

# 2010 BENEFIT HIGHLIGHTS

## HEALTH NET HEALTHY HEART PLAN 1 (HMO)

*Los Angeles, Orange, Riverside, and San Bernardino Counties, CA*

<b>MEDICAL COVERAGE</b>	
Monthly health plan premium	\$0 <sup>1</sup>
Primary care physician office visit	\$0
Specialist physician office visit	\$0
Inpatient hospital care* (unlimited days)	\$0
Outpatient surgery	\$0
X-Rays and laboratory services (Medicare covered)	\$0
Clinical, diagnostic lab and radiation therapy services (CT, MRI, PET, SPECT) (Copay based on Medicare allowable amount)	\$0-\$999: \$0 \$1,000-\$1,999: \$100 \$2,000 or more: \$250
Durable medical equipment (DME)	20%
Diabetic supplies	\$0
Home health	\$0
Emergency care (waived if admitted to hospital)* *Worldwide emergency coverage: annual limit of \$50,000	\$50
Urgent care (waived if admitted to hospital)	\$10
Ambulance	\$180
Routine annual physical examination	\$0
Routine annual eye examination	\$30
Eyewear (Medicare covered)	\$0
Health club membership/fitness	\$0
<b>DRUG COVERAGE<sup>2,3</sup></b>	
Part D deductible	\$0
Preferred generic	\$5
Preferred brand	\$42
Non-preferred generic and brand	\$84
Injectable/specialty drugs	33%
Initial coverage limit/coverage gap <sup>4</sup>	\$2,830
Catastrophic coverage After your out-of-pocket costs reach \$4,550 you pay the greater of: <ul style="list-style-type: none"> <li>• generic/preferred brand (including brand drugs treated as generic)</li> <li>• all other formulary drugs</li> </ul>	\$2.50 or 5% coinsurance \$6.30 or 5% coinsurance

*All covered medical services available in-network only, except for emergency care, urgent care and renal dialysis.*

<b>OPTIONAL SUPPLEMENTAL BENEFITS</b>	
Package #1 monthly plan premium (Acupuncture, Chiropractic, DHMO Dental & Eyewear)	\$15
Package #2 monthly plan premium (Acupuncture, Chiropractic, DPPO Dental <sup>5</sup> & Eyewear)	\$18

\*You are covered for unlimited days each benefit period. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

<sup>1</sup>Drug coverage included in this premium.

<sup>2</sup>Health Net uses a formulary (drug list), which is subject to change. Drug copayments are based on a 30-day supply. 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 pay more than the copay if you get your drugs at an out-of-network pharmacy. Please see your Summary of Benefits and/or Comprehensive Formulary for complete coverage details.

<sup>3</sup>In some cases your physician may be asked to submit Prior Authorization for a medication. Coverage of the medication is dependent on medical necessity as determined by Health Net.

<sup>4</sup>The initial coverage limit is the amount spent by the member and the plan. After the total yearly drug costs reach \$2,830, you pay \$5 for unlimited preferred generic drugs and you are responsible for paying 100% of all other preferred brand, non-preferred generic or brand, injectable and specialty drug costs until your yearly out-of-pocket drug costs reach \$4,550.

<sup>5</sup>No network restrictions for covered dental services. All other covered services available in-network only. Benefit limitations may apply, please refer to the Summary of Benefits for complete coverage details.

Health Net of California, Inc. is a Medicare Advantage (MA) organization with a Medicare contract. These contracts are renewed annually and availability of coverage beyond the end of the contract year is not guaranteed. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's MA plans. You must reside in the plan service area in order to apply for Health Net's MA plans. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. This document is available in alternative formats. Plan benefits and cost sharing may vary by plan, county, and region.

In-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net and who accept Medicare. Members enrolled in Health Net MA HMO plans must receive all routine care from in-network plan providers, except in emergent or urgent care situations or for out-of-area renal dialysis. If Health Net MA HMO members obtain routine care from out-of-network plan providers, neither Medicare nor Health Net will be

responsible for the costs. With few exceptions, you will need to get referrals (approval in advance) from your primary care physician. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself.

The Medicare Prescription Drug Benefit is only available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plan. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries that are already enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD Plan at a time.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for seventy-five percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), 24 hours a day/7 days a week; your State Medicaid Office; or the Social Security Administration at 1-800-772-1213 (TTY/TDD users should call 1-800-325-0778) between 7:00 a.m. and 7:00 p.m., Monday through Friday.

Medicare beneficiaries may enroll in Health Net's MA or PDP plans through the Centers for Medicare & Medicaid Services On-line Enrollment Center, located at [www.Medicare.gov](http://www.Medicare.gov). For full information on this plan's benefits, including information on premium withhold or direct bill options, other exclusions, limitations, or restrictions to services not already identified in this document, and how to obtain this material in an alternate format, please contact Health Net at 1-800-977-6738, TTY/TDD 1-800-929-9955 (for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., 7 days a week.

This document is only a summary for informational purposes. It is not a contract. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage (EOC) or Vendor Benefits Rider (VBR) document.

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