

2014 Benefit *Highlights*

Health Net Seniority Plus Ruby (HMO)

Riverside, San Bernardino, CA

<i>Plan benefits and copays/ coinsurance</i>	
Monthly plan premium	\$49
Maximum out-of-pocket (MOOP)	\$3,400
Doctor office visits	
• Primary care physician	\$8
• Specialist	\$10
Lab services and X-rays	\$0
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy	\$60
Radiation therapy	\$60
Diabetic supplies	\$0
Inpatient hospital care	\$320 per day, days 1-5; \$0 per day, days 6 and beyond
Outpatient services/surgery (hospital care)	\$200
Outpatient services/surgery (ambulatory care)	\$100
Emergency care	\$65
Worldwide emergency coverage – annual limit of \$50,000	
Urgently needed care	\$10
Routine hearing exam	\$10
Routine vision exam	\$10

(continued)

<i>Optional Supplemental Benefits</i>	
Package #1 monthly plan (Acupuncture, chiropractic, DHMO dental, eyewear and health club membership/fitness)	\$19
Package #2 monthly plan premium (Acupuncture, chiropractic, DPPO dental, eyewear and health club membership/fitness)	\$29
<i>Prescription drug coverage</i>	<i>Classic formulary</i>
Annual Part D deductible	\$0
Copays and coinsurance	30-day retail/90-day preferred mail order
Tier 1: Preferred generic drugs	\$4 / \$8
Tier 2: Non-preferred generic drugs	\$10 / \$20
Tier 3: Preferred brand drugs	\$45 / \$125
Tier 4: Non-preferred brand drugs	\$95 / \$275
Tier 5: Specialty tier	33%
Tier 6: Select care drugs	\$0
Initial coverage limit (ICL)	\$2,850

Once the ICL has been met, you move into the Coverage Gap phase. There is additional coverage provided in the Coverage Gap and Catastrophic Coverage stages. Please refer to your Evidence of Coverage (EOC) and/or Comprehensive Formulary for further information.

Premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium.

Health Net of California, Inc. has a contract with Medicare to offer HMO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage (EOC) document.

For additional information, please contact our Member Services number at 1-800-977-6738. (TTY/TDD users should call 1-800-929-9955). Hours are 8:00 a.m. to 8:00 p.m., 7 days a week.