

# 2014 Benefit *Highlights*

Health Net Ruby Select (HMO)\*

Santa Clara, CA

<i>Plan benefits and copays/ coinsurance</i>	
Monthly plan premium	\$69
Maximum out-of-pocket (MOOP)	\$3,400
<b>Doctor office visits</b>	
• Primary care physician	\$22
• Specialist	\$30
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	\$200 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	\$30
Routine hearing exam	\$30
Routine vision exam	\$30
<b><i>Optional Supplemental Benefits</i></b>	
Package #1 monthly plan premium (Acupuncture, chiropractic, DHMO dental, eyewear and health club membership/fitness)	\$19

(continued)

<i>Optional Supplemental Benefits</i>	
Package #2 monthly plan premium (Acupuncture, chiropractic, DPPO dental, eyewear and health club membership/fitness)	\$29
<i>Prescription drug coverage</i>	<i>Value formulary</i>
Annual Part D deductible	\$0
<b>Copays and coinsurance</b>	<b>30-day retail/90-day preferred mail order</b>
Tier 1: Preferred generic drugs	\$3 / \$6
Tier 2: Non-preferred generic drugs	\$15 / \$30
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 limited 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.

**\*Health Net Ruby Select (HMO) uses specific providers only.** Not all participating provider groups (PPGs) and their affiliated primary care physicians (PCPs) and facilities are available to you in your service area for this plan. In addition, you may be limited to providers within your primary care provider's (PCP's) and/or medical group's network. This means that the PCP and/or medical group that you choose may determine the specialists and hospitals you can use. It is important to understand that Health Net offers a variety of plans in each service area; if your provider of choice is not available through this plan, the provider may be available through a different Health Net plan offering.

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.

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