

Optional Supplemental Benefits

If you are enrolled in Health Net Healthy Heart (HMO), you have the choice to customize and enhance your coverage with an optional supplemental benefits package. For an additional monthly premium, you can take advantage of these great benefits.

When can I enroll?

New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. To be eligible for the Optional Supplemental Benefits Package, you must remain a member of Health Net Healthy Heart (HMO). If you disenroll from your plan, you will be automatically disenrolled from the Optional Supplemental Benefits Package.

You may disenroll at any time from this option by providing written notice to Health Net Healthy Heart (HMO), but once disenrolled, reenrollment during the same calendar year will be limited. The available election periods for the optional benefits are from October 15, 2020, through December 31, 2020, for a January 1, 2021, effective date; January 1, 2021, through January 31, 2021, for a February 1, 2021, effective date.

See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Health Net Total Fit plus

Additional monthly premium: \$20



Preventive and Comprehensive Dental

Includes: Preventive services, Diagnostic services, restorative services, endodontics, periodontics, extractions, prosthodontics, and non-routine services.

You must use a network provider for this plan.

Preventive services	
Oral exams	\$0 copay
Cleanings (prophylaxis)	\$0 copay
Fluoride treatment	\$0 copay
Dental X-rays	\$0 copay

Comprehensive services	
Non-routine services	\$0 copay
Diagnostic services	\$0 to \$15 copay
Restorative services	\$0 to \$300 copay
Endodontic services	\$5 to \$275 copay
Periodontics	\$0 to \$375 copay
Extractions	\$15 to \$150 copay
Prosthodontics	\$0 to \$2,250 copay

Vision Benefits

There is annual benefit maximum of \$250 per year for eyewear (frames and lenses or contact lenses).

Additional benefits and limits apply.

Charges for out-of-network providers are not covered.

G-6 Fitness Membership

The Silver&Fit® program is an Exercise and Healthy Aging Program which provides a no-cost membership at a participating Silver&Fit fitness center, or a membership in the Silver&Fit Home Fitness Program for members who are unable to visit a fitness center or prefer to work out at home.

All members can get access to:

- 48 Healthy Aging classes available online or by mail
- The Silver Slate® newsletter 4 times a year (online, by email, or by mail)
- The Silver&Fit Connected!™ tool, a fun and easy way to track your exercise at a fitness center or through a wearable fitness device or app and earn rewards
- Other web tools like a fitness center search and online classes
- You may select 2 home fitness kits per year if you elect the Home Fitness Program.

Remember: Check with your physician first before beginning any new exercise programs!

Silver&Fit is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, Silver&Fit Connected! and *The Silver Slate* are trademarks of ASH and used with permission herein.

Chiropractic and Acupuncture Services

	In-network
Chiropractic	\$10 copay per visit
Acupuncture	\$10 copay per visit

Limited to 30 visits per year (chiropractic and acupuncture visits combined)

Health Net Total Fitness FLEX

Additional monthly premium: \$35



Preventive and Comprehensive Dental

Annual benefit maximum: \$1,000 applies to preventive and comprehensive services

Includes: Preventive services, Diagnostic services, restorative services, endodontics, periodontics, extractions, prosthodontics, and non-routine services.

You must use a network provider for this plan.

Preventive services	
Oral exams	\$0 copay
Cleanings (prophylaxis)	\$0 copay
Fluoride treatment	\$0 copay
Dental X-rays	\$0 copay

Comprehensive services	
Non-routine services	50% coinsurance
Diagnostic services	\$0 copay
Restorative services	20% coinsurance
Endodontic services	50% coinsurance
Periodontics	50% coinsurance
Extractions	50% coinsurance
Prosthodontics	50% coinsurance

Vision Benefits

There is annual benefit maximum of \$250 per year for eyewear (frames and lenses or contact lenses).

Additional benefits and limits apply.

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Chiropractic and Acupuncture Services

	In-network
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Acupuncture	\$10 copay per visit

Limited to 30 visits per year (chiropractic and acupuncture visits combined)

This information is not a complete description of benefits. Call 1-800-275-4737 (TTY: 711) for more information.

You must continue to pay your Medicare Part B premium. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage document.

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.

Health Net is contracted with Medicare for HMO plans. Enrollment in Health Net depends on contract renewal.

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