

2016 Benefit *Highlights*

Health Net Seniority Plus Amber II (HMO SNP)

Kern, Riverside, San Bernardino and Tulare counties, CA

You can enroll in Health Net Seniority Plus Amber II (HMO 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>Health Net Amber II with Medicare and full Medi-Cal eligibility, you pay</i>	<i>Health Net Amber II with Medicare only, you pay</i>
Monthly plan premium	\$0	\$31
Maximum out-of-pocket (MOOP)	\$1,900	\$1,900
Doctor office visits		
Primary care provider	0% of the cost	20% of the cost
Specialist	0% of the cost	20% of the cost
Lab services	\$0 copay	\$0 copay
X-rays	0% of the cost	20% of the cost
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy	0% of the cost	20% of the cost
Diabetic supplies	0% of the cost	20% of the cost
Inpatient hospital care	\$0 copay	In 2015 the amounts for each benefit period are: Days 1-60: \$1260 deductible Days 61-90: \$315 copay per day Days 91-150: \$630 copay per day (lifetime reserve days) These amounts may change for 2016
Outpatient services/surgery (hospital care)	0% of the cost	20% of the cost
Outpatient services/surgery (ambulatory care)	0% of the cost	20% of the cost

<i>Plan benefits</i>	<i>Health Net Amber II with Medicare and full Medi-Cal eligibility, you pay</i>	<i>Health Net Amber II with Medicare only, you pay</i>
Emergency care	0% of the cost	20% of the cost (up to \$75)
Worldwide emergency / urgent coverage annual limit of \$50,000	\$0 copay	\$0 copay
Urgently needed services	0% of the cost	20% of the cost (up to \$65)
Routine podiatry	\$0 copay Up to 12 visits per year	\$0 copay Up to 12 visits per year
Routine hearing exam	\$0 copay	\$0 copay
Hearing aids (1 pair every 3 years) ^{1,2}	\$0 copay \$2,000 maximum for 2 hearing aids (for both ears combined) every 3 years	\$0 copay \$2,000 maximum for 2 hearing aids (for both ears combined) every 3 years
Routine vision exam	\$0 copay	\$0 copay
Routine eyewear ²	\$0 copay, plan pays up to \$150 allowance every 2 years	\$0 copay, plan pays up to \$150 allowance every 2 years
Dental HMO – preventive and comprehensive	Preventive dental: \$0 copay Comprehensive dental: \$0-\$2,250 copay	Preventive dental: \$0 copay Comprehensive dental: \$0-\$2,250 copay
Transportation services (per one-way trip, 30 one-way trips per year)	\$0 copay	\$0 copay

<i>Prescription drug coverage Value Formulary</i>	<i>Health Net Amber II with Medicare and full Medi-Cal/eligibility, you pay</i>	<i>Health Net Amber II with Medicare only, you pay</i>
	30-day retail	30-day retail
Annual Part D deductible ³	\$0	\$280
Tier 1: Preferred generic drugs	\$0 copay	\$0 copay
Tier 2: Generic drugs	\$0 or \$1.20 or \$2.95 copay	\$20 copay
Tier 3: Preferred brand drugs	\$0 or \$3.60 or \$7.40 copay	\$47 copay
Tier 4: Non-preferred brand drugs	\$0 or \$3.60 or \$7.40 copay	\$100 copay
Tier 5: Specialty tier	\$0 or \$3.60 or \$7.40 copay	26% of the cost
Tier 6: Select Care drugs	\$0 copay	\$0 copay
Initial coverage limit (ICL)	Not applicable	\$3,310

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

Once the ICL has been met, you move into the Coverage Gap phase. Please refer to the *Summary of Benefits* and/or formulary for further information.

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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