatient care (professional/institutional)                                                                                   | No charge/20%                                                                                          |
| Emergency room (professional/institutional, copayment waived if admitted to hospital)                                         | No charge/\$100 copayment                                                                              |
| Mental health services for severe mental disorders (outpatient/inpatient) <sup>2</sup>                                        | \$15 copayment/No charge                                                                               |
| Mental health services for non-severe mental disorders (outpatient/inpatient) <sup>2</sup>                                    | \$30 copayment (20 visits per calendar year maximum)/<br>No charge (30 days per calendar year maximum) |
| Acute care detoxification <sup>2</sup>                                                                                        | No charge                                                                                              |
| Skilled nursing facilities                                                                                                    | 20% (100 visits per calendar year maximum)                                                             |
| Home health services                                                                                                          | No charge                                                                                              |
| Rehabilitation therapy (includes physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy) | \$15 copayment                                                                                         |
| Durable medical equipment                                                                                                     | 50%                                                                                                    |
| Diabetic equipment (blood glucose monitors, insulin pumps and podiatric devices)                                              | 20%                                                                                                    |
| Chiropractic care <sup>3</sup>                                                                                                | Available as optional rider coverage                                                                   |
| Self-injectable drugs                                                                                                         | 30%                                                                                                    |
| Retail pharmacy (up to a 30-day supply including birth control pills) <sup>4</sup>                                            | \$15 Level I<br>\$25 Level II<br>\$50 Level III                                                        |
| Brand name deductible                                                                                                         | Not applicable                                                                                         |
| Prescriptions by mail (up to a 90 consecutive calendar-day supply of maintenance medications) <sup>4</sup>                    | \$30 Level I<br>\$50 Level II<br>\$100 Level III                                                       |
| Brand name deductible                                                                                                         | Not applicable                                                                                         |

This is a summary of your benefits. It does not include all services, limitations or exclusions. Please refer to the Evidence of Coverage for terms and conditions of coverage.

<sup>2</sup>All mental health and chemical dependency services are provided or contracted through Managed Health Network (MHN). Please contact MHN for details.

<sup>3</sup>Chiropractic rider coverage is available as an optional benefit with the HMO plan shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

<sup>4</sup>For details regarding a specific drug, go to [www.healthnet.com](http://www.healthnet.com).

Once enrolled in a Health Net plan, you can log in at [www.healthnet.com](http://www.healthnet.com) to access HealthGate EBM Solutions. Here you will be able to research health improvement tips, treatment options and other important information. You can search by symptoms or diagnosed condition.

### **HOSPITAL COMPARISON REPORT**

Not all hospitals provide the same outcomes for the same procedures. In addition, not all hospitals have the same services and experience.

If your PCP has admitting privileges to more than one hospital, log in at [www.healthnet.com](http://www.healthnet.com) to access our Hospital Comparison Report. The report lets you compare our network hospitals based on experience with the procedure, patient volume, ICU staffing and more.

### **WELL REWARDS**

We give you the credit you deserve for taking charge of your health. Rewards include exclusive member discounts for health-related products and services.

### **MHN, INC. – WITH A MIND ON YOUR FUTURE**

Good health is not always wrapped up in physical wellbeing. It extends to the emotional and behavioral concerns that we sometimes don't see, or are afraid to address. That is why your benefit plan includes emotional and behavioral health coverage from MHN, Inc.

Maybe you are undergoing major changes in your life. Perhaps you are feeling run down, or that something is just not right. Sometimes, the answer lies in knowing you have support.

When you call MHN, you can speak with a specialist who will listen to your concerns with sensitivity, while fully respecting your privacy. If appropriate, you will be referred to a clinician who can further evaluate your situation and recommend a treatment plan. Either way, the decisions are yours to make. We're here to provide an easy and confidential first step.



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You have access to Decision Power<sup>SM</sup> through your current enrollment with any of the following Health Net companies: Health Net of Arizona, Inc.; Health Net of California, Inc.; Health Net of Connecticut, Inc.; Health Net of New Jersey, Inc.; Health Net of New York, Inc.; Health Net Health Plan of Oregon, Inc.; Health Net Insurance of Connecticut, Inc.; Health Net Insurance of New York, Inc.; Health Net Life Insurance Company.

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