



2010 HEALTH NET MEDICARE ADVANTAGE

OPTIONAL SUPPLEMENTAL BENEFITS GUIDE

Oregon



HEALTH NET MEDICARE ADVANTAGE PLANS OPTIONAL SUPPLEMENTAL BENEFITS

Oregon

You can add a supplemental benefit option to any Health Net Medicare Advantage PPO Plan for an additional monthly plan premium. There are two options to choose from as we describe below.

**OPTIONAL PACKAGE #1
ADDITIONAL DENTAL AND
VISION COVERAGE**

With optional package #1, your plan is enhanced with additional vision and dental benefits. The monthly premiums to add this option are:

2010 MONTHLY PLAN PREMIUM	
Health Net Healthy Heart (PPO), Health Net Violet Option 1 (PPO), Health Net Aqua (PPO)	\$19
Health Net Violet Option 2 (PPO)	North: \$23 South: \$29

Dental coverage

After a \$35 annual deductible, you are eligible for the following benefits:

- 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
- Restorative services: amalgam or composite resin fillings: 1 restoration per tooth filling surface every 3 years¹
- Periodontal services (non-surgical): scaling and root planing, debridement, and periodontal maintenance

You may choose a dentist in our network and enjoy greater savings out-of-pocket. Or you can see a dentist not in our network and pay a little more when you use services.

In-network

- 0% coinsurance (Health Net pays 100%) for preventive services.
- 20% coinsurance (Health Net pays 80%) for restorative services.
- 50% coinsurance (Health Net pays 50%) for non-surgical periodontal treatment and maintenance.

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

Out-of-network

- 20% coinsurance of UCR² (Health Net pays 80%) for preventive and restorative services.
- 50% coinsurance of UCR² (Health Net pays 50%) for non-surgical periodontal treatment and maintenance.
- Member is responsible for the difference between UCR² and billed charges for preventive, restorative and major services.

Non-Surgical Periodontal Services

This supplemental benefit package includes coverage for non-surgical periodontal treatment (scaling and root planing) and periodontal maintenance. Periodontal maintenance is covered twice per 12 months with a history of periodontal therapy. If no periodontal maintenance was received in the last 12 months, a reevaluation examination is required. Periodontal maintenance is not covered during the first 90 days after periodontal therapy. Full mouth debridement is covered to permit a periodontal evaluation; however it is not covered on the same date as scaling and root planing, prophylaxis, or any examination.

Some plans integrate preventive dental benefits in the core plan benefits. There is a combined annual benefit limit of \$1,000 for all non-Medicare covered dental services. This limit combines core dental benefits and optional benefits, and applies to in-network and out-of-network providers. Specific dental codes may apply.

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

²UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

Vision coverage

Optional package #1 includes a \$250 plan benefit every 24 months¹ for routine eyewear from in-network and out-of-network providers. This is a combined annual benefit limit for core routine eyewear benefits and supplement eyewear benefits, and for in-network and out-of-network providers. Note that some plans integrate routine eyewear benefits in the core plan benefits.

VISION ALLOWANCE	
Healthy Heart (PPO)	Additional \$150 every 24 months for a total benefit of \$250 ²
Violet Option 1 (PPO)	
Aqua (PPO)	
Violet Option 2 (PPO)	\$250 total vision benefit limit every 24 months ²

OPTIONAL PACKAGE #2 COMPREHENSIVE DENTAL COVERAGE

Our second optional package – Health Net Dental MaxAdvantage – combines with your plan benefits to provide a comprehensive dental plan. This option covers an extensive range of preventive, diagnostic, basic and major services. For example, all periodontics procedures (including the non-surgical periodontal services covered under Optional Package #1) are covered at the major services benefit level.

2010 MONTHLY PLAN PREMIUM	
Health Net Healthy Heart (PPO), Health Net Violet Option 1 (PPO), Health Net Aqua (PPO)	\$50
Health Net Violet Option 2 (PPO)	North: \$50 South: \$56

Dental coverage

After a \$35 annual deductible, you are eligible for the following benefits:

- 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
- Restorative services: amalgam or composite resin fillings: 1 restoration per tooth filling surface every 3 years¹
- Major services: Periodontal services treatment and maintenance (all periodontic procedures; **not** limited to scaling and root planing), dentures, bridges, crowns, inlays, onlays, extractions, oral surgery, endodontics.

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

You may choose a dentist in our network and enjoy greater savings out-of-pocket. Or you can see a dentist not in our network and pay a little more when you use services.

In-network

- 0% coinsurance (Health Net pays 100%) for preventive services.
- 20% coinsurance (Health Net pays 80%) for restorative services.
- 50% coinsurance (Health Net pays 50%) for major dental services.

Out-of-network

- 0% coinsurance (Health Net pays up to 100% of UCR²) for preventive services.
- 20% coinsurance of UCR² (Health Net pays 80%) for restorative services.
- 50% coinsurance of UCR (Health Net pays 50%) for major dental services.
- Health Net pays 100% of UCR for preventive services; the member is responsible for the difference between UCR and billed charges. For restorative and major services, the member pays the coinsurance up to UCR, and any balance between the UCR and billed charge.

There is a combined annual benefit limit of \$1,000 for all non-Medicare covered dental services. This limit combines core dental benefits and optional benefits, and applies to in-network and out-of-network providers. Specific dental codes may apply.

DENTAL COVERAGE	IN-NETWORK	OUT-OF-NETWORK
\$1,000 combined annual benefit limit for all non-Medicare covered dental services. (This combines core benefits and optional benefits.) After \$35 annual dental deductible, member pays:		
Preventive dental <ul style="list-style-type: none"> • Each 12 months: 2 exams, 2 routine cleanings, bitewing X-rays • Each 36 months: panoramic X-rays¹ 	0% coinsurance	0% coinsurance Health Net pays 100% of UCR ²
Restorative services <ul style="list-style-type: none"> • Amalgam and resin composite fillings (one per surface every 3 years)¹ 	20% coinsurance	20% coinsurance of UCR ²
Major services <ul style="list-style-type: none"> • Periodontal treatment & maintenance • Dentures/bridges • Crowns/inlays/onlays • Extractions • Oral surgery • Endodontics 	50% coinsurance	50% coinsurance of UCR ²

HOW TO ENROLL IN OPTIONAL PACKAGE #1 OR #2

New Members

- Simply check the appropriate Optional Supplemental Benefit (OSB) package option on the enrollment form at the time of enrolling on a Health Net Medicare Advantage plan. Benefits will become effective on the same date as your Health Net Medicare Advantage plan.
- Complete an Optional Supplemental Benefits Individual Enrollment Form within 30 days of your initial effective date to add this benefit option. Benefits will become effective the first of the following month.

Current Members

- Add this benefit option by completing an Optional Supplemental Benefits Individual Enrollment Form between November 15 and December 31. The benefit will be effective on January 1.
- Add this benefit option by completing an Optional Supplemental Benefits Individual Enrollment Form between January 1 and January 31. The benefit will be effective on February 1.

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

²UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

These Optional Supplemental Benefits are not Medicare-covered services; Medicare services are covered under the member's Medicare Advantage plan. Any unused portion of these benefits cannot be carried over from one year to the next. Members enrolled in Optional Supplemental Benefits must continue to pay any applicable monthly health plan premium.

Health Net Life Insurance Company is a Medicare Advantage Organization with a Medicare contract. This contract is renewed annually and availability of coverage beyond the end of the contract year is not guaranteed. In addition, Health Net may reduce its service area and no longer offer services in the area where the beneficiary resides. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's MA plans. You must reside in the plan service area in order to apply for Health Net's MA plans. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. This document is available in alternative formats. Plan benefits and cost sharing may vary by plan, county, and region.

In-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net and who accept Medicare's terms and conditions. Members enrolled in Health Net MA Preferred Provider Organization (PPO) plan can receive care from out-of-network providers. Receiving care out-of-network may cost more than receiving care from Health Net's in-network providers, except in emergent or urgent care situations. Health Net will reimburse PPO plan members for mandatory supplemental services received in or out-of-network as long as the services are medically necessary. PPO members do not need a referral if they are going to see a out-of network provider. Again, member cost sharing for covered services may be more if obtaining services from out-of-network providers.

Medicare beneficiaries may enroll in Health Net's MA plans through the Centers for Medicare & Medicaid Services On-line Enrollment Center, located at www.Medicare.gov. For full information on this plan's benefits, including information on premium withhold or direct bill options, other exclusions, limitations, or restrictions to services not already identified in this document, and how to obtain this material in an alternate format, please contact Health Net at 1-800-949-6192 (TTY 1-800-929-9955 for the hearing impaired), 8:00 a.m. to 8:00 p.m., 7 days a week.

This document is only a summary for informational purposes. It is not a contract. The actual complete terms and conditions of the health plan are set forth in the applicable Vendor Benefit Rider (VBR) or Evidence of Coverage (EOC) document.

2010 HEALTH NET MEDICARE ADVANTAGE PLANS OPTIONAL SUPPLEMENTAL BENEFITS INDIVIDUAL ENROLLMENT FORM



Health Net offers Optional Supplemental Benefits for an additional monthly premium. Please keep the pink copy of this form as your temporary ID card until your ID card is mailed to you.

Please Print

Name as it appears on Medicare card: Last		First		MI	
Permanent residence address		Apt. #	City, State		ZIP
County of permanent residence address			Telephone #		
Mailing address (if different from above)		Apt. #	City, State		ZIP
E-mail address (optional)	Birth date (mm/dd/yyyy)	Sex	Medicare # (from red, white and blue Medicare card)	Health Net Member/Subscriber Reference #	

Please complete the following:

I am currently enrolled in a Health Net Medicare Advantage plan paying a monthly plan premium of \$_____, and wish to enroll in the Optional Supplemental Benefits Package # _____ for an additional monthly premium of \$_____.

	Optional Supplemental Benefits Package #1	Optional Supplemental Benefits Package #2	Violet Option 2 (PPO) only – Optional Supplemental Benefits Package #1	Violet Option 2 (PPO) only- Optional Supplemental Benefits Package #2
Monthly Premium	\$19	\$50	North: \$23 South: \$29	North: \$50 South: \$56
Routine Benefits	Preventive/ Comprehensive Dental and Vision	Comprehensive Dental	Preventive/ Comprehensive Dental and Vision	Comprehensive Dental

