HEALTH NET OF CALIFORNIA, INC./Health Net Healthy Heart (HMO)
Monthly Plan Premium for People who get Extra Help from Medicare
                        to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.
This table shows you what your monthly plan premium will be if you get extra help.

<table>
<thead>
<tr>
<th>Your level of extra help</th>
<th>Monthly Premium for Health Net Healthy Heart (HMO)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$16.00</td>
</tr>
<tr>
<td>75%</td>
<td>$16.00</td>
</tr>
<tr>
<td>50%</td>
<td>$16.00</td>
</tr>
<tr>
<td>25%</td>
<td>$16.00</td>
</tr>
</tbody>
</table>

*This does not include any Medicare Part B premium you may have to pay.

Health Net Healthy Heart (HMO)’s premium includes coverage for both medical services and prescription drug coverage.

If you aren’t getting extra help, you can see if you qualify by calling:
• 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
• Your State Medicaid Office, or
• The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member/Customer Services at 1-800-275-4737, TTY: 711
From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends and on federal holidays.

Health Net Healthy Heart (HMO) is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net Healthy Heart (HMO) depends on contract renewal.

You must continue to pay your Medicare Part B premium. However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.