

2016 Benefit *Highlights*

Health Net Seniority Plus Amber I (HMO D-SNP)

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

You can enroll in Health Net Seniority Plus Amber I (HMO D-SNP) if you are entitled to Medicare Part A, are enrolled in Medicare Part B, and live in the service area. Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of California for full-dual enrollees. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Please contact the plan for further details.

<i>Plan benefits</i>	<i>Copays</i>
Monthly plan premium	\$0 to \$31
Maximum out-of-pocket (MOOP)	\$6,700
Doctor office visits <ul style="list-style-type: none"> •Primary care provider •Specialist 	\$0 copay \$0 copay
Lab services and X-rays	\$0 copay
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy	\$0 copay
Diabetic supplies	\$0 copay
Inpatient hospital care	\$0 copay
Outpatient services/surgery (hospital and ambulatory care)	\$0 copay
Emergency care	\$0 or \$30 copay
Worldwide emergency / urgent coverage annual limit of \$50,000	\$0 copay
Urgently needed services	\$0 copay
Routine Podiatry	\$0 copay Up to 12 visits per year
Routine hearing exam	\$0 copay
Hearing aids (1 pair every 3 years) ^{1,2}	\$0 copay \$1,000 maximum for 2 hearing aids (for both ears combined) every 3 years
Routine vision exam	\$0 copay

<i>Plan benefits</i>	<i>Copays</i>
Routine eyewear ²	\$0 copay, plan pays up to \$250 allowance every 2 years
Dental HMO – preventive and comprehensive	Preventive dental: \$0 copay Comprehensive dental: \$0 - \$2,250 copay
Transportation services (per one-way trip, 24 one-way trips per year)	\$0 copay
Fitness benefit (SilverSneakers)	\$0 copay

<i>Prescription drug coverage</i>	<i>Value Formulary</i>
	30-day retail
Annual Part D deductible ³	\$0 or \$74
Tier 1: Preferred generic drugs	\$0 copay
Tier 2: Generic drugs	\$0 or \$1.20 or \$2.95 copay
Tier 3: Preferred brand drugs	\$0 or \$3.60 or \$7.40 copay
Tier 4: Non-preferred brand drugs	\$0 or \$3.60 or \$7.40 copay
Tier 5: Specialty tier	\$0 or \$3.60 or \$7.40 copay
Tier 6: Select Care drugs	\$0 copay
Initial coverage limit (ICL)	Not applicable

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

1 Benefit allowance once every 3 years. The coverage limit covers the cost of hearing aids in full.

Members have no out-of-pocket cost-sharing.

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

3 Deductible does not apply to Tiers 1 and 6.

This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance 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 document.

For more information, please contact our Member Services number at 1-800-431-9007 for additional information (TTY users should call 711.) From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, your call will be handled by our automated phone system on weekends and certain holidays.

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

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