2013 Benefits At-a-Glance

Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Green (HMO), Health Net Amber (HMO SNP), Health Net Jade (HMO SNP), and Health Net Ruby Select (HMO)

Arizona

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Health Net

Health Net®
MEDICARE PROGRAMS

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Medical coverage	*Ruby 1*	*Ruby 4*
Service area	Cochise, Maricopa, Pima, Pinal, Santa Cruz	Cochise, Maricopa, Pima, Pinal, Santa Cruz
Monthly health plan premium	$49	$0
Annual deductible	Not applicable	Not applicable
Annual out-of-pocket limit[1]	$5,300	$6,700
Inpatient acute hospital care (per admission)	$225 per day, days 1–6; $0 per day, 7 days and beyond	$320 per day, days 1–5; $0 per day, 6 days and beyond
Skilled nursing facility (SNF)[2]	$50 per day, days 1–20; $100 per day, days 21–100	$50 per day, days 1–20; $100 per day, days 21–100
Home health care (Medicare-covered)	$0 copay per visit	$0 copay per visit
Primary care physician (PCP) office visit	$5 copay per visit	$20 copay per visit
Specialist office visit	$35 copay per visit	$50 copay per visit
Chiropractic services (Medicare-covered)	$20 copay per visit	$20 copay per visit
Routine podiatry[3]	Not covered	Not covered
Outpatient services/surgery (Medicare-covered ambulatory surgical center) per visit	$0–$125 copay	$0–$250 copay
Outpatient services/surgery (Medicare-covered outpatient hospital facility) per visit	$0–$175 copay	$0–$275 copay
Ambulance services (Medicare-covered)	$300 copay (per one-way trip)	$350 copay (per one-way trip)
Emergency care (waived if admitted to hospital) (worldwide coverage)[4]	$65 copay per visit	$65 copay per visit
Urgently needed care	$20 copay per visit	$20 copay per visit
Outpatient rehabilitation services (Medicare-covered)	$25 copay per visit	$40 copay per visit
Cardiac rehabilitation	$25 copay per visit	$40 copay per visit
Durable medical equipment (DME)[5] (Medicare-covered)	20% of the cost per item	20% of the cost per item
Diabetes supplies (Medicare-covered)	$0 copay per item	$0 copay per item
Laboratory services (i.e., blood draw, PSA test) (Medicare-covered)	$0 copay per visit	$0 copay per visit
X-rays/radiology (Medicare-covered)	$35–$200 copay per visit	$40–$200 copay per visit
Health club membership/fitness classes – SilverSneakers® (at contracted facilities)	$0	$0
Routine transportation	Not covered	Not covered

Optional Supplemental Benefits Gold Benefits	*Ruby 1*	*Ruby 4*
Gold Option 1 – Preventive/comprehensive dental, routine eye exam/eyewear, routine chiropractic care and acupuncture	$49	$49
Gold Option 2 – Preventive/comprehensive dental, routine eye exam/eyewear	$25	$25

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

Medical coverage	*Green*	*Amber*
Service area	Cochise, Maricopa, Pima, Pinal, Santa Cruz	Cochise, Maricopa, Pima, Pinal, Santa Cruz
Monthly health plan premium	$0	$29.40
Annual deductible	Not applicable	Not applicable
Annual out-of-pocket limit[1]	$6,700	$6,700
Inpatient acute hospital care (per admission)	$195 per day, days 1-8; $0 per day, 9 and beyond	In 2012 the amounts for each benefit period were $0 or: Days 1–60: $1,156 deductible Days 61–90: $289 per day Days 91–150: $578 per lifetime reserve day These amounts may change for 2013.
Skilled nursing facility (SNF)[2]	$50 per day, days 1–20; $100 per day, days 21–100	In 2012 the amounts for each benefit period were: $0 or: $0 copay per day, days 1–20 $144.50 copay per day, days 21–100 These amounts may change for 2013.
Home health care (Medicare-covered)	$0 copay per visit	0% of the cost
Primary care physician (PCP) office visit	$5 copay per visit	0% or 20% coinsurance per visit
Specialist office visit	$35 copay per visit	0% or 20% coinsurance per visit
Chiropractic services (Medicare-covered)	$20 copay per visit	0% or 20% coinsurance per visit
Routine podiatry[3]	Not covered	Not covered
Outpatient services/surgery (Medicare-covered ambulatory surgical center) per visit	$0–$125 copay	0% or 20% coinsurance
Outpatient services/surgery (Medicare-covered outpatient hospital facility) per visit	$0–$175 copay	0% or 20% coinsurance
Ambulance services (Medicare-covered)	$300 copay (per one-way trip)	0% or 20% coinsurance (per one-way trip)
Emergency care (waived if admitted to hospital) (worldwide coverage)[4]	$65 copay per visit	0% or 20% coinsurance per visit
Urgently needed care	$20 copay per visit	0% or 20% coinsurance per visit
Outpatient rehabilitation services (Medicare-covered)	$25 copay per visit	0% or 20% coinsurance per visit
Cardiac rehabilitation	$25 copay per visit	0% or 20% coinsurance per visit
Durable medical equipment (DME)[5] (Medicare-covered)	20% of the cost per item	0% or 20% coinsurance per item
Diabetes supplies (Medicare-covered)	$0 copay per item	0% of the cost
Laboratory services (i.e., blood draw, PSA test) (Medicare-covered)	$0 copay per visit	0% of the cost
X-rays/radiology (Medicare-covered)	$35–$200 copay per visit	0% or 20% coinsurance per visit
Health club membership/fitness classes – SilverSneakers® (at contracted facilities)	$0	$0
Routine transportation	Not covered	$0 copay per trip, up to 10 one-way trips per year to plan-approved locations

Optional Supplemental Benefits Gold Benefits	*Green*	*Amber*
Gold Option 1 – Preventive/comprehensive dental, routine eye exam/eyewear, routine chiropractic care and acupuncture	$49	Not available
Gold Option 2 – Preventive/comprehensive dental, routine eye exam/eyewear	$25	Not available

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

Medical coverage	*Jade*	*Ruby Select – Maricopa*
Service area	Maricopa, Pima, Pinal	Maricopa
Monthly health plan premium	$0	$0
Annual deductible	Not applicable	Not applicable
Annual out-of-pocket limit[1]	$3,400	$3,400
Inpatient acute hospital care (per admission)	$175 per day, days 1–8; $0 per day, days 9 and beyond	$175 per day, days 1–5; $0 per day, days 6 and beyond
Skilled nursing facility (SNF)[2]	$0 per day, days 1–20; $100 per day, days 21–100	$0 per day, days 1–20; $100 per day, days 21–100
Home health care (Medicare-covered)	$0 copay per visit	$0 copay per visit
Primary care physician (PCP) office visit	$0 copay per visit	$0 copay per visit
Specialist office visit	$25 copay per visit	$25 copay per visit
Chiropractic services (Medicare-covered)	$20 copay per visit	$20 copay per visit
Routine podiatry[3]	$20 copay per visit up to 4 self-referral visits per year	Not covered
Outpatient services/surgery (Medicare-covered ambulatory surgical center) per visit	$0–$150 copay	$0–$75 copay
Outpatient services/surgery (Medicare-covered outpatient hospital facility) per visit	$0–$175 copay	$0–$100 copay
Ambulance services (Medicare-covered)	$350 copay (per one-way trip)	$350 copay (per one-way trip)
Emergency care (waived if admitted to hospital) (worldwide coverage)[4]	$65 copay per visit	$65 copay per visit
Urgently needed care	$20 copay per visit	$20 copay per visit
Outpatient rehabilitation services (Medicare-covered)	$15 copay per visit	$15 copay per visit
Cardiac rehabilitation	$0 copay per visit	$15 copay per visit
Durable medical equipment (DME)[5] (Medicare-covered)	20% of the cost per item	20% of the cost per item
Diabetes supplies (Medicare-covered)	$0 copay per item	$0 copay per item
Laboratory services (i.e., blood draw, PSA test) (Medicare-covered)	$0 copay per visit	$0 copay per visit
X-rays/radiology (Medicare-covered)	$25–$200 copay per visit	$0–$200 copay per visit
Health club membership/fitness classes – SilverSneakers® (at contracted facilities)	$0	$0
Routine transportation	$0 copay per trip, up to 12 one-way trips per year to plan-approved locations	Not covered

Optional Supplemental Benefits Gold Benefits	*Jade*	*Ruby Select – Maricopa*
Gold Option 1 – Preventive/comprehensive dental, routine eye exam/eyewear, routine chiropractic care and acupuncture	$49	$49
Gold Option 2 – Preventive/comprehensive dental, routine eye exam/eyewear	$25	$25

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

Medical coverage	*Ruby Select – Pima*
Service area	Pima
Monthly health plan premium	$0
Annual deductible	Not applicable
Annual out-of-pocket limit[1]	$3,800
Inpatient acute hospital care (per admission)	$175 per day, days 1–5; $0 per day, days 6 and beyond
Skilled nursing facility (SNF)[2]	$25 per day, days 1–20; $100 per day, days 21–100
Home health care (Medicare-covered)	$0 copay per visit
Primary care physician (PCP) office visit	$0 copay per visit
Specialist office visit	$30 copay per visit
Chiropractic services (Medicare-covered)	$20 copay per visit
Routine podiatry[3]	Not covered
Outpatient services/surgery (Medicare-covered ambulatory surgical center) per visit	$0–$75 copay
Outpatient services/surgery (Medicare-covered outpatient hospital facility) per visit	$0–$100 copay
Ambulance services (Medicare-covered)	$350 copay (per one-way trip)
Emergency care (waived if admitted to hospital) (worldwide coverage)[4]	$65 copay per visit
Urgently needed care	$20 copay per visit
Outpatient rehabilitation services (Medicare-covered)	$20 copay per visit
Cardiac rehabilitation	$20 copay per visit
Durable medical equipment (DME)[5] (Medicare-covered)	20% of the cost per item
Diabetes supplies (Medicare-covered)	$0 copay per item
Laboratory services (i.e., blood draw, PSA test) (Medicare-covered)	$0 copay per visit
X-rays/radiology (Medicare-covered)	$5–$200 copay per visit
Health club membership/fitness classes – SilverSneakers® (at contracted facilities)	$0
Routine transportation	Not covered

Optional Supplemental Benefits Gold Benefits	*Ruby Select – Pima*
Gold Option 1 – Preventive/comprehensive dental, routine eye exam/eyewear, routine chiropractic care and acupuncture	$49
Gold Option 2 – Preventive/comprehensive dental, routine eye exam/eyewear	$25

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

Prescription Drug Coverage[6]	*Ruby 1*	*Ruby 4*
Annual Part D deductible	$0	$0
Tier 1: Preferred generic	$3 copay	$3 copay
Tier 2: Non-preferred generic	$15 copay	$15 copay
Tier 3: Preferred brand	$45 copay	$45 copay
Tier 4: Non-preferred brand	$95 copay	$95 copay
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Initial coverage limit (ICL)[7]	$2,970	$2,970
Coverage gap – After your total yearly drug costs reach $2,970:	You receive limited coverage by the plan on certain drugs. You will also receive a discount on brand-name drugs and generally pay no more than 47.5% for the plan's cost for brand drugs and 79% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach $4,750.	You receive limited coverage by the plan on certain drugs. You will also receive a discount on brand-name drugs and generally pay no more than 47.5% for the plan's cost for brand drugs and 79% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach $4,750.
Catastrophic coverage – After your yearly out-of-pocket drug costs reach $4,750, you pay the greater of:		
• generics (including brand drugs treated as generic)	$2.65 copay or 5% coinsurance	$2.65 copay or 5% coinsurance
• all other drugs	$6.60 copay or 5% coinsurance	$6.60 copay or 5% coinsurance

Prescription Drug Coverage[6]	*Green*	*Amber*
Annual Part D deductible	Not covered[8]	$325
Tier 1: Preferred generic	Not covered[8]	Initial coverage: Depending on your income and institutional status, you pay the following: • Generics (including brand drugs treated as generic): $0 or $1.15 or $2.65 copay • All other drugs: $0 or $3.50 or $6.60 copay
Tier 2: Non-preferred generic		
Tier 3: Preferred brand		
Tier 4: Non-preferred brand		
Tier 5: Specialty Tier		
Initial coverage limit (ICL)[7]		
Coverage gap – After your total yearly drug costs reach $2,970:		
Catastrophic coverage – After your yearly out-of-pocket drug costs reach $4,750, you pay the greater of:		
• generics (including brand drugs treated as generic)	Not covered[8]	$0 copay
• all other drugs	Not covered[8]	$0 copay

Prescription Drug Coverage[6]	*Jade*	*Ruby Select – Maricopa*
Annual Part D deductible	$0	$0
Tier 1: Preferred generic	$0 copay	$0 copay
Tier 2: Non-preferred generic	$15 copay	$15 copay
Tier 3: Preferred brand	$44 copay	$44 copay
Tier 4: Non-preferred brand	$95 copay	$95 copay
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Initial coverage limit (ICL)[7]	$2,970	$2,970
Coverage gap – After your total yearly drug costs reach $2,970:	You receive limited coverage by the plan on certain drugs. You will also receive a discount on brand-name drugs and generally pay no more than 47.5% for the plan's cost for brand drugs and 79% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach $4,750.	You receive limited coverage by the plan on certain drugs. You will also receive a discount on brand-name drugs and generally pay no more than 47.5% for the plan's cost for brand drugs and 79% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach $4,750.
Catastrophic coverage – After your yearly out-of-pocket drug costs reach $4,750, you pay the greater of:		
• generics (including brand drugs treated as generic)	$2.65 copay or 5% coinsurance	$2.65 copay or 5% coinsurance
• all other drugs	$6.60 copay or 5% coinsurance	$6.60 copay or 5% coinsurance

Prescription Drug Coverage[6]	*Ruby Select – Pima*
Annual Part D deductible	$0
Tier 1: Preferred generic	$0 copay
Tier 2: Non-preferred generic	$15 copay
Tier 3: Preferred brand	$44 copay
Tier 4: Non-preferred brand	$95 copay
Tier 5: Specialty Tier	33% coinsurance
Initial coverage limit (ICL)[7]	$2,970
Coverage gap – After your total yearly drug costs reach $2,970:	You receive limited coverage by the plan on certain drugs. You will also receive a discount on brand-name drugs and generally pay no more than 47.5% for the plan's cost for brand drugs and 79% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach $4,750.
Catastrophic coverage – After your yearly out-of-pocket drug costs reach $4,750, you pay the greater of:	
• generics (including brand drugs treated as generic)	$2.65 copay or 5% coinsurance
• all other drugs	$6.60 copay or 5% coinsurance

[1]Out-of-pocket limit applies to Medicare Parts A and B covered services only. The out-of-pocket limit does not apply to Medicare Part D prescription drugs, Optional Supplemental benefits, and monthly plan premiums. Member pays Health Net contracted rates for all other services until deductible is satisfied.

[2]Covered for 100 days per benefit period. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

[3]Other Medicare-covered benefits may be available.

[4]Worldwide emergency coverage: annual limit of $50,000.

[5]Coinsurance based on Health Net contracted rates.

[6]Health Net uses a formulary, which is subject to change. Drug copayments are based on up to a 30-day supply, in this document. 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 (EOC) and/or Comprehensive Formulary for complete coverage details.

[7]The initial coverage limit is the amount spent by the member and the plan.

[8]Medicare-covered Part B drugs are also available.

Health Net of Arizona, Inc. is a Medicare Advantage organization with a Medicare contract. Health Net of Arizona, Inc. is a Coordinated Care plan with a Medicare contract and a contract with the Arizona Medicaid Program. Health Net of Arizona, Inc. is a Coordinated Care plan with a Medicare contract. These contracts are renewed annually and availability of coverage beyond the end of the contract year is not guaranteed. These plans may not be available to Medicare beneficiaries in the following contract year because, by law, plan sponsors, like Health Net, can choose not to renew their contract with CMS, or they can reduce their service area, and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's Medicare Advantage (MA). You must reside in the plan service area in order to apply for Health Net's MA plans. Individuals must have Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information. You can enroll in a Medicare Advantage Plan at any time during the year if you've recently become eligible for Medicare Parts A and B, if you're granted a Special Election Period (such as moving out of your current plan's service area), or if you meet the eligibility requirements for a Special Needs Plan. Note: The state will cover the Part B premium for members enrolled in a full-benefit, Dual Eligible Special Needs Plan (SNP) as long as the members maintain their state Medicaid and SNP eligibility requirements. Limitations, copayments and restrictions may apply. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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's MA HMO plans must receive all routine care from in-network plan providers, except in emergent or urgent care situations or for out-of-area renal dialysis. If Health Net MA HMO members obtain routine care from out-of-network plan providers, neither Medicare nor Health Net will be responsible for the costs. With few exceptions, you will need to get referrals (approval in advance) from your primary care physician. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself.

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, and quantity limitations and restrictions may apply). 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 you qualify, Medicare could pay for up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. 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 a day, seven days a week. TTY users should call 1-877-486-2048.

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, seven 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.

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, 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.

This information is available for free in other languages. Please contact our customer service number at 1-800-333-3930. Our hours of operation are 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users call 1-800-977-6757.

Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con el número de nuestro servicio al cliente al 1-800-333-3930. Los usuarios de TTY/TDD deben llamar al 1-800-977-6757. El horario de atención es de 8:00 a.m. a 8:00 p.m., los siete días de la semana.

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