

# Overview of Medicare Supplement *Plans:* *Plans A, F, F with High Deductible, K, and M*

*Health Net Health Plan of Oregon, Inc.*

*Rates effective as of  
January 1, 2015*

Health Net Health Plan of Oregon, Inc. (Health Net of Oregon) offers five different specified Medicare Supplemental Plans to meet the needs of Medicare-eligible Oregon residents. This brochure outlines the five plans.

Medicare supplemental coverage can be sold only in specified plans. The chart below shows the benefits included in each plan. Every company that offers Medicare Supplemental Plans must make Plan A available. If the company chooses to offer a supplemental plan other than Plan A, they must

also offer Plan C or Plan F. Some plans may not be available from any company in Oregon.

Health Net of Oregon offers Plan A, Plan F, Plan F with high deductible, Plan K, and Plan M. Plan A contains the basic or Core Benefits. Plan F, Plan F with high deductible, Plan K, and Plan M include the Core Benefits plus additional benefits as outlined in this brochure.

To apply for coverage or to obtain a complete packet, including an application form, please contact your insurance agent or Health Net of Oregon. To speak to a Health Net sales representative, please call 1-800-709-4193.

## **Read your policy very carefully**

This is only a fact sheet describing the most important features of Health Net of Oregon's Medicare Supplemental Plans.

The Policy is your contract for health coverage.

You must read the Policy itself to understand all of the rights and duties that you and your health care service contractor have.

Your Policy describes the provisions of your plan.

If you ever have questions about your coverage, please call our Customer Contact Center at 1-888-802-7001 or email us through the Contact Us feature on the [www.healthnet.com](http://www.healthnet.com) website.

## Standard Medicare Supplemental Plans

Health Net of Oregon offers Plans A, F, F with high deductible, K, and M. This chart identifies the benefits that are included in each of the ten standard Medicare Supplemental Plans.

<i>Core benefits</i>	<i>Plan A</i>	<i>Plan B</i>	<i>Plan C</i>	<i>Plan D</i>	<i>Plan F<sup>1</sup></i>	<i>Plan G</i>	<i>Plan K<sup>2</sup></i>	<i>Plan L<sup>3</sup></i>	<i>Plan M</i>	<i>Plan N</i>
Part A hospital (Days 61–90)	X	X	X	X	X	X	X	X	X	X
Lifetime reserve (Days 91–150)	X	X	X	X	X	X	X	X	X	X
365 lifetime hospital days (100%)	X	X	X	X	X	X	X	X	X	X
Parts A and B blood	X	X	X	X	X	X	50%	75%	X	X
Part B coinsurance	X	X	X	X	X	X	50%	75%	X	X <sup>4</sup>
Hospice care	X	X	X	X	X	X	50%	75%	X	X
<i>Additional benefits</i>	<i>Plan A</i>	<i>Plan B</i>	<i>Plan C</i>	<i>Plan D</i>	<i>Plan F<sup>1</sup></i>	<i>Plan G</i>	<i>Plan K<sup>2</sup></i>	<i>Plan L<sup>3</sup></i>	<i>Plan M</i>	<i>Plan N</i>
Skilled nursing facility coinsurance (Days 21–100)			X	X	X	X	50%	75%	X	X
Part A deductible		X	X	X	X	X	50%	75%	50%	X
Part B deductible			X		X					
Part B excess charges					100%	100%				
Foreign travel emergency			X	X	X	X			X	X
Annual out-of-pocket limitation							\$4,940	\$2,470		

<sup>1</sup> Plan F also offers a high deductible option. You must pay for Medicare-covered costs up to the high deductible amount (\$2,180 in 2015) before your Medicare supplement policy pays anything.

<sup>2</sup> After you have reached the out-of-pocket limitation of \$4,940 on annual expenditures under Medicare Parts A and B, Plan K will provide coverage of one hundred percent (100%) of all cost-sharing for the balance of the calendar year.

<sup>3</sup> After you have reached the out-of-pocket limitation of \$2,470 on annual expenditures under Medicare Parts A and B, Plan L will provide coverage of one hundred percent (100%) of all cost-sharing for the balance of the calendar year.

<sup>4</sup> Provides coverage for 100% of the Part B coinsurance, except you pay the lesser of \$20 or the Part B coinsurance for each covered office visit and the lesser of \$50 or the Part B coinsurance for each covered emergency room visit. The emergency room visit copayment is waived if admitted.

### *Plan A benefits (Core Benefits)*

The benefits included in standardized Plan A are called Core Benefits.

For members of Plan A, Health Net of Oregon will pay benefits as follows for services that are covered by Medicare and while the member is covered under this plan:

- **Hospitalization** benefit provides coverage of Part A Medicare-eligible expenses for hospitalization, which are not covered by Medicare, from the 61st day through the 90th day in any Medicare benefit period.

Hospitalization benefit also provides coverage of Part A Medicare-eligible expenses incurred for hospitalization, which are not covered by Medicare, for Medicare lifetime inpatient reserve days.

When Medicare hospital inpatient coverage runs out, including the lifetime reserve days, the hospitalization benefit will provide coverage of the Part A Medicare-eligible expenses for hospitalization, subject to a lifetime maximum benefit of an additional 365 days.

- **Blood** benefit provides coverage under Medicare Part A and B for the reasonable cost of the first three pints of blood, or equivalent quantities of packed red blood cells.
- **Part B coinsurance** provides coverage for the coinsurance amount of Medicare-eligible expenses under Part B, regardless of hospital confinement, subject to the Medicare Part B deductible.
- **Hospice care** benefit provides coverage of cost-sharing for the Part A Medicare-eligible expenses for hospice care and respite care.

*Plan F (including Plan F with high deductible) additional benefits*

Plan F and Plan F with high deductible include the Core Benefits plus the following additional benefits:

- **Skilled nursing facility care** benefit, providing coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.
- **Medicare Part A deductible** benefit, providing coverage for 100 percent of the Medicare Part A inpatient hospital deductible amount per benefit period.
- **Medically necessary emergency care** in a foreign country, providing coverage for benefits not covered by Medicare up to 80 percent of the billed charges for Medicare-eligible expenses.

Benefits are for medically necessary emergency hospital, physician and medical care received in a foreign country, when the care would have been covered by Medicare if provided in the United States and when the care began during the first 60 consecutive days

of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

For purposes of this benefit, “emergency care” means care needed immediately because of an injury or an illness of sudden and unexpected onset.

- **Medicare Part B deductible** benefit, providing coverage for 100 percent of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.
- **Part B Excess Charges** benefit, providing coverage for 100 percent of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

**Notice:** The annual deductible in Plan F with high deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the standardized Medicare supplement Plan F, and shall be in addition to any other specific benefit deductibles. The annual deductible for 2015 is \$2,180.

### *Plan K additional benefits*

Plan K includes the Core Benefits plus the following additional benefits:

- **Skilled nursing facility care** benefit, providing coverage for 50 percent of the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.
- **Medicare Part A deductible** benefit, providing coverage for 50 percent of the Medicare Part A inpatient hospital deductible amount per benefit period.
- **Out-of-pocket limitation** After you have reached the out-of-pocket limitation of \$4,940 on annual expenditures under Medicare Parts A and B, Plan K will provide coverage of one hundred percent (100%) of all cost-sharing for the balance of the calendar year.

### *Plan M additional benefits*

Plan M includes the Core Benefits plus the following additional benefits:

- **Skilled nursing facility care** benefit, providing coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.

- **Medicare Part A deductible** benefit, providing coverage for 50 percent of the Medicare Part A inpatient hospital deductible amount per benefit period.
- **Medically necessary emergency** care in a foreign country, providing coverage for benefits not covered by Medicare up to 80 percent of the billed charges for Medicare-eligible expenses.

Benefits are for medically necessary emergency hospital, physician and medical care received in a foreign country, when the care would have been covered by Medicare if provided in the United States and when the care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

For purposes of this benefit, “emergency care” means care needed immediately because of an injury or an illness of sudden and unexpected onset.

**Health Net Health Plan of Oregon, Inc. offers the following Medicare supplement policies:**

Plan A: HNOR  
Med Supp PlanR  
A 1/2012

Plan F: HNOR  
Med Supp PlanR  
F 1/2012

Plan F with high deductible:  
HNOR Med Supp  
PlanR  
FH 1/2012

Plan K: HNOR  
Med Supp PlanR  
K 1/2012

Plan M: HNOR  
Med Supp PlanR  
M 1/2012

### *Services not covered*

No payment will be made by Health Net of Oregon for loss arising from the following:

- Services or materials furnished, paid for or made available by any state or federal agency or under any law for which the member is not required to pay, including but not limited to Title XVIII of the Social Security Act of 1965, as amended-Medicare. (Except State of Oregon owned or operated hospitals and state-approved community mental health programs.)
- Vision aids (except when required following cataract surgery).
- Prescription medications.
- Conditions caused by or arising out of war or acts of war, declared or undeclared.
- Benefits that duplicate benefits paid by Medicare.
- Custodial care. Care is considered custodial when it is primarily for the purpose of meeting personal needs and could be provided by persons without professional skills or training. Medicare does not cover care if it is mainly custodial.
- Any state or federal workers' compensation employer liability or occupational disease law or any motor vehicle no-fault law.



To speak to a Health Net sales representative, please call **1-800-709-4193**.

- Services and supplies not covered by Medicare except:
  - The Medicare Part A deductible and Medicare coinsurance covered under the Policy.
  - The 365 lifetime hospital days.
  - Any benefits endorsed to the Policy.

**No limitations or exclusions on coverage under this plan shall be more restrictive than those under Medicare.**

### *Submitting claims*

Medicare requires the provider of services to submit claims for covered services directly to Medicare for you. Many providers will also submit claims for balances not covered by Medicare directly to Health Net of Oregon for you.

If the provider bills you directly for the balance, you are responsible for submitting the explanation of Medicare Benefits (EOMB) and an itemized statement to Health Net of Oregon.

## Premium information

Health Net of Oregon can only raise your premium rate if we raise the premium for all policies like yours in the state of Oregon.

However, your premium will automatically change effective the first of the month following reaching a different premium classification.

## Health Net Medicare Supplement Plan A

### Region 1

*Clackamas, Columbia, Hood River, Multnomah, Washington, Yamhill*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$113	\$114	\$119	\$125	\$135	\$144	\$153	\$161	\$172	\$191
Tobacco	\$125	\$125	\$131	\$138	\$148	\$159	\$168	\$177	\$189	\$210

### Region 2

*Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$119	\$120	\$125	\$132	\$142	\$152	\$161	\$170	\$181	\$201
Tobacco	\$131	\$132	\$138	\$145	\$156	\$167	\$177	\$187	\$199	\$221

### Region 3

*Baker, Clatsop, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$121	\$121	\$127	\$133	\$144	\$154	\$163	\$172	\$183	\$203
Tobacco	\$133	\$133	\$139	\$147	\$158	\$169	\$179	\$189	\$201	\$224

## Health Net Medicare Supplement Plan F

### Region 1

*Clackamas, Columbia, Hood River, Multnomah, Washington, Yamhill*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$162	\$162	\$170	\$179	\$193	\$206	\$218	\$230	\$246	\$273
Tobacco	\$178	\$179	\$187	\$197	\$212	\$227	\$240	\$253	\$270	\$300

### Region 2

*Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$171	\$171	\$179	\$188	\$203	\$217	\$229	\$242	\$258	\$287
Tobacco	\$188	\$188	\$197	\$207	\$223	\$239	\$252	\$267	\$284	\$316

### Region 3

*Baker, Clatsop, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$173	\$173	\$181	\$191	\$205	\$220	\$232	\$245	\$262	\$290
Tobacco	\$190	\$190	\$199	\$210	\$226	\$241	\$255	\$270	\$288	\$320



## Health Net Medicare Supplement Plan F High Deductible

### Region 1

*Clackamas, Columbia, Hood River, Multnomah, Washington, Yamhill*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$67	\$67	\$70	\$74	\$79	\$85	\$90	\$95	\$101	\$113
Tobacco	\$74	\$74	\$77	\$81	\$87	\$94	\$99	\$105	\$111	\$124

### Region 2

*Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$70	\$71	\$74	\$78	\$84	\$90	\$95	\$100	\$107	\$118
Tobacco	\$77	\$78	\$81	\$86	\$92	\$98	\$104	\$110	\$117	\$130

### Region 3

*Baker, Clatsop, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$71	\$71	\$75	\$79	\$85	\$91	\$96	\$101	\$108	\$120
Tobacco	\$78	\$79	\$82	\$87	\$93	\$100	\$105	\$111	\$119	\$132

## Health Net Medicare Supplement Plan K

### Region 1

*Clackamas, Columbia, Hood River, Multnomah, Washington, Yamhill*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$86	\$86	\$90	\$95	\$102	\$109	\$116	\$122	\$130	\$145
Tobacco	\$94	\$95	\$99	\$104	\$112	\$120	\$127	\$134	\$143	\$159

### Region 2

*Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$90	\$91	\$95	\$100	\$107	\$115	\$122	\$129	\$137	\$152
Tobacco	\$99	\$100	\$104	\$110	\$118	\$126	\$134	\$141	\$151	\$167

### Region 3

*Baker, Clatsop, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$92	\$92	\$96	\$101	\$109	\$116	\$123	\$130	\$139	\$154
Tobacco	\$101	\$101	\$105	\$111	\$120	\$128	\$135	\$143	\$152	\$169

## Health Net Medicare Supplement Plan M

### Region 1

*Clackamas, Columbia, Hood River, Multnomah, Washington, Yamhill*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$136	\$136	\$143	\$150	\$162	\$173	\$183	\$193	\$206	\$229
Tobacco	\$150	\$150	\$157	\$165	\$178	\$190	\$201	\$213	\$227	\$252

### Region 2

*Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$143	\$144	\$150	\$158	\$170	\$182	\$193	\$204	\$217	\$241
Tobacco	\$158	\$158	\$165	\$174	\$187	\$200	\$212	\$224	\$239	\$265

### Region 3

*Baker, Clatsop, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler*

Age	67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
Non-Tobacco	\$145	\$145	\$152	\$160	\$172	\$184	\$195	\$206	\$220	\$244
Tobacco	\$160	\$160	\$167	\$176	\$190	\$203	\$215	\$227	\$242	\$268

### *Policy replacement*

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### *Notice*

This policy may not fully cover all of your medical costs.

This overview of coverage does not give all the details of Medicare coverage. For more details, contact your local Social Security Office or consult the Medicare handbook called *Medicare & You*.

Health Net of Oregon is not connected with Medicare. Health Net of Oregon agents are not connected with Medicare.

### *Complete answers are important*

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and Health Net coverage history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

### *Right to return policy*

If you are not satisfied with your Medicare Supplemental Plan, you may return the policy to Health Net Health Plan of Oregon, Inc., 13221 SW 68th Parkway, Suite 200, Tigard, Oregon 97223. If you return it within 30 days after you receive it, we will treat the policy as if it had never been issued and return all your payments.

If you ever have questions about your coverage, please call our Customer Contact Center at 1-888-802-7001 or email us through the Contact Us feature on the [www.healthnet.com](http://www.healthnet.com) website.

#### Contact us

Health Net Health Plan  
of Oregon, Inc.  
13221 SW 68th Pkwy.,  
Ste. 200  
Tigard, OR 97223  
1-888-802-7001

[www.healthnet.com](http://www.healthnet.com)

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