

Health Net Seniority Plus Amber II (HMO SNP) Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for Health Net Seniority Plus Amber II (HMO SNP)*
100%	\$0
75%	\$7.20
50%	\$14.40
25%	\$21.60

^{*}This does not include any Medicare Part B premium you may have to pay.

Health Net Seniority Plus Amber II's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users 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 users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-800-431-9007, (TTY users should call 711) from October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m. (PT), 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 has a contract with Medicare to offer HMO, PPO and HMO SNP coordinated care 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, co-payments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium, unless it is paid for you by a third party.

Material ID# Y0035_2015_0111 (H0351, H0562, H5439, H5520, H6815) CMS Accepted 09282014