

2014 Benefit *Highlights*

Health Net Seniority Plus Amber I (HMO SNP)

Kern, Los Angeles, Orange, Riverside, San Bernardino, CA

<i>Plan benefits and copays/ coinsurance</i>	
Monthly plan premium	\$0 to \$28.10
Maximum out-of-pocket (MOOP)	\$6,700
Doctor office visits	
• Primary care physician	\$0
• Specialist	\$0
Lab services and X-rays	\$0
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy	\$0
Radiation therapy	\$0
Diabetic supplies	\$0
Inpatient hospital care	\$0
Outpatient services/surgery (hospital care)	\$0
Outpatient services/surgery (ambulatory care)	\$0
Emergency care	\$0 or \$30
Worldwide emergency coverage – annual limit of \$50,000	
Urgently needed care	\$0
Routine podiatry	\$0
Routine hearing exam	\$0
Hearing aids (1 pair every 3 years)	Up to \$1,000 allowance
Routine vision exam	\$0
Routine eyewear	\$0; \$250 allowance every 2 years* *Multi-year benefits may not be available in subsequent years
Preventive dental	\$0

(continued)

<i>Plan benefits and copays/coinsurance</i>	
Dental HMO comprehensive dental	\$0 for all preventive and comprehensive dental services* *\$0 - \$1,450 for orthodontic services
Transportation services (per one-way trip)/ 48 one-way trips per year	\$0
<i>Prescription drug coverage</i>	<i>Classic formulary</i>
Annual Part D deductible	\$0
Copays and coinsurance	30-day retail/90-day preferred mail order
Tier 1: Preferred generic drugs	\$0
Tier 2: Non-preferred generic drugs	\$0 or \$1.20 or \$2.55
Tier 3: Preferred brand drugs	\$0 or \$3.60 or \$6.35
Tier 4: Non-preferred brand drugs	\$0 or \$3.60 or \$6.35
Tier 5: Specialty tier	\$0 or \$3.60 or \$6.35
Tier 6: Select care drugs	\$0
Initial coverage limit (ICL)	N/A

Once the ICL has been met, you move into the Coverage Gap phase. There is limited coverage provided in the Coverage Gap and Catastrophic Coverage stages. Please refer to your Evidence of Coverage (EOC) and/or Comprehensive Formulary for further information.

You can enroll in Health Net Seniority Plus Amber I (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B, and live in the service area. You must also receive assistance from the State to join this plan. Please call the plan to see if you are eligible to join.

Health Net of California, Inc. has a contract with Medicare and the California Medicaid program to offer HMO SNP plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

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, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage (EOC) document.

Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Please contact the plan for further details.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

For additional information, please contact our Member Services number at 1-800-431-9007. (TTY/TDD users should call 1-800-929-9955). Hours are 8:00 a.m. to 8:00 p.m., 7 days a week.

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