

2012 Summary of Benefits

Health Net Seniority Plus Amber II (HMO SNP)

Alameda, Contra Costa, Kern, Los Angeles, Orange, Riverside,
San Bernardino, San Diego and San Francisco Counties, CA



Benefits effective January 1, 2012
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SECTION I

INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Health Net Seniority Plus Amber II (HMO SNP). Our plan is offered by HEALTH NET OF CALIFORNIA, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). 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 II (HMO SNP) 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 II (HMO SNP) 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 II (HMO SNP). 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 II (HMO SNP) 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 II (HMO SNP) 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 II (HMO SNP) AVAILABLE?

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

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

You can join Health Net Seniority Plus Amber II (HMO SNP) 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 II (HMO SNP) 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 the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Health Net Seniority Plus Amber II (HMO SNP) 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. For an updated 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 except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services

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

Health Net Seniority Plus Amber II (HMO SNP) 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/portal/medicare/content.do?resource=pharmacyDirectory.htm>. Our customer service number is listed at the end of this introduction.

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

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

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Health Net Seniority Plus Amber II (HMO SNP) 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 OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare 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 and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- 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 calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 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 II (HMO SNP), 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Health Net Seniority Plus Amber II (HMO SNP), 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we 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 II (HMO SNP) 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 II (HMO SNP) 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** administered through DME.

WHERE CAN I FIND INFORMATION ON 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 "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Health Net of California for more information about Health Net Seniority Plus Amber II (HMO SNP).

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 toll-free/locally (800)-431-9007 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (800)-929-9955)

Prospective members should call toll-free/locally (800)-977-6738 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (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.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al número de teléfono que aparece anteriormente.

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 II (HMO SNP)
IMPORTANT INFORMATION		
<p>1. Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><u>General</u></p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$30.90 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p><u>In-Network</u></p> <p>In 2011 the annual Part B deductible amount is \$0 or \$162 and may change for 2012.* Contact the plan for services that apply.</p> <p>\$3,400 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.*</p>
<p>2. Doctor and Hospital Choice (For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p><u>In-Network</u></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

Benefit

Original Medicare

Health Net Seniority Plus
Amber II (HMO SNP)

SUMMARY OF BENEFITS

INPATIENT CARE

**3. Inpatient
Hospital Care**
(includes
Substance Abuse
and Rehabilitation
Services)

In 2011 the amounts for each benefit period, \$0 or:
Days 1–60: \$1132 deductible*
Days 61–90: \$283 per day*
Days 91–150: \$566 per lifetime reserve day*
These amounts may change for 2012.
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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

In-Network
Plan covers 90 days each benefit period.
In 2011 the amounts for each benefit period were \$0 or:
Days 1–60: \$1132 deductible*
Days 61–90: \$283 per day*
Days 91–150: \$566 per lifetime reserve day*
These amounts may change for 2012.
You will not be charged additional cost sharing for professional services
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 II (HMO SNP)
<p>4. Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were \$0 or:</p> <p>Days 1–60: \$1132 deductible*</p> <p>Days 61–90: \$283 per day*</p> <p>Days 91–150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p><u>In-Network</u></p> <p>In 2011 the amounts for each benefit period were \$0 or:</p> <p>Days 1–60: \$1132 deductible*</p> <p>Days 61–90: \$283 per day*</p> <p>Days 91–150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1–20: \$0 per day*</p> <p>Days 21–100: \$0 or \$141.50 per day*</p> <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>In 2011 the amounts for each benefit period were:</p> <p>\$0 or:</p> <p>Days 1–20: \$0 per day*</p> <p>Days 21–100: \$0 or \$141.50 per day*</p> <p>You will not be charged additional cost sharing for professional services</p> <p>For Non-Medicare Supplemental SNF stays:</p> <p>Days 1–20: \$0 per day</p> <p>Days 21–100: \$0 or \$141.50 per day</p> <p>These amounts may change for 2012.</p>
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for each Medicare-covered home health visits*</p>
<p>7. Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><u>General</u> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
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OUTPATIENT CARE

<p>8. Doctor Office Visits</p>	<p>0% or 20% coinsurance</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 0% to 20% of the cost for each in-area, network urgent care Medicare-covered visit*</p> <p>0% or 0% to 20% of the cost for each specialist visit for Medicare-covered benefits.*</p>
<p>9. Chiropractic Services</p>	<p>Supplemental routine care not covered</p> <p>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.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for each Medicare-covered visit*</p> <p>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.</p>
<p>10. Podiatry Services</p>	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for each Medicare-covered visit*</p> <p>\$0 copay for up to 12 supplemental routine visit(s) every year</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
11. Outpatient Mental Health Care	<p>0% or 40% coinsurance for most outpatient mental health services.</p> <p>0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 40% of the cost for each Medicare-covered individual therapy visit* 0% or 0% to 40% of the cost for each Medicare-covered group therapy visit* 0% or 0% to 40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist* 0% or 0% to 40% of the cost for each Medicare-covered group therapy visit with a psychiatrist* 0% or 20% of the cost for Medicare-covered partial hospitalization program services*</p>
12. Outpatient Substance Abuse Care	<p>0% or 20% coinsurance</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for Medicare-covered individual therapy visits* 0% or 0% to 20% of the cost for Medicare-covered group visits*</p>
13. Outpatient Services/ Surgery	<p>0% or 20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 20% coinsurance for ambulatory surgical center facility services</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for each Medicare-covered ambulatory surgical center visit* 0% or 0% to 20% of the cost for each Medicare-covered outpatient hospital facility visit*</p>
14. Ambulance Services (medically necessary ambulance services)	<p>0% or 20% coinsurance</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for Medicare-covered ambulance benefits*</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><u>General</u> 0% or 0% to 20% of the cost (up to \$65) for Medicare-covered emergency room visits*</p> <p>\$50,000 plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p>
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><u>General</u> 0% or 0% to 20% of the cost for Medicare-covered urgently-needed-care visits*</p> <p>If you are immediately admitted to the hospital, you pay \$0 for the urgently-needed-care visit.</p>
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>0% or 20% of the cost for Medicare-covered Occupational Therapy visits*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits*</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
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OUTPATIENT MEDICAL SERVICES AND SUPPLIES

18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% or 0% to 20% of the cost for Medicare-covered items*
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% or 0% to 20% of the cost for Medicare-covered items*
20. Diabetes Programs and Supplies	0% or 20% coinsurance for diabetes self-management training 0% or 20% coinsurance for diabetes supplies 0% or 20% coinsurance for diabetic therapeutic shoes or inserts	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Diabetes self-management training* 0% or 0% to 20% of the cost for Diabetes monitoring supplies* 0% or 0% to 20% of the cost for Therapeutic shoes or inserts*
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 supplemental routine screening tests, like checking your cholesterol.	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% of the cost for Medicare-covered lab services* 0% or 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests* 0% or 0% to 20% of the cost for Medicare-covered X-rays* 0% or 0% to 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)* 0% or 0% to 20% of the cost for Medicare-covered therapeutic radiology services*

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
22. Cardiac and Pulmonary Rehabilitation Services	<p>0% or 20% coinsurance for Cardiac Rehabilitation services</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p>0% or 20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*</p> <p>0% or 0% to 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*</p> <p>0% or 0% to 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*</p>

PREVENTIVE SERVICES

23. Preventive Services and Wellness/Education Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. 	<p><u>General</u> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm screening • Bone Mass Measurement • Cardiovascular Screening • Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine • HIV Screening • Breast Cancer Screening (Mammogram) • Medical Nutrition Therapy Services • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)
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Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>23. Preventive Services and Wellness/ Education Programs (continued)</p>	<ul style="list-style-type: none"> • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services 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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	<ul style="list-style-type: none"> • Smoking Cessation (Counseling to stop smoking) • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><u>In-Network</u> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Nutritional benefit • Additional Smoking Cessation • Nursing Hotline

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>24. Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for kidney disease education services</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for renal dialysis*</p> <p>\$0 copay for kidney disease education services*</p>
<p>25. Outpatient Prescription Drugs</p>	<p>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.</p>	<p>Drugs covered under Medicare Part B</p> <p><u>General</u> \$0 annual deductible for Part B-covered drugs.*</p> <p>0% or 0% to 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>Drugs covered under Medicare Part D</p> <p><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.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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).</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Your provider must get prior authorization from Health Net Seniority Plus Amber II (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>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.</p> <p><u>In-Network</u> You pay a \$0 annual deductible.</p> <p><u>Initial Coverage</u> Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$1.10 copay or • A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$3.30 copay or • A \$6.50 copay.

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p><u>Retail Pharmacy</u> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • three-month (90-day) supply • 60-day supply <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><u>Long Term Care Pharmacy</u> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (34-day) supply <p><u>Mail Order</u> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • three-month (90-day) supply • 60-day supply <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><u>Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.</p> <p><u>Out-of-Network</u> 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</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p>Seniority Plus Amber II (HMO SNP). You can get drugs the following way:</p> <ul style="list-style-type: none"> • one-month (30-day) supply <p><u>Out-of-Network Initial Coverage</u> Depending on your income and institutional status, you will be reimbursed by Health Net Seniority Plus Amber II (HMO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$1.10 copay or • A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$3.30 copay or • A \$6.50 copay. <p><u>Out-of-Network Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
26. Dental Services	Preventive dental services (such as cleaning) not covered.	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 0% to 20% of the cost for Medicare-covered dental benefits*</p> <ul style="list-style-type: none"> • \$0 copay for oral exams • \$0 copay for up to 2 cleaning(s) every year • \$0 copay for fluoride treatments • \$0 copay for dental x-rays <p>Plan offers additional comprehensive dental benefits.</p>
27. Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> In general, supplemental routine hearing exam(s) and hearing aids not covered.</p> <ul style="list-style-type: none"> • 0% or 0% to 20% of the cost for Medicare-covered diagnostic hearing exams*

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
28. Vision Services	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for</p> <ul style="list-style-type: none"> • 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 • 0% or 0% to 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.* • \$0 copay for up to 1 supplemental routine eye exam(s) every year <p>\$100 plan coverage limit for eye wear every two years.</p>
Over-the-Counter Items	Not covered.	<p><u>General</u> The plan does not cover Over-the-Counter items.</p>
Transportation (Routine)	Not covered.	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for each one-way trip to plan-approved location.</p>
Acupuncture	Not covered.	<p><u>In-Network</u> This plan does not cover Acupuncture.</p>

**Comprehensive Written Statement
Medi-Cal Section IV**

The tables in this section show the benefits that Medi-Cal offers to eligible beneficiaries. For each benefit, you can see what Original Medi-Cal (Medi-Cal alone) covers and what our plan covers. You may not qualify for all of the Medi-Cal benefits listed. If you qualify for a Medi-Cal benefit that Health Net Seniority Plus Amber II (HMO SNP) does not offer, then please contact our Member Services department. We may be able to help you find the right provider and coordinate the benefit for you. Please review Section II of this Summary of Benefits for more information on the benefits you will receive as part of Health Net Seniority Plus Amber II (HMO SNP).

All Members Who Qualify for Full Medi-Cal May Receive the Following Medi-Cal and Health Plan Services:

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
1. Inpatient hospital services	\$0 copay for Medi-Cal covered services	<p>Plan covers 90 days each benefit period.</p> <p>In 2011 the amounts for each benefit period were,</p> <p>\$0 or:</p> <p>Days 1–60: \$1,132 deductible</p> <p>Days 61–90: \$283 per day</p> <p>Days 91–150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
2. Outpatient hospital services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for each Medicare-covered ambulatory surgical center visit. 0% or 0% to 20% of the cost for each Medicare-covered outpatient hospital facility visit.
3. Rural health clinic services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
4. Federally qualified health center services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
5. Laboratory services	\$0 copay for Medi-Cal covered services	0% of the cost for Medicare-covered services.
6. X-rays	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
7. Skilled nursing facility care for over 21 years of age – Subacute care	\$0 copay for Medi-Cal covered services	Plan covers up to 100 days each benefit period No prior hospital stay is required. In 2011 the amounts for each benefit period were: \$0 or: Days 1–20: \$0 per day Days 21–100: \$141.50 per day For Non-Medicare Supplemental SNF stays: Days 1–20: \$0 per day Days 21–100: \$0 or \$141.50 per day These amounts may change for 2012.

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
8. Family planning services & supplies	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services. (Reasonable and necessary services associated with treatment for infertility are covered under Medicare.)
9. Physician services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
10. Medical & surgical dental services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
11. Ophthalmologist services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
12. Optometry services	\$0 copay for Medi-Cal covered services	\$0 copay for up to 1 routine eye exam every year.
13. Nurse anesthetist services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
14. Medical supplies (does not include incontinence creams and washes)	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered items (excludes incontinence creams, washes and adult undergarments).
15. Durable medical equipment	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered items.
16. Hearing aids	\$0 copay for Medi-Cal covered services	Not covered.
17. Enteral formulae	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
18. Licensed midwife services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
19. 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 Medi-Cal covered services	\$0 copay for Medicare-covered services.
20. Physical therapy and related services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services.
21. Rehabilitation facilities	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services.
22. Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services
23. Occupational therapy	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
24. Pharmaceutical services and prescribed drugs	\$0 copay for drugs excluded from Medicare Part D coverage	<p>Drugs covered under Medicare Part B:</p> <p>0% or 0% to 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D:</p> <p>Generic drugs (including brand drugs treated as generic), either a \$0 copay or a \$1.10 copay or a \$2.60 copay.</p> <p>All other drugs, either a \$0 copay or a \$3.30 copay or a \$6.50 copay.</p> <p>Actual cost-sharing is based on LIS status.</p>
25. Prosthetic appliances (Orthotic appliances) prosthetic eyes	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered items.
26. Comprehensive Perinatal Services Program (Preventive services)	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered items.
27. Adult day health care	\$0 copay for Medi-Cal covered services	Not covered
28. Chronic dialysis services	\$0 copay for Medi-Cal covered services	<p>0% or 0% to 20% of the cost for Medicare-covered services.</p> <p>\$0 copay for kidney disease education services.</p>
29. Rehabilitation services (ADHC, chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)	\$0 copay for Medi-Cal covered services	<p>0% or 0% to 20% of the cost for Medicare-covered dialysis services.</p> <p>0% or 0% to 40% of the cost for Medicare-covered outpatient mental health services.</p> <p>0% to 20% of the cost for Medicare-covered rehabilitation services.</p>

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
<p>30. Institutes for Mental Diseases (for under 21 years of age and over 65 years of age, including inpatient psychiatric care)</p>	<p>\$0 copay for Medi-Cal covered services</p>	<p>In 2011 the amounts for each benefit period were, \$0 or: Days 1–60: \$1132 Deductible Days 61–90: \$283 per day Days 91–150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime.</p> <p>Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>
<p>31. Intermediate Care Facility</p>	<p>\$0 copay for Medi-Cal covered services</p>	<p>0% or 0% to 20% of the cost for Medicare-covered services.</p>
<p>32. Nurse midwife</p>	<p>\$0 copay for Medi-Cal covered services</p>	<p>0% or 0% to 20% of the cost for Medicare-covered services.</p>

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
33. Hospice	\$0 copay for Medi-Cal covered services	You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
34. TB-related services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
35. Respiratory care for ventilator-dependent patients	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
36. Family nurse practitioner	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
37. Rural primary care hospital	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
38. Nonmedical health facilities	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
39. Emergency hospital services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost (up to \$65) for Medicare-covered emergency room visits. \$50,000 plan coverage 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.
40. Transportation (State provides emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered ambulance services. \$0 copay for non-emergency transportation, unlimited one-way trips per year to plan-approved locations.

**Comprehensive Written Statement
Medi-Cal Section IV**

Members Who Qualify for Medi-Cal Waiver Programs or Meet Specific Medical Eligibility Criteria May Also Receive the Following Medi-Cal Services:*

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
1. Private duty nursing (Waiver only)	\$0 copay for Medi-Cal covered services	Not covered
2. Home and community care for functionally disabled elderly (Waiver only)	\$0 copay for Medi-Cal covered services	Not covered
3. Community-supported living arrangements (Waiver only)	\$0 copay for Medi-Cal covered services	Not covered
4. Personal care services	\$0 copay for Medi-Cal covered services	Not covered
5. 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 Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
6. Marriage and family counselor services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal covered services	0% or 0% to 40% of the cost for Medicare-covered services.
7. Licensed clinical social worker services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal covered services	0% or 0% to 40% of the cost for Medicare-covered services.

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
8. Case management (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services (this is part of a treatment plan; not a separate benefit).
9. Private duty nursing agency services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal covered services	Not covered
10. Individual nurse provider services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
11. Nonmedical services (Waiver only)	\$0 copay for Medi-Cal covered services	Not covered
12. Pediatric nursing facility care for under 21 years of age – Subacute services (Early & periodic screening, diagnosis, and treatment supplemental services)	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.

*Note: You must meet specific eligibility criteria in order to receive benefits under the early & periodic screening, diagnosis, and treatment (EPSDT) program or through other Medi-Cal Waiver programs.

**Comprehensive Written Statement
Medi-Cal Section IV**

Certain Members Who Have Full Medi-Cal May Also Receive the Following Benefits:**

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
1. Podiatry services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services. \$0 copay for up to 12 routine visit(s) every year.
2. Chiropractic services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services.
3. Psychology services	\$0 copay for Medi-Cal covered services	0% or 0% to 40% of the cost for Medicare-covered services.
4. Optician and optical fabricating lab services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services. \$0 copay for eyeglasses or contact lenses once every 24 months; \$100 plan coverage limit every two years.
5. Incontinence creams and washes	\$0 copay for Medi-Cal covered services	Not covered
6. Acupuncture services	\$0 copay for Medi-Cal covered services	Not covered
7. Audiology services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered hearing services.
8. Dental services	\$0 copay for Medi-Cal covered services	0% or 0% to 20% of the cost for Medicare-covered services. \$0 copay for preventive dental services. Plan offers additional comprehensive dental benefits.
9. Speech pathology/ Speech therapy	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services.

**STATE OF CALIFORNIA MEDI-CAL PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDI-CAL BENEFICIARIES)**

Benefit Category	Medi-Cal (These are 2011 amounts. These amounts may change for 2012.)	Health Net Seniority Plus Amber II (HMO SNP)
10. Dentures	\$0 copay for Medi-Cal covered services	\$15 – \$250 copay for dentures and denture related services, i.e., adjustments and repairs.
11. Eyeglasses, other eye appliances	\$0 copay for Medi-Cal covered services	\$0 copay for Medicare-covered eyewear. \$0 copay for eyeglasses or contact lenses once every 24 months; \$100 plan coverage limit every two years.

**Note: Legislation enacted in July 2009 added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program. 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.

For more information please contact

Health Net Seniority Plus Amber II (HMO SNP)

Post Office Box 10198

Van Nuys, CA 91410-0198

Current members should call

1-800-431-9007 (TTY/TDD 1-800-929-9955)

8:00 a.m.–8:00 p.m., 7 days a week

Prospective members should call

1-800-977-6738 (TTY/TDD 1-800-929-9955)

8:00 a.m.–8:00 p.m., 7 days a week

www.healthnet.com

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Health Net of California, Inc. has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2015. NCQA's approval is based on a review of Health Net of California, Inc. Model of Care and is an indicator of compliance with CMS requirements. NCQA's approval is not an endorsement by CMS and/or NCQA of Health Net of California, Inc. or the quality of service provided by Health Net of California, Inc. Health Net of California, Inc. will still need to be approved each year by CMS in order to operate. If you have questions regarding our approval by the NCQA, please contact us at 1-800-431-9007.