



2010 HEALTH NET AMBER HMO

A Special Needs Plan for People with Medicare and Medicaid

Cochise, Maricopa, Pima, Pinal and Santa Cruz Counties, Arizona

BENEFITS	YOU PAY
Monthly Plan Premium Medical/Prescription Drug	\$24.70 (premium will be paid by the government)
Inpatient Hospital (<i>per admission</i>)	\$150 per day, days 1-5
Skilled Nursing Care (covered for 100 days per benefit period) ¹	\$0 per day, days 1-20; \$50 per day, days 21-100
Primary Care Physician (PCP) Office Visit	\$0 per visit
Specialist Office Visit	\$20 per visit
Outpatient Surgery and Outpatient Hospital Services (<i>per admission</i>)	\$0 non-surgical \$50 surgery
Ambulance	\$100 per one-way trip
Emergency Care (<i>worldwide coverage</i>)	\$50 per visit
Urgent Care	\$15 per visit
Routine Annual Physical (<i>office visit copayment may apply</i>)	\$0 per visit
Clinical/Diagnostic Lab (<i>blood draw, PSA test</i>)	\$0 per visit
X-rays/Radiology	\$0 - \$100 per visit
Diabetic Supplies	\$0
Diabetes Self-Monitoring Training (<i>office visit copayment may apply</i>)	\$0 per visit
Medical Nutrition Therapy (<i>office visit copayment may apply</i>)	\$0 per visit
Diabetic Retinal Exam	\$0 per visit
Transportation (<i>20 one-way trips to plan-approved locations</i>)	\$0 per trip
Preventive/Comprehensive Dental	\$0 deductible; covered up to \$1,500 per year
Routine Vision	\$10 eye exam; \$100 eyewear allowance every 2 years*

This plan is an HMO with network provider limitations, and certain services may require a referral/authorization. If you obtain routine care from out-of-plan providers, neither Medicare nor Health Net will be responsible for the costs. For information about your Medicaid benefits, please call the Arizona Health Care Cost Containment System (AHCCCS):

- Maricopa Residents - Phone: 602-417-7000 (TTY 602-417-4191 for the hearing impaired)
- All other counties - Phone: 1-800-962-6690 (or TTY 1-800-826-5140 for the hearing impaired)

* Multi-year benefit; may not be available in subsequent years.

¹ 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.

PRESCRIPTION DRUG BENEFIT ²

For full-benefit dual eligible beneficiaries, your copayment amount will depend upon your income category.

	If your annual income is at or below 100% of the Federal Poverty Level \$11,076 (single) or \$14,820 (couple): ³	If your annual income is above 100% of the Federal Poverty Level \$11,076 (single) or \$14,820 (couple): ³
Annual Part D Deductible	\$0	\$0
Generic (including brand drugs treated as generic) – Retail	\$1.10 for a one-month (up to a 30-day) supply	\$2.00 for a one-month (up to a 30-day) supply
All other drugs – Retail	\$3.30 for a one-month (up to a 30-day) supply	\$6.30 for a one-month (up to a 30-day) supply
Generic (including brand drugs treated as generic) – Mail Order	\$1.10 for a three-month (up to a 90-day) supply	\$2.50 for a three-month (up to a 90-day) supply
All other drugs – Mail Order	\$3.30 for a three-month (up to a 90-day) supply	\$6.30 for a three-month (up to a 90-day) supply
After your yearly out-of-pocket drug costs reach \$4,550	\$0	\$0

FOR COMPLETE DETAILS, CALL A HEALTH NET SALES REPRESENTATIVE:

1-800-892-2041

For the hearing impaired:

TTY 1-800-977-6757

8:00 a.m. - 8:00 p.m., 7 days a week
or contact your personal broker



Health Net is a proud sponsor of the Start! movement in Arizona.

² Health Net uses a formulary, which is subject to change. If you are already enrolled in an MA-PD plan, you must receive your Medicare Prescription Drug Benefit through that plan and you may not enroll in a stand-alone Prescription Drug Plan. 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; 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); or your state Medicaid Office.

³ These are the 2009 amounts and may change in 2010.

Health Net of Arizona, Inc. is a Medicare Advantage Organization with a Medicare contract. A health plan's contract with Medicare is renewed annually and coverage beyond the end of the current contract year is not guaranteed. Anyone entitled to Medicare Part A, enrolled in Part B, residing in the service area of the plan, and eligible for Medicaid may apply (eligible beneficiaries can enroll at any time). Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. If you have special needs, this document may be available in other formats. 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 document. Health Net of Arizona, Inc. is a subsidiary of Health Net, Inc. Health Net® is a registered service mark of Health Net, Inc. All rights reserved.