Health Net
MEDICARE PROGRAMS

2017 Benefit *Highlights*

Health Net Seniority Plus Sapphire Premier (HMO)
Riverside and San Bernardino Counties, CA

You can enroll in Health Net Seniority Plus Sapphire Premier (HMO) 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 Medi-Cal (Medicaid) eligibility category and/or the level of Extra Help you receive.

Plan benefits	*With Medicare and full Medi-Cal eligibility, you pay*	*With Medicare only, you pay*
Monthly plan premium	$0	$36.20
Maximum out-of-pocket (MOOP)	$6,700	$6,700
Doctor office visits		
Primary care provider	$0 copay	$0 copay
Specialist	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
X-rays	0% of the cost	20% of the cost
Complex diagnostic imaging (MRI, MRA, CT, 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 2016 the amounts for each benefit period were : Days 1–60: $1,288 deductible; Days 61–90: $322 copay per day; Days 91–150: $644 copay per day for 60 lifetime reserve days These amounts may change in 2017.

(Continued)

Plan benefits	*With Medicare and full Medi-Cal eligibility, you pay*	*With Medicare only, you pay*
Outpatient services/surgery (hospital and ambulatory care)	0% of the cost	20% of the cost
Emergency care	$0 copay	$75 copay
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% of the cost	20% of the cost
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 $550 allowance every 2 years	$0 copay, plan pays up to $550 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, 40 one-way trips per year)	$0 copay	$0 copay
Fitness Benefit	$0 copay	$0 copay

Prescription drug coverage *Value Formulary*	*With Medicare and full Medi-Cal Eligibility, you pay*	*With Medicare only, you pay*
	30-day retail cost sharing	**30-day retail cost sharing**
Annual Part D deductible [3]	$0	$185
Tier 1: Preferred generic drugs	$0 copay	$0 copay
Tier 2: Generic drugs	$0 or $1.20 or $3.30 copay	$20 copay
Tier 3: Preferred brand drugs [4]	$0 or $3.70 or $8.25 copay	$47 copay
Tier 4: Non-preferred brand drugs [5]	$0 or $3.70 or $8.25 copay	$100 copay
Tier 5: Specialty tier	$0 or $3.70 or $8.25 copay	29% of the cost
Tier 6: Select Care drugs	$0 copay	$0 copay
Initial coverage limit (ICL)	Not applicable	$3,700

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 your 2017 *Evidence of Coverage*.

[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.

[4] This tier includes preferred brand drugs and may include some generic drugs. Brand drugs in this tier are. not eligible for exceptions for payment at a lower tier.

[5] This tier includes non-preferred brand drugs and may include some generic drugs.

Premium, co-pays, co-insurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. If you qualify for "Extra Help" with your prescription drug costs, the "Extra Help" program will pay all or part of your monthly plan premium and your prescription drug deductibles and copays/coinsurance. Depending on your income and institutional status, you pay a $0 or $82 deductible, $0 or $1.20 or $3.30 or 15% for generic drugs and $0 or $3.70 or $8.25 or 15% for all other drugs.

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.

English:
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-275-4737 (TTY: 711).

Spanish:
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-275-4737 (TTY: 711).

Chinese:
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-275-4737 (TTY: 711)**。

Vietnamese:
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-275-4737 (TTY: 711).

Tagalog:
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-275-4737 (TTY: 711).

Korean:
주의**:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다**.**
1-800-275-4737 (TTY: 711) 번으로 전화해 주십시오**.**

Armenian:
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-800-275-4737 (TTY (հեռատիպ)՝ 711):**

Farsi:
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
1-800-275-4737 (TTY: 711) تماس بگیرید.

Russian:
ВНИМАНИЕ**: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-275-4737 (телетайп: 711).**

Japanese:
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-800-275-4737 (TTY: 711)まで、お電話にてご連絡ください。

Arabic:
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
1-800-275-4737 (رقم هاتف الصم والبكم: 711).

Punjabi:
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1

1-800-275-4737 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian:

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ

1-800-275-4737 (TTY: 711)។

Hmong:
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-275-4737 (TTY: 711).

Hindi:
ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-800-275-4737 (TTY: 711) पर कॉल करें।

Thai:
เรียน**:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-275-4737 (TTY: 711).**

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).

• Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-800-431-9007 (TTY: 711), 8:00 a.m. to 8:00 p.m., Pacific Time, seven days a week.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800–368–1019, (TDD: 1-800–537–7697).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

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

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