Health Net®
MEDICARE PROGRAMS

2010
HEALTH NET SENIORITY PLUS AMBER I (HMO)

SUMMARY OF BENEFITS

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

Benefits effective January 1, 2010
H0562 Health Net of California, Inc.

Material ID H0562_2010_0095
CMS Approval (11/09)

INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Health Net Seniority Plus Amber I (HMO). Our plan is offered by HEALTH NET OF CALIFORNIA, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Health Net Seniority Plus Amber I (HMO) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Health Net Seniority Plus Amber I (HMO) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Health Net Seniority Plus Amber I (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Health Net Seniority Plus Amber I (HMO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Health Net Seniority Plus Amber I (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS HEALTH NET SENIORITY PLUS AMBER I (HMO) AVAILABLE?

The service area for this plan includes: Kern, Los Angeles, Orange, Riverside, San Bernardino Counties, CA. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN HEALTH NET SENIORITY PLUS AMBER I (HMO)?

You can join Health Net Seniority Plus Amber I (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in Health Net Seniority Plus Amber I (HMO) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Health Net Seniority Plus Amber I (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.healthnet.com.

Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Health Net Seniority Plus Amber I (HMO) nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Health Net Seniority Plus Amber I (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Health Net Seniority Plus Amber I (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at https://www.healthnet.com/formulary.htm. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Health Net Seniority Plus Amber I (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at https://www.healthnet.com/formulary.htm.

If you are currently taking a drug that is not on our formulary or subject to additional

requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Health Net Seniority Plus Amber I (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Health Services Advisory Group, (800) 841-1602.

As a member of Health Net Seniority Plus Amber I (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Health Services Advisory Group, (800) 841-1602.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Health Net Seniority Plus Amber I (HMO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Health Net Seniority Plus Amber I (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-800-977-6738, 8:00 a.m. to 8:00 p.m., 7 days a week to obtain a copy of the plan ratings for this plan. TTY users call TTY/TDD 1-800-929-9955.

Please call Health Net of California for more information about Health Net Seniority Plus Amber I (HMO). Visit us at www.healthnet.com or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific

Current members should call locally 1-800-431-9007 for questions related to the Medicare Advantage Program (TTY/TDD 1-800-929-9955)

Prospective members should call locally 1-800-935-6565 for questions related to the Medicare Advantage Program (TTY/TDD 1-800-929-9955)

Current members should call toll-free 1-800-275-4737 for questions related to the Medicare Part D Prescription Drug Program. (TTY/TDD 1-800-929-9955)

Prospective members should call toll-free 1-800-935-6565 for questions related to the Medicare Part D Prescription Drug Program. (TTY/TDD 1-800-929-9955)

Current members should call locally 1-800-275-4737 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-929-9955)

Prospective members should call locally 1-800-935-6565 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-929-9955)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Health Net of California for details.

SECTION II

SUMMARY OF BENEFITS

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
IMPORTANT INFORMATION		
1. Premium and Other Important Information	The Medicare cost sharing amount may vary based on your level of Medicaid eligibility. In 2009 the monthly Part B Premium was $0 or $96.40 and will change for 2010 and the yearly Part B deductible amount was $0 or $135 and will change for 2010. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was $85,000 for singles, $170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	General $29.10 monthly plan premium in addition to your monthly Medicare Part B premium.* *All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist, or hospital that accepts Medicare.	In-Network You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).
SUMMARY OF BENEFITS		
INPATIENT CARE		
3. Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period were $0 or: Days 1 - 60: $1,068 deductible* Days 61 - 90: $267 per day* Days 91 - 150: $534 per lifetime reserve day* These amounts will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	In-Network $0 copay No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
4. Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.	In-Network $0 or $900 copay for each Medicare-covered hospital stay* You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5. Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: $0 per day* Days 21 - 100: $133.50 per day* These amounts will change for 2010. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	General Authorization rules may apply. In-Network For Medicare-covered SNF stays $0 or: Days 1 - 20: $0 copay per day* Days 21 - 100: $50 copay per day* For SNF stays: Days 1 - 20: $0 copay per day Days 21 - 100: $50 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
6. Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	$0 copay.	General Authorization rules may apply. In-Network $0 copay for Medicare-covered home health visits.*
7. Hospice	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
OUTPATIENT CARE		
8. Doctor Office Visits	0% or 20% coinsurance.	General See "Physical Exams," for more information. Authorization rules may apply. In-Network $0 copay for each primary care doctor visit for Medicare-covered benefits.* $0 copay for each in-area, network urgent care Medicare-covered visit.* $0 copay for each specialist doctor visit for Medicare-covered benefits.*

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
9. Chiropractic Services	Routine care not covered. 0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	General Authorization rules may apply. In-Network $0 copay for Medicare-covered chiropractic visits.* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10. Podiatry Services	Routine care not covered. 0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	General Authorization rules may apply. In-Network $0 copay for each Medicare-covered podiatry benefits.* Up to 1 routine visit(s). Medicare-covered podiatry benefits are for medically-necessary foot care.
11. Outpatient Mental Health Care	0% or 45% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network $0 or $10 copay for each Medicare-covered individual or group therapy visit.*
12. Outpatient Substance Abuse Care	0% or 20% coinsurance.	General Authorization rules may apply. In-Network $0 or $10 copay for Medicare-covered individual or group visits.*

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
13. Outpatient Services/Surgery	0% or 20% coinsurance for the doctor. 0% or 20% of outpatient facility charges.	<u>General</u> Authorization rules may apply. <u>In-Network</u> $0 copay for each Medicare-covered ambulatory surgical center visit.* $0 copay for each Medicare-covered outpatient hospital facility visit.*
14. Ambulance Services (Medically necessary ambulance services)	0% or 20% coinsurance.	<u>General</u> Authorization rules may apply. <u>In-Network</u> $0 or $50 copay for Medicare-covered ambulance benefits.*
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	0% or 20% coinsurance for the doctor. 0% or 20% of facility charge. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	<u>General</u> $0 or $20 copay for Medicare-covered emergency room visits.* $50,000 limit for emergency services outside the U.S. every year. If you are immediately admitted to the hospital, you pay $0 for the emergency room visit.
16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	0% or 20% coinsurance NOT covered outside the U.S. except under limited circumstances.	<u>General</u> $0 copay for Medicare-covered urgent-care visits.*
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% or 20% coinsurance.	<u>General</u> Authorization rules may apply. <u>In-Network</u> $0 copay for Medicare-covered Occupational Therapy visits.* $0 copay for Medicare-covered Physical and/or Speech/ Language Therapy visits.*

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18. Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance.	General Authorization rules may apply. In-Network 0% or 15% of the cost for Medicare-covered items.*
19. Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance.	General Authorization rules may apply. In-Network 0% or 15% of the cost for Medicare-covered items.*
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	0% or 20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General Authorization rules may apply. In-Network $0 copay for Diabetes self-monitoring training.* $0 copay for Nutrition Therapy for Diabetes.* $0 copay for Diabetes supplies.*
21. Diagnostic Tests, X-Rays, Lab Services and Radiology Services	0% or 20% coinsurance for diagnostic tests and X-rays. $0 copay for Medicare-covered lab services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	General Authorization rules may apply. In-Network $0 copay for Medicare-covered: • lab services* • diagnostic procedures and tests * • X-rays* • diagnostic radiology services (not including X-rays)* • therapeutic radiology services*

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
PREVENTIVE SERVICES		
22. Bone Mass Measurement (For people with Medicare who are at risk)	0% or 20% coinsurance. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	General Authorization rules may apply. In-Network $0 copay for Medicare-covered bone mass measurement.*
23. Colorectal Screening Exams (For people with Medicare age 50 and over)	0% or 20% coinsurance. Covered when you are high risk or when you are age 50 and older.	General Authorization rules may apply. In-Network $0 copay for Medicare-covered colorectal screenings.*
24. Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	$0 copay for Flu and Pneumonia vaccines. 0% or 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	General Authorization rules may apply. In-Network $0 copay for Flu and Pneumonia vaccines. $0 copay for Hepatitis B vaccine.* No referral needed for Flu and Pneumonia vaccines.
25. Mammograms (Annual Screening) (For women with Medicare age 40 and older)	0% or 20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network $0 copay for Medicare-covered screening mammograms.*

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
26. Pap Smears and Pelvic Exams (For women with Medicare)	$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 0% or 20% coinsurance for Pelvic Exams.	In-Network $0 copay for Medicare-covered pap smears and pelvic exams.*
27. Prostate Cancer Screening Exams (For men with Medicare age 50 and older)	0% or 20% coinsurance for the digital rectal exam. $0 for the PSA test; 0% or 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	General Authorization rules may apply. In-Network $0 copay for • Medicare-covered prostate cancer screening.*
28. End-Stage Renal Disease	0% or 20% coinsurance for renal dialysis. 0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General Authorization rules may apply. In-Network $0 or $25 copay for renal dialysis.* $0 copay for Nutrition Therapy for End-Stage Renal Disease.*

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
29. Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	*Drugs covered under Medicare Part B* <u>General</u> $0 yearly deductible for Part B-covered drugs* 0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.* *Drugs covered under Medicare Part D* <u>General</u> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.healthnet.com/formulary.htm on the web. Different out-of-pocket costs may apply for people who: • have limited incomes, • live in long term care facilities, or • have access to Indian/ Tribal/Urban (Indian Health Service). The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
Prescription Drugs (continued)		Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Health Net Seniority Plus Amber I (HMO) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
Prescription Drugs (continued)		<u>In-Network</u> You pay a $0 yearly deductible. <u>Initial Coverage</u> Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: – A $0 copay or – A $1.10 copay or – A $2.50 copay For all other drugs, either: – A $0 copay or – A $3.30 copay or – A $6.30 copay. <u>Retail Pharmacy</u> You can get drugs the following way(s): – one-month (30-day) supply – three month (90-day) supply – 60-day supply <u>Long term Care Pharmacy</u> You can get drugs the following way(s): – one-month (34-day) supply <u>Mail Order</u> You can get drugs the following way(s): – one-month (30-day) supply – three-month (90-day) supply – 60-day supply

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
Prescription Drugs (continued)		Catastrophic Coverage After your yearly out-of-pocket drug costs reach $4,550, you pay a $0 copay. Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Health Net Seniority Plus Amber I (HMO). You can get drugs the following way: – one-month (30-day) supply

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
Prescription Drugs (continued)		<u>Out-of-Network Initial Coverage</u> Depending on your income and institutional status, you will be reimbursed by Health Net Seniority Plus Amber I (HMO) up to the full cost of a drug minus the following: For generic drugs purchased out-of-network (including brand drugs treated as generic), either: – A $0 copay or – A $1.10 copay or – A $2.50 copay For all othe drugs purchased out-of-network, either: – A $0 copay or – A $3.30 copay or – A $6.30 copay <u>Out-of-Network Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach $4,550, you will be reimbursed in full for drugs purchased out-of-network.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
30. Dental Services	Preventive dental services (such as cleaning) not covered.	In-Network $0 copay for Medicare-covered dental benefits.* $0 copay for the following preventive dental benefits: – up to 2 oral exam(s) every year – up to 2 cleaning(s) every year – up to 2 fluoride treatment(s) every year – up to 2 dental x-ray(s) every year Plan offers additional comprehensive dental benefits.
31. Hearing Services	Routine hearing exams and hearing aids not covered. 0% or 20% coinsurance for diagnostic hearing exams.	General Authorization rules may apply. In-Network Hearing aids not covered. • $0 copay for Medicare-covered diagnostic hearing exams.* • up to 1 routine hearing test(s) every year.
32. Vision Services	0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	General Authorization rules may apply. In-Network $0 copay for diagnosis and treatment for diseases and conditions of the eye.* – and up to 1 routine eye exam(s) every year $0 copay for – one pair of eyeglasses or contact lenses after cataract surgery* – up to 1 pair(s) of glasses every two years – up to 1 pair(s) of contacts every two years – up to 1 pair(s) of lenses every two years – up to 1 frame(s) every two years

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS AMBER I (HMO)
33. Physical Exams	0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	General Authorization rules may apply. In-Network $0 copay for routine exams. $0 copay for Medicare-covered benefits.* Limited to 1 exam(s) every year.
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	In-Network This plan covers the following health/wellness education benefits: • Written health education materials, including Newsletters • Nutritional Training • Additional Smoking Cessation • Nursing Hotline $0 copay for each Medicare-covered smoking cessation counseling session.*
Transportation (Routine)	Not covered.	General Authorization rules may apply. In-Network $0 copay for up to 48 one-way trip(s) to plan-approved location every year.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.

SUMMARY OF BENEFITS

Health Net of California, Inc.
Health Net Seniority Plus Amber I (HMO)

The services listed below are available only to those SNP members eligible under Medicaid for medical services.

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
1. Inpatient hospital services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services $0 or $900 copay for Medicare-covered Inpatient mental health care
2. Outpatient hospital services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
3. Rural health clinic services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
4. Federally qualified health center services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
5. Laboratory services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
6. X-rays	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
7. Skilled nursing facility care for over 21 years of age – Subacute care	$0 copay for Medicaid-covered services	$0 copay or $0 copay days 1-20; $50 copay days 21-100 for Medicare-covered services (Plan covers up to 100 days per benefit period) A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
8. Pediatric nursing facility care for under 21 years of age – Subacute services (Early & periodic screening, diagnosis, and treatment supplemental services)	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
9. Family planning services & supplies	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services (Reasonable and necessary services associated with treatment for infertility are covered under Medicare.)
10. Physician services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
11. Medical & surgical dental services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
12. Ophthalmologist services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
13. Podiatry services*	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services $0 copay for routine services limited to 1 visit per month
14. Optometry services*	$0 copay for Medicaid-covered services	$0 copay for routine services limited to one exam per year
15. Chiropractic services*	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
16. Psychology services*	$0 copay for Medicaid-covered services	$0 copay or $10 copay for Medicare-covered services
17. Nurse anesthetist services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
18. Optician and optical fabricating lab services*	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
19. Medical supplies (including incontinence creams and washes products) (*creams and washes only)	$0 copay for Medicaid-covered services	$0 copay or 15% of the Medicare Allowable Cost (MAC) for Medicare-covered services (excludes incontinence creams, washes and adult undergarments)
20. Durable medical equipment	$0 copay for Medicaid-covered services	$0 copay or 15% of the Medicare Allowable Cost (MAC) for Medicare-covered services
21. Hearing aids	$0 copay for Medicaid-covered services	Not covered
22. Enteral formulae	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services.
23. Acupuncture services*	$0 copay for Medicaid-covered services	Not covered
24. Licensed midwife services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
25. Home health services through a home health agency (including home health nursing and aide services, physical and occupational therapy, speech pathology and audiology services, intermittent nursing, home health aid care, medical supplies, equipment and appliances)	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
26. Physical therapy and related services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services.
27. Rehabilitation facilities	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
28. Private duty nursing (Waiver only)	$0 copay for Medicaid-covered services	Not covered
29. Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
30. Dental services*	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services $0 copay for preventive dental services
31. Occupational therapy	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
32. Speech pathology/ Speech therapy*	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
33. Audiology services*	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services $0 copay for routine services, limited to 1 hearing exam per year
34. Pharmaceutical services and prescribed drugs	$0 copay for drugs excluded from Medicare Part D coverage	Drugs covered under Medicare Part B: 0% or 20% of the cost for Part-B covered drugs. Drugs covered under Medicare Part D: Generic drugs either $0 or $1.10 or $2.50 copay All other drugs either $0 or $3.30 or $6.30 copay Actual cost-sharing is based on LIS status. Individuals without LIS are subject to the Standard Part D benefit: • $310 deductible • 25% coinsurance • $2,830 initial coverage limit • $4,550 catastrophic coverage

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
35. Dentures*	$0 copay for Medicaid-covered services	Not covered
36. Prosthetic appliances (Orthotic appliances) prosthetic eyes	$0 copay for Medicaid-covered services	$0 copay or 15% coinsurance for Medicare covered services
37. Eyeglasses, other eye appliances*	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered eyewear $0 copay for eyeglasses or contact lenses every 24 months; $100 maximum payable
38. Comprehensive Perinatal Services Program (Preventive services)	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services.
39. Adult day health care	$0 copay for Medicaid-covered services	Not covered
40. Chronic dialysis services	$0 copay for Medicaid-covered services	$0 copay or $25 copay for Medicare-covered services
41. Rehabilitation services (ADHC, chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)	$0 copay for Medicaid-covered services	$0 copay or $0 or $10 copay for Medicare-covered outpatient mental health services
42. Institutes for Mental Diseases (for under 21 years of age and over 65 years of age, including inpatient psychiatric care).	$0 copay for Medicaid-covered services	$0 copay or $900 per admit for Medicare-covered inpatient psychiatric hospital services

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
43. Intermediate Care Facility	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
44. Nurse midwife	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
45. Hospice	$0 copay for Medicaid-covered services	Covered under Medicare
46. TB-related services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
47. Respiratory care for ventilator-dependent patients	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
48. Family nurse practitioner	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
49. Home and community care for functionally disabled elderly (Waiver only)	$0 copay for Medicaid-covered services	Not covered
50. Community-supported living arrangements (Waiver only)	$0 copay for Medicaid-covered services	Not covered
51. Personal care services	$0 copay for Medicaid-covered services	Not covered
52. Rural primary care hospital	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
53. Nonmedical health facilities	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
54. Emergency hospital services	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
55. Transportation (State provides emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)	$0 copay for Medicaid-covered services	$0 copay or $50 copay for Medicare-covered ambulance services $0 copay for non-emergency transportation, 48 one-way trips per year
56. Services for pregnant women that treat a condition that may impact the woman and/or the fetus (Not specifically stated as a benefit but is a mandated provision under federal regulations)	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
57. Marriage and family counselor services (Early & periodic screening, diagnosis, and treatment services & waiver only)	$0 copay for Medicaid-covered services	$0 copay or $10 copay for Medicare-covered services (as part of behavioral health)
58. Licensed clinical social worker services (Early & periodic screening, diagnosis, and treatment services & waiver only)	$0 copay for Medicaid-covered services	$0 copay or $10 copay for Medicare-covered services (as part of behavioral health)
59. Case management (Early & periodic screening, diagnosis, and treatment services & waiver only)	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services

BENEFIT CATEGORY	MEDICAID (MEDI-CAL)	HEALTH NET SENIORITY PLUS AMBER I (HMO)
60. Private duty nursing agency services (Early & periodic screening, diagnosis, and treatment services & waiver only)	$0 copay for Medicaid-covered services	Not covered
61. Individual nurse provider services (Early & periodic screening, diagnosis, and treatment services & waiver only)	$0 copay for Medicaid-covered services	$0 copay for Medicare-covered services
62. Nonmedical services (Waiver only)	$0 copay for Medicaid-covered services	Not covered

*Recently enacted legislation added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program to be implemented on July 1, 2009. The optional benefits indicated are excluded from coverage under the Medi-Cal program effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children's Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services website at www.dhcs.ca.gov.

September 2009

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CA60158 (7/09)