

2010 BENEFIT HIGHLIGHTS

HEALTH NET VIOLET (PPO)

San Diego County, CA

MEDICAL COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Monthly health plan premium	\$89 ¹	
Annual plan deductible	\$850	\$1,200
Out-of-pocket maximum	\$1,500	\$2,500
Physician Office visit	\$15	10%
Specialist physician office visit	\$20	10%
Inpatient hospital care (unlimited days)	\$50	\$200
Outpatient surgery	\$50	10%
X-rays and laboratory services (Medicare covered)	\$0	10%
Clinical, diagnostic lab and radiation therapy services (CT, MRI, PET, SPECT)	\$15	10%
Durable medical equipment (DME)	20%	20%
Diabetic supplies	20%	20%
Home health	\$0	\$0
Emergency care (waived if admitted to hospital)* *Worldwide emergency coverage: annual limit of \$50,000	\$50	\$50
Urgent care (waived if admitted to hospital)	\$25	\$50
Ambulance	\$100	\$100
Routine annual physical examination	\$0	10%
Routine annual eye examination	\$20	10%
Eyewear (Medicare covered)	\$0	\$0
DRUG COVERAGE^{2,3}		
Part D deductible	\$0	
Preferred generic	\$5	
Preferred brand	\$42	
Non-preferred generic and brand	\$84	
Injectable/specialty drugs	33%	
Initial coverage limit/coverage gap ⁴	\$2,830	
Catastrophic coverage After your out-of-pocket costs reach \$4,550 you pay the greater of:		
• generic/preferred brand (including brand drugs treated as generic)	\$2.50 or 5%	
• all other formulary drugs	\$6.30 or 5%	

OPTIONAL SUPPLEMENTAL BENEFITS

Package #4 monthly plan premium
(Acupuncture, chiropractic, DPPO
dental & eyewear

\$19

¹Drug coverage included in this premium.

²Health Net uses a formulary (drug list), which is subject to change. Drug copayments are based on a 30-day supply. Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy. Please see your Evidence of Coverage and/or Comprehensive Formulary for complete coverage details.

³In some cases, your physician may be asked to submit Prior Authorization for a medication. Coverage of the medication is dependent on medical necessity as determined by Health Net.

⁴The initial coverage limit is the amount spent by the member and the plan. After the total yearly drug costs reach \$2,830, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$4,550.

Health Net Life Insurance Company is a Medicare Advantage (MA) organization with a Medicare contract. These contracts are renewed annually and availability of coverage beyond the end of the contract year is not guaranteed. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's MA plans. You must reside in the plan service area in order to apply for Health Net's MA plans. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. This document is available in alternative formats. Plan benefits and cost sharing may vary by plan, county, and region.

In-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net and who accept Medicare. Members enrolled in Health Net MA Preferred Provider Organization (PPO) plans can receive care from out-of-network providers. Receiving this care out-of-network may cost more than receiving care from Health Net's in-network providers, except in emergent or urgent care situations. Health Net will reimburse PPO plan members for mandatory supplemental services received in or out-of-network as long as the services are medically necessary. PPO members do not need a referral if they are going to see an out-of-network provider. Again, member cost sharing for covered services may be more if obtaining services from out-of-network providers.

The Medicare Prescription Drug Benefit is only available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plan. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries that are already enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD Plan at a time.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for seventy-five percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should 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/TDD users should call 1-800-325-0778) between 7:00 a.m. and 7:00 p.m., Monday through Friday.

Medicare beneficiaries may enroll in Health Net's MA or PDP plans through the Centers for Medicare & Medicaid Services On-line Enrollment Center, located at www.Medicare.gov. For full information on this plan's benefits, including information on premium withhold or direct bill options, other exclusions, limitations, or restrictions to services not already identified in this document, and how to obtain this material in an alternate format, please contact Health Net at 1-800-579-9096, TTY/TDD 1-800-929-9955 (for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., 7 days a week.

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 (EOC) or Vendor Benefits Rider (VBR) document.

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