

Optional Supplemental Benefits Guide

Individual Medicare Supplement



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Health Net



Health Net®
LIFE INSURANCE COMPANY

Health Net Life

Outline of Individual Medicare Supplement Plan Optional Supplemental Benefits Coverage



Health Net Life Insurance Company Individual Medicare Supplement plans provide options to enhance your basic medical coverage with two optional supplemental benefits packages. These packages are available for a monthly fee in addition to your medical plan and Medicare Part B premiums.

Optional Package #1 – hearing care, standard PPO dental and vision:

\$29 monthly plan premium includes hearing care offered through Hearing Care Solutions, Inc. and PPO dental and vision offered through Health Net Dental and Health Net Vision.

Hearing care

Hearing care services are offered by Hearing Care Solutions, Inc. Covered hearing care services must be obtained through a Hearing Care Solutions provider.

Appointments must be made directly with Hearing Care Solutions. To find a Hearing Care Solutions location near you and to schedule an appointment with a Hearing Care Solutions provider, call Hearing Care Solutions at 1-866-344-7756, 5:00 a.m. to 5:00 p.m., Pacific time (PT) (TTY users should call 711), and tell the representative you are a Health Net Life Medicare Supplement Member with Optional Package #1.

<i>Hearing care coverage</i>	<i>What you pay</i>
Annual hearing exam	\$0
Hearing aids <ul style="list-style-type: none"> • Two hearing aids every three years* • All sizes and styles offered through multiple major manufacturers • Four levels of technology to choose from: Premium, Advanced, Value, or Basic. All instruments are fully digital. • Covered when determined to be medically necessary based on a hearing exam 	<p>There is a \$500 benefit maximum for one hearing aid or \$1,000 benefit maximum for two hearing aids (one pair) every three years.* You pay any remaining balance over the coverage limit.</p> <p>Premium – \$1,580 Advanced – \$1,125 Value – \$700 Basic – \$0</p>
Hearing aid fitting exam	\$0

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

Additional benefits

- Three-year manufacturer's warranty on hearing aids, including coverage for loss and damage of hearing aid.
- Two-year supply of batteries (up to 128 cells per hearing aid).
- Routine in-office service for one year, with original provider, at no additional cost. Includes:
 - Office visits
 - Hearing aid adaptation counseling
 - Reprogramming
 - Repairs (in office)
 - Tube changes
 - Instrument checks
 - Cleaning
 - Battery door replacement

Exclusions/Limitations

1. No more than one pair of hearing aids during a three-year period.
2. There is a \$1,000 benefit maximum for two hearing aids or a \$500 benefit maximum for one hearing aid every three years.

3. Services or supplies provided by a provider other than a Hearing Care Solutions provider are not covered.
4. Manufacturer's warranty on hearing aids is limited to a one-time replacement and is subject to a manufacturer's deductible fee, based on the technology level of the instrument and not to exceed \$315 per instrument.
5. Options, earmolds and accessories such as remote controls may require an additional cost.

Hearing care claims

If you decide to purchase hearing aids, your hearing care provider will place the order through Hearing Care Solutions. You will not need to pay the provider directly for hearing aids. You will be contacted by an HCS customer service specialist after your hearing aid order is placed regarding payment for the remaining balance after the allowance is applied.

Dental care

Dental services are offered by Health Net Dental and are administered through Unimerica Life Insurance Company. You can see any licensed dental provider for covered dental services. Your cost-sharing is higher when you receive covered services from non-plan providers.

You can search for participating dental providers through the ProviderSearch tool at www.healthnet.com, or contact Health Net Dental for a list of dental providers at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

<i>Dental coverage</i>	<i>In-network</i>	<i>Out-of-network</i>
\$1,000 annual plan maximum (combined in- and out-of-network). \$25 annual dental deductible – applies to all services (combined in- and out-of-network). After the \$25 annual deductible, you pay:		
Preventive and diagnostic <ul style="list-style-type: none">• 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 months¹	0% coinsurance (Health Net pays 100%) for preventive services	0% coinsurance ² (Health Net pays 100%) for preventive services
Basic restorative services <ul style="list-style-type: none">• Restorative services: amalgam or composite resin fillings, 1 restoration per tooth filling surface every 3 years¹	20% coinsurance (Health Net pays 80%) for restorative services	20% coinsurance ² (Health Net pays 80%) for restorative services
Major services <ul style="list-style-type: none">• Periodontal services (nonsurgical): scaling and root planing, debridement and periodontal maintenance	50% coinsurance (Health Net pays 50%) for nonsurgical periodontal treatment and maintenance	50% coinsurance ² (Health Net pays 50%) for nonsurgical periodontal treatment and maintenance

¹Multi-year benefit may not be available in subsequent years.

²Maximum allowable charge: When copayments are charged as a percentage of eligible expenses, the amount you pay for dental services from non-network providers is determined as a percentage of the negotiated contract rates of network providers plus the amount by which the non-network provider's billed charge exceeds the contracted fee. An out-of-network provider can provide a pretreatment cost estimate for covered dental services.

Dental claims

If you see a non-plan dentist, you may have to file a claim with Health Net Dental. Health Net Dental will pay your provider its share of the bill for any covered services that are determined to have been medically necessary and let you know what, if anything, you must pay your provider. Please call the Health Net Dental Customer Service Department toll-free number

for a claim form and claim filing instructions at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

The bill should be submitted to the following address:

Health Net Dental
Attn: Claims Unit
PO Box 30567
Salt Lake City, UT 84130





Vision care

Routine eye exams and eyewear are offered by Health Net Vision and are serviced by EyeMed Vision Care, LLC. Health Net Vision offers coverage from a network of providers, including optometrists, ophthalmologists and opticians. These providers undergo stringent quality and utilization reviews, and they share our commitment to providing affordable, quality vision care.

You can search for participating vision providers through the ProviderSearch tool at www.healthnet.com, or contact Health Net Vision for a list of vision

providers at 1-866-392-6058, Monday through Saturday from 4:30 a.m. to 8:00 p.m., and Sunday from 8:00 a.m. to 5:00 p.m. PT. (TTY users should call 711, Monday through Friday from 5:00 a.m. to 5:00 p.m. PT.)

Members can utilize any licensed vision provider for covered services. In-network cost-sharing will apply when accessing care from a Health Net Vision PPO provider. Your out-of-pocket costs will be lower when accessing a PPO plan provider. Care from non-plan providers typically results in higher out-of-pocket costs.

<i>Vision care services</i>	<i>Member cost/allowance in-network</i>	<i>Member reimbursement out-of-network</i>
Exam with dilation as necessary	\$10 copay	Up to \$45
Contact lens fit and follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard*	\$0 copay; paid in full for fit and two follow-up visits	Up to \$40
Premium**	\$0 copay; 10% off retail price, then apply \$55 allowance	Up to \$40
Frame and lens package (Any frame and lens available at provider location)	\$100 allowance for frame and lens package; 20% off balance over \$100	Up to \$100
Contact lenses (Includes material only)		
Conventional	\$0 copay; \$100 allowance, 15% off balance over \$100	Up to \$100
Disposable	\$0 copay; \$100 allowance, plus balance over \$100	Up to \$100
Frequency		
Examination		Once every 12 months
Frame and lenses or contact lenses		Once every 24 months

*Standard contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement.

**Premium contact lens fitting – all lens designs, materials and specialty fittings other than standard contact lens.

Additional discounts

Member receives a 20% discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location.

Members also receive a 40% discount on a complete pair of eyeglasses and a 15% discount on conventional contact lenses once the funded benefit has been used. Members also receive 15% off the retail price or 5% off the promotional price for LASIK or PRK from the U.S. Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Plan limitations/exclusions

- Orthoptic or vision training, subnormal vision aid and any associated testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any workers' compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no-discount policy.
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under the plan.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- Services or materials provided by any other group benefit providing for vision care.
- Two pairs of glasses in lieu of bifocals.
- Aniseikonic lenses.

Vision claims

When utilizing your in-network benefits for eyewear and/or a vision exam through a Health Net Vision participating provider, payment will be made directly to that Health Net Vision participating provider. Out-of-network providers may require payment in full at the time of service. To receive reimbursement, you will need to submit your claim to:

Health Net Vision
PO Box 8504
Mason, OH 45040-7111

Optional Package #2 – hearing care, enhanced PPO dental and vision:

\$43 monthly plan premium includes hearing care offered through Hearing Care Solutions, Inc. and Health Net Dental MaxAdvantage PPO dental and PPO vision offered through Health Net Dental and Health Net Vision.

Hearing care

Hearing care services are offered by Hearing Care Solutions, Inc. Covered hearing care services must be obtained through a Hearing Care Solutions provider.

Appointments must be made directly with Hearing Care Solutions. To find a Hearing Care Solutions location near

you and to schedule an appointment with a Hearing Care Solutions provider, call Hearing Care Solutions at 1-866-344-7756, 5:00 a.m. to 5:00 p.m. PT (TTY users should call 711), and tell the representative you are a Health Net Life Medicare Supplement Member with Optional Package #2.

<i>Hearing care coverage</i>	<i>What you pay</i>
Annual hearing exam	\$0
Hearing aids <ul style="list-style-type: none"> • Two hearing aids every three years* • All sizes and styles offered through multiple major manufacturers • Four levels of technology to choose from: Premium, Advanced, Value, or Basic. All instruments are fully digital. • Covered when determined to be medically necessary based on a hearing exam 	<p>There is a \$500 benefit maximum for one hearing aid or \$1,000 benefit maximum for two hearing aids (one pair) every three years.* You pay any remaining balance over the coverage limit.</p> <p>Premium – \$1,580 Advanced – \$1,125 Value – \$700 Basic – \$0</p>
Hearing aid fitting exam	\$0

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

Additional benefits

- Three-year manufacturer’s warranty on hearing aids, including coverage for loss and damage of hearing aid.
- Two-year supply of batteries (up to 128 cells per hearing aid).
- Routine in-office service for one year, with original provider, at no additional cost. Includes:

- Office visits
- Hearing aid adaptation counseling
- Reprogramming
- Repairs (in office)
- Tube changes
- Instrument checks
- Cleaning
- Battery door replacement

Exclusions/Limitations

1. No more than one pair of hearing aids during a three-year period.
2. There is a \$1,000 benefit maximum for two hearing aids or a \$500 benefit maximum for one hearing aid every three years.
3. Services or supplies provided by a provider other than a Hearing Care Solutions provider are not covered.
4. Manufacturer’s warranty on hearing aids is limited to a one-time replacement and is subject to a manufacturer’s deductible fee, based on the technology level of the instrument and not to exceed \$315 per instrument.

5. Options, earmolds and accessories such as remote controls may require an additional cost.

Hearing care claims

If you decide to purchase hearing aids, your hearing care provider will place the order through Hearing Care Solutions. You will not need to pay the provider directly for hearing aids. You will be contacted by an HCS customer service specialist after your hearing aid order is placed regarding payment for the remaining balance after the allowance is applied.



Dental care

Dental services are offered by Health Net Dental and are administered through Unimerica Life Insurance Company. You can see any licensed dental provider for covered dental services. Your cost-sharing is higher when you receive covered services from non-

plan providers. You can search for participating dental providers through the ProviderSearch tool at www.healthnet.com, or contact Health Net Dental for a list of dental providers at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

<i>Dental coverage</i>	<i>In-network</i>	<i>Out-of-network³</i>
<p>\$1,250 annual plan maximum (combined in- and out-of-network). A 12-month waiting period on major services. An annual award program that can earn up to \$250 + \$100 in-network bonus for future annual maximum benefit use. After \$25 annual dental deductible (combined in- and out-of-network), you pay:</p> <p>Preventive and diagnostic</p> <ul style="list-style-type: none"> • 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 months¹ • Lab and other diagnostic tests • Sealants 	<p>0% coinsurance (Health Net pays 100%) for preventive services</p>	<p>0% coinsurance³ (Health Net pays 100%) for preventive services</p>

<i>Dental coverage</i>	<i>In-network</i>	<i>Out-of-network³</i>
Basic restorative services <ul style="list-style-type: none"> Restorative services: amalgam or composite resin fillings, 1 restoration per tooth filling surface every 3 years¹ General services (including emergency services) 	20% coinsurance (Health Net pays 80%) for restorative services	20% coinsurance ³ (Health Net pays 80%) for restorative services
Major services² <ul style="list-style-type: none"> Simple extractions Oral surgery (includes surgical extractions) Periodontics Endodontics Inlays/onlays/crowns Dentures and other removable prosthetics Fixed partial dentures (bridges) 	50% coinsurance ² (Health Net pays 50%) for major services after a 12-month waiting period	50% coinsurance ^{2,3} (Health Net pays 50%) for major services after a 12-month waiting period

¹Multi-year benefit may not be available in subsequent years.

²12-month waiting period will be waived for members that submit proof of 12 months of prior dental coverage with their first claim.

³Maximum allowable charge: When copayments are charged as a percentage of eligible expenses, the amount you pay for dental services from non-network providers is determined as a percentage of the negotiated contract rates of network providers plus the amount by which the non-network provider's billed charge exceeds the contracted fee. An out-of-network provider can provide a pretreatment cost estimate for covered dental services.



MaxAdvantage Award program

A \$250 award balance is established when the total of all the submitted claims for each person is \$500 or less for the calendar year. Each enrolled person qualifies for the MaxAdvantage Award if they use in- or out-of-network providers; however, he or she can earn an additional \$100 bonus if all claims are for network providers. To be eligible for the award, each person must use his or her dental benefit at least once a year.

It's easy to use – Health Net Dental does all the tracking! Here's how it works:

Example:

In 2018, you receive 2 oral exams, 2 cleanings, X-rays, and 2 fillings, all from an in-network dentist. Total amount of claims = \$450. (**Note:** To be eligible for the award, claims cannot exceed \$500 for the calendar year.)

MaxAdvantage Award: \$250 + \$100 in-network bonus = \$350 annual award. In 2018, the calendar year maximum resets to \$1,250 (the plan maximum) + \$350 award maximum = \$1600 calendar year maximum.

- The total award that can be earned during the year is \$350, and the calendar year maximum with all awards earned cannot exceed \$2,500.
- The award can be used for covered services in future years if the insured has exceeded the plan's calendar year maximum (however, the award cannot be used for orthodontia or dental implants).
- Funds are not physical and cannot be withdrawn.

- Members who enroll with effective dates of January through September are eligible to participate in the MaxAdvantage Award program for the year in course.
- Members who enroll with effective dates of October through December are eligible to participate in the MaxAdvantage Award program starting in January of the following plan year.
- Once claims are calculated at year's end, members can check on potential MaxAdvantage Award amounts starting in March of the following year.
- Claims Explanation of Benefits (EOB) will include award information.

Dental claims

If you see a non-plan dentist, you may have to file a claim with Health Net Dental. Health Net Dental will pay your provider its share of the bill for any covered services that are determined to have been medically necessary and let you know what, if anything, you must pay your provider. Please call the Health Net Dental Customer Service Department toll-free number for a claim form and claim filing instructions at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

Health Net Dental
Attn: Claims Unit
PO Box 30567
Salt Lake City, UT 84130



Vision care

Routine eye exams and eyewear are offered by Health Net Vision and are serviced by EyeMed Vision Care, LLC. Health Net Vision offers coverage from a network of providers, including optometrists, ophthalmologists and opticians. These providers undergo stringent quality and utilization reviews, and they share our commitment to providing affordable, quality vision care. You can search for participating vision providers through the ProviderSearch tool at www.healthnet.com, or contact Health Net Vision for a list of vision

providers at 1-866-392-6058, Monday through Saturday from 4:30 a.m. to 8:00 p.m., and Sunday from 8:00 a.m. to 5:00 p.m. PT. (TTY users should call 711, Monday through Friday from 5:00 a.m. to 5:00 p.m. PT.)

Members can utilize any licensed vision provider for covered services. In-network cost-sharing will apply when accessing care from a Health Net Vision PPO provider. Your out-of-pocket costs will be lower when accessing a PPO plan provider. Care from non-plan providers typically results in higher out-of-pocket costs.

<i>Vision care services</i>	<i>Member cost/allowance in-network</i>	<i>Member reimbursement out-of-network</i>
Exam with dilation as necessary	\$10 copay	Up to \$45
Contact lens fit and follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard*	\$0 copay; paid in full for fit and two follow-up visits	Up to \$40
Premium**	\$0 copay; 10% off retail price, then apply \$55 allowance	Up to \$40
Frame and lens package (Any frame and lens available at provider location)	\$250 allowance for frame and lens package; 20% off balance over \$250	Up to \$250
Contact lenses (Includes material only)		
Conventional	\$0 copay; \$250 allowance, 15% off balance over \$250	Up to \$250
Disposable	\$0 copay; \$250 allowance, plus balance over \$250	Up to \$250
Medically necessary	\$0 copay, paid in full	Up to \$250
Frequency		
Examination		Once every 12 months
Frame and lenses or contact lenses		Once every 24 months

*Standard contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement.

**Premium contact lens fitting – all lens designs, materials and specialty fittings other than standard contact lens.

Additional discounts

Member receives a 20% discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location.

Members also receive a 40% discount on a complete pair of eyeglasses and a 15% discount on conventional contact lenses once the funded benefit has been used. Members also receive 15% off the retail price or 5% off the promotional price for LASIK or PRK from the U.S. Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Plan limitations/exclusions

- Orthoptic or vision training, subnormal vision aids and any associated testing.

- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any workers' compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no-discount policy.
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under the plan.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- Services or materials provided by any other group benefit providing for vision care.
- Two pairs of glasses in lieu of bifocals.
- Aniseikonic lenses.

Vision claims

When utilizing your in-network benefits for eyewear and/or a vision exam through a Health Net Vision participating provider, payment will be made directly to that Health Net Vision participating provider. Out-of-network providers may require payment in full at the time of service. To receive reimbursement, you will need to submit your claim to:

Health Net Vision
PO Box 8504
Mason, OH 45040-7111

How to enroll in optional package #1 or #2

In order to enroll in an Optional Supplemental Benefits Package, you must enroll in, or be enrolled in, a Health Net Life Insurance Company Individual Medicare Supplement Plan and reside in the state of California:

- Complete a Health Net Life Insurance Company Individual Medicare Supplement Optional Supplemental Benefits Package Individual Enrollment Form and dental application. Benefits will become effective the first of the following month. You will receive a new Medicare Supplement Plan ID card that includes the customer service phone numbers for your Optional Supplemental benefits.

- You may disenroll at any time from this option by providing written notice to Health Net Life Insurance Company. If you terminate coverage, you must wait 12 months until you may again apply for coverage.
- Premiums for Optional Supplemental Benefit Packages will be added to your Individual Medicare Supplement Health Plan billing.

Health Net Dental PPO plans are underwritten by Unimerica Life Insurance Company and administered by Dental Benefit Administrative Services. Health Net Vision plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the "Fidelity Entities"). Obligations of Unimerica Life Insurance Company, Fidelity Security Life Insurance Company and EyeMed Vision Care are not the obligations of, or guaranteed by, Health Net, Inc. or its affiliates. Health Net Life Insurance Company is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.