



Accessing the Schedule of Benefits

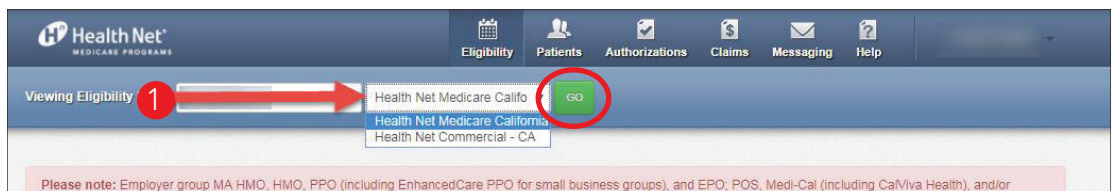
Log in to the new secure Health Net provider portal at provider.healthnetcalifornia.com to access the *Schedule of Benefits*.

Ramon Munoz
Health Net

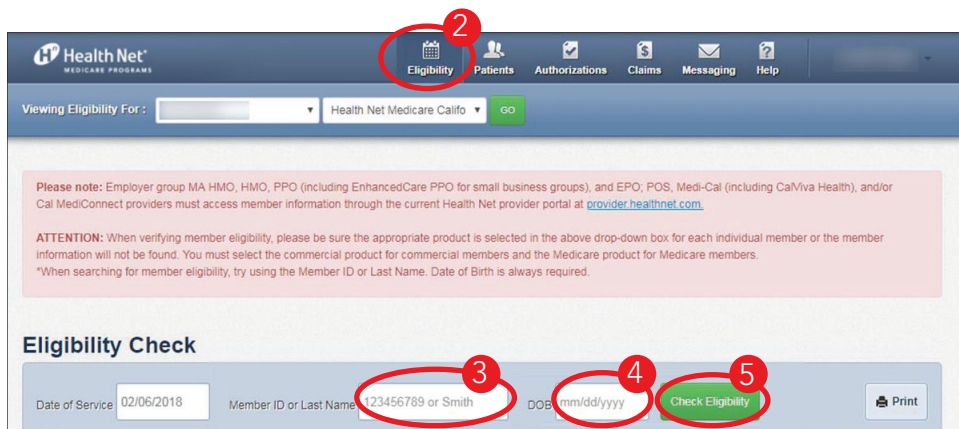
Accessing the Schedule of Benefits

Follow the steps below to locate the member's *Schedule of Benefits*.

- 1 Log in to the new Health Net provider portal at provider.healthnetcalifornia.com. Select the applicable product from the drop-down menu and then select *Go*. Not all lines of business are listed in the screenshot below.



- 2 Select the *Eligibility* icon.
- 3 Enter the member's identification (ID) number or enter the member's last name. For member ID numbers starting with C, enter the full 11-digit C number or U number (C1234567890 or U1234567890). For member ID numbers starting with R, enter the 9 or 11 digits (R12345678 or R1234567800). Do NOT add MM1.
- 4 Enter date of birth.
- 5 Select *Check Eligibility*.



(continued)

6 Select the hyperlink, which is the member's name.

Health Net MEDICARE PROGRAMS

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For: Health Net Medicare Califo

Please note: Employer group MA HMO, HMO, PPO (including EnhancedCare PPO for small business groups), and EPO, POS, Medi-Cal (including Cal/Vva Health), and/or Cal MediConnect providers must access member information through the current Health Net provider portal at [provider.healthnet.com](#).

ATTENTION: When verifying member eligibility, please be sure the appropriate product is selected in the above drop-down box for each individual member or the member information will not be found. You must select the commercial product for commercial members and the Medicare product for Medicare members. *When searching for member eligibility, try using the Member ID or Last Name. Date of Birth is always required.

Eligibility Check

Date of Service: 02/06/2018 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy **Check Eligibility** Print

| ELIGIBLE | DATE OF SERVICE | DATE CHECKED | CARE GAPS |
|----------|-----------------|--------------|---|
| | 02/06/2018 | 2/06/2018 | No colorectal cancer screen. Non-compliant for annual well visit. No flu vaccine in past 12 months. |

7 Select *Schedule of Benefits*, located in the left-hand menu, to access the member's *Schedule of Benefit* information.

Back to Eligibility Check Member Name

- Overview
- Assessments
- Health Record
- Care Plan
- Authorizations
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims
- Schedule of Benefits**

[Schedule of Benefits](#)

8 Select *Schedule of Benefits*, located on the right side to open the PDF.

Back to Eligibility Check Member Name

- Overview
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims
- Schedule of Benefits**

Health Plan: Silver 87 CommunityCare HMO

The Schedule of Benefits is a summary of services that may be covered under the plan. Benefits listed are subject to all provisions and limitations as outlined in the Policy or Evidence of Coverage (EOC). Please reference the EOC for details regarding the benefits listed below. The member is responsible for deductible, copayment or coinsurance applied to eligible service expenses. An overview of Preventive Services covered with no cost share can be found within your EOC.

Copayments listed below are not subject to deductible unless specifically stated.

Silver 87 CommunityCare HMO

| Benefit | Insured Responsibility (per person) | |
|--|--------------------------------------|--------------------------|
| | In-Network Providers | Out-of-Network Providers |
| Annual Deductible per Calendar Year | \$650 Individual \$1,300 Family | |
| Prescription Drug Deductible per Calendar Year | \$50 Individual \$100 Family | |
| Coinsurance For All Other Eligible Expenses | 15% Coinsurance | |
| Out-Of-Pocket Maximum per Calendar Year | \$2,450 Individual \$4,900 Family | |
| Professional Services | | |

Health Net Provider Services Department

EnhancedCare PPO (IFP)

Phone: 1-844-463-8188

Provider portal: [provider.healthnetcalifornia.com](#)

Email: provider_services@healthnet.com

EnhancedCare PPO (SBG)

Phone: 1-844-463-8188

Provider portal: [provider.healthnet.com](#)

Email: provider_services@healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

Phone: 1-800-641-7761

Provider portal: [provider.healthnet.com](#)

Email: provider_services@healthnet.com

IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)

Phone: 1-888-926-2164

Provider portal: [provider.healthnetcalifornia.com](#)

Email: provider_services@healthnet.com

Medicare (Individual)

Phone: 1-800-929-9224

Provider portal: [provider.healthnetcalifornia.com](#)

Email: provider_services@healthnet.com

Medicare (Employer Group)

Phone: 1-800-929-9224

Provider portal: [provider.healthnet.com](#)

Email: provider_services@healthnet.com

Medi-Cal

Phone: 1-800-675-6110

Provider portal: [provider.healthnet.com](#)

