

2010 Health Net Medicare Advantage Plan Comparison

Douglas, Jackson, Josephine Counties, Oregon



This is a brief summary and presents general information only. Please refer to the combined Annual Notice of Change/
Evidence of Coverage for full details.

2010 Health Net Medicare Advantage Plan Comparison

Monthly Premium: Healthy Heart (PPO) \$101, Violet Option 1 (PPO) \$75, Violet Option 2 (PPO) \$0, Aqua (PPO) \$25

Benefit Category	Health Net Plan Name	In-Network Cost	Out-of-Network Cost
Deductible (See page 8 for an explanation)	Violet Option 2	\$75 combined In-Network & Out-of-Network	
	Healthy Heart, Violet Option 1, Aqua	No deductible	
Inpatient Hospital Care (Unlimited days)	Healthy Heart	\$100 per day (for days 1 - 8)	\$100 per day (for days 1 - 8)
	Violet Option 1	\$150 per day (for days 1 - 8)	\$200 per day (for days 1 - 8)
	Violet Option 2	\$200 per day (for days 1 - 8)	\$250 per day (for days 1 - 8)
	Aqua	\$100 per day (for days 1 - 8)	\$200 per day (for days 1 - 8)
Inpatient Mental Health Care: 190-day lifetime limit in a psychiatric hospital	Healthy Heart	\$100 per day (for days 1 - 8)	\$100 per day (for days 1 - 8)
	Violet Option 1	\$150 per day (for days 1 - 8)	\$200 per day (for days 1 - 8)
	Violet Option 2	\$200 per day (for days 1 - 8)	\$250 per day (for days 1 - 8)
	Aqua	\$100 per day (for days 1 - 8)	\$200 per day (for days 1 - 8)
Skilled Nursing Facility: Limited to 100 days per benefit period, no prior hospitalization required.	Healthy Heart	\$100 per day (for days 1 - 8)	\$100 per day (for days 1 - 8)
	Violet Option 1	\$150 per day (for days 1 - 8)	\$200 per day (for days 1 - 8)
	Violet Option 2	\$200 per day (for days 1 - 8)	\$250 per day (for days 1 - 8)
	Aqua	\$100 per day (for days 1 - 8)	\$200 per day (for days 1 - 8)
Urgent Care Facility	Healthy Heart, Aqua	\$25	\$50
	Violet Option 1 & 2	\$35	\$50
Home Health Care	Healthy Heart, Violet Option 1 & 2, Aqua	\$0	\$0
Doctor Office and Specialist Office Visits (including smoking cessation counseling)	Healthy Heart	\$10	\$10
	Violet Option 1	\$12	\$20
	Violet Option 2	\$15	\$20
	Aqua	\$10	\$20
Chiropractic (Medicare-covered)	Healthy Heart, Violet Option 1 & 2, Aqua	\$15	\$15
Podiatry (Medicare-covered)	Healthy Heart, Violet Option 1 & 2, Aqua	\$25	\$35

Benefit Category	Health Net Plan Name	In-Network Cost	Out-of-Network Cost
Routine Foot Care	Aqua	\$25	\$35
	Healthy Heart, Violet Option 1 & 2	Not covered	Not covered
Outpatient Mental Health & Outpatient Substance Abuse	Healthy Heart, Violet Option 1 & 2, Aqua	\$25	\$50
Outpatient Surgery/ Observation Bed	Healthy Heart	\$100 per stay	\$100 per stay
	Violet Option 1	\$150 per stay	\$200 per stay
	Violet Option 2	10% coinsurance	15% coinsurance
	Aqua	\$100 per stay	\$200 per stay
Ambulance	Healthy Heart, Aqua	\$75	\$75
	Violet Option 1	\$150	\$150
	Violet Option 2	\$200	\$200
Emergency Care (worldwide) \$50,000 max outside the U.S. per contract year.	Healthy Heart, Violet Option 1 & 2, Aqua	\$50	\$50
Outpatient Rehabilitation Therapy	Healthy Heart, Violet Option 1 & 2, Aqua	\$25	\$35
	Physical therapy (including speech therapy) has an annual maximum benefit of \$1,840 per calendar year. Occupational therapy has an annual maximum benefit of \$1,840 per calendar year.		
Durable Medical Equipment, Prosthetic Devices	Healthy Heart, Violet Option 1 & 2, Aqua	Cost based upon Medicare Allowable Rates:	
		If Tier Cost is:	You Pay:
		\$0-\$499	\$20
		\$500-\$2,999	\$100
		\$3,000 +	\$600
Cost based upon Medicare Allowable Rates:			
If Tier Cost is:	You Pay:		
\$0-\$499	\$30		
\$500-\$2,999	\$150		
\$3,000 +	\$900		

Benefit Category	Health Net Plan Name	In-Network Cost	Out-of-Network Cost		
Diabetes Self-Monitoring Training ¹	Healthy Heart, Violet Option 1 & 2, Aqua	\$0	\$0		
Diabetic Supplies	Healthy Heart, Violet Option 1 & 2, Aqua	\$0 for each diabetic supply	\$0 for each diabetic supply		
Clinical/Diagnostic Lab ¹	Healthy Heart, Aqua	\$0 for Medicare-covered and non-Medicare-covered services	\$0 for Medicare-covered and non-Medicare-covered services		
	Violet Option 1	\$12 for Medicare-covered and non-Medicare-covered services	\$20 for Medicare-covered and non-Medicare-covered services		
	Violet Option 2	\$15 for Medicare-covered and non-Medicare-covered services	\$20 for Medicare-covered and non-Medicare-covered services		
Radiation Therapy, Outpatient Imaging Services: MRA, MRI, CT, PET ¹	Healthy Heart, Violet Option 1 & 2, Aqua	Cost based upon Medicare Allowable Rates:			
		If Tier Cost is:	You Pay:	If Tier Cost is:	You Pay:
		\$0-\$499	\$20	\$0-\$499	\$30
		\$500-\$2,999	\$100	\$500-\$2,999	\$150
		\$3,000 +	\$600	\$3,000 +	\$900
Outpatient X-Rays ¹	Healthy Heart	\$0	\$0		
	Violet Option 1	\$12	\$20		
	Violet Option 2	\$15	\$20		
	Aqua	\$10	\$20		
Preventive Services ¹ : Bone Mass Measurement, Colorectal Screening Exams, Immunizations, Mammograms, Pap Smears and Pelvic Exams, Prostate Cancer Screening	Healthy Heart, Violet Option 1 & 2, Aqua	\$0	\$0		
Routine Physical Exams	Healthy Heart, Violet Option 1 & 2, Aqua	\$0	\$0		

¹ Additional cost sharing may apply based on place of service.

Benefit Category	Health Net Plan Name	In-Network Cost	Out-of-Network Cost
Preventive Dental Services	Healthy Heart, Violet Option 1, Aqua	\$35 annual dental deductible 0% coinsurance (Health Net pays 100%) for: 2 exams every 12 months 2 routine cleanings (adult prophylaxis) every 12 months Bitewing X-rays once every 12 months Panoramic X-rays once every 36 months	\$35 annual dental deductible 20% coinsurance of UCR ² (Health Net pays 80%). Member is responsible for the difference between UCR and billed charges 2 exams every 12 months 2 routine cleanings (adult prophylaxis) every 12 months Bitewing X-rays once every 12 months Panoramic X-rays once every 36 months
	There is a combined \$500 annual benefit limit for in-network and out-of-network preventive dental services. Multi-year benefit may not be available in subsequent years.		
	Violet Option 2	Not covered	Not covered
Hearing Services (Medicare-covered)	Healthy Heart	\$10	\$10
	Violet Option 1	\$12	\$20
	Violet Option 2	\$15	\$20
	Aqua	\$10	\$20
Vision Services – Routine	Healthy Heart, Violet Option 1, Aqua	\$10 routine eye exam once every 12 months	One eye exam once every 12 months. Health Net will pay \$45 and the member will be responsible for balance to billed charges.
	Violet Option 2	\$10 routine eye exam every 12 months	One eye exam every 12 months. Health Net will pay \$30 and the member will be responsible for balance to billed charges.

² UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

Benefit Category	Health Net Plan Name	In-Network Cost	Out-of-Network Cost
Vision Services – Medicare-covered	Healthy Heart	\$10 per exam	\$10 per exam
	Violet Option 1	\$12 per exam	\$20 per exam
	Violet Option 2	\$15 per exam	\$20 per exam
	Aqua	\$10 per exam	\$20 per exam
Eyewear – Medicare-covered	Healthy Heart, Violet Option 1, Aqua	\$0 for one pair of glasses or contacts covered after each Medicare covered cataract surgery.	
	Violet Option 2	\$0 for one pair of glasses or contacts covered after each Medicare covered cataract surgery.	40% coinsurance. One pair of glasses or contacts covered after each Medicare covered cataract surgery.
Eyewear – Routine	Healthy Heart, Violet Option 1, Aqua	\$100 plan benefit amount every 24 months for non-Medicare covered eyewear (Multi-year benefit may not be available in subsequent years)	
	Violet Option 2	Not covered	Not covered
Health/Wellness Education	Healthy Heart, Violet Option 1 & 2, Aqua	\$0	\$0
Routine Chiropractic, Naturopathic, Acupuncture	Healthy Heart, Violet Option 1 & 2, Aqua	\$15 for routine chiropractic, naturopathic, and acupuncture	\$15 for routine chiropractic, naturopathic, and acupuncture
	There is a combined \$500 annual coverage limit for routine chiropractic, acupuncture, and naturopathy. Complementary care services received out-of-network must be furnished by a provider qualified to provide the covered benefit and who accepts the Plan's terms and conditions of payment. Members should request that out-of-network providers contact Health Net Complementary Care (phone number on ID card) for terms and conditions.		
Hearing Aids	Healthy Heart	\$250 plan benefit amount every 36 months. (Multi-year benefit may not be available in subsequent years)	
	Violet Option 1 & 2, Aqua	Not covered	
Fitness club	Healthy Heart	Membership at participating Silver & Fit centers	\$150 annual plan benefit for non-Silver & Fit fitness centers
	Violet Option 1 & 2, Aqua	Not covered	Not covered

Healthy Heart (PPO): Out-of-Pocket Maximum (OPM) – Health Net provides a “safety net” with Out-of-Pocket maximum spending limits. OPM-covered services received in-network accumulate toward an out-of-pocket maximum “safety net” of *\$1,500* for Healthy Heart. Most out-of-network services will have a maximum out-of-pocket of *\$1,500* for Healthy Heart.

Violet Option 1 (PPO): Out-of-Pocket Maximum (OPM) – Health Net provides a “safety net” with Out-of-Pocket maximum spending limits. OPM-covered services received in-network accumulate toward an out-of-pocket maximum “safety net” of *\$2,000* for Violet Option 1. Most out-of-network services will have a maximum out-of-pocket of *\$3,000* for Violet Option 1.

Violet Option 2 (PPO): Out-of-Pocket Maximum (OPM) – Health Net provides a “safety net” with Out-of-Pocket maximum spending limits. OPM-covered services received in-network accumulates toward an out-of-pocket maximum “safety net” of *\$2,500* for Violet Option 2. Most out-of-network services will have a maximum out-of-pocket of *\$3,500*.

Aqua (PPO): Out-of-Pocket Maximum (OPM) – Health Net provides a “safety net” with Out-of-Pocket maximum spending limits. OPM-covered services received in-network accumulate toward an out-of-pocket maximum “safety net” of *\$1,500* for Aqua. Most out-of-network services will have a maximum out-of-pocket of *\$3,000* for Aqua.

After you meet an annual out-of-pocket maximum, Health Net will pay 100% of OPM-covered services within the applicable network.

NOTE: Not all plan services are covered under the Out-of-Pocket Maximum. Preventive dental, routine vision, routine eyewear, complementary care services (naturopathy, acupuncture and routine chiropractic), hearing aids, fitness club membership and Part D prescription drugs are excluded from the OPM.

Plan Medical Deductible

Health Net plans contain elements that are designed to expand benefit options. Our goal is to offer choices that fit most any lifestyle. A Plan deductible is a one-time amount a member is responsible to pay for selected services before the plan pays a medical benefit.

Violet Option 2 (PPO), include(s) a once-a-year medical deductible of \$75 that applies to specific in-network and out-of-network benefit categories:

The annual medical Plan deductible does not apply to the following benefits categories:

Primary care or specialist office visits	Emergency care	Urgent care (in-network only)	Preventive services
Medicare-covered or routine vision exams	Medicare-covered hearing exam	Medicare-covered or routine chiropractic services	Naturopathic services
Acupuncture services	Preventive dental services	Routine eyewear	Part D drugs
Mental health, psychiatric or substance abuse individual or group sessions			

The annual medical Plan deductible does apply to the following benefit categories (and any benefit not listed in the table above):

Inpatient hospital care	Partial hospitalization (alternative to inpatient mental health services)	Ambulance services	Prosthetic devices & related supplies
Inpatient mental health care	Home health agency care	Outpatient surgery & services	Outpatient diagnostic tests, including X-rays & lab tests
Skilled Nursing Facility	Outpatient rehabilitation services, including cardiac rehabilitation	Durable medical equipment & related supplies	Medicare-covered eyewear
Blood	Urgent care services (out-of-network only)	Diabetes monitoring supplies	Medicare Part B drugs
Renal dialysis			

If you have any questions about how a deductible works or which services are subject to the plan deductible, please call our Member Services at the numbers at the back of this booklet.

Health Net Healthy Heart (PPO) Pharmacy Benefit Category

Benefit Category	Retail Pharmacy		Mail Order Preferred
Annual Part D Deductible	\$0	\$0	\$0
Before total annual prescription drug costs reach \$2,830:	<u>30 day supply</u>	<u>90 day supply</u>	<u>90 day supply</u>
Tier 1 -- Preferred Generic	\$5 copayment	\$15 copayment	\$10 copayment
Tier 2 -- Preferred Brand	\$35 copayment	\$105 copayment	\$70 copayment
Tier 3 -- Non-preferred Brand & Generic	\$70 copayment	\$210 copayment	\$175 copayment
Tier 4 -- Injectable Drugs	33% coinsurance	NA	NA
Tier 5 -- Specialty Injectable Drugs	33% coinsurance	NA	NA
After initial coverage limit reaches \$2,830, you pay:	100%	100%	100%
After annual out-of-pocket drug costs reach \$4,550, you pay the greater of:			
Generic or Preferred Brand	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%
All other drugs	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%

Health Net Violet Option 1 & 2 (PPO) Pharmacy Benefit Category

Benefit Category	Retail Pharmacy		Mail Order Preferred
Annual Part D Deductible	\$0	\$0	\$0
Before total annual prescription drug costs reach \$2,830:	<u>30 day supply</u>	<u>90 day supply</u>	<u>90 day supply</u>
Tier 1 -- Preferred Generic	\$6 copayment	\$18 copayment	\$12 copayment
Tier 2 -- Preferred Brand	\$38 copayment	\$114 copayment	\$76 copayment
Tier 3 -- Non-preferred Brand & Generic	\$76 copayment	\$228 copayment	\$190 copayment
Tier 4 -- Injectable Drugs	33% coinsurance	NA	NA
Tier 5 -- Specialty Injectable Drugs	33% coinsurance	NA	NA
After initial coverage limit reaches \$2,830, you pay:	100%	100%	100%
After annual out-of-pocket drug costs reach \$4,550, you pay the greater of:			
Generic or Preferred Brand	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%
All other drugs	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%

Please note:

- Medicare Part D prescription drug services do not apply to the health plan annual out-of-pocket maximum (OPM).
- If a Health Net Aqua (MA) member enrolls in a separate, stand-alone prescription drug plan (PDP), the member would be disenrolled from Health Net Aqua. To keep Medicare Advantage-type coverage, an MA plan member may receive Medicare Part D prescription drug benefits by enrolling in a Medicare Advantage Prescription Drug (MAPD) plan.
- You may only enroll in Medicare Advantage plans during certain times of the year. Please call our Member Service Center at the number on the back of this booklet for more information.

Extended Dental-Vision Optional Coverage #1

Member premium: Healthy Heart, Violet Option 1, Aqua \$19

Dental ⁴	<p>In addition to preventive services and other conditions stated and provided in the core ³ dental benefit:</p> <p>Basic Services</p> <ul style="list-style-type: none"> • Amalgam or composite resin fillings (restorative services): one restoration per tooth surface every 3 years • 20% coinsurance for restorative services from in-network providers. • 20% coinsurance of UCR ² for restorative services from out-of-network providers. Health Net pays 80% of UCR. Member is responsible for the difference between UCR and billed charges <p>Major Services</p> <ul style="list-style-type: none"> • Non-surgical periodontal treatment (scaling and planning) and related maintenance • 50% coinsurance for non-surgical periodontal treatment and maintenance from in-network providers. Health Net pays 50%. • 50% coinsurance of UCR ² for non-surgical periodontal treatment and maintenance from out-of-network providers. Health Net pays 50% of UCR. Member is responsible for the difference between UCR and billed changes <p>There is an additional \$500 allowance added to the \$500 core dental benefit limit, for a combined annual benefit maximum of \$1,000 for preventive, basic and major dental services from in-network and out -of -network providers.</p> <p>Specific dental codes apply to dental coverage. Please refer to Vendor Benefit Guide for dental codes.</p>
Eyewear ⁴	<p>There is an additional \$150 allowance added to the \$100 core vision benefit limit for a combined benefit maximum of \$250 every 24 months for non-Medicare-covered eyewear from in-network and out-of-network providers.</p>

² UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

³ See page 5 for description of core dental benefits

⁴ Multi-year benefit may not be available in subsequent years

Extended Dental-Vision Optional Coverage #1

Member premium: Violet Option 2 \$29

Dental ⁴	<p>\$35 annual dental deductible</p> <p>Preventive Services including 2 exams every 12 months, 2 routine cleanings (adult prophylaxis) every 12 months, bitewing X-rays once every 12 months, and panoramic X-rays once every 36 months</p> <ul style="list-style-type: none"> ▪ 0% coinsurance for preventive services received from network providers. Health Net pays 100%. ▪ 20% coinsurance for preventive services received from out-of-network providers. Health Net pays 80% of UCR ² Member is responsible for the difference between UCR and billed charges. <p>Basic Services</p> <ul style="list-style-type: none"> • Amalgam or composite resin fillings (restorative services), one restoration per tooth surface every 3 years • 20% coinsurance for restorative services from in-network providers. Health Net pays 80%. • 20% coinsurance of UCR ² for restorative services from out-of-network providers. Health Net pays 80% of UCR. Member is responsible for the difference between UCR and billed charges <p>Major Services</p> <ul style="list-style-type: none"> • Non-surgical periodontal treatment (scaling and planning) and related maintenance • 50% coinsurance for non-surgical periodontal treatment and maintenance from in-network providers. Health Net pays 50%. • 50% coinsurance of UCR ² for non-surgical periodontal treatment and maintenance from out-of-network providers. Health Net pays 50% of UCR. Member is responsible for the difference between UCR and billed changes <p>There is a combined annual benefit maximum of \$1,000 for preventive, basic and major dental services from in-network and out-of-network providers.</p> <p>Specific dental codes apply to dental coverage. Please refer to Vendor Benefit Guide for dental codes.</p>
Eyewear ⁴	There is a \$250 allowance every 24 months for non-Medicare-covered eyewear from in-network and out-of-network providers.

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⁴ Multi-year benefit may not be available in subsequent years

Comprehensive Dental Optional Coverage #2

Member premium: Healthy Heart, Violet Option 1, Aqua \$50

Dental ⁴	<p>\$35 annual dental deductible</p> <p>Preventive Services including 2 exams every 12 months, 2 routine cleanings (adult prophylaxis) every 12 months, bitewing X-rays once every 12 months, and panoramic X-rays once every 36 months</p> <ul style="list-style-type: none"> ▪ 0% coinsurance for preventive services received from network providers. Health Net pays 100%. ▪ 0% coinsurance for preventive services received from out-of-network providers. Health Net pays 100% of UCR. Member is responsible for the difference between UCR ² and billed charges. <p>Basic Services including amalgam or composite resin fillings (1 restoration per tooth surface every 3 years)</p> <ul style="list-style-type: none"> ▪ 20% coinsurance for restorative services received from network providers. Health Net pays 80%. ▪ 20% coinsurance of UCR ² for restorative services received from out-of-network providers. Health Net pays 80% of UCR. Member is responsible for the difference between UCR and billed charges. <p>Major Services</p> <ul style="list-style-type: none"> ▪ 50% coinsurance for major services including periodontal treatment and maintenance, extractions, oral surgery, endodontics, crowns and dentures from network providers. Health Net Pays 50%. ▪ 50% coinsurance of UCR ² for major services including periodontal treatment and maintenance, extractions, oral surgery, endodontics, crowns and dentures from out-of-network providers. Health Net pays 50% of UCR. Member is responsible for the difference between UCR and billed charges. <p>There is an additional \$500 allowance added to the \$500 core dental benefit limit, for a combined annual benefit maximum of \$1,000 for preventive, basic and major dental services from in-network and out-of-network providers</p> <p>Specific dental codes apply to dental coverage. Please refer to Vendor Benefit Guide for dental codes and benefit detail.</p>
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² UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

⁴ Multi-year benefit may not be available in subsequent years

Comprehensive Dental Optional Coverage #2

Member premium: Violet Option 2 \$56

Dental ⁴	<p>\$35 annual dental deductible</p> <p>Preventive Services including 2 exams every 12 months, 2 routine cleanings (adult prophylaxis) every 12 months, bitewing X-rays once every 12 months, and panoramic X-rays once every 36 months</p> <ul style="list-style-type: none"> ▪ 0% coinsurance for preventive services received from network providers. Health Net pays 100%. ▪ 0% coinsurance for preventive services received from out-of-network providers. Health Net pays 100% of UCR. Member is responsible for the difference between UCR ² and billed charges. <p>Basic Services including amalgam or composite resin fillings (1 restoration per tooth surface every 3 years)</p> <ul style="list-style-type: none"> ▪ 20% coinsurance for restorative services received from network providers. Health Net pays 80%. ▪ 20% coinsurance of UCR ² for restorative services received from out-of-network providers. Health Net pays 80% of UCR. Member is responsible for the difference between UCR and billed charges. <p>Major Services</p> <ul style="list-style-type: none"> ▪ 50% coinsurance for major services including periodontal treatment and maintenance, extractions, oral surgery, endodontics, crowns and dentures from network providers. Health Net Pays 50%. ▪ 50% coinsurance of UCR ² for major services including periodontal treatment and maintenance, extractions, oral surgery, endodontics, crowns and dentures from out-of-network providers. Health Net pays 50% of UCR. Member is responsible for the difference between UCR and billed charges. <p>There is a combined annual benefit maximum of \$1,000 for preventive, basic and major dental services from in-network and out-of-network providers.</p> <p>Specific dental codes apply to dental coverage. Please refer to Vendor Benefit Guide for dental codes and benefit detail.</p>
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² UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

⁴ Multi-year benefit may not be available in subsequent years

For more information, please contact us at:

Health Net Medicare Advantage
13221 SW 68th Parkway, Suite 200
Tigard, OR 97223

If you have questions call our Member Service Center at 1-888-445-8913, (TTY 1-800-929-9955), 8:00 a.m. to 8:00 p.m., seven days a week.

Health Net Life Insurance Company is a Medicare Advantage (MA) organization with a Medicare contract. This contract is 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. Medicare beneficiaries must continue to pay their Part B premium if not otherwise paid for under Medicaid or by another third-party, and must reside in the plan service area. Copayments, coinsurance, limitations and restrictions may apply. Medicare beneficiaries can only enroll in these plans during certain times of the year. Plan benefits and cost sharing may vary by plan 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. Prior authorization from Health Net is required for some in-network services. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers. Health Net will reimburse members for mandatory supplemental services received in or out-of-network as long as the services are medically necessary. Members do not need a referral if they are going to see an out-of-network provider.

The Medicare Prescription Drug Benefit is only available to members who enroll 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 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. Medicare beneficiaries may enroll in Health Net's MA plans through the Centers for Medicare & Medicaid Services On-line Enrollment Center, located at www.Medicare.gov. For more information contact Health Net at 1-800-822-7698, (TTY 1-800-929-9955), 8:00 a.m. to 8:00 p.m., seven days a week.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day / 7 days a week, your State Medicaid Office, or the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.

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