

2014 Summary of Benefits

Health Net Seniority Plus Amber II (HMO SNP)

Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego,
San Francisco and Stanislaus Counties, CA

Benefits effective January 1, 2014
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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, INC. which is also called Health Net of California, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Federal government. 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: Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Stanislaus 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 <https://www.healthnet.com/medicare>. 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 the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

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/medicare/pharmacy>. Our customer service number is listed at the end of this introduction.

Health Net Seniority Plus Amber II (HMO SNP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

WHAT IF MY DOCTOR PRESCRIBES LESS THAN A MONTH'S SUPPLY?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand drugs.

Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

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 members 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/medicare/pharmacy>.

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 <http://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 osteoporosis drugs for some women.
- Erythropoietin: 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 took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- 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 Durable Medical Equipment.

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 can find the Plan Ratings information by using the Find health & drug plans

web tool on [medicare.gov](http://www.medicare.gov) 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 <https://www.healthnet.com/medicare> or, call us:

Customer Service Hours for October 1 – February 14:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 8:00 p.m., Pacific

Customer Service Hours for February 15 – September 30:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 8:00 p.m., Pacific

Current members should call locally or toll-free (800)431-9007 for questions related to the Medicare Advantage Program or Medicare Part D Prescription Drug Program.
(TTY/TDD (800)929-9955)

Prospective members should call locally or toll-free (800)977-6738 for questions related to the Medicare Advantage Program or 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 <http://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.

本文件可能備有非英文語言版本。如需額外資訊，請撥打上列客戶服務部電話號碼。

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 2013 the monthly Part B Premium was \$0 or \$104.90 and may change for 2014 and the annual Part B deductible amount was \$0 or \$147 and may change for 2014.*</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> * Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services</p> <p>\$28.10 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p><u>In-Network</u> \$6,700 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> 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 2013 the amounts for each benefit period were \$0 or:

- Days 1 - 60: \$1,184 deductible*
- Days 61 - 90: \$296 per day*
- Days 91 - 150: \$592 per lifetime reserve day*

These amounts may change for 2014.

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 2013 the amounts for each benefit period were \$0 or:

- Days 1 - 60: \$1,184 deductible*
- Days 61 - 90: \$296 per day*
- Days 91 - 150: \$592 per lifetime reserve day*

Please note that the amounts provided are 2013 amounts and may change for 2014.

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.

4. Inpatient Mental Health Care

In 2013 the amounts for each benefit period were \$0 or:

- Days 1 - 60: \$1,184 deductible*
- Days 61 - 90: \$296 per day*
- Days 91 - 150: \$592 per lifetime reserve day*

These amounts may change for 2014.

You get up to 190 days of inpatient psychiatric hospital

In-Network

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.

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>4. Inpatient Mental Health Care (continued)</p>	<p>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>In 2013 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$1,184 deductible* • Days 61 - 90: \$296 per day* • Days 91 - 150: \$592 per lifetime reserve day* <p>Please note that the amounts provided are 2013 amounts and may change for 2014.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2013 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day* • Days 21 - 100: \$0 or \$148 per day* <p>These amounts may change for 2014.</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 2013 the amounts for each benefit period were \$0 or:</p> <p>\$0 or:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day* • Days 21 - 100: \$0 or \$148 per day* <p>Please note that the amounts provided are 2013 amounts and may change for 2014.</p> <p>You will not be charged additional cost sharing for professional services</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for each Medicare-covered home health visit*
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.	<u>General</u> You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.
OUTPATIENT CARE		
8. Doctor Office Visits	0% or 20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% or 20% of the cost for each Medicare-covered primary care doctor visit.* 0% or 20% of the cost for each Medicare-covered specialist visit.*
9. Chiropractic Services	Supplemental 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.	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% or 20% of the cost for each Medicare-covered chiropractic visit* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).
10. Podiatry Services	Supplemental routine care not covered.	<u>General</u> Authorization rules may apply.

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>10. Podiatry Services (continued)</p>	<p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><u>In-Network</u> 0% or 20% of the cost for each Medicare-covered podiatry visit* \$0 copay for up to 12 supplemental routine podiatry visit(s) every year Medicare-covered podiatry visits are for medically necessary foot care.</p>
<p>11. Outpatient Mental Health Care</p>	<p>0% or 20% coinsurance for most outpatient mental health services 0% or 20% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program. "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. <u>In-Network</u> 0% or 20% of the cost for each Medicare-covered individual therapy visit* 0% or 20% of the cost for each Medicare-covered group therapy visit* 0% or 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist* 0% or 20% 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>
<p>12. Outpatient Substance Abuse Care</p>	<p>0% or 20% coinsurance</p>	<p><u>General</u> Authorization rules may apply. <u>In-Network</u> 0% or 20% of the cost for Medicare-covered individual substance abuse outpatient treatment visits* 0% or 20% of the cost for Medicare-covered group substance abuse outpatient treatment visits*</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>13. Outpatient Services</p>	<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 20% of the cost for each Medicare-covered ambulatory surgical center visit*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit*</p>
<p>14. Ambulance Services (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 20% of the cost for Medicare-covered ambulance benefits.*</p>
<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 20% of the cost (up to \$65) for Medicare-covered emergency room visits*</p> <p>\$50,000 plan coverage limit for supplemental emergency services outside the U.S. and its territories 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>If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed-care visit.</p>	<p><u>General</u> 0% or 20% of the cost for Medicare-covered urgently-needed-care visits*</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.) (continued)</p>	<p>NOT covered outside the U.S. except under limited circumstances.</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 Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p>	<p><u>General</u> Authorization rules may apply. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p><u>In-Network</u> 0% or 20% of the cost for Medicare-covered Occupational Therapy visits* 0% or 20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits*</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 20% of the cost for Medicare-covered durable medical equipment*</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance 0% or 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> 0% or 20% of the cost for Medicare-covered prosthetic devices* 0% or 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices*</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>20. Diabetes Programs and Supplies</p>	<p>0% or 20% coinsurance for diabetes self-management training</p> <p>0% or 20% coinsurance for diabetes supplies</p> <p>0% or 20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered Diabetes self-management training*</p> <p>0% or 20% of the cost for Medicare-covered Diabetes monitoring supplies*</p> <p>0% or 20% of the cost for Medicare-covered Therapeutic shoes or inserts*</p> <p>Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p>
<p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>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.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered lab services*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic procedures and tests*</p> <p>0% or 20% of the cost for Medicare-covered X-rays*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services*</p>
<p>22. Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% or 20% coinsurance for Cardiac Rehabilitation services</p>	<p><u>General</u> Authorization rules may apply.</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
22. Cardiac and Pulmonary Rehabilitation Services (continued)	0% or 20% coinsurance for Pulmonary Rehabilitation services 0% or 20% coinsurance for Intensive Cardiac Rehabilitation services	<u>In-Network</u> 0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services* 0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services* 0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*

PREVENTIVE SERVICES

23. Preventive Services	No coinsurance, copayment or deductible for the following: <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 	<u>General</u> Authorization rules may apply. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Plan covers a physical exam annually.
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Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>23. Preventive Services (continued)</p>	<ul style="list-style-type: none"> • 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. • 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 	

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>23. Preventive Services (continued)</p>	<ul style="list-style-type: none"> • Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). 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. • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse • Screening for depression in adults • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs • Intensive behavioral counseling for Cardiovascular Disease (bi-annual) • Intensive behavioral therapy for obesity • Welcome to Medicare Preventive Visit (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 Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
<p>24. Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis</p>	<p><u>General</u> Authorization rules may apply.</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
24. Kidney Disease and Conditions (continued)	0% or 20% coinsurance for kidney disease education services	<u>In-Network</u> 0% or 20% of the cost for Medicare-covered renal dialysis* \$0 copay for Medicare-covered kidney disease education services*

PRESCRIPTION DRUG BENEFITS

25. Outpatient Prescription Drugs	<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><u>Drugs Covered Under Medicare Part B</u></p> <p><u>General</u> \$0 yearly deductible for Medicare Part B drugs.* 0% or 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.*</p> <p><u>Drugs Covered Under Medicare Part D</u></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/medicare/pharmacy 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>
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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>Some drugs have quantity limits.</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>If you request a formulary exception for a drug and Health Net Seniority Plus Amber II (HMO SNP) approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs.</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>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$1.20 copay; or • A \$2.55 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.60 copay; or • A \$6.35 copay. <p>Tier 1: Preferred Generic \$0 copay for drugs in this tier</p> <p>Tier 6: Select Care Drugs \$0 copay for drugs in this tier</p> <p><u>Retail Pharmacy</u> Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply <p><u>Long Term Care Pharmacy</u> Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (34-day) supply of drugs

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p><u>Mail Order</u> Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred mail order pharmacy the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply <p><u>Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach \$4,550, 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 Seniority Plus Amber II (HMO SNP).</p> <p>You can get out-of-network 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>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</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 \$1.20 copay; or • A \$2.55 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.60 copay; or • A \$6.35 copay. <p>Tier 1: Preferred Generic \$0 copay for drugs in this tier</p> <p>Tier 6: Select Care Drugs \$0 copay for drugs in this tier</p> <p><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.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>26. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><u>In-Network</u> 0% or 20% of the cost for Medicare-covered dental benefits*</p> <p>\$0 copay for supplemental oral exams</p> <p>\$0 copay for up to 2 supplemental cleaning(s) every year</p> <p>\$0 copay for up to 2 supplemental fluoride treatment(s) every year</p> <p>\$0 copay for supplemental dental x-rays</p>
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Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
<p>26. Dental Services (continued)</p>		<p>Plan offers additional supplemental comprehensive dental benefits.</p>
<p>27. Hearing Services</p>	<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> 0% or 20% of the cost for Medicare-covered diagnostic hearing exams*</p> <p>\$0 copay for up to 1 supplemental routine hearing exam(s) every year</p> <p>\$0 copay for up to 1 supplemental hearing aid fitting-evaluation(s) every three years</p> <p>\$0 copay each for up to 2 supplemental hearing aid(s) every three years</p> <p>\$2,000 plan coverage limit for supplemental hearing aids every three years.</p>
<p>28. Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p><u>In-Network</u> 0% or 0% to 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk*</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery*</p> <p>\$0 copay for up to 1 pair(s) of eyeglasses (lenses and frames) every two years</p>

Benefit	Original Medicare	Health Net Seniority Plus Amber II (HMO SNP)
28. Vision Services (continued)		\$0 copay for up to 1 pair(s) of contact lenses every two years \$0 copay for up to 1 pair(s) of eyeglass lenses every two years \$0 copay for up to 1 frame(s) every two years \$100 plan coverage limit for supplemental eyewear every two years
Wellness/Education and Other Supplemental Benefits & Services	Not covered.	<u>In-Network</u> The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> • Health Education • Additional Smoking and Tobacco Use Cessation Visits • Health Club Membership/ Fitness Classes • Nursing Hotline
Over-the-Counter Items	Not covered.	<u>General</u> The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for each one-way trip to plan-approved location.
Acupuncture and Other Alternative Therapies	Not covered.	<u>In-Network</u> This plan does not cover Acupuncture and other alternative therapies.

**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 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
1. Inpatient hospital services	\$0 copay for Medi-Cal covered services	Plan covers 90 days each benefit period. In 2013 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day These amounts may change for 2014. You will not be charged additional cost sharing for professional services.
2. Outpatient hospital services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit 0% or 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 20% of the cost for Medicare-covered services
4. Federally qualified health center services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services
5. Laboratory services	\$0 copay for Medi-Cal covered services	\$0 copay for Medicare-covered lab services

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
6. X-rays	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered X-rays
7. Skilled nursing facility care for over 21 years of age – Subacute care	\$0 copay for Medi-Cal covered services	<p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required</p> <p>In 2013 the amounts for each benefit period were:</p> <p>\$0 or:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$148 per day</p> <p>These amounts may change for 2014</p> <p>You will not be charged additional cost sharing for professional services</p>
8. Family planning services & supplies	\$0 copay for Medi-Cal covered services	0% or 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	<p>0% or 20% of the cost for each Medicare-covered primary care doctor visit</p> <p>0% or 20% of the cost for each Medicare-covered specialist visit</p>
10. Medical & surgical dental services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services
11. Ophthalmologist services	\$0 copay for Medi-Cal covered services	<p>0% or 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year</p>

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
12. Optometry services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye \$0 copay for up to 1 supplemental routine eye exam(s) every year.
13. Nurse anesthetist services	\$0 copay for Medi-Cal covered services	0% or 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 20% of the cost based on Health Net's contracted rate for Medicare-covered Medical supplies related to prosthetics, splints, and other devices.
15. Durable medical equipment	\$0 copay for Medi-Cal covered services	0% or 20% of the cost based on Health Net's contracted rate for Medicare-covered durable medical equipment
16. Hearing aids	\$0 copay for Medi-Cal covered services	\$0 copay for up to 1 supplemental hearing aid fitting-evaluation(s) every three years. \$0 copay for up to 2 supplemental hearing aids (one pair) every three years; \$2,000 plan coverage limit for 2 hearing aids (one pair) or \$1,000 plan coverage limit for 1 hearing aid every three years. Coverage limit covers the full cost of hearing aids.
17. Enteral formulae	\$0 copay for Medi-Cal covered services	0% or 20% of the cost based on Health Net's contracted rate for Medicare-covered parenteral and enteral related supplies and nutrients.
18. Licensed midwife services	\$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 2013 amounts. These amounts may change for 2014.)	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 each Medicare-covered home health visit
20. Physical therapy and related services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered Physical Therapy visits
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 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 Occupational Therapy visits

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	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 yearly deductible for Medicare Part B drugs</p> <p>0% or 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs</p> <p>Drugs covered under Medicare Part D</p> <p>You pay a \$0 annual deductible</p> <p>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 \$1.20 copay or • A \$2.55 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$3.60 copay or • A \$6.35 copay <p>Tier 1: Preferred Generic \$0 copay for drug in this tier</p> <p>Tier 6: Select Care Drugs \$0 copay for drugs in this tier.</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay</p> <p>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>

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
24. Pharmaceutical services and prescribed drugs (continued)		<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 \$1.20 copay or • A \$2.55 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$3.60 copay or • A \$6.35 copay <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network</p> <p>Individuals who do not qualify for Low Income Subsidy (LIS) are subject to Part D cost sharing as outlined in the Evidence of Coverage document.</p>
25. Prosthetic appliances (Orthotic appliances) prosthetic eyes	\$0 copay for Medi-Cal covered services	0% or 20% of the cost based on Health Net's Contracted Rate for Medicare-covered prosthetic devices
26. Comprehensive Perinatal Services Program (Preventive services)	\$0 copay for Medi-Cal covered services	Not covered
27. Community-Based Adult Services (CBAS) (waiver only)*	\$0 copay for Medi-Cal covered services	Not covered

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
28. Chronic dialysis services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered renal dialysis \$0 copay for Medicare-covered kidney disease education services
29. Rehabilitation services (chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered dialysis services 0% or 20% of the cost for Medicare-covered mental health and substance abuse services 0% or 20% of the cost for Medicare-covered rehabilitation services 0% or 20% of the cost for Medicare-covered partial hospitalization program services
30. Institutes for Mental Diseases (for under 21 years of age and over 65 years of age, including inpatient psychiatric care)	\$0 copay for Medi-Cal covered services	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 In 2013 the amounts for each benefit period were, \$0 or: Days 1 - 60: \$1184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day These amounts may change for 2014

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
31. Intermediate Care Facility	\$0 copay for Medi-Cal covered services	Not covered
32. Nurse midwife	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services
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 20% of the cost for Medicare-covered services
35. Respiratory care for ventilator-dependent patients	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services
36. Family nurse practitioner	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services
37. Rural primary care hospital	\$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 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
38. Nonmedical health facilities	\$0 copay for Medi-Cal covered services	<p>A religious non-medical health care institution is a facility that provides care for a condition that would ordinarily be treated in a hospital or skilled nursing facility care</p> <p>Inpatient Hospital: Plan covers 90 days each benefit period</p> <p>In 2013 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014</p> <p>You will not be charged additional cost sharing for professional services</p> <p>Skilled Nursing Facility: Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required</p> <p>In 2013 the amounts for each benefit period were: \$0 or: Days 1 - 20: \$0 per day Days 21 - 100: \$148 per day</p> <p>These amounts may change for 2014</p> <p>You will not be charged additional cost sharing for professional services</p>

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
39. Emergency hospital services	\$0 copay for Medi-Cal covered services	0% or 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. and its territories 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 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

*Community-Based Adult Services (CBAS) has replaced Adult Day Health Care services. Adult Day Health Care services were eliminated on March 31, 2012. CBAS became effective on April 1, 2012.

**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 2013 amounts. These amounts may change for 2014.)	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 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 20% of the cost for Medicare-covered services (as a part of outpatient mental health care when provided in connection with covered treatment for a mental disorder or chemical dependency)

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
7. Licensed clinical social worker services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services (as a part of outpatient mental health care)
8. Case management (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal covered services	0% or 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	Not covered

*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.

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
<p>11. Nonmedical services (Waiver only)</p>	<p>\$0 copay for Medi-Cal covered services</p>	<p>A religious non-medical health care institution is a facility that provides care for a condition that would ordinarily be treated in a hospital or skilled nursing facility</p> <p>Inpatient Hospital: Plan covers 90 days each benefit period</p> <p>In 2013 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014</p> <p>You will not be charged additional cost sharing for professional services</p> <p>Skilled Nursing Facility: Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required</p> <p>In 2013 the amounts for each benefit period were: \$0 or: Days 1 - 20: \$0 per day Days 21 - 100: \$148 per day</p> <p>These amounts may change for 2014</p> <p>You will not be charged additional cost sharing for professional services</p>

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
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	Not covered

**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 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
1. Podiatry services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for each Medicare-covered podiatry visit \$0 copay for up to 12 supplemental routine podiatry visit(s) every year
2. Chiropractic services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered chiropractic visit
3. Psychology services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered services (as a part of outpatient mental health care)
4. Optician and optical fabricating lab services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered eyeglasses or contact lenses after cataract surgery \$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 20% of the cost for Medicare-covered diagnostic hearing exams \$0 copay for up to 1 supplemental routine hearing exam(s) every year.
8. Dental services	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered dental benefits \$0 copay for preventive dental services Plan offers additional comprehensive dental benefits

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

Benefit Category	Medi-Cal (These are 2013 amounts. These amounts may change for 2014.)	Health Net Seniority Plus Amber II (HMO SNP)
9. Speech pathology/ Speech therapy	\$0 copay for Medi-Cal covered services	0% or 20% of the cost for Medicare-covered Speech and Language Pathology visits
10. Dentures	\$0 copay for Medi-Cal covered services	\$0 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% or 20% of the cost for Medicare-covered eyeglasses or contact lenses after cataract surgery \$0 copay for up to 1 pair(s) of glasses every two years \$0 copay for up to 1 pair(s) of contacts every two years \$0 copay for up to 1 pair(s) of lenses every two years \$0 copay for up to 1 frame(s) every two years \$100 plan coverage limit for eye wear every two years

**Optional Benefit Exclusion: The benefits are only available to this beneficiary population:
 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.

For more information please contact

Health Net Seniority Plus Amber II (HMO SNP)

PO Box 10420

Van Nuys, CA 91410-0198

Visit us at www.healthnet.com/medicare or, call us:

Customer Service Hours for October 1 - February 14:

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

Customer Service Hours for February 15 - September 30:

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

Current members should call locally or toll-free (800)-431-9007 for questions related to the Medicare Advantage Program or Medicare Part D Prescription Drug program.

(TTY/TDD (800)-929-9955)

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

(TTY/TDD (800)-929-9955)

CA100459 (9/13)

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