CommunityCare HMO Plans

TAKE ACTION AND CHOOSE YOUR HEALTH COVERAGE.
CHOOSE HEALTH NET!

Effective January 1, 2020
Whether you’re new to Health Net, or coming back to us for 2020, there are several things to know about our plans and our people:

- We offer affordable, quality health coverage for individuals and families.
- Through our local doctor networks, we help people get the care they need through every stage of their life and health.
- Like you, we live and work in California.
- You can enroll in our plans through Covered California.

Take a look inside to see what Health Net has ready and waiting for you.

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What you’ll find inside...

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 enrollment period</td>
<td>1</td>
</tr>
<tr>
<td>Ways to enroll</td>
<td>1</td>
</tr>
<tr>
<td>New rules for 2020</td>
<td>1</td>
</tr>
<tr>
<td>The benefits of Health Net</td>
<td>2</td>
</tr>
<tr>
<td>Know where to go when you need care</td>
<td>3</td>
</tr>
<tr>
<td>CommunityCare HMO plans</td>
<td>4</td>
</tr>
</tbody>
</table>
2020 Enrollment Period

You can sign up for new health coverage or change your existing health coverage for 2020.

Enrollment begins: October 15, 2019.

Some key dates to keep in mind:

• For health coverage to start immediately on January 1, enroll by December 15. Payment is required to start coverage.
• Last day to enroll for coverage in 2020 is January 15. Your health coverage would start February 1. After that, you can enroll only if you qualify for a special event.

Some examples of events that qualify are:

• Losing a job that provided coverage.
• Having or adopting a baby.
• Having a major income change.
• Getting married or divorced.
• Moving outside a service area.

Ways to Enroll

When you’re ready to sign up for Health Net coverage, we’re here to help make it easy!

• Call our Health Net sales team at 1-877-609-8711.
• Go to www.CoveredCA.com.
• Visit your local broker or a Covered California certified enrollment counselor.

New rules for 2020

For 2020, Californians must have health care coverage or pay a penalty. You’ll pay the penalty when you file your state taxes. To avoid paying the state penalty, individuals may qualify for an exemption. You can learn about exemptions at www.CoveredCA.com.

In 2020, the penalty is the higher of these two amounts:

• 2.5% of your yearly household income.
• $695 per adult / $347.50 per child under 18.

Your enrollment checklist

☑ Do the doctors, specialists and providers in the plan network fit your health needs?
☑ Are the plan’s deductible, copay and coinsurance amounts right for your budget?
☑ Do you qualify to get premium assistance?
The Benefits of Health Net

*Health Net gives you a choice of health plans – and a whole lot more.*

**Take care with Health Net**

When you choose Health Net, you can count on:

- Doctor visits when you need care.
- Prescription drug coverage.
- Medical advice any time of day or night and on weekends.
- Urgent care and hospital services when you need them.

**Talk to a nurse anytime**

Health Net is here for your health with licensed nurses available 24/7 by phone or online chat to answer your questions. Our nurses can help you figure out what to do next about:

- Caring for minor injuries and illnesses like fevers and the flu.
- Urgent health situations.
- Preparing for doctor visits.
- Other health questions.

**Get an online account**

With Health Net, you also get a free online account. Having an online account is one way we help you build healthy habits. It’s also an easy way to get things done!

- Print ID cards.
- See your plan details.
- View pharmacy benefits or find a pharmacist near you.
- Change your doctor.
- Use online programs for weight management, stopping smoking and more.
- Know when to get health screenings.

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**Note:** We use the Health Net Essential Rx Drug List. Be sure doctors you see prescribe medicine that is on the Health Net Essential Rx Drug List. Some drugs on the Essential Rx Drug List require prior authorization from Health Net in order to be covered. Then, use pharmacies in your health plan’s pharmacy network.

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**Teladoc telehealth services**

When you choose any Health Net Individual & Family Plans coverage, you get Teladoc included. That means:

- 24/7 access to U.S. board-certified doctors through the convenience of web, phone or app.
- Non-emergency care from the comfort of your home, at work or while traveling.
- A no-hassle option when you can’t see your doctor.
Know Where to Go When You Need Care

Our plans offer a variety of ways to get the care you need, when you need it.

At a doctor’s office
Your primary care doctor (PCP)
Go to your PCP for routine and preventive care, such as annual wellness exams, illness, vaccinations, and general medical care.

Providers in the plan network
Get care from other doctors, specialists or providers (like urgent care or hospitals) in your network.\(^1\)
*PCP referral required on our CommunityCare HMO plans.*\(^2\)

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

To locate doctors, specialists and providers in your plan’s network, visit myhealthnetca.com and click on *Find a Doctor.*

MHN network providers
Use an MHN provider for counseling, psychotherapy, treatment for addiction, psychiatric services. *PCP referral is not required.*

At home
24/7 Teladoc
Use Teladoc for phone or online video consults with a Teladoc doctor or therapist. Ideal when you can’t meet with your PCP, or their office is closed.\(^1\)

24/7 Nurse advice line
Get advice from a registered nurse on whether to seek medical care, or how to care for illness and injury at home, like self-care for minor injuries and illness like fevers and the flu.\(^1\)

In a clinic
Urgent care centers
Get same-day care for non-emergency illnesses or injuries.\(^1\)

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1Go straight to the nearest emergency room or call 911 if you have an emergency.
2Self-referrals are allowed for obstetrician and gynecological services and reproductive and sexual health care services.
CommunityCare HMO Plans  
THROUGH COVERED CALIFORNIA

Our HMO plans might be right for you if you prefer:

- More predictable costs, and
- One familiar doctor to oversee your care

Your primary care physician (PCP) will refer you to specialists and facilities in the CommunityCare HMO network, when you need it.¹

For prescription medicine, you can go to any pharmacy in the Advanced Choice Pharmacy Network. It includes CVS Pharmacy, Safeway, Costco, Vons, and others.

¹Self-referrals are allowed for obstetrician and gynecological services and reproductive and sexual health care services.

Important tip: Use the CommunityCare HMO Network for all covered services. If you need a specialist, your PCP will refer you to one.¹ There is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.
CommunityCare HMO plans – Your share of costs

The amounts shown here are what you would pay for the services you use with each plan. With Gold 80 CommunityCare HMO, for example, your cost for a doctor office visit is $30.

Reminder! Your share of costs is in addition to the monthly premium you pay for your health coverage.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Platinum 90 CommunityCare HMO</th>
<th>Gold 80 CommunityCare HMO</th>
<th>Silver 70 CommunityCare HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For one person / For family</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$4,000 / $8,000</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For one person / For family</td>
<td>$4,500 / $9,000</td>
<td>$7,800 / $15,600</td>
<td>$7,800 / $15,600</td>
</tr>
<tr>
<td>Doctor office visit</td>
<td>$15</td>
<td>$30</td>
<td>$401</td>
</tr>
<tr>
<td>Teladoc consultation telehealth services$^2</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist</td>
<td>$30</td>
<td>$65</td>
<td>$801</td>
</tr>
<tr>
<td>Hospital stay</td>
<td>Facility: $250$^3; Physician: $0</td>
<td>Facility: $600$^3; Physician: $0</td>
<td>Facility: 20%; Physician: 20%$^1</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Facility: $100; Physician: $25</td>
<td>Facility: $300; Physician: $40</td>
<td>20%;$^1</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$15</td>
<td>$30</td>
<td>$401</td>
</tr>
<tr>
<td>Emergency care$^4</td>
<td>Facility: $150; Physician: $0</td>
<td>Facility: $350; Physician: $0</td>
<td>Facility: $400$^1; Physician: $0$^1</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (most generics and low-cost preferred brands)</td>
<td>$5 / $15 / $25</td>
<td>$15 / $55 / $80</td>
<td>$16 / $60 / $90</td>
</tr>
<tr>
<td>Tier 2 (non-preferred generics and preferred brands)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3 (non-preferred brands only)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is a summary only. The CommunityCare HMO disclosure has plan overviews with more details about what services are covered with our CommunityCare HMO plans. The deductible applies unless otherwise noted. Pediatric dental and vision services are covered until the last day of the month in which the child turns age 19.

$^1$Your medical deductible does not apply to these services.

$^2$Should not replace regular doctor visits. Only telehealth services provided by Teladoc are covered.

$^3$Per day, up to five days.

$^4$You do not pay the copayment if you are admitted to the hospital.
CommunityCare HMO Enhanced Silver plans – Your share of costs

Some people qualify for extra help paying for their health services. Instead of paying $40 to visit the doctor, the cost could be as low as $5. The extra help comes with silver-level plans that are called Enhanced Silver. People with an income between 138 percent and 250 percent of the federal poverty level qualify for Enhanced Silver.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Silver 94 CommunityCare HMO</th>
<th>Silver 87 CommunityCare HMO</th>
<th>Silver 73 CommunityCare HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For one person / For family</td>
<td>$75 / $150</td>
<td>$1,400 / $2,800</td>
<td>$3,700 / $7,400</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For one person / For family</td>
<td>$1,000 / $2,000</td>
<td>$2,700 / $5,400</td>
<td>$6,500 / $13,000</td>
</tr>
<tr>
<td><strong>Doctor office visit</strong>¹</td>
<td>$5</td>
<td>$15</td>
<td>$35</td>
</tr>
<tr>
<td><strong>Teladoc consultation telehealth services²</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$8</td>
<td>$25</td>
<td>$75</td>
</tr>
<tr>
<td><strong>Hospital stay</strong></td>
<td>Facility: 10%; Physician: 10%¹</td>
<td>Facility: 15%; Physician: 15%¹</td>
<td>Facility: 20%; Physician: 20%¹</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong>¹</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Urgent care</strong></td>
<td>$5</td>
<td>$15</td>
<td>$35</td>
</tr>
<tr>
<td><strong>Emergency care¹,³</strong></td>
<td>Facility: $50; Physician: $0</td>
<td>Facility: $150; Physician: $0</td>
<td>Facility: $400; Physician: $0</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (most generics and low-cost preferred brands)</td>
<td>$3 / $10 / $15</td>
<td>$5⁴ / $25 / $45</td>
<td>$16 / $55 / $85</td>
</tr>
<tr>
<td>Tier 2 (non-preferred generics and preferred brands)</td>
<td></td>
<td>Prescription drug calendar year deductible is $100 per member / $200 per family</td>
<td>Prescription drug calendar year deductible is $275 per member / $550 per family</td>
</tr>
</tbody>
</table>

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¹Your medical deductible does not apply to these services.
²Should not replace regular doctor visits. Only telehealth services provided by Teladoc are covered.
³You do not pay the copayment if you are admitted to the hospital.
⁴Your prescription drug calendar year deductible does not apply.
Nondiscrimination Notice
In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

HEALTH NET:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
• Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net’s Customer Contact Center at:
Individual & Family Plan (IFP) Members On Exchange/Covered California 1-888-926-4988 (TTY: 711)
Individual & Family Plan (IFP) Members Off Exchange 1-800-839-2172 (TTY: 711)
Individual & Family Plan (IFP) Applicants 1-877-609-8711 (TTY: 711)
Group Plans through Health Net 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net’s Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net’s Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:
Health Net of California, Inc. Appeals & Grievances
PO Box 10348
Van Nuys, CA 91410-0348
Fax: 1-877-831-6019
Email: Member.Discrimination.Complaints@healthnet.com (Members) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, 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).

English
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711).
For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

Arabic
خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ الوثائق لك بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المزين على بطاقتك أو الاتصال بالرقم المزين لخدمة الأفراد والعائلة: 1-800-839-2172 (TTY: 711)
للใจاتر في كاليفورنيا، يرجى الاتصال بالرقم المزين لخدمة الأفراد والعائلة عبر الرقم: 1-888-926-4988 (TTY: 711)

Armenian
Համար կերպարվեն ձայնագրություն։ Եթե հանձնվում է որ զարգացումը զարգացնող չէ առաջադրող արտահանման։
Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ:

Chinese
免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言。

Hindi
विना शुल्क भाषा सेवाएं। आप एक दुभाबषया प्राम कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़ा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैक्सिंग ठन (आईपीएफ) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईपीएफ क्वालिटी व्यक्तिगत 1-888-926-4988 (TTY: 711) या स्वागत विभाजन 1-888-926-5133 (TTY: 711) पर कॉल करें।

Hmong

Japanese
한국어
무료 언어 서비스입니다. 통역 서비스를 받으실 수 있으며
문서 낭독 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며
ID卡에 기재된 번호로 고객 서비스 센터에 연락하시거나
개인 및 가족 플랜의 경우 1-800-839-2172 (TTY: 711) 번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우
1-888-926-4988 (TTY: 711) お電話ください。Health Netによるグループプランについては、
参加者 본인에게 해당하는ID를 기재한
1-888-926-5133 (TTY: 711) 번으로 전화해 주십시오.

Panjabi (Punjabi)

नीतियों विश्लेषण के लिए आपको अनुसरण करना होगा। दिन के लिए दिन के लिए अनुसरण करना होगा।
1-888-926-5133 (TTY: 711) 'दे बदल करें। देखें अब करें। माफ़ी व फैसले की आवश्यकता को हाल करें।
1-800-522-0088 (TTY: 711) 'दे बदल करें।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать
документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи
клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи
участникам не представленных на федеральном рынке планов для частных лиц и семей
(IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните
в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по
телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по
телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через
Spanish
Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

Tagalog

Thai

Vietnamese

Call Health Net at 1-877-609-8711.

- We will help you look at your choices.
- We can tell you if you can get low-cost or no-cost health coverage.
- We can help you sign up. We have licensed, certified, plan-based enrollers who can assist you over the phone.

Now is the time to choose Health Net!

CLICK THE LINK BELOW TO VIEW PLAN DISCLOSURE
CommunityCare HMO Disclosure

HEALTH NET INDIVIDUAL & FAMILY PLANS
1-877-609-8711 (English)
1-877-891-9050 (Cantonese)
1-877-339-8596 (Korean)
1-877-891-9053 (Mandarin)
1-800-331-1777 (Spanish)
1-877-891-9051 (Tagalog)
1-877-339-8621 (Vietnamese)

ASSISTANCE FOR THE HEARING AND SPEECH IMPAIRED
TTY users call 711.

Visit us online at www.myhealthnetca.com.

This brochure is pending regulatory approval.