



Health Net®  
MEDICARE PROGRAMS

2009  
HEALTH NET

SENIORITY PLUS GREEN

*Summary  
of benefits*

LOS ANGELES, ORANGE, RIVERSIDE  
AND SAN BERNARDINO COUNTIES

Benefits effective January 1, 2009  
H0562 Medicare Advantage HMO



# INTRODUCTION TO SUMMARY OF BENEFITS FOR HEALTH NET SENIORITY PLUS GREEN

**January 1, 2009 – December 31, 2009**

**LOS ANGELES, ORANGE, RIVERSIDE AND SAN BERNARDINO COUNTIES**

Thank you for your interest in Health Net Seniority Plus Green. Our plan is offered by Health Net of California, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Health Net Seniority Plus Green and ask for the "Evidence of Coverage."

## **YOU HAVE CHOICES IN YOUR HEALTHCARE**

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 Green. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Health Net Seniority Plus Green at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 Green 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 GREEN AVAILABLE?**

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

## **WHO IS ELIGIBLE TO JOIN HEALTH NET SENIORITY PLUS GREEN?**

You can join Health Net Seniority Plus Green 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 are generally not eligible to enroll in Health Net Seniority Plus Green unless they are members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

Health Net Seniority Plus Green has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at [www.healthnet.com](http://www.healthnet.com). Our customer service number is listed at the end of this introduction.

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

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

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

Health Net Seniority Plus Green does cover Medicare Part B prescription drugs. Health Net Seniority Plus Green does not cover Medicare Part D prescription drugs.

## **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 Green 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 alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

**Please call Health Net of CA for more information about Health Net Seniority Plus Green. Visit us at [www.healthnet.com](http://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 Time

Current members should call toll-free (800)-275-4737. (TTY/TDD (800)-929-9955)

Prospective members should call toll-free (800)-935-6565. (TTY/TDD (800)-929-9955)

Current members should call locally (800)-275-4737. (TTY/TDD (800)-929-9955)

Prospective members should call (800)-935-6565. (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](http://www.medicare.gov) on the web.

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

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

SECTION 2

## SUMMARY OF BENEFITS

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS GREEN
<b>IMPORTANT INFORMATION</b>		
<b>1. Premium and Other Important Information</b>	In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.  If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.	<u>General</u> \$0 monthly plan premium in addition to your monthly Medicare Part B premium.
<b>2. Doctor and Hospital Choice</b> (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist, or hospital that accepts Medicare.	<u>In-Network</u> You must go to network doctors, specialists, and hospitals.  Referral required for network hospitals and specialists (for certain benefits).

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

BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS GREEN
<b>SUMMARY OF BENEFITS</b>		
<b>INPATIENT CARE</b>		
<p><b>3. Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period are:</p> <p>Days 1 - 60: \$1,068 deductible</p> <p>Days 61 - 90: \$267 per day</p> <p>Days 91 - 150: \$534 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</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.</p> <p>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>In-Network</u> For Medicare-covered hospital stays:</p> <p>Days 1 - 4: \$100 copay per day</p> <p>Days 5 - 90: \$0 copay per day \$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>4. Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p><u>In-Network</u> \$900 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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<p><b>5. Skilled Nursing Facility</b> (In a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:  Days 1 - 20: \$0 per day  Days 21 - 100: \$133.50 per day  100 days for each benefit period.  A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. 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.  <u>In-Network</u>  For SNF stays:  Days 1 - 20: \$0 copay per day.  Days 21 - 100: \$75 copay per day  Plan covers up to 100 days each benefit period.  No prior Hospital stay is required.</p>



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<p><b>6. Home Health Care</b> (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 Medicare-covered home health visits.</p>
<p><b>7. Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p><u>General</u> You must get care from a Medicare-certified hospice.</p>
<b>OUTPATIENT CARE</b>		
<p><b>8. Doctor Office Visits</b></p>	<p>20% coinsurance.</p>	<p><u>General</u> See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p><u>In-Network</u> \$7 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each in-area, network urgent Medicare-covered visit.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p>

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<b>9. Chiropractic Services</b>	<p>Routine care not covered.</p> <p>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> \$10 copay for Medicare-covered visits.</p> <p>\$10 copay for up to 30 routine visit(s) every year.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>
<b>10. Podiatry Services</b>	<p>Routine care not covered.</p> <p>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> \$10 copay for each Medicare-covered visit.</p> <p>\$10 copay for up to 1 routine visit(s).</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<b>11. Outpatient Mental Health Care</b>	<p>50% coinsurance for most outpatient mental health services.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$25 copay for each Medicare-covered individual or group therapy visit.</p>
<b>12. Outpatient Substance Abuse Care</b>	<p>20% coinsurance for the doctor.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$25 copay for Medicare-covered individual or group visits.</p>

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<b>13. Outpatient Services/ Surgery</b>	20% coinsurance for the doctor. 20% of outpatient facility charges.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$100 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.
<b>14. Ambulance Services</b> (Medically necessary ambulance services)	20% coinsurance.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$125 copay for Medicare-covered ambulance benefits.
<b>15. Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	<u>In-Network</u> \$50 copay for Medicare-covered emergency room visits. <u>Out-of-Network</u> \$50,000 limit for emergency services outside the U.S. every year. <u>In and Out-of-Network</u> If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.
<b>16. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	<u>General</u> \$10 copay for Medicare-covered urgently needed care visits. If you are immediately admitted to the hospital, you pay \$0 for the urgent-care visit.
<b>17. Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/ Language Therapy visits.

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BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS GREEN
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18. Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	20% coinsurance.	<u>General</u> Authorization rules may apply. <u>In-Network</u> 20% of the cost for Medicare-covered items.
<b>19. Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	<u>General</u> Authorization rules may apply. <u>In-Network</u> 20% of the cost for Medicare-covered items.
<b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance.  Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor.  These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.
<b>21. Diagnostic Tests, X-Rays, and Lab Services</b>	20% coinsurance for diagnostic tests and X-rays.  \$0 copay for Medicare-covered lab services.  Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered: <ul style="list-style-type: none"> <li>• lab services</li> <li>• diagnostic procedures and tests</li> </ul> \$0 copay for Medicare-covered X-rays. \$0 to \$250 copay for Medicare-covered diagnostic radiology services. \$0 to \$250 copay for Medicare-covered therapeutic radiology services.

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BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS GREEN
<b>PREVENTIVE SERVICES</b>		
<b>22. Bone Mass Measurement</b> (For people with Medicare who are at risk)	20% coinsurance. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered bone mass measurement.
<b>23. Colorectal Screening Exams</b> (For people with Medicare age 50 and over)	20% coinsurance. Covered when you are high risk or when you are age 50 and older.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.
<b>24. Immunizations</b> (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.
<b>25. Mammograms</b> (Annual Screening) (For women with Medicare age 40 and older)	20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<u>In-Network</u> \$0 copay for Medicare-covered screening mammograms.
<b>26. Pap Smears and Pelvic Exams</b> (For women with Medicare)	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams.	<u>In-Network</u> \$0 copay for Medicare-covered pap smears and pelvic exams.

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<p><b>27. Prostate Cancer Screening Exams</b> (For men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p><u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered prostate cancer screening.</p>
<p><b>28. End Stage Renal Disease</b></p>	<p>20% coinsurance for renal dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><u>General</u> Authorization rules may apply. <u>In-Network</u> \$25 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
<p><b>29. Prescription Drugs</b></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><i>Drugs covered under Medicare Part B</i> <u>General</u> Most drugs not covered. 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs. <i>Drugs covered under Medicare Part D</i> <u>General</u> This plan does not offer prescription drug coverage.</p>

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BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS GREEN
<b>30. Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits</p> <ul style="list-style-type: none"> <li>• up to 2 oral exam(s) every year</li> <li>• up to 2 cleaning(s) every year</li> <li>• up to 1 dental x-ray(s) every year</li> </ul> <p>\$500 limit for preventive dental benefits every year</p>
<b>31. Hearing Services</b>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>Hearing aids not covered.</p> <p>\$10 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$10 copay for up to 1 routine hearing test every year.</p>

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BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS GREEN
<b>32. Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>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"> <li>• one pair of eyeglasses or contact lenses after each cataract surgery.</li> <li>• up to 1 pair(s) of glasses every two years</li> <li>• up to 1 pair(s) of contacts every two years</li> <li>• up to 1 pair(s) of lenses every two years</li> <li>• up to 1 frame(s) every two years</li> </ul> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye</p> <p>\$10 copay for up to 1 routine eye exam(s) every year.</p>
<b>33. Physical Exams</b>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for routine exams. Limited to 1 exam every year.</p>



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BENEFIT	ORIGINAL MEDICARE	HEALTH NET SENIORITY PLUS GREEN
<b>Health/Wellness Education</b>	<p>Smoking Cessation:            Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay Coinsurance, and Part B deductible applies.</p>	<p><u>In-Network</u>            This plan covers the following health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters</li> <li>• Nutritional Training</li> <li>• Additional Smoking Cessation</li> <li>• Health Club Membership/ Fitness Classes</li> <li>• Nursing Hotline</li> </ul>
<b>Transportation (Routine)</b>	Not Covered	<p><u>In-Network</u>            This plan does not cover routine transportation</p>
<b>Acupuncture</b>	Not Covered	<p><u>General</u>            Authorization rules may apply.</p> <p><u>In-Network</u>            \$10 copay per visit up to 30 visit(s) per year.</p>

Health Net Seniority Plus  
Post Office Box 10198  
Van Nuys, CA 91410-0198

**For more information, please contact us at:**

Current members should call  
1-800-275-4737 (TTY/TDD 1-800-929-9955)  
Monday, Tuesday, Wednesday, Thursday, Friday,  
7:30 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Pacific Time, except holidays.

Prospective members should call  
1-800-977-6738 (TTY/TDD 1-800-929-9955)  
Monday, Tuesday, Wednesday, Thursday, Friday,  
8:00 a.m. to 6:30 p.m. Pacific Time, except holidays.

**[www.healthnet.com](http://www.healthnet.com)**

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