

2013 Additional Information

*Additional information about covered benefits available under the
Health Net Violet (PPO) Plan*

California

Sacramento and San Diego counties



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Health Net®
MEDICARE PROGRAMS

The Health Net *Violet* (PPO) Plan



The simple truth

Health care is complicated. Choosing a company. Selecting a plan. Understanding your coverage. It can be difficult. But it doesn't have to be. You simply have to know what choices you have so you can make the best decision possible.

Tens of thousands of people have chosen Health Net. Why? Because we've built our business around the specific needs of the individuals we serve. We have a variety of easy-to-use plans to meet as many situations as possible. Our vast network of participating physicians, hospitals, pharmacies and medical professionals has been built carefully over a decade for our Medicare line of business.

Another great reason to choose Health Net is because we have made it simpler to understand both your benefits and your costs. This document is a supplement to your Summary of Benefits document. We encourage you to review this information along with your Summary of Benefits document so you can take advantage of the many Health Net products, services and resources designed to help keep you healthy.

It's important to understand your benefits so you can get the health care services you need.

At Health Net, we're here to make sure that each benefit is easy to understand and simple for you to use. This section will help explain some of your benefits in more detail.

Optional Supplemental Benefit Package 4

You pay \$27 per month for these optional supplemental benefits in addition to your monthly plan premium and the monthly Medicare Part B premium.

Chiropractic and acupuncture services

You pay \$15 for each chiropractic or acupuncture visit and are covered up to an in-network* and out-of-network** combined maximum of 20 visits every year (combined for all routine chiropractic and acupuncture services).

*In-network: No initial authorization or referral for first time visits; subsequent visits and treatments with plan providers require verification of medical necessity.

**Out-of-network: Services must be furnished by a provider qualified to provide the benefit in question. For services to be covered, a non-plan provider must sign a Provider Acceptance Form (PAF) to accept the plan's terms and conditions of payment. Authorization not required but all services/treatments must be medically necessary.

Medicare-covered chiropractic services, including manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part), if you receive these services from a chiropractor or other qualified provider, are covered under the medical benefit.

Dental services DPPO

You can see any licensed dentist to receive covered preventive and general comprehensive dental services; however, your cost-sharing will be less if you use plan providers.

There is a one-time annual in-network deductible of \$35 and separate one time, annual out-of-network deductible of \$35.

The out-of-network coinsurance cost-share is based on the Maximum Allowable Cost (MAC)* for preventive and comprehensive services.

*MAC is the maximum dollar amount allowed by the plan for a covered dental service. You will be responsible for the difference between MAC and the billed charges.

Eyewear

There is a \$100* maximum payable for frames every two years combined for in-network and out-of-network. Contact lenses are covered in lieu of eyeglasses. Allowance is not applicable to medically necessary contact lenses. Multi-year benefits may not be available in subsequent years.

The combined maximum* payable applies to:

- Frames purchased in- or out-of-network (limited to 1 every 2 years).
- Contact lenses purchased in- or out-of-network.
- Eyeglass lenses purchased out-of-network.

*In-network: You pay 80% of the remaining balance over the maximum payable for frames and 85% of the balance for conventional contact lenses. For disposable contact lenses, you pay 100% of the remaining balance over the maximum payable. Out-of-network: You pay 100% of the remaining balance over the maximum payable for frames, eyeglass lenses and contact lenses (conventional or disposable).

Outpatient hospital/ambulatory surgical center (ASC)

Applicable cost-share applies for Medicare-covered epidural injections performed in an outpatient hospital facility or ambulatory surgical center.

Skilled nursing facility

You pay all costs for each day after day 100 in a benefit period. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If

you go into the hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

Vision services

You are covered for up to one supplemental routine eye exam every year (combined for in-network and out-of-network). For out-of-network, there is no copay. Health Net pays up to \$45; you pay any remaining balance.

Preventive care services

This plan provides coverage for Medicare-covered preventive services at no cost for in-network and 10% coinsurance for San Diego county and 15% coinsurance for Sacramento county for out-of-network benefits with the exception of flu shots and pneumonia vaccines which are covered with no charge.

Blood

Coverage of whole blood and packed red blood cells begins with the first pint of blood at no cost for San Diego county and 20% coinsurance for Sacramento county for in-network and a 10% coinsurance for San Diego county and 30% coinsurance for Sacramento county for out-of-network benefits.

*Decision Power®:
Health in Balance*

Information, resources and support for every person, every stage of health

When you choose Health Net, you get more than health care coverage. You get Decision Power. Decision Power brings together under one roof the information, resources and personal support that fit you, your health and your life. Whether you're focused on staying fit, dealing with back pain, or facing a serious diagnosis, we're here to help you work with your doctor and make informed decisions.

Staying healthy is just as important as getting well.

Making the most of your health is what Decision Power is all about. We're focused on your whole health, not just one concern or disease. So we work with you to identify potential health risks, and help prevent minor concerns from becoming big problems. And we're here should you face serious medical concerns.

Your health, your time. Your choice.
Whether you...

- have a question
- want help with a specific health goal
- need treatment but want to understand all your options
- are living with illness

...you choose how and when to use the information, resources and support available. You can use Decision Power online or by calling. Try multiple resources at once, or one at a time. 24 hours a day, seven days a week, Decision Power is here for you.

The products and services indicated with an asterisk (*) in the following chart are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Health Net grievance process.



When you choose Health Net, you get more than health care coverage. You get Decision Power. Decision Power brings together under one roof the information, resources and personal support that fit you, your health and your life.

The following is the at-a-glance reference guide to the benefits available to you through Decision Power.

<i>Recommendation</i>	<i>Health Net offering powered by Decision Power</i>
Promoting physical activity	Fitness equipment and apparel <ul style="list-style-type: none"> • Discounts for Greg Norman,[®] Reebok[®] and Rockport^{®*} Fitness management program • Online fitness management program*
Promoting weight management and nutrition	Weight loss programs <ul style="list-style-type: none"> • Discounts for Weight Watchers[®] and Jenny Craig^{®*} Nutrition program • Access to a registered dietitian – unlimited • Online nutrition program
Health & Wellness Information Line	Nurse Support <ul style="list-style-type: none"> • Talk to a licensed medical professional, such as a nurse, available 24 hours a day, 7 days a week
Managing stress	Massage therapy <ul style="list-style-type: none"> • Discounts on massage therapy services through contracted providers*
Avoiding tobacco smoke	Smoking cessation programs <ul style="list-style-type: none"> • Telephonic and online support programs

Want to know more before you choose Health Net? You can get additional benefit information by calling Member Services at 1-800-960-4638. Our hours of operation are 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users call 1-800-929-9955. You can also visit us online at www.healthnet.com.

Health Net, Inc. 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. This plan may not be available to Medicare beneficiaries in the following contract year because, by law, plan sponsors, like Health Net, can choose not to renew their contract with CMS, or they can reduce their service area, and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. Individuals must have both Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information.

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. Members enrolled in Health Net MA Preferred Provider Organization (PPO) plans can receive care from out-of-network providers. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers. Health Net will reimburse PPO plan members for covered 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 an out-of-network provider. Individuals must have both Part A and Part B to enroll.

The Medicare Prescription Drug Benefit is available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plan. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances, and quantity limitations and restrictions may apply). Beneficiaries who are already enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that plan and may be enrolled in only one MA-PD plan at a time. Beneficiaries enrolled in an MA-only plan may not enroll in a Prescription Drug Plan (PDP), unless they are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare prescription drug coverage, or an 1876 Cost Plan.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to one hundred (100) percent of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

If you qualify for Extra Help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much Extra Help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any Extra Help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), 24 hours a day, 7 days a week; your State Medicaid Office; or the Social Security Administration at 1-800-772-1213 (TTY/TDD users should call 1-800-325-0778) between 7:00 a.m. and 7:00 p.m., Monday through Friday.

You have access to Decision Power through your current enrollment with any of the following Health Net companies: Health Net of California, Inc. or Health Net Life Insurance Company.

Decision Power is part of Health Net's Medicare Advantage benefit plans. But it is not affiliated with Health Net's provider network. Decision Power services are additional resources that Health Net makes available to enrollees of Health Net of California, Inc. and Health Net Life Insurance Company.

Chiropractic and acupuncture benefits are administered by American Specialty Health Networks, Inc., a subsidiary of American Specialty Health Incorporated.

Medicare beneficiaries may enroll in Health Net's MA or MA-PD plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at <http://www.Medicare.gov>. For full information on this plan's benefits, including information on premium withholding or direct billing options, and other exclusions, limitations or restrictions to services not already identified in this document, please contact Health Net at 1-800-960-4638 (TTY/TDD 1-800-929-9955 for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., 7 days a week.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change January 1 of each year. 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 (EOC) document.

This information is available for free in other languages. Please contact our customer service number at 1-800-960-4638. Our hours of operation are 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users call 1-800-929-9955.

Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con el número de nuestro servicio al cliente al 1-800-960-4638. Nuestro horario de atención es de 8:00 a.m. a 8:00 p.m., los siete días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-929-9955.

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