2013 Benefit Highlights

Health Net Healthy Heart (HMO)

Santa Clara County, CA

Medical coverage	
Monthly health plan premium[1]	$99
Annual deductible	$0
Annual out-of-pocket limit Excludes prescription dug and supplemental benefits	$5,000
Primary care physician (PCP) office visit (per visit)	$20 copay
Specialist physician office visit (per visit)	$30 copay
Annual wellness visit (per visit)	$0 copay
Inpatient hospital care [2] (unlimited days)	$300 per day, days 1–5; $0 per day, days 6 and beyond
Outpatient surgery – Outpatient hospital facility (per visit)	$300 copay
Outpatient surgery – Ambulatory surgical center (ASC) (per visit)	$225 copay
Outpatient rehabilitation services (Medicare covered) (per visit)	$0 copay
Laboratory tests (per visit)	$0 copay
X-rays (Medicare covered) (per visit)	$0 copay
Clinical, diagnostic lab and radiation therapy services (CT, MRI, PET, SPECT) (per visit)	$60 copay

(continued)

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Health Net®
MEDICARE PROGRAMS

Medical coverage	
Diabetic supplies (glucose monitor, test strips, lancet devices and lancets) (per item)	0% coinsurance
Emergency care (waived if admitted to hospital) (per visit) Worldwide emergency coverage: annual limit of $50,000	$65 copay
Urgent care (waived if admitted to hospital) (per visit)	$30 copay
Ambulance (per one-way trip)	$275 copay
Routine podiatry (non-Medicare covered) (per visit) (6 visits per year)	$30 copay
Routine vision exam (per visit) (1 visit per year)	$30 copay
Prescription drug coverage[3]	
Annual Part D deductible	$0
Tier 1: Preferred generic – Retail (30-day supply)	$5 copay
Tier 2: Non-preferred generic – Retail (30-day supply)	$15 copay
Tier 3: Preferred brand – Retail (30-day supply)	$45 copay
Tier 4: Non-preferred brand	$95 copay
Tier 5: Specialty tier	33% of the cost
Initial coverage limit (ICL)[4]	$2,970
Coverage gap After your total yearly drug costs reach $2,970:	You will receive a discount on brand-name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 79% of the plan's costs for generic drugs.
Catastrophic coverage stage After your out-of-pocket costs reach $4,750, you pay the greater of:	5% coinsurance or $2.65 copay for preferred/ nonpreferred generic (including brand drugs treated as generic) and a $6.60 copay for all other drugs.

Optional supplemental benefits (premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium)	
Package #1 monthly plan premium (Acupuncture, chiropractic, DHMO dental, eyewear and health club membership/fitness)	$19
Package #2 monthly plan premium (Acupuncture, chiropractic, DPPO dental[5], eyewear and health club membership/fitness)	$29

All covered medical services are available in-network only except for emergency care, urgent care and renal dialysis. Coinsurance based on Health Net contracted rates.

[1]Drug coverage included in this premium.

[2]You are covered for unlimited days each 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.

[3]Health Net uses a formulary (drug list), which is subject to change. Drug copayments are based on a 30-day supply. Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy. Please see your Summary of Benefits and/or Comprehensive Formulary for coverage details. In some cases, your physician may be asked to submit prior authorization for a medication. Coverage of the medication is dependent on medical necessity as determined by Health Net.

[4]The initial coverage limit (ICL) is the amount spent by the member and the plan. Once the ICL has been met, you move into the Coverage Gap phase.

[5]DPPO dental provides the option of receiving covered dental services in-network or out-of-network. Cost sharing for out-of-network covered dental services typically results in a higher out-of-pocket cost. Only the DPPO dental benefit offers the in- and out-of-network option; all other covered services for this plan are available in-network only.

Health Net of California, Inc. is a Medicare Advantage organization with a Medicare contract. Health Net of California, Inc. is a Coordinated Care plan with a Medicare contract. These contracts are 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. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's Medicare Advantage (MA) and Medicare Advantage with Part D (MA-PD) plans. You must reside in the plan service area in order to apply for Health Net's MA and MA-PD 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. You can enroll in a Medicare Advantage Plan at any time during the year if you've recently become eligible for Medicare Parts A and B, if you're granted a Special Election Period (such as moving out of your current plan's service area), or if you meet the eligibility requirements for a Special Needs Plan. Note: The state will cover the Part B premium for members enrolled in a full-benefit, Dual Eligible Special Needs Plan (SNP) as long as the members maintain their state Medicaid and SNP eligibility requirements. Limitations, copayments/coinsurance, and restrictions may apply. 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. Members enrolled in Health Net's MA HMO plans must receive all routine care from in-network plan providers, except in emergent or urgent care situations or for out-of-area renal dialysis. If Health Net MA HMO members obtain routine care from out-of-network plan providers, neither Medicare nor Health Net will be responsible for the costs. With few exceptions, you will need to get referrals (approval in advance) from your primary care physician. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself.

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.

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 www.Medicare.gov. For full information on this plan's benefits, including information on premium withholding or direct bill options, and other exclusions, limitations or restrictions to services not already identified in this document, please contact Health Net at 1-800-977-6738 (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. Premiums, copays, coinsurances, and deductibles may vary based on the level of Extra Help you may receive. Please contact the plan for further details. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on 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. For more information, contact the plan.

This information is available for free in other languages. Please contact our member services number at 1-800-275-4737 for additional information. (TTY/TDD users call 1-800-929-9955.) Hours of operation are 8:00 a.m. to 8:00 p.m., 7 days a week. Member Services also has free language interperter services available for non-English speakers.

Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con el número de nuestro servicio al cliente al 1-800-275-4737 para obtener información adicional. 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.