

Health Net Aqua (PPO) offered by HEALTH NET LIFE INSURANCE COMPANY

Annual Notice of Changes for 2021

You are currently enrolled as a member of Health Net Aqua (PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. **ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1.4 for information about benefit and cost changes for our plan.
- ☐ Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our Provider Directory.
- ☐ Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in Health Net Aqua (PPO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Health Net Aqua (PPO).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Member Services number at 1-888-445-8913 for additional information. (TTY users should call 711). Hours are from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.
- We must provide information in a way that works for you (in languages other than English, in audio, in large print, or other alternate formats, etc.).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Health Net Aqua (PPO)

- HEALTH NET LIFE INSURANCE COMPANY is contracted with Medicare for PPO plans. Enrollment in HEALTH NET LIFE INSURANCE COMPANY depends on contract renewal.
 - When this booklet says "we," "us," or "our," it means HEALTH NET LIFE INSURANCE COMPANY. When it says "plan" or "our plan," it means Health Net Aqua (PPO).
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Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Health Net Aqua (PPO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at or.healthnetadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Deductible	\$125	\$125
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$2,500 From network and out-of-network providers combined: \$5,100	From network providers: \$2,500 From network and out-of-network providers combined: \$5,100
Doctor office visits	<u>In-network</u> Primary care visits: You pay a \$12 copay per visit. (Deductible waived) Specialist visits: You pay a \$25 copay per visit. (Deductible waived)	<u>In-network</u> Primary care visits: You pay a \$12 copay per visit. (Deductible waived) Specialist visits: You pay a \$25 copay per visit. (Deductible waived)
	<u>Out-of-network</u> Primary care visits: You pay a \$20 copay per visit. (Deductible applies) Specialist visits: You pay a \$40 copay per visit. (Deductible applies)	<u>Out-of-network</u> Primary care visits: You pay a \$20 copay per visit. (Deductible applies) Specialist visits: You pay a \$40 copay per visit. (Deductible applies)

Cost	2020 (this year)	2021 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	<u>In-network</u> For Medicare-covered admissions, per admission: Days 1 - 8: You pay a \$175 copay per day. Days 9 and beyond: You pay a \$0 copay per day. (Deductible applies)	<u>In-network</u> For Medicare-covered admissions, per admission: Days 1 - 8: You pay a \$175 copay per day. Days 9 and beyond: You pay a \$0 copay per day. (Deductible applies)
	<u>Out-of-network</u> For Medicare-covered admissions, per admission: Days 1 - 8: You pay a \$200 copay per day. Days 9 and beyond: You pay a \$0 copay per day. (Deductible applies)	<u>Out-of-network</u> For Medicare-covered admissions, per admission: Days 1 - 8: You pay a \$200 copay per day. Days 9 and beyond: You pay a \$0 copay per day. (Deductible applies)

Annual Notice of Changes for 2021

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional supplemental benefits monthly premium	Health Net Complete Dental \$39	Not available
	Health Net Basic Dental \$19	Not available

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount.	\$2,500	\$2,500 Once you have paid \$2,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.

Cost	2020 (this year)	2021 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$5,100	\$5,100 Once you have paid \$5,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Our network has changed more than usual for 2021. An updated Provider & Pharmacy Directory is located on our website at or.healthnetadvantage.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider & Pharmacy Directory. **We strongly suggest that you review our current Provider & Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are still in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Additional medical nutritional therapy	Additional medical nutritional therapy is <u>not</u> covered.	<p>In and Out-of-network</p> <p>You pay a \$0 copay for additional medical nutrition therapy services.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Additional telehealth services	Additional telehealth services are <u>not</u> covered.	<p>Certain additional telehealth services, including those for: primary care, specialist and other health care professional services, and outpatient mental health specialty services, including psychiatric care are covered.</p> <p>Cost-shares for covered additional telehealth services are the same as the standard cost-sharing for those services in an office setting. See Chapter 4 of your Evidence of Coverage for more details.</p>
Dental services	<p><u>Additional services</u></p> <p>Additional dental services are offered as part of an optional supplemental benefit package. See Chapter 4, Section 2.2 of your Evidence of Coverage for more details.</p>	<p><u>Additional services</u></p> <p>There is an in- and out-of-network \$2,000 combined benefit maximum for comprehensive dental services.</p> <p>Preventive dental services include:</p> <p>In- and out-of-network</p>

Cost	2020 (this year)	2021 (next year)
Dental services (continued)		<p>Exams - You pay a \$0 copay for each oral exam, up to 2 every calendar year.</p> <p>Cleanings - You pay a \$0 copay for each cleaning, up to 2 every calendar year.</p> <p>Fluoride - You pay a \$0 copay for each fluoride treatment, up to 1 every calendar year.</p> <p>Dental x-rays - You pay a \$0 copay for dental x-rays, up to one set every calendar year.</p> <p>Comprehensive dental services - Includes:</p> <p>In- and out-of-network</p> <ul style="list-style-type: none"> • Non-Routine Services - You pay a \$0 copay per service. • Diagnostic services - You pay a \$0 copay per service. • Restorative service - You pay 50% of the total cost. <p>Please refer to the Evidence of Coverage for benefit details.</p>
Health and wellness education programs	<p><u>In- and –out-of-network</u> The plan offers the following services to you:</p> <p><u>Fitness benefit</u></p> <p>You pay a \$0 copay for the fitness benefit.</p> <p>You have the following choices available at no cost to you:</p>	<p><u>In- and –out-of-network</u> The plan offers the following services to you:</p> <p><u>Fitness benefit</u></p> <p>You pay a \$0 copay for the fitness benefit.</p> <p>You have the following choices available at no cost to you:</p>

Cost	2020 (this year)	2021 (next year)
Health and wellness education programs (continued)	<ul style="list-style-type: none"> • Fitness Center Membership: You can visit a participating fitness center near you that takes part in the program; or • Home Fitness Kits: You can choose from a variety of home fitness kits. You can receive 1 kit each benefit year. <p>Please refer to the Evidence of Coverage for benefit details.</p>	<ul style="list-style-type: none"> • Fitness Center Membership: You can visit a participating fitness center near you that takes part in the program; and • Home Fitness Kits: You can choose from a variety of home fitness kits. You can receive up to 2 kits each benefit year. <p>Please refer to the Evidence of Coverage for benefit details.</p>
Hearing services	<p><u>Additional services</u></p> <p>Routine hearing test is <u>not</u> covered.</p> <p>Hearing aids fitting and evaluation is <u>not</u> covered.</p> <p>Hearing aids are <u>not</u> covered.</p>	<p><u>Additional services</u></p> <p>In-and out-of-network You pay a \$0 copay for each routine hearing test.</p> <p>You pay a \$0 copay for a hearing aid fitting exam, up to one fitting exam every calendar year.</p> <p>You pay a \$0 - \$1,580 copay per hearing aid. Copay amount depends on technology level of hearing aid you purchase. Limited to 2 hearing aids total, 1 per ear, per calendar year.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Home health services	<p>In-network You pay a \$0 copay for each Medicare-covered home health visit.</p> <p>Out-of-network You pay 30% of the total cost for each Medicare-covered home health visit.</p>	<p>In-network You pay a \$0 copay for each Medicare-covered home health visit.</p> <p>Out-of-network You pay 20% of the total cost for each Medicare-covered home health visit.</p>

Cost	2020 (this year)	2021 (next year)
Nutritional/Dietary counseling benefit	Nutritional/dietary counseling benefit is <u>not</u> covered.	In and Out-of-network You pay a \$0 copay for each nutritional/dietary counseling visit. Please refer to the Evidence of Coverage for benefit details.
Outpatient Diagnostic tests and therapeutic services and supplies Diagnostic procedures and tests	<u>COVID-19 coverage</u> Services for COVID-19 testing were covered under your Diagnostic Procedures and Tests benefits. <u>Diagnostic procedures and tests</u> In-network You pay 15% of the total cost for Medicare-covered diagnostic procedures and tests. You pay 0% of the total cost for Medicare-covered EKG tests. Out-of-network You pay 20% of the total cost for Medicare-covered diagnostic procedures and tests. You pay 0% of the total cost for Medicare-covered EKG tests. <u>Lab services</u> In-network You pay a \$0 copay for Medicare-covered laboratory services.	<u>COVID-19 coverage</u> In-network You pay a \$0 copay for laboratory and diagnostic procedures and tests related to COVID-19. Out-of-network You pay the out-of-network cost-share listed below for these services. <u>Diagnostic procedures and tests</u> In-network You pay 15% of the total cost for Medicare-covered diagnostic procedures and tests. You pay 0% of the total cost for Medicare-covered EKG tests. Out-of-network You pay 20% of the total cost for Medicare-covered diagnostic procedures and tests. You pay 0% of the total cost for Medicare-covered EKG tests. <u>Lab services</u> In-network You pay a \$0 copay for Medicare-covered laboratory services.

Cost	2020 (this year)	2021 (next year)
Outpatient Diagnostic tests and therapeutic services and supplies Diagnostic procedures and tests (continued)	Out-of-network You pay a \$0 copay for Medicare-covered laboratory services.	Out-of-network You pay a \$0 copay for Medicare-covered laboratory services.
Outpatient mental health care	<u>Additional counseling services</u> Additional counseling services are <u>not</u> covered.	<u>Additional counseling services</u> In and Out-of-Network: You pay a \$0 copay for each counseling visit with a Teladoc™ provider. In-network You pay a \$25 copay for each counseling visit with a Medicare-qualified mental health provider. Out-of-network You pay a \$40 copay for each counseling visit with a Medicare-qualified mental health provider. Please refer to the Evidence of Coverage for benefit details.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (ASC)	In-network You pay a \$175 copay for each Medicare-covered visit to an outpatient hospital facility. You pay a \$150 copay for each Medicare-covered visit to an ASC. Out-of-network You pay a \$200 copay for each Medicare-covered visit to an outpatient hospital facility.	In-network You pay 20% of the total cost, up to \$175 for each Medicare-covered visit to an outpatient hospital facility. You pay 20% of the total cost, up to \$150 for each Medicare-covered visit to an ASC. Out-of-network You pay a \$200 copay for each Medicare-covered visit to an outpatient hospital facility.

Cost	2020 (this year)	2021 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (ASC) (continued)	You pay a \$175 copay for each Medicare-covered visit to an ASC.	You pay a \$175 copay for each Medicare-covered visit to an ASC.
Skilled nursing facility (SNF) care	<p>For Medicare-covered admissions, per benefit period:</p> <p>In-network Days 1 – 20: You pay a \$0 copay per day.</p> <p>Days 21 – 100: You pay a \$170 copay per day.</p> <p>You pay all costs for each day after day 100.</p> <p>Out-of-network Days 1 – 20: You pay a \$0 copay per day.</p> <p>Days 21 – 100: You pay a \$220 copay per day.</p> <p>You pay all costs for each day after day 100.</p>	<p>For Medicare-covered admissions, per benefit period:</p> <p>In-network Days 1 – 20: You pay a \$0 copay per day.</p> <p>Days 21 – 100: You pay a \$184 copay per day.</p> <p>You pay all costs for each day after day 100.</p> <p>Out-of-network Days 1 – 20: You pay a \$0 copay per day.</p> <p>Days 21 – 100: You pay a \$220 copay per day.</p> <p>You pay all costs for each day after day 100.</p>
Optional supplemental package #1 – You may purchase this optional supplemental benefits package for an additional premium.	<p>Health Net Complete Dental includes:</p> <p><u>Dental services</u></p> <p>There is an in- and out-of-network \$1,000 combined benefit maximum for preventive and comprehensive dental services each calendar year.</p>	An optional supplemental benefit package is <u>not</u> offered.

Cost	2020 (this year)	2021 (next year)
<p>Optional supplemental package #1 – You may purchase this optional supplemental benefits package for an additional premium. (continued)</p>	<p>Preventive dental services- Includes 2 exams, 2 cleanings, 1 fluoride treatment and 1 set of dental x-rays. You pay a \$0 copay per visit.</p> <p>Comprehensive dental services include:</p> <p>In-network and out-of-network</p> <ul style="list-style-type: none"> • Non-Routine Services -You pay 50% of the total cost. • Diagnostic services - You pay a \$0 copay per service. • Restorative service - You pay 20% of the total cost. • Endodontics - You pay 50% of the total cost. • Periodontics - You pay 50% of the total cost. • Extractions - You pay 50% of the total cost. • Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay 50% of the total cost. <p>Additional information can be found in your 2020 Evidence of Coverage.</p>	
<p>Optional supplemental package #2- – You may purchase this optional supplemental benefits package for an additional premium.</p>	<p>Health Net Complete Dental includes:</p> <p><u>Dental services</u></p> <p>You pay a \$35 annual deductible for preventive dental services.</p>	<p>A second optional supplemental benefit package is <u>not</u> offered.</p>

Cost	2020 (this year)	2021 (next year)
Optional supplemental package #2- – You may purchase this optional supplemental benefits package for an additional premium. (continued)	<p>There is an in- and out-of-network \$500 benefit maximum for preventive dental services each calendar year.</p> <p>In-network Preventive dental services- Includes 2 exams, 2 cleanings, 1 fluoride treatment and 1 set of dental x-rays. You pay a \$0 copay per visit.</p> <p>Out-of-network Preventive dental services- Includes 2 exams, 2 cleanings, 1 fluoride treatment and 1 set of dental x-rays. You pay 20% of the total cost.</p> <p>Additional information can be found in your 2020 Evidence of Coverage.</p>	
Prior authorization	<p>The following in-network benefits required prior authorization:</p> <ul style="list-style-type: none"> • Ambulatory surgical center (ASC) services • Ambulance services for fixed wing aircraft and non-emergency services • Durable medical equipment • Home health services • Inpatient hospital care • Inpatient mental health care • Medicare Part B prescription drugs • Outpatient diagnostic and therapeutic radiological services • Outpatient diagnostic tests and lab services • Outpatient hospital observation 	<p>The following in-network benefits will require prior authorization:</p> <ul style="list-style-type: none"> • Ambulatory surgical center (ASC) services • Ambulance services for fixed wing aircraft and non-emergency services • Diabetic services and supplies • Durable medical equipment • Home health services • Inpatient hospital care • Inpatient mental health care • Medicare Part B prescription drugs • Outpatient diagnostic and therapeutic radiological services • Outpatient diagnostic tests and lab services

Cost	2020 (this year)	2021 (next year)
Prior authorization (continued)	<ul style="list-style-type: none"> • Outpatient hospital services, including surgery • Outpatient rehabilitation services – physical and speech therapy • Outpatient rehabilitation service – occupational therapy • Outpatient substance abuse • Partial hospitalization services • Prosthetic devices and related supplies • Skilled nursing facility (SNF) care 	<ul style="list-style-type: none"> • Outpatient hospital observation • Outpatient hospital services, including surgery • Outpatient rehabilitation services – physical and speech therapy • Outpatient rehabilitation service – occupational therapy • Outpatient substance abuse • Partial hospitalization services • Prosthetic devices and related supplies • Skilled nursing facility (SNF) care

SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount (MOOP)	<p>The following in-network benefits and services apply to your in-network and combined maximum out-of-pocket:</p> <ul style="list-style-type: none"> • All Medicare-covered benefits. • All non-Medicare-covered services covered by your plan. <p>The following out-of-network benefits and services apply to your combined out-of-pocket maximum:</p> <ul style="list-style-type: none"> • All Medicare-covered benefits. 	<p>The following in-network benefits and services apply to your in-network and combined maximum out-of-pocket:</p> <ul style="list-style-type: none"> • All Medicare-covered benefits. <p>The following out-of-network benefits and services apply to your combined out-of-pocket maximum:</p> <ul style="list-style-type: none"> • All Medicare-covered benefits.

Description	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount (MOOP) (continued)	<ul style="list-style-type: none"> All non-Medicare-covered services covered by your plan. 	

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Health Net Aqua (PPO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Health Net Aqua (PPO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from Health Net Aqua (PPO).
 - To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Health Net Aqua (PPO).

- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021 and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

- In Washington State, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).
- In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance Program (SHIBA).

In Oregon, Senior Health Insurance Benefits Assistance Program (SHIBA) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Benefits Assistance Program (SHIBA) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Benefits Assistance Program (SHIBA) at 1-800-722-4134 (TTY 711).

You can learn more about Senior Health Insurance Benefits Assistance Program (SHIBA) by visiting their website (shiba.oregon.gov).

In Washington State, Statewide Health Insurance Benefits Advisors (SHIBA) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Statewide Health Insurance Benefits Advisors (SHIBA) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Statewide Health Insurance Benefits Advisors (SHIBA) at 1-800-562-6900, (TTY 711). You can learn more about Washington Statewide Health Insurance Benefits Advisors (SHIBA) by visiting their website www.insurance.wa.gov/about-shiba-services.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance Early Intervention Program (EIP) and CAREAssist AIDS Drug Assistance Program (ADAP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Early Intervention Program (EIP), 1-877-376-9316 (TTY 711) from Monday – Friday, 8 a.m. - 5 p.m. (excluding holidays), and CAREAssist AIDS Drug Assistance Program (ADAP) at 1-800-805-2313 (TTY 711) from Monday – Friday, 8 a.m. - 5 p.m.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Early Intervention Program (EIP), at 1-877-376-9316 (TTY 711) from Monday – Friday, 8 a.m. - 5 p.m. (excluding holidays), and CAREAssist AIDS Drug Assistance Program (ADAP) at 1-800-805-2313 (TTY 711) from Monday – Friday, 8 a.m. - 5 p.m.

SECTION 7 Questions?

Section 7.1 – Getting Help from Health Net Aqua (PPO)

Questions? We're here to help. Please call Member Services at 1-888-445-8913. (TTY only, call 711.) We are available for phone calls from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. Calls to these numbers are free.

Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Health Net Aqua (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at or.healthnetadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at or.healthnetadvantage.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2021*

You can read *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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 1-888-445-8913 (TTY: 711).

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-445-8913 (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-888-445-8913 (TTY: 711)
VIETNAMESE	CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi 1-888-445-8913 (TTY: 711).
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-445-8913 (TTY: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-445-8913 (TTY: 711) 번으로 전화해 주십시오.
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-445-8913 (TTY: 711).
UKRAINIAN	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-445-8913 (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。1-888-445-8913 (TTY: 711) にお電話ください。
MON-KHMER CAMBODIAN	ចំណាបអារម្មណៈ បេសនអ្នកនយោបាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសរុបអ្នក។ សូមទូរស័ព្ទទៅលេខ 1-888-445-8913 (TTY: 711)
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال بالرقم. 1-888-445-8913 (مكبل و مصلا فتا ه مقرر: 711).
CUSHITE	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-445-8913 (TTY: 711).
AMHARIC	ማስታወሻ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-445-8913 (TTY: 711).
PUNJABI	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 'ਤੇ ਕਾਲ ਕਰੋ।
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-888-445-8913 (TTY: 711).

LAOTIAN	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-445-8913 (TTY: 711).
ROMANIAN	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-445-8913 (TTY: 711).
PERSIAN	توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 1-888-445-8913 تماس بگیرید. (TTY: 711)
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-445-8913 (TTY: 711).
THAI	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-445-8913 (TTY: 711).