PureCare One EPO 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.

What you’ll find inside…

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2020 Enrollment Period

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

**Enrollment begins:** October 15, 2019.
**Enrollment ends:** January 15, 2020.

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.

**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

For PureCare One EPO 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 the 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

Walk-in retail clinics
Go to a walk-in retail clinic, such as MinuteClinics (found in select CVS Pharmacy stores) when you need in-person care for common illnesses and preventive care.¹

Urgent care centers
Get same-day care for non-emergency illnesses or injuries.¹

¹Go straight to the nearest emergency room or call 911 if you have an emergency.
If you live in Central and Northern California, you can choose an Exclusive Provider Organization (EPO) plan.

Like many of our plans, you select a PCP, this time from the PureCare One EPO network. Your PCP helps guide your care. But with an EPO plan, you can also choose to get care from specialists in the network and you don’t need a referral from your PCP.

When you enroll, you can choose from the full range of metal level plans (Platinum, Gold, Silver, Bronze, and Minimum Coverage).

Important tip: Use the Health Net PureCare One EPO provider network for all covered services. There is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.
PureCare One EPO insurance 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 PureCare One EPO, 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 PureCare One EPO</th>
<th>Gold 80 PureCare One EPO</th>
<th>Silver 70 PureCare One EPO</th>
<th>Bronze 60 PureCare One EPO</th>
<th>Minimum Coverage PureCare One EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$4,000 / $8,000</td>
<td>$6,300 / $12,600</td>
<td>$8,150 / $16,300</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$4,500 / $9,000</td>
<td>$7,800 / $15,600</td>
<td>$7,800 / $15,600</td>
<td>$7,800 / $15,600</td>
<td>$8,150 / $16,300</td>
</tr>
<tr>
<td>Doctor office visit</td>
<td>$15</td>
<td>$30</td>
<td>$65</td>
<td>$65</td>
<td>0%</td>
</tr>
<tr>
<td>Teladoc consultation telehealth services4</td>
<td>$0</td>
<td>$0</td>
<td>$02</td>
<td>$02</td>
<td>0%</td>
</tr>
<tr>
<td>Specialist</td>
<td>$30</td>
<td>$65</td>
<td>$802</td>
<td>$95</td>
<td>0%</td>
</tr>
<tr>
<td>Hospital stay</td>
<td>10%</td>
<td>20%</td>
<td>Facility: 20%</td>
<td>Facility: 40%</td>
<td>0%</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>10%</td>
<td>20%</td>
<td>20%2</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$15</td>
<td>$30</td>
<td>$402</td>
<td>$65</td>
<td>0%</td>
</tr>
<tr>
<td>Emergency care5</td>
<td>Facility: $150; Physician: $0</td>
<td>Facility: $350; Physician: $0</td>
<td>Facility: $4002; Physician: $02</td>
<td>Facility: $400; Physician: $02</td>
<td>Facility: 0%; Physician: $0</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>$5</td>
<td>$15</td>
<td>$16</td>
<td>$18/script</td>
<td>0%6</td>
</tr>
<tr>
<td>Tier 1 (most generics and low-cost preferred brands)</td>
<td>$15 / $25</td>
<td>$55 / $80</td>
<td>$60 / $90</td>
<td>40% up to $500/script</td>
<td>0%6</td>
</tr>
<tr>
<td>Tier 2 (non-preferred generics and preferred brands)</td>
<td>Tier 3 (non-preferred brands only)</td>
<td>$15 / $25</td>
<td>$55 / $80</td>
<td>40% up to $500/script</td>
<td>0%6</td>
</tr>
<tr>
<td>Prescription drug calendar year deductible is $300 per member / $600 per family</td>
<td>Prescription drug calendar year deductible is $500 per member / $1,000 per family</td>
<td>0%6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is a summary only. The PureCare One EPO disclosure has plan overviews with more details about what services are covered with our PureCare One EPO insurance plans. Pediatric dental and vision services are covered until the last day of the month in which the child turns age 19.

1Minimum coverage plans are available to individuals who are under age 30. You may also be eligible for this plan if you are age 30 or older and are exempt from the federal requirement to maintain minimum essential coverage. Once you are enrolled, you must re-apply for a hardship exemption from the Marketplace and re-submit the Marketplace notice showing your exemption certificate number to Health Net every year – by January 1 – in order to remain on this plan.
2Your deductible does not apply to these services.
3You get coverage for visits 1–3 before you pay your deductible. You just pay the copayment. For visits 4 and more, you pay the full cost until you have paid your deductible.
4Should not replace regular doctor visits. Only telehealth services provided by Teladoc are covered.
5You do not pay the copayment if you are admitted to the hospital.
6Your medical deductible applies to prescription drugs for all tiers.
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. Individuals 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 PureCare One EPO</th>
<th>Silver 87 PureCare One EPO</th>
<th>Silver 73 PureCare One EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$75 / $150</td>
<td>$1,400 / $2,800</td>
<td>$3,700 / $7,400</td>
</tr>
<tr>
<td>For one person / For family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>$1,000 / $2,000</td>
<td>$2,700 / $5,400</td>
<td>$6,500 / $13,000</td>
</tr>
<tr>
<td>For one person / For family</td>
<td>$5</td>
<td>$15</td>
<td>$35</td>
</tr>
<tr>
<td><strong>Teladoc consultation telehealth services</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%</td>
<td>Facility: 15%; Physician: 15%</td>
<td>Facility: 20%; Physician: 20%</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></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 care</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>$31 / $101 / $151</td>
<td>$54 / $25 / $45</td>
<td>$16 / $55 / $85</td>
</tr>
<tr>
<td>Tier 1 (most generics and low-cost preferred brands)</td>
<td></td>
<td></td>
<td></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>$31 / $101 / $151</td>
<td>$54 / $25 / $45</td>
<td>$16 / $55 / $85</td>
</tr>
<tr>
<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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is a summary only. The PureCare One EPO disclosure has plan overviews with more details about what services are covered with our PureCare One EPO insurance 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.

1Your 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

Health Net Life Insurance Company (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) Covered Persons On Exchange/Covered California 1-888-926-4988 (TTY: 711)
Individual & Family Plan (IFP) Covered Persons Off Exchange 1-800-839-2172 (TTY: 711)
Individual & Family Plan (IFP) Applicants 1-877-609-8711 (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 Life Insurance Company Appeals & Grievances
PO Box 10348
Van Nuys, CA 91410-0348
Fax: 1-877-831-6019
Email: Member.Discrimination.Complaints@healthnet.com (Covered Persons) or
    Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at https://www.insurance.ca.gov/01-consumers/101-help/index.cfm.

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).
Health Net

전화해 주십시오.
1-888-926-5133 (TTY: 711)

번으로
IFP On Exchange 1-888-926-4988 (TTY: 711), 소규모 비즈니스의 경우
1-800-839-2172 (TTY: 711)

번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우
고객서비스 센터에 연락하시거나 개인 및 가족 플랜 (IFP) Off Exchange:
카드에 수록된 번호로
일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면
1-888-926-4988 (TTY: 711) ឬ្ករុមហ៊ុនអាជីវកម្មខ្្ន តតូចតាមរយៈសលខ 1-888-926-5133 (TTY: 711).

Navajo
Doo b33h 7l7n7g00 saad bee h1k1 ada’iiyeed. Ata’ halne’7g77 da [a’ n1 h1d7d0ot’88[. Naaltsoos da t’11
Navajo

Persian (Farsi)
خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید در خواستید که اسماد به زبان شما برایتان خوانند. برای
دریافت کمک، با مرکز مداخله شناسایی یا شماره روزی کارتیشنهای برای طرح فردی و خانوادگی (IFP) Off Exchange
شماره: 1-888-926-4988 تزی یا کسب و کار کوچک (TTY: 711)

Panjabi (Punjabi)
ਨੋ ਲਗੂ ਦੇਸ਼ ਵਿੱਚ 1-800-839-2172 (TTY: 711) ਦੇ ਹੋਰਦੋਕੜ ਦੇ ਲਾਭ ਲਈ ਜਾਂ ਸਮੌਲ ਬਿਜ਼ਨਸ ਨੂੰ
ਦੀਪੀਤ ਟੈਲਕਟਬੈਲਟ ਦੇ ਲਾਭ ਲਈ ਜਾਂ ਸਮੌਲ ਬਿਜ਼ਨਸ ਨੂੰ

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
PureCare One EPO 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.