

OUTLINE OF COVERAGE

HEALTH NET LIFE INSURANCE COMPANY INDIVIDUAL MEDICARE SUPPLEMENT OPTIONAL SUPPLEMENTAL BENEFITS GUIDE

Health Net Life Insurance Company Individual Medicare Supplement plans provides options to enhance your basic medical coverage with two optional supplemental benefits packages. These packages are available for a monthly fee in addition to your medical plan and Medicare Part B premiums:

OPTIONAL PACKAGE #1 – STANDARD PPO DENTAL AND VISION:

\$27 monthly plan premium, includes PPO Dental and Vision plans offered through Health Net Dental and Health Net Vision.

DENTAL CARE

Dental services are offered by Health Net Dental and are administered through Unimerica Life Insurance Company. You can see any licensed dental provider for covered dental services. Your cost-sharing is higher when you receive covered services from non-plan providers. You can search for participating dental providers through the ProviderSearch on www.healthnet.com or contact Health Net Dental for a list of dental providers at **1-866-249-2382** (TTY/TDD **1-800-855-2880**) Monday through Friday, 5:00 a.m. to 8:00 p.m., Pacific Time.

DENTAL COVERAGE	IN-NETWORK	OUT-OF-NETWORK ²
\$1,000 annual plan maximum (combined in- and out-of-network). \$25 annual dental deductible – applies to all services (combined in- and out-of-network). After the \$25 annual deductible, you pay:		
Preventive and Diagnostic <ul style="list-style-type: none"> • 2 exams every 12 months • 2 routine cleanings (adult prophylaxis) every 12 months • Bitewing X-rays once every 12 months • Panoramic X-rays once every 36 months¹ 	0% coinsurance (Health Net pays 100%) for preventive services	0% coinsurance ² (Health Net pays 100%) for preventive services
Basic restorative services <ul style="list-style-type: none"> • Restorative services: amalgam or composite resin fillings, 1 restoration per tooth filling surface every 3 years¹ 	20% coinsurance (Health Net pays 80%) for restorative services	20% coinsurance ² (Health Net pays 80%) for restorative services
Major services <ul style="list-style-type: none"> • Periodontal services (non-surgical): scaling and root planing, debridement and periodontal maintenance 	50% coinsurance (Health Net pays 50%) for non-surgical periodontal treatment and maintenance	50% coinsurance ² (Health Net pays 50%) for non-surgical periodontal treatment and maintenance

¹Multi-year benefit may not be available in subsequent years.

²Maximum Allowable Charge: When copayments are charged as a percentage of eligible expenses, the amount you pay for dental services from non-network providers is determined as a percentage of the negotiated contract rates of network providers plus the amount by which the non-network provider's billed charge exceeds the contracted fee. An out-of-network provider can provide a pretreatment cost estimate for covered dental services.

DENTAL CLAIMS

If you see a non-plan dentist, you may have to file a claim with Health Net Dental. Health Net Dental will pay your provider its share of the bill for any covered services that are determined to have been Medically Necessary and let you know what, if anything, you must pay your provider. Please call or write to the Health Net Dental customer service department for a claim form and claim filing instructions at the toll-free number **1-866-249-2382** (TTY/ TDD **1-800-855-2880**) Monday through Friday, 5:00 a.m. to 8:00 p.m., Pacific Time.

The bill should be submitted to the following address:

Health Net Dental
 Attn: Claims Unit
 PO Box 30567
 Salt Lake City, UT 84130

VISION CARE

Routine eye exams and eyewear are offered by Health Net Vision and are administered by EyeMed Vision Care, LLC. Health Net vision offers coverage from a network of providers including optometrists, ophthalmologists and opticians. These providers undergo stringent quality and utilization reviews and they share our commitment to providing affordable, quality vision care. You can search for participating vision providers through the ProviderSearch on www.healthnet.com or contact Health Net Vision for a list of vision providers at **1-866-392-6058** Monday through Saturday, 5:00 a.m. to 8:00 p.m. and Sunday 8:00 a.m. to 5:00 p.m., Pacific Time, or (TTY/ TDD **1-866-308-5375**) Monday through Friday from 5:00 a.m. to 2:00 p.m., Pacific Time.

Members can utilize any licensed vision provider for covered services. In-network cost-sharing will apply when accessing care from a Health Net Vision PPO provider. Your out-of-pocket costs will be lower when accessing a PPO plan provider. Care from non-plan providers typically results in higher out-of-pocket costs.

VISION CARE SERVICES	MEMBER COST/ ALLOWANCE IN-NETWORK	MEMBER REIMBURSEMENT OUT-OF-NETWORK
Exam with dilation as necessary	\$10 copay	up to \$45
Contact lens fit and follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard*	\$0 copay, paid-in-full fit and two follow-up visits	up to \$40
Premium**	\$0 copay, 10% off retail price, then apply \$55 allowance	up to \$40
Frame and lens package (Any frame and lens available at provider location)	\$100 allowance for frame and lens package; 20% off balance over \$100	up to \$100
Contact lenses (Includes material only)		
Conventional	\$0 copay; \$100 allowance, 15% off balance over \$100	up to \$100
Disposable	\$0 copay; \$100 allowance, plus balance over \$100	up to \$100
Frequency:		
Examination		Once every 12 months
Frame and lenses or contact lenses		Once every 24 months

*Standard Contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement

**Premium Contact lens fitting – all lens designs, materials and specialty fittings other than Standard contact lens

ADDITIONAL DISCOUNTS

Member receives a 20% discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services or contact lenses. Retail prices may vary by location.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the U.S. Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

PLAN LIMITATIONS/EXCLUSIONS

- Orthoptic or vision training, subnormal vision aids, and any associated testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any workers' compensation law
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Services or materials provided by any other group benefit providing for vision care
- Two pair of glasses in lieu of bifocals
- Aniseikonic lenses

VISION CLAIMS

When utilizing your in-network benefits for eyewear and/or a vision exam through a Health Net Vision participating provider, payment will be made directly to that Health Net Vision participating provider. Out-of-network providers may require payment in full at the time of service. To receive reimbursement you will need to submit your claim to:

Health Net Vision
PO Box 8504
Mason, OH 45040-7111

OPTIONAL PACKAGE #2 – ENHANCED PPO DENTAL AND VISION:

\$41 monthly plan premium, includes Health Net Dental MaxAdvantage PPO Dental and PPO Vision plans offered through Health Net Dental and Health Net Vision.

DENTAL CARE

Dental services are offered by Health Net Dental and are administered through Unimerica Life Insurance Company. You can see any licensed dental provider for covered dental services. Your cost-sharing is higher when you receive covered services from non-plan providers. You can search for participating dental providers through the ProviderSearch on www.healthnet.com or contact Health Net Dental for a list of dental providers at **1-866-249-2382** (TTY/TDD **1-800-855-2880**) Monday through Friday, 5:00 a.m. to 8:00 p.m., Pacific Time.

DENTAL COVERAGE	IN-NETWORK	OUT-OF-NETWORK ³
\$1,250 annual plan maximum (combined in- and out-of-network). 12 months waiting period on major services. Annual award program that can earn up to \$250 + \$100 in-network bonus for future annual maximum benefit use. After \$25 annual dental deductible (combined in- and out-of-network), you pay:		
Preventive and Diagnostic <ul style="list-style-type: none"> • 2 exams every 12 months • 2 routine cleanings (adult prophylaxis) every 12 months • Bitewing X-rays once every 12 months • Panoramic X-rays once every 36 months¹ • Lab and other diagnostic tests • Sealants 	0% coinsurance (Health Net pays 100%) for preventive services	0% coinsurance ³ (Health Net pays 100%) for preventive services
Basic restorative services <ul style="list-style-type: none"> • Restorative services: amalgam or composite resin fillings, 1 restoration per tooth filling surface every 3 years¹ • General services (including Emergency services) 	20% coinsurance (Health Net pays 80%) for restorative services	20% coinsurance ³ (Health Net pays 80%) for restorative services
Major services² <ul style="list-style-type: none"> • Simple extractions • Oral surgery (includes surgical extractions) • Periodontics • Endodontics • Inlays/onlays/crowns • Dentures and other removable prosthetics • Fixed partial dentures (bridges) 	50% coinsurance ² (Health Net pays 50%) for major services after a 12 month waiting period	50% coinsurance ^{2,3} (Health Net pays 50%) for major services after a 12 month waiting period

¹Multi-year benefit may not be available in subsequent years.

²12-month waiting period will be waived for members that submit proof of 12 months of prior dental coverage with their first claim.

³Maximum Allowable Charge: When copayments are charged as a percentage of eligible expenses, the amount you pay for dental services from non-network providers is determined as a percentage of the negotiated contract rates of network providers plus the amount by which the non-network provider's billed charge exceeds the contracted fee. An out-of-network provider can provide a pretreatment cost estimate for covered dental services.

MAXADVANTAGE AWARD PROGRAM

A \$250 award balance is established when the total of all the submitted claims for each person is \$500 or less for the calendar year. Each enrolled person qualifies for the MaxAdvantage award if they use in- or out-of-network providers; however, he or she can earn an additional \$100 bonus if all claims are for network providers. To be eligible for the award, each person must use his or her dental benefit at least once a year.

It's easy to use – Health Net Dental does all the tracking! Here's how it works:

Example:

In 2011, you receive 2 oral exams, 2 cleanings, X-rays and 2 fillings, all from an in-network dentist. Total amount of claims = \$450 (Note: To be eligible for the award, claims cannot exceed \$500 for the calendar year).

MaxAdvantage reward: \$250 + \$100 in-network bonus = \$350 annual award. In 2011, the calendar year maximum resets to \$1,250 (the plan maximum) + \$350 award maximum = \$1600 calendar year maximum.

- The total award that can be earned during the year is \$350, and the calendar year maximum with all awards earned cannot exceed \$2,500.
- The award can be used for covered services in future years if the insured has exceeded the plan's calendar year maximum (however, the award cannot be used for orthodontia or dental implants).
- Funds are not physical and cannot be withdrawn.
- Members who enroll with effective dates of January through September are eligible to participate in the MaxAdvantage award program for the year in course.
- Members who enroll with effective dates of October through December are eligible to participate in the MaxAdvantage awards program starting in January of the following plan year.
- Once claims are calculated at year's end, members can check on potential MaxAdvantage award amounts starting in March of the following year.
- Claims Explanation of Benefits (EOB) will include award information.

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Exam with dilation as necessary	\$10 copay	up to \$45
Contact lens fit and follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard*	\$0 copay, paid-in-full fit and two follow-up visits	up to \$40
Premium**	\$0 copay, 10% off retail price, then apply \$55 allowance	up to \$40
Frame and lens package (Any frame and lens available at provider location)	\$250 allowance for frame and lens and lens options; 20% off balance over \$250	up to \$250
Contact lenses (Includes material only)		
Conventional	\$0 copay; \$250 allowance, 15% off balance over \$250	up to \$250
Disposable	\$0 copay; \$250 allowance, plus balance over \$250	up to \$250
Medically necessary	\$0 copay, paid-in-full	up to \$250
Frequency:		
Examination		Once every 12 months
Frame and lenses or contact lenses		Once every 24 months

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- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any workers' compensation law
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
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Health Net Vision
PO Box 8504
Mason, OH 45040-7111

HOW TO ENROLL IN OPTIONAL PACKAGE #1 OR #2

In order to enroll in an Optional Supplemental Benefits Package, you must enroll in or be enrolled in a Health Net Life Insurance Company Individual Medicare Supplement Plan and reside in the state of California:

- Complete a Health Net Life Insurance Company Individual Medicare Supplement Optional Supplemental Benefits Package Individual Enrollment Form and dental application. Benefits will become effective the first of the following month. You will receive a new Medicare Supplement Plan ID card that includes the Health Net Dental and Vision customer service phone numbers.
- You may disenroll at any time from this option by providing written notice to Health Net Life Insurance Company. If you terminate coverage, you must wait 12 months until you may again apply for coverage.
- Premiums for Optional Supplemental Benefit Packages will be added to your Individual Medicare Supplement Health Plan billing.

If you have any questions regarding the Optional Supplemental Benefits Packages, please call Health Net at 1-800-944-7287, Monday through Friday, 8:00 a.m. to 6:00 p.m., except holidays, (or 1-800-929-9955, TTY/TDD for the hearing and speech impaired, Monday through Friday, 8:00 a.m. to 8:00 p.m., except holidays).

This document is only a summary for informational purposes. It is not a contract. The actual complete terms and conditions are set forth in the applicable policy certificate documents.

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Health Net Dental PPO plans are underwritten by Unimerica Life Insurance Company. Health Net Vision plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the "Fidelity Entities"). Obligations of Unimerica Life Insurance Company, Fidelity Security Life Insurance Company and EyeMed Vision Care are not the obligations of or guaranteed by Health Net, Inc. or its affiliates. Health Net Life Insurance Company is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.

