



Health Net[®]
Medicare Programs



MEMBER HANDBOOK

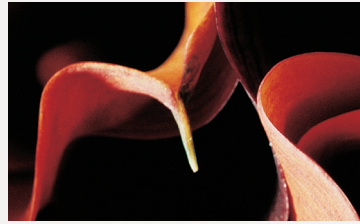
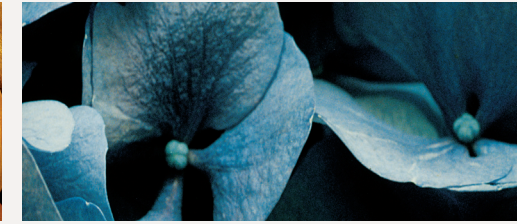


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Introduction

Thank you for choosing a Health Net Medicare Advantage plan. With simple premiums and copayments, along with access to an extensive network of doctors, hospitals, and other providers in the State of Connecticut, we hope you'll be pleased with your decision to choose Health Net.

We created this Member Handbook by listening to our members and using their feedback. And, we've provided answers to the most common questions about how your benefits work and how to use your plan.

The content discussed in this handbook is specific to members of Health Net Ruby, Green, Sage, Amber, and Navy plans. All forms and documents pictured within are samples and may differ slightly from the actual piece.

In this handbook, you'll find:

- a breakdown of how to read some of our important documents and forms,
- a quick tutorial on how to access plan information on our web site,
- simple answers to common questions about your medical and prescription drug benefits, and,
- an overview of programs and services included with your Health Net plan beyond your medical and drug benefits,

After you've had a chance to read through your handbook, if you have any questions or need more information, please feel free to dial the toll-free number located on the back cover of this brochure. A Health Net Member Advocate in our Member Service Center will be happy to assist you.

Using Plan Materials

As part of your membership, there are a number of important documents you will receive from us to help you stay well informed about your plan benefits.

YOUR HEALTH NET ID CARD

Key copayment amounts are listed on the front of your ID card.

Health Net
Medicare Programs

Subscriber:
ID#: **HN0000000 01**
Plan: **CT RUBY 1**

Card Issuer ID: 80840
Contract: CT0755-001

Group#: 004577

PCP: \$5 Specialist: \$15 Urgent Care: \$25 ER: \$50

Rx Claims Processor: Caremark
Rx BIN: 004336
Rx PCN: ADV
Rx Group: RX6270

MedicareRx
Prescription Drug Coverage

This card is for identification purposes only and does not guarantee eligibility

Important Member Phone Numbers:
Customer Contact Ctr: 1-800-547-8734 TTY: 1-888-747-2424
 Hours of operation Monday-Friday, 8am - 8pm EST
Hospitals and Physicians: 1-800-438-7886
Healthy Lifestyles: 1-888-747-9444 TTY: 1-888-747-2424
Behavioral Health: 1-800-627-7715 TTY: 1-800-855-2881

MEDICAL CLAIMS: To submit claims, complete a current original CMS-1500 or UB92. Include the Health Net ID # and the member's two-digit billing code which appears on the front of this card. Mail claims to Health Net, P.O. Box 14700, Lexington, KY 40512-4225. Electronic - Payer ID 06108, EDI Dept. 1-866-334-4638.
Pharmacy Help Desk: 1-888-865-6567
PHARMACY CLAIMS: Mail claims to Health Net of the Northeast, Attn: Pharmacy Mgmt. - Medicare Part D, P.O. Box 904, Shelton, CT 06484-9831

Any questions that you may have can be addressed by calling a Health Net Member Advocate at the numbers listed on the back.

Please carry your Health Net membership card with you at all times. You will need to show your card when you receive covered services (like when you go to the doctor) and when you fill your prescriptions at the pharmacy. You must use your plan membership card instead of your red, white, and blue Medicare card to get covered services. If your membership card is damaged, lost, or stolen, call our Member Services Center right away and we will send you a new card. Or you can order a new ID card online. Simply sign into www.healthnet.com, click on the "Get Things Done" section, and then click on the "Order ID Cards" link.

KEY TERM:

Premium

The periodic payment a Medicare beneficiary must make to Medicare, an insurance company, or a health care plan for health care or prescription drug coverage.





YOUR PLAN SUMMARY OF BENEFITS

HEALTH NET RUBY OPTION 1
HEALTH NET RUBY OPTION 2
HEALTH NET RUBY OPTION 3
HEALTH NET RUBY OPTION 4

SUMMARY OF BENEFITS 2008

Connecticut

SECTION TWO
SUMMARY OF BENEFITS

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1
IMPORTANT INFORMATION		
Premium and Other Important Information	You pay the Medicare Part B Premium of \$93.50 each month. You pay the Medicare Part B Premium of \$93.50 each year.	General You pay \$78.00 each month for your plan benefits and an additional \$21.00 premium

You can compare Health Net Plans with Original Medicare side-by-side.

You can compare many of your Health Net benefits and Original Medicare using this Summary of Benefits. For each benefit, you can see what your Health Net plan covers and what Original Medicare covers. Section 1 answers some common questions about how our Medicare plans work. Section 2 lists what type of coverage is provided by our plans for some of the benefits. For each benefit, you can see what your Health Net plan covers and what Original Medicare covers. This summary does not describe every one of your benefits. For a complete description, see your Evidence of Coverage. Section 3 contains some additional information on topics like maximum limits and prior authorization requirements.

YOUR EVIDENCE OF COVERAGE

HEALTH NET MEDICARE PROGRAMS
EVIDENCE OF COVERAGE
YOUR MEDICARE ADVANTAGE PLAN

Benefits effective January 1 – December 31, 2007

Health Net
MEDICARE PROGRAMS

Get detailed information about each of the benefits covered by your Health Net Plan.

Section 4 Benefits Chart – a list of the covered services you get as a member of Health Net Ruby Option 3

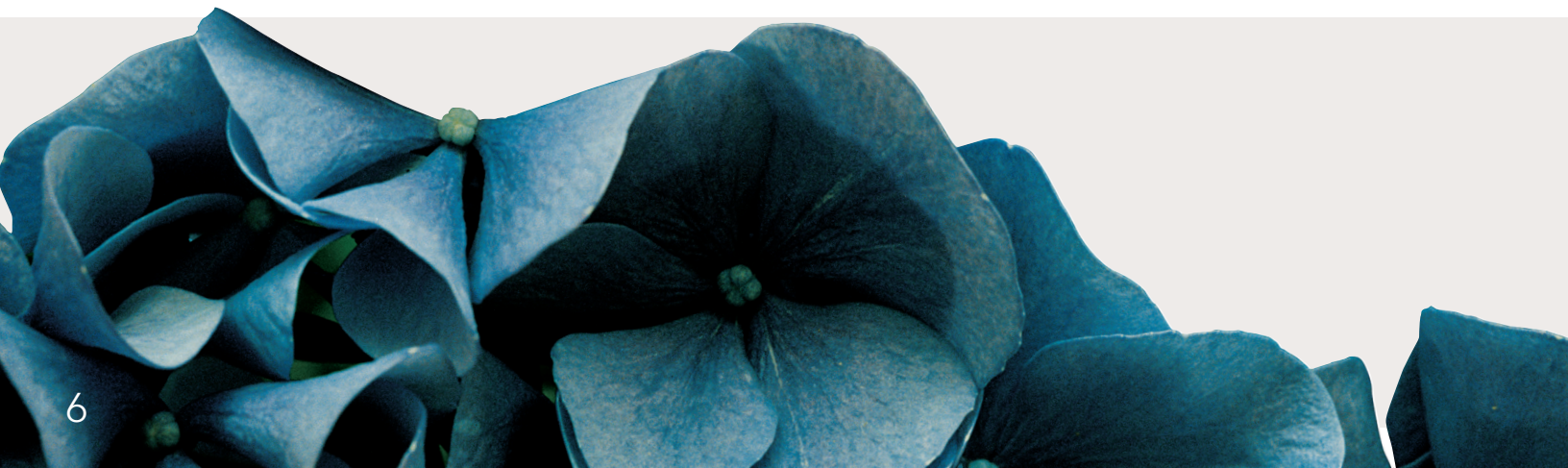
Page 15

Benefits Chart – a list of covered services

Inpatient Services

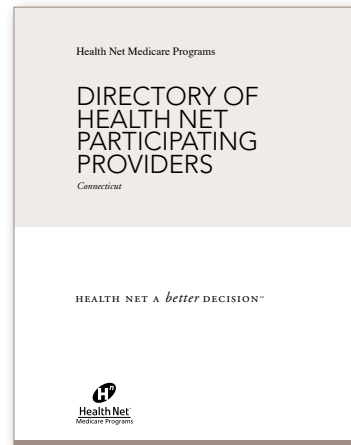
Inpatient hospital care (1)	You pay
For more information about hospital care, see Section 7.	\$75 each day for day(s) 1-7 for a Medicare-covered stay at a network hospital
Covered for unlimited days. Covered services include, but are not limited to, the following:	\$0 each day for day(s) above 7 for

This booklet gives the details about your Medicare health coverage and explains how to get the care you need. It is an important legal document and, together with your enrollment form and any amendments that we may send to you, is our contract with you. It explains your rights, benefits, and responsibilities as a member of Health Net. It also explains our responsibilities to you.





HEALTH NET MEDICARE PROVIDER DIRECTORY

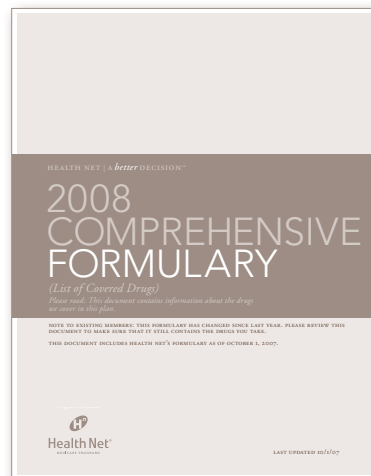


Primary Care Physicians			
Unsworth, Stacy T., M.D., 1, 2, 3 285 Broad St Meriden, CT 06450 (203) 238-1256 Access #: 958267	Fernando, Kumudhini A., M.D., 1, 2, 3 1453 Whalley Ave New Haven, CT 06515 (203) 389-4022 Access #: 913941	Wallingford Buntuyan, Errol T., M.D., 1, 2 850 N Main Street Ext, #C2 BLDG 2 Wallingford, CT 06492 (203) 269-9778	Valentin, Carlos R., M.D., 1, 2, 3 950 Yale Ave Wallingford, CT 06492 (203) 265-9600 Spanish Access #: 942709
Wilensky, Daniel, M.D., 1, 2 134 State St Meriden, CT 06450 (203) 237-2229 Access #: 866189	Prospect Edwards, Drew J., M.D., 1, 2 115 Waterbury Rd Prospect, CT 06712 (203) 758-5660 Access #: 906151	Midstate Medical Center John Dempsey Hospital (Uconn) Access #: 807793	West Haven Fernando, Kumudhini A., M.D., 1, 2, 3 687 Campbell Ave West Haven, CT 06516 (203) 932-6481 Access #: 913941
Middlebury Malone, Amanda K., M.D., 2 10 N Benson Rd, POB 1324 Middlebury, CT 06762 (203) 758-1316	Seymour		

You can find the doctors in our network by type of doctor or by office location.

This directory lists Primary Care Physicians (PCPs), specialists, hospitals, skilled nursing facilities, labs, and outpatient mental health providers who are contracted with Health Net Medicare Programs. You must use network plan providers in this directory for all routine services under Health Net's plans, unless you are a member of Health Net's Navy Point-of-Service Plan. The most up-to-date provider listing can be found by calling our Health Net Member Advocates or visiting www.healthnet.com.

YOUR HEALTH NET MEDICARE FORMULARY (DRUG LIST):



Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
AMINOGLYCOSIDES			
amikacin injection	2	2	
gentamicin injection	2	2	OP
netilmicin injection	2	2	
streptomycin injection	2	2	
amikacin intravenous			
gentamicin intravenous			
netilmicin intravenous			
streptomycin intravenous			
ANTIBIOTIC ORAL			
amoxicillin			
amoxicillin/clavulanate			
azithromycin			
clarithromycin			
clindamycin			
erythromycin			
levofloxacin			
moxifloxacin			
trimethoprim/sulfamethoxazole			
ANTIBIOTIC INJECTION			
amikacin injection	2	2	
gentamicin injection	2	2	
netilmicin injection	2	2	
streptomycin injection	2	2	
ANTIBIOTIC ORAL/INJECTION			
amoxicillin	2	2	OP
amoxicillin/clavulanate	2	2	OP
azithromycin	2	2	OP
clarithromycin	2	2	OP
clindamycin	2	2	OP
erythromycin	2	2	OP
levofloxacin	2	2	OP
moxifloxacin	2	2	OP
trimethoprim/sulfamethoxazole	2	2	OP

The abbreviations key located at the bottom of each page will help you understand how each drug is classified.

Our formulary is a list of drugs covered by Health Net under your prescription drug benefit. Health Net will generally cover the drugs in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Net network pharmacy, and other plan rules are followed. For more information on how your drug benefit works, see page 16.

YOUR REIMBURSEMENT FORM

HEALTH NET MEDICARE PROGRAMS
REIMBURSEMENT FORM

Please provide all of the requested information below. Remember to attach proof of payment for each service you are requesting a reimbursement for. If you have questions, please call us at the customer service number on your Health Net ID card.

Last Name: _____ First Name: _____ Middle Initial: _____ Mr. Mrs. Ms.

Health Net ID Number: _____ Name of Plan You Are Enrolled In: _____

Permanent Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (only if different from your Permanent Street Address): _____ Home Phone Number: _____

Please refer to your Summary of Benefits or Evidence of Coverage for the reimbursement maximums of each benefit. Check which of the following purchases you are seeking reimbursement for:

VISION Diagnosis (DX V720) **HEARING** Diagnosis (DX V721)
 Prescribed Lenses (V2118) Hearing Aid Hardware (V5050)
 Frames (V2020) Hearing Aid Repair (V5014)
 Prescribed Contact Lenses (V2500)

DENTAL Diagnosis (V722) **FLU SHOT** Diagnosis (DX V0481)
 Oral Exam (D0150) Administration (90471)
 X-Ray (D0272) Influenza Virus (90658)
 Cleaning (D1110)

Please attach a copy of your paid and dated receipt or proof of payment.

PLEASE CAREFULLY READ AND COMPLETE THE FOLLOWING INFORMATION BEFORE SIGNING AND DATING THIS REIMBURSEMENT FORM:
 Time requirements for filing a reimbursement claim and instructions on how to appeal a claim payment decision can be found in your Evidence of Coverage (EOC). A delay in filing a claim or appealing a claim payment decision could forfeit your right to benefits that may otherwise be covered under your plan.
 The information on this reimbursement form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disallowed from the plan. I understand that my signature on this form means that I have read and understand the contents of this form.

Your Signature: _____ Today's Date: _____

Health Net of Connecticut, Inc. is a Medicare Advantage Organization with a Medicare contract.
 H0755_2007_370 Approval: 5/07 CT39643 (6/07) SAP# 6013728
 White Copy - HNCI Canary Copy - Member

You can check off the reimbursement that you are requesting and send back with proof of payment.

This form should be completed, signed, and sent to Health Net, along with any proof of purchase, whenever you pay for covered services out of your own pocket, such as dental services or eyewear. The amount Health Net will pay you back depends upon the coverage amounts listed in your plan. Send the form to: Health Net of the Northeast, PO Box 14700, Lexington, KY 40512

After we receive your signed and completed form along with proof of payment, a check will be sent to you within 30 days. Your reimbursement amount will depend upon the type of benefit coverage specified in your Evidence of Coverage. Please note that network providers cover most medical services at the time of service, and you will rarely need to pay out-of-pocket. Please contact our Health Net Member Advocates for more information or visit www.healthnet.com to print out a form.

YOUR EXPLANATION OF BENEFITS (EOB)

Health Net
 HEALTH NET OF CONNECTICUT, INC.
 ONE FAIRFIELD DRIVE
 P.O. BOX 104
 DANBURY, CT 06810

Printed: _____
 Submitted: _____
 Health Net ID: _____
 Plan: _____
 Plan Year: _____
 Claim Number: _____
 Process Date: _____

Member's Responsibility:
 Deductible: 0.00
 Copayment: 0.00
 Out-of-Pocket: 0.00
 Plan Maximum: 0.00
 Previous Year: 0.00
 Plan Start: 0.00
 Previous Amount: 0.00

THIS IS NOT A BILL
 MEMBER APPEAL RIGHTS ARE LOCATED ON THE LAST PAGE OF THIS DOCUMENT

Questions? Please contact us at www.healthnet.com or at One Fair Field Crossing P.O. Box 104 Danbury, CT 06810 or call us at 1-800-741-8877. You will be contacted by a Health Net representative when you submit a question via our website.
 *Please refer to the "DESCRIPTION OF CLAIM DISPUTATION" found on the opposite side of this page to understand the steps and rules that apply.

If you believe something has occurred fraudulently, unethically or otherwise in relation to your health coverage, please contact Health Net at 1-800-741-8877. All calls will be kept confidential, and you may receive assistance if you desire.

Health Net EOB Ratings - Subscribers Page 03/09/2007

View the most up-to-date details of any action being taken on your claims.

Service	Billed Charges	Not Covered	Reductions	Allowed Charges	Other Ins.	Deductible	Coinsurance	Copay	Plan Benefit	Member Pay	Remark Codes
Claim Subtotal:											
Totals:											
Payment:	0.00	Interest:	0.00	Date:	00/00/0000						

EXPLANATION OF REMARK CODES

When you use your benefits, such as visiting the doctor, we mail you a description of the costs for the services you received and show you the total amount Health Net has spent and the total amount you have spent for those services. These EOB's are provided for each service and are sent monthly. If you have prescription drug coverage through Health Net, you receive an explanation of both Health Net's and your costs, plus the total drug costs spent so far. While this document isn't a bill, it is still important that you review the information and verify that everything is accurate. If you disagree with any of the information on your EOB, follow the Appeal and Grievance instructions on the back of the EOB, or call a Member Advocate to discuss the problem as soon as possible. You only have a limited time to appeal.



Using *www.healthnet.com*

Health Net empowers you to make better and more educated choices about your health care by providing you with convenient online access to valuable tools and information resources. You can instantly find important plan materials, get eligibility, copayment and drug information, as well as manage important aspects of your account anytime online at www.healthnet.com. To access www.healthnet.com, you need to have your ID card handy and register online:

STEP 1: At www.healthnet.com click on Register Now To Get:

STEP 2: Choose a User Name and Password and enter basic information such as your Health Net ID Number and personal e-mail address

STEP 3: Click on Register

Once you're registered on www.healthnet.com you can:

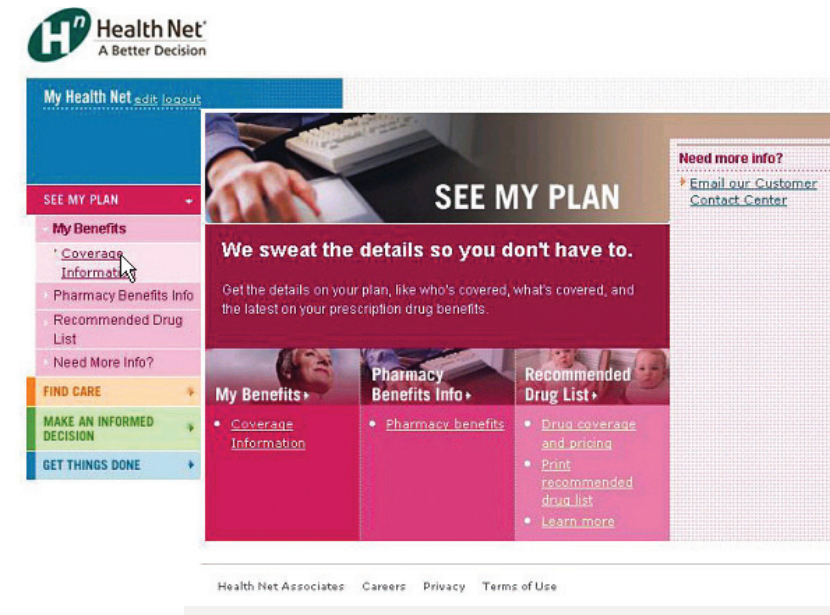
MANAGE YOUR PLAN ON WWW.HEALTHNET.COM

The See My Plan section is designed to give you all the information you need to get the most out of your benefit plan. Find everything you need to know about your benefits. Find out what's covered and at what cost to you.

We've created a fast, easy way to do the paperwork without a pen. We've even included links to claim, pharmacy and other key forms, so you can take care of business when the timing is right for you. Less paperwork and fewer phone calls gives you more time for the things that really matter.

In addition, you can:

- View a list of medical services and drugs that require approval in advance (prior authorization) from Health Net
- Change your primary care provider
- Obtain your copayment information for your benefits
- View your medical claims reports to help manage your healthcare finances
- Print a custom provider directory
- Get specific provider information that's tailored to your needs (like specifying provider gender or languages spoken)





VIEW YOUR PART D PRESCRIPTION DRUG COVERAGE ON WWW.HEALTHNET.COM

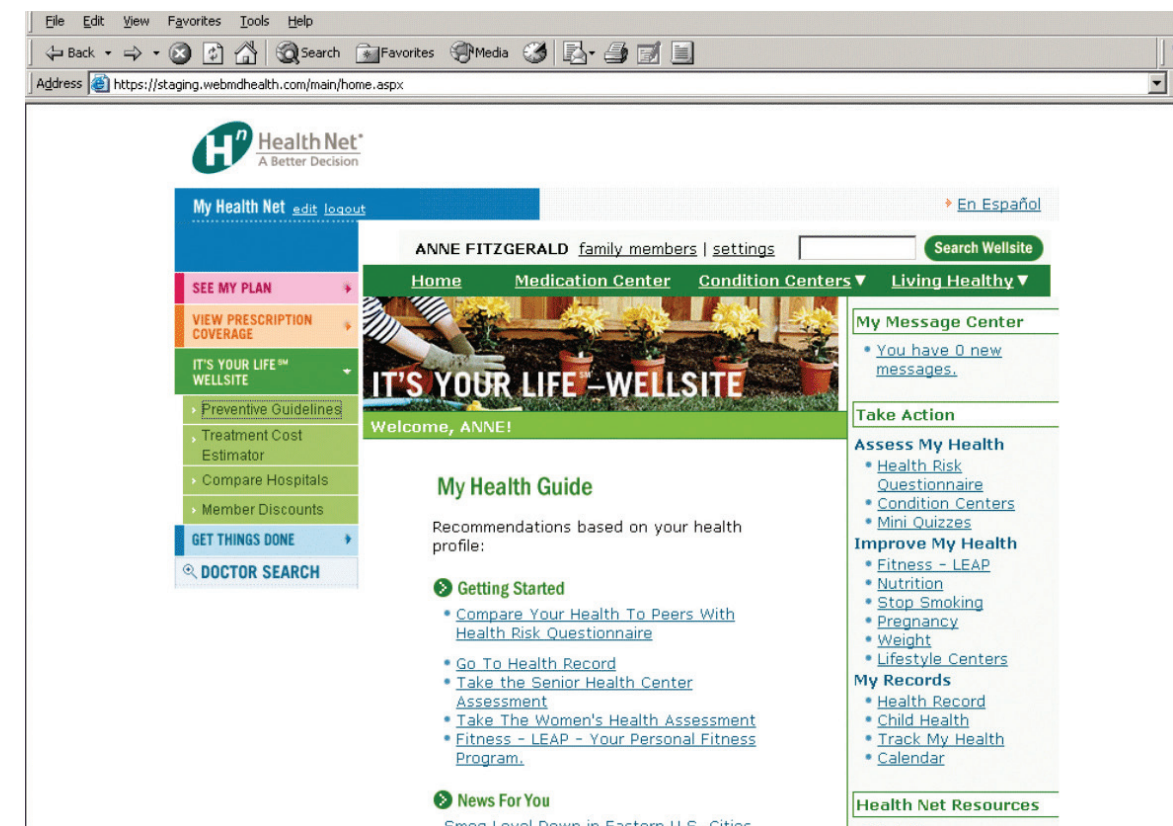
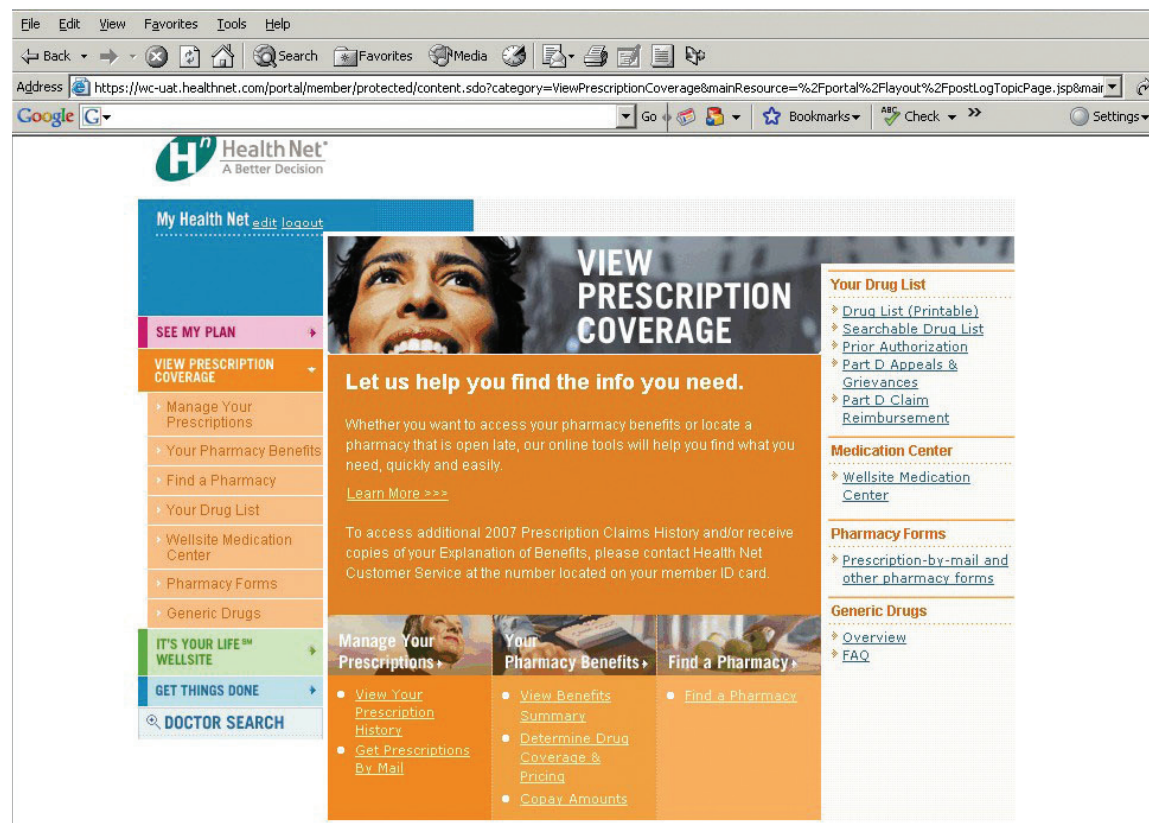
Whether you want to access your Part D prescription drug benefits (for members of Health Net Ruby, Sage, Amber, and Navy plans) or locate a pharmacy that is close to home, our online tools will help you find what you need, quickly and easily, all in one place.

- Search for pharmacies
- Obtain drug copayment information
- View your prescription history
- Order refills online
- Price and compare prescription drugs
- Check for harmful drug combinations

MANAGE YOUR HEALTH ON WWW.HEALTHNET.COM

Health Net's It's Your Life – *Wellsite*, in partnership with WebMD,[®] gives you easy access to the information you need to make smart choices about your health and health coverage. From critical information on disease management and prevention to a personalized health improvement plan, you'll find a variety of powerful and easy-to-use tools from trusted sources of health and medical information such as:

- Medication Center with the most up-to-date information on prescriptions, over-the counter medications and supplements
- Condition Centers that give current, reliable information about specific health problems like heart disease, diabetes and cancer
- Wellness Programs from weight management to smoking cessation support





Understanding Your Medical Benefits

This section will try to explain some common questions that you may have about some of your medical benefits. If you don't find the information you need here, give us a call and our Health Net Member Advocates will assist you.

WHAT DOES IT MEAN WHEN A DOCTOR OR DRUG REQUIRES PRIOR AUTHORIZATION?

Certain services and procedures are covered only if your doctor or plan provider gets prior authorization, or approval in advance from Health Net. Your provider is responsible for contacting Health Net to get this approval. However, you should check with your provider to be sure he/she has obtained the Prior Authorization before having services performed, to avoid any personal cost to you. If you are a member of Health Net's Navy Point-of-Service plan, prior authorization should still be obtained by your doctor for out-of-network services.

Procedures and services that typically require prior authorization are:

Inpatient Hospital Care	Outpatient Surgical Facility (some procedures)
Home Health Care	Mental Health Care (Inpatient/Outpatient)
Pain Management	Outpatient Substance Abuse Services
Certain medications	Certain Durable Medical Equipment
Speech Therapy	Physical and Occupational Therapy
Artificial Limbs	Ambulance (non-emergency transportation)
Dialysis	Religious Non-medical Health Care Institution
Skilled Nursing Facility Care	
Certain Radiology Services	

For a complete listing of benefits requiring prior authorization, refer to your Evidence of Coverage.

WHAT IS COVERED UNDER MEDICARE PART A VS. PART B?

Hospital Insurance (Part A) is the part of Medicare that covers some of the costs for skilled nursing facility care, hospice care, home health care, and inpatient hospital stays. Medical Insurance (Part B) is the part of Medicare that helps cover the cost of doctors' services and outpatient hospital care. It also helps cover some services that Part A doesn't. Other examples include X-rays, medical equipment or limited ambulance service. With Health Net, not only are your Part A & Part B costs for covered services included with your monthly premium, but you're also entitled to additional services and benefits.

WHAT KIND OF SERVICES AND SUPPLIES ARE PROVIDED FOR MEMBERS WITH DIABETES?

Health Net tailors our services to meet your unique needs. We understand that special conditions require special attention, which is why we offer all members who have diabetes (insulin and non-insulin users) educational training and access to a nurse who specializes in Diabetes through our Healthy Lifestyles Education Program in addition to self-monitoring and remedial supplies. Please see our *Health NetSM Take Care* Program brochure or contact our Health Net Member Advocates for more information.

In addition, Health Net covers you for blood glucose monitors and test strips, lancet devices and lancets, as well as glucose control solutions for checking the accuracy of test strips and monitors. These can be obtained at a network pharmacy with a doctor's prescription.

IS BLOODWORK INCLUDED IN MY ANNUAL PHYSICAL?

Health Net covers any bloodwork, which is performed at a participating lab, during your routine physical exam. Physical exams typically include a blood pressure test, health history analysis, and identification of any risk factors based on your diet, exercise, and substance abuse habits. Your Health Net plan covers one physical exam every year.



Understanding Your Part D Drug Benefits

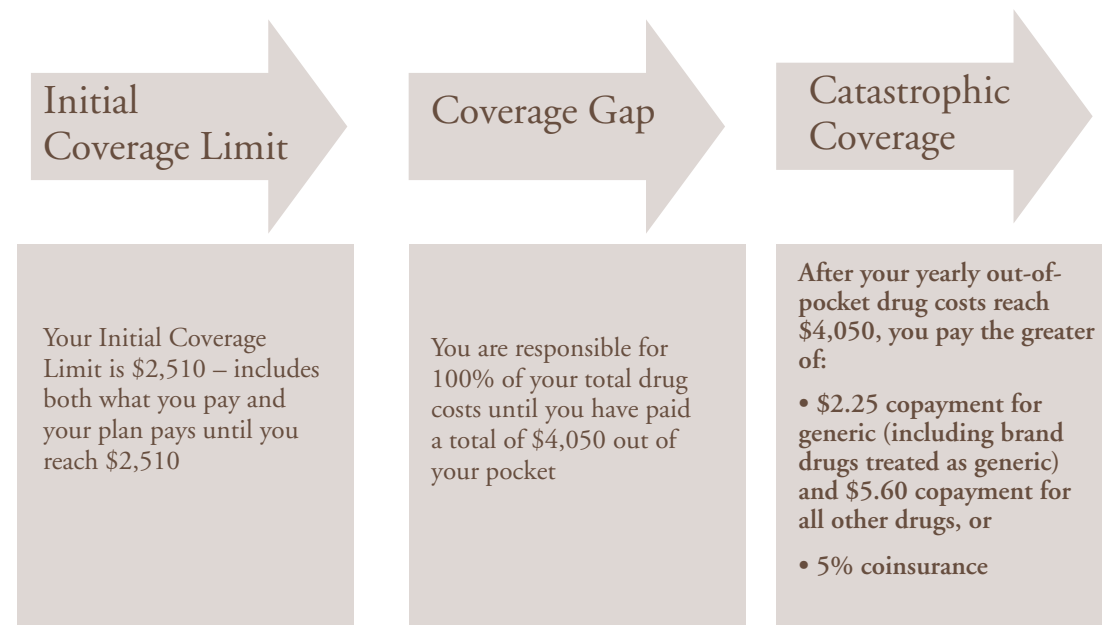
In order for you to make the most of your Part D prescription drug benefits for Health Net Ruby Options 1-4, Health Net Navy, Health Net Amber, or Health Net Sage, it is important that you fully understand how your benefit works, and that you are aware of the many programs and resources that are available to you to help reduce your costs for Part D prescription drugs. Below are some of the questions we hear most often. To view your Part D prescription drug benefits and costs as well as the Formulary (list of covered drugs), visit www.healthnet.com or call us at 1-800-547-8734 (TTY 1-888-747-2424), 8 a.m. to 8 p.m., Monday through Friday.

HOW DOES PART D PRESCRIPTION DRUG COVERAGE WORK?

If you have Part D prescription drug coverage as part of your Health Net Medicare Advantage plan, just present your Health Net ID card at a network pharmacy contracted with Health Net and pay the required copayment or coinsurance.

Drugs on our formulary are organized into different drug tiers. The amount of your copayment depends on which tier your drug is in. The higher the tier, the more you will pay for your drug.

Coverage Gap Basics



Your Initial Coverage Limit is \$2,510 and is based on total drug cost. This is the total amount paid by you and your plan towards the cost of a covered drug. During this period, you are responsible for any copayments you pay for your drugs as listed in your plan, until the total amount paid by you and Health Net reaches \$2,510. Your Part D premium does not count towards your Initial Coverage Limit.

Health Net will mail you a monthly Explanation of Benefits statement to help you keep track of your total drug costs so you know if you are close to reaching your Initial Coverage Limit. You can also call our Health Net Member Advocates for more assistance.

Once you exceed your Initial Coverage Limit, it is important to do the following:

- **Continue to use your member ID card every time you purchase your covered medication.** By using your card, any money you spend on prescription drug costs that are included on your plan's formulary will go towards reaching the next level of coverage and the additional benefits associated with that level. Using your card will also allow you to take advantage of Health Net's discounted rate for your medications.

Once you exceed your Initial Coverage Limit, you reach the **Coverage Gap**. During this period, you are responsible for 100% of your total drug costs until you reach the True-Out-of-Pocket (TrOOP) Cost Maximum of \$4,050. TrOOP Costs include deductibles, copayments, and coinsurance for your prescriptions that are

KEY TERMS:

Tiers

Drugs on our formulary are organized into different drug tiers. Your copayment or coinsurance depends on which drug tier your drug is in. Tiers only apply during the Initial Coverage period. Here is an example of how drugs are grouped in tiers:

- *Tier 1 - Preferred generic drugs. Tier 1 drugs will cost you the least amount.*
- *Tier 2 - Preferred brand-name drugs. Tier 2 drugs will cost you more than Tier 1 drugs.*
- *Tier 3 - Non-preferred brand name drugs or non-preferred generic drugs. Tier 3 drugs will cost you more than Tier 1 and Tier 2 drugs. Certain injectable and oral specialty medications have a co-insurance rather than a copayment. These drugs will cost the most.*



not reimbursed to you by an Employer. All of these costs that you have incurred since Day 1 of your coverage make up your True-Out-of-Pocket costs. Premiums do not count towards your out-of-pocket drug costs. For members of Health Net Ruby Option 1, Ruby Option 4, and Navy, which include gap coverage, members receive continuous coverage for Preferred Generic /Tier 1 drugs during the time between your Initial Coverage Limit and your Catastrophic Coverage. This means that during the Coverage Gap, Ruby Option 1, Ruby Option 4, and Navy members will pay their normal copayment for Preferred Generic/Tier 1 drugs, but pay 100% for all other drugs, until your total drug costs equal \$4,050.

When you reach the TrOOP Maximum of \$4,050, you begin receiving **Catastrophic Coverage** benefits. When you reach Catastrophic Coverage, you pay either \$2.25 for Preferred Generic/Tier 1 drugs and \$5.60 for all other drugs, or 5% coinsurance, whichever is higher. Health Net pays the rest.

HOW DOES THE PRESCRIPTION DRUG MAIL ORDER PROGRAM WORK?

If you take one or more prescription drugs regularly for a chronic or long term medical condition, you may want to sign up for Health Net's mail order prescription service – administered by Express Scripts. You can order most prescription drugs covered by Health Net's prescription drug plans through mail order at a lower out-of-pocket cost and free of postage and handling charges (excluding overnight delivery).

Order up to a 90-day supply for just the cost of a 60 day supply for Tier 1 and Tier 2 drugs from a retail pharmacy, and have it conveniently delivered to your home, so you won't have to worry about filling your prescriptions every month. When you need refills, you can simply order them by phone, or online at www.healthnet.com.

If you would like help enrolling in the mail order program or wish to request a brochure and order form, call our Health Net Member Advocates or contact our mail order pharmacy directly at 1-866-265-9458 (TTY/TDD 1-800-972-4348), 24 hours a day, 7 days a week for more information. Be sure you respond well to the medication and have an on-going need before using this option and allow up to 14 days for processing and delivery.

HOW CAN I FIND OUT IF I'M ELIGIBLE FOR EXTRA HELP IN PAYING THE COST FOR MY PRESCRIPTION DRUGS?

You may want to consider getting help to pay for your prescription drug expenses and even plan premiums. If you qualify, financial assistance programs from the federal and state government or other groups can save you more money and limit your out-of-pocket costs. Some have eligibility requirements that you need to meet in order to qualify. Not all types of coverage will count toward your out-of-pocket costs. They include:

- **Extra Help from the Government.** If you have limited income and resources, you may qualify for extra help paying for your prescription drugs. To find out if you are eligible, contact Social Security by calling 1-800-772-1213. TTY users should call 1-800-325-0778. Or, visit www.socialsecurity.gov on the web.
- **State Pharmaceutical Assistance Programs (SPAPs)** like ConnPACE. ConnPACE is a state-funded health insurance program that offers qualified members additional help with their monthly plan premiums and prescription drug costs. For just one low annual fee, ConnPACE members can save money on costly brand name drugs, as well as coverage for all prescription drugs during the coverage gap. There is also no yearly dollar limit on the amount of prescriptions covered. To get all the information you need about applying for ConnPACE, call 1-800-423-5026 or download their online brochure and application at www.connpace.com.
- **Pharmaceutical Assistance Programs** that may be offered by the manufacturers of the drugs you take. Many of the major drug manufacturers are offering assistance programs for people enrolled in a Medicare Prescription Drug Plan (Part D). These programs may have eligibility requirements you must qualify for in order to participate. You can find out whether a Pharmaceutical Assistance Program is offered by the manufacturers of the drugs you take by visiting www.medicare.gov on the web. Under "Medicare Spotlights," select "Lower Your Costs During the Coverage Gap."
- **National and Community-Based Charitable Programs** that might offer assistance (such as the National Patient Advocate Foundation or the National Organization for Rare Disorders). These organizations may have programs that can help with your drug costs. Comprehensive information on Federal, State, and private assistance programs in your area is available on the **BenefitsCheckUp** (www.benefitscheckup.org) web site.



Additional Programs Available with your Health Net Plan

Nothing's more important than your health. When you're healthy, you want to stay healthy. When you're sick or have a chronic condition, you want to be surrounded by support. From wellness programs and nurses ready to take your call, to services, programs, and resources when you need it most, we focus on you so that you can focus on being well. Our Health Net Ruby, Green, Sage, Amber and Navy plan members have access to these programs and services at **no additional cost**.

HEALTH NETSM TAKE CARE PROGRAM

Health Net Medicare Program's philosophy is to put you at the center of everything we do. We're servicing our Medicare members not only with traditional benefits found in most plans, but also with resources, services, and programs you can experience with Health Net. The *Health NetSM Take Care* program is a comprehensive program that includes education and information to encourage health, and a network of medical and support services when you're in need of care. Most elements of the *Health NetSM Take Care* program are offered to members at no extra cost beyond your monthly plan premium. And most programs offered are not available through Original Medicare or Medicare Supplement plans. (See your *Health NetSM Take Care* brochure for more information.)

HEALTHY LIFESTYLES EDUCATION PROGRAM

The Healthy Lifestyles Education Program focuses on the support and well being of our members with chronic obstructive pulmonary disease (COPD), asthma, diabetes, coronary artery disease (CAD) and heart failure. This program puts you in touch with our Healthy Lifestyles nurses who provide education, coaching, help using the benefits of the plan and help making you understood when speaking with your doctors. We may identify if you have one of these conditions and invite you to participate in the Healthy Lifestyles Education Program through a recommendation from our Health Net Member Advocates, your doctors, or by your own request. Once you are identified, Health Net nurses call you to invite you to join the program. Upon your agreement to participate, you are assigned a nurse and given a direct line to contact him or her, should the need arise.

HEALTH NET TAKE CARESM FITNESS PROGRAM

At Health Net, we recognize that healthy living goes beyond your covered medical benefits. Because Health Net is committed to keeping our members healthy and happy, we are pleased to offer you a health and fitness program that includes:

- A fun group exercise class designed especially for seniors to increase strength, flexibility and energy (and you can meet new friends while you're there)
- Discounted membership privileges to an accredited network of local and national fitness centers and chains
- Opportunity to attend nutritional seminars given by a Registered Dietician





Refer to your *Health NetSM Take Care* Fitness Program brochure and registration form or contact us for information on group exercise class locations, the latest health club listings in your area, and how to register for our program.

HEALTH NET MEMBER ASSIST PROGRAM

Health Net's **Member Assist** program is a unique program that specifically supports your mental and physical well being. Services include emotional and behavioral health consultations, financial and legal consultations, elder care resources and coaching, and daily living resources and referrals.

The Member Assist program is designed to help you manage life's challenges before they become serious problems. The end benefit to you is a reduction in stress, cost and time spent on daily life issues. Support is available over the phone, online, or through printed materials, and services are available to you 24 hours a day, seven days a week, 365 days a year.

For more information, please refer to the Health Net Member Assist Brochure or contact a Health Net Member Advocate.

Frequently Asked Questions

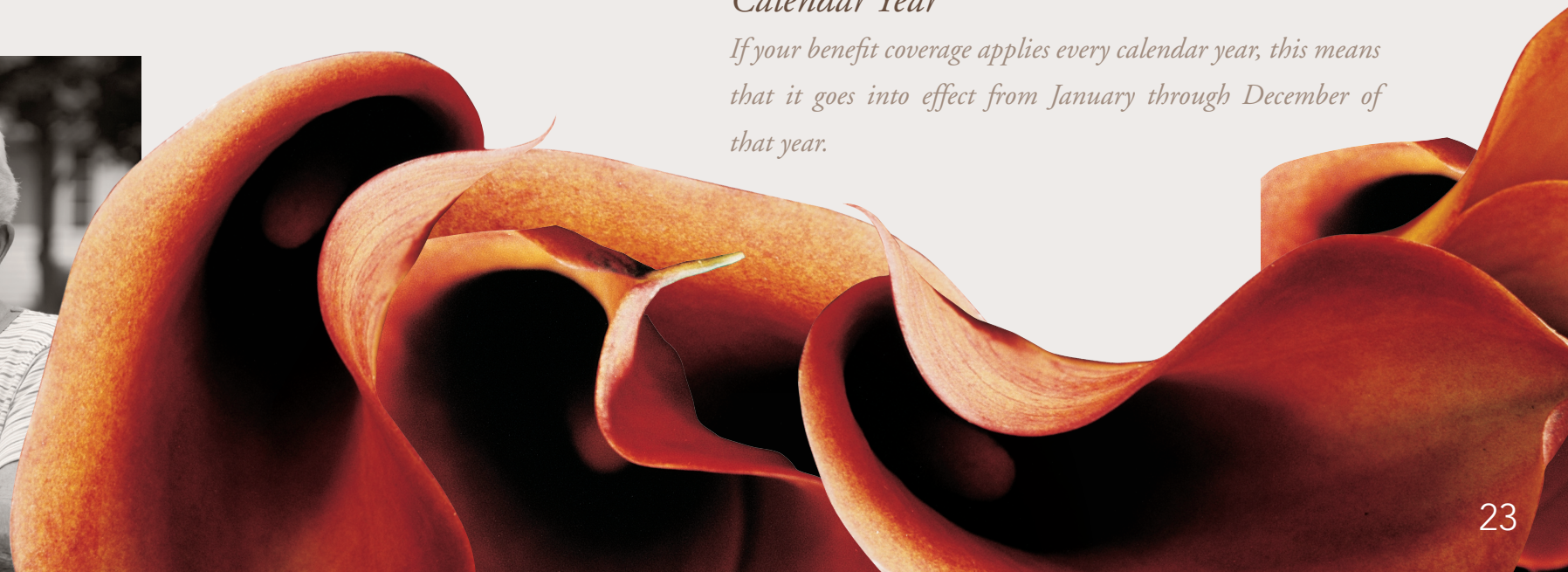
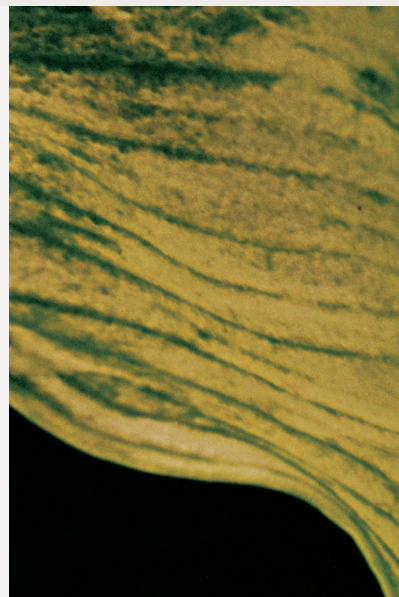
WHICH PROCEDURES ARE COVERED UNDER MY DENTAL BENEFIT?

All Health Net Medicare plans cover the same limited dental benefits included with Original Medicare. In addition, Ruby Option 1, Navy, Amber and Sage plans offer a \$100 allowance for preventive and diagnostic services (such as oral exams, cleanings, and dental X-rays). Your dentist can submit the claim directly to Health Net or you can pay your dentist and submit a completed and signed Reimbursement form, along with proof of payment, to Health Net for a refund up to your plan's allowed amount. The entire process, once the form and receipt have been received, can take 6-8 weeks.

KEY TERMS:

Calendar Year

If your benefit coverage applies every calendar year, this means that it goes into effect from January through December of that year.





WHAT IS COVERED UNDER MY VISION BENEFIT?

Members of Health Net Ruby Option 1, Amber, Sage, and Navy plans are entitled to receive a reimbursement up to \$100 for lenses and frames every 24 months. You can go to any provider to receive the glasses, pay for the glasses and submit a completed and signed Reimbursement form, along with proof of payment, to Health Net for a refund up to your plan's allowed amount.

The entire process, once the form and receipt have been received, can take 30 days or less. All Health Net members are entitled to one pair of Medicare standard lenses and frames as defined by Medicare, if you have cataract surgery for the first time. If you have cataract surgery on the second eye, Health Net will also cover the lenses. After you purchase a pair of standard lenses and frames, you will be entitled to a new pair of lenses every calendar year after the cataract surgery.

WHAT IS COVERED UNDER MY HEARING BENEFIT?

Health Net Medicare plans cover all Medicare-covered hearing benefits. In addition, all of our Medicare Advantage plans cover one routine hearing exam per year. The Ruby Option 1, Navy, Amber and Sage plans also provide up to \$500 toward the purchase of a hearing aid every three years. So, if you have one of these plans, you can purchase a hearing aid at any retailer or provider of hearing aids and submit a completed and signed Reimbursement form, along with proof of payment to Health Net for a refund up to \$500. The entire process, once the form and receipt have been received, can take 30 days or less.

WHAT IS COVERED UNDER MY ORTHOTICS BENEFIT?

Health Net covers 80% of the plan's cost of Orthotics (orthopedic devices like cushioned heel cups, insoles for shoes, padded wedges, or special arch supports) and Prosthetics (leg, arm, back, and neck braces, trusses, and artificial legs, arms, and eyes), and you are responsible for the remaining 20% of the total cost. Health Net also covers foot Orthotics for certain patients with diabetes.

WHAT HAPPENS IF I GO ON HOSPICE CARE?

This benefit is covered directly by Medicare and your provider should contact Medicare for guidance. You can still stay on the Health Net plan for your medical and/or drug benefits while on hospice care. Your doctor can help you arrange for your care in a hospice. If you are interested in using hospice services, you can call our Health Net Member Advocates to get a list of the Medicare-certified hospice providers in your area or you can call 1-800-MEDICARE (TTY/TDD 1-877-486-2048), 24 hours a day, 7 days a week.

WHAT'S THE DIFFERENCE BETWEEN AN IN-NETWORK VS. AN OUT-OF-NETWORK PROVIDER AND HOW DO I TELL THEM APART?

"In-network providers" include doctors and other health care providers that contract with Health Net Medicare Programs and agree to our terms and conditions. "Out-of-network providers" are providers that are not contracted with Health Net Medicare Programs. Please remember that a doctor's and/or medical provider's network status can change at any time. New doctors and other providers may join Health Net's expanding network during the year. To find a list of providers that accept Health Net Medicare Programs you can visit www.healthnet.com, call a Member Advocate at our Member Service Center, or check with the doctor to see if he/she is contracted.

WHEN AM I PERMITTED TO SEE AN OUT-OF-NETWORK PROVIDER?

The Health Net Navy Point-of-Service plan includes the ability to go outside of Health Net's provider network.

For members of Health Net Ruby, Amber, Sage, and Green plans, prior authorization from Health Net is necessary to see an out-of-network provider, with the exception of emergency or urgently needed services or out-of-area dialysis services. If you receive care from an out-of-network provider, without prior authorization from Health Net, you may be financially liable. The amount you will have to pay will be determined by your copayment schedule.

WHAT IS SKILLED NURSING CARE AND HOW DOES IT WORK?

Skilled nursing care includes services that require the skills of a licensed nurse to perform or supervise. This is different from custodial care, which is care, such as walking, dressing, bathing, eating, and taking medication, that can be provided by people who do not have professional skills or training. Health Net does not cover custodial care unless it is provided in addition to daily skilled nursing care and/or skilled rehabilitation services.

To be covered for skilled nursing care, you must need daily skilled nursing or skilled rehabilitation care, or both. For example, if you were in the hospital for an infection and the doctor felt you needed an antibiotic that had to be given intravenously for two weeks, it might be started in the hospital, then after several days when you were felt to be stable by your doctor the completion of the therapy might be done in a skilled nursing facility (SNF).



Please review the information in your Evidence of Coverage to learn more about SNFs and your coverage limitations.

A skilled nursing facility is a place that provides skilled nursing or skilled rehabilitation services. It can be a separate facility—for example a “nursing home” or part of a hospital or other health care facility—for example a rehabilitation hospital.

Please refer to the Health Net Medicare Programs Directory of Health Net Participating Providers for a list of the participating SNFs. SNF care requires prior authorization from the Health Net SNF or the doctor.

WHAT ARE HEALTH NET’S WELLNESS BENEFITS?

Our programs on nutrition and fitness provide customized support to improve your health. Whether you’re looking to quit smoking or get advice from a certified nurse, you’ll find that these programs are designed to inspire and reinforce positive behavioral change. What’s more, you get personalized, private support and learn about safe methods of improving your health that have proven to be effective. Learn more by visiting the “It’s Your Life Wellsite” on www.healthnet.com or call a Member Advocate at 1-800-547-8734 (TTY 1-888-747-2424), 8am - 6pm, Monday thru Friday.

HEALTH NET MEDICARE PROGRAMS
WWW.HEALTHNET.COM
1-800-547-8734 (TTY 1-888-747-2424),
8AM TO 6PM, MONDAY THRU FRIDAY.

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