

2014 Benefits *at a Glance*

Health Net Ruby (HMO) and Health Net Jade (HMO SNP)

Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk,
Washington, and Yamhill Counties, OR

<i>Plan benefits and copays/ coinsurance</i>	<i>Health Net Ruby Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill Counties, OR</i>	<i>Health Net Jade Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill Counties, OR¹</i>
Monthly plan premium	\$0	\$0
Maximum out-of-pocket (MOOP)	\$2,500	\$3,200
Annual medical plan deductible	\$0	\$0
Doctor office visits		
• Primary care physician	\$8	\$0
• Specialist	\$20	\$20
Lab services	\$0	\$20
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.)	15%	15%
Diabetic supplies	\$0	\$0
Inpatient hospital care	\$200 per day, days 1-8; \$0 per day, days 9 and beyond	\$250 per day, days 1-6; \$0 per day, days 7 and beyond
Outpatient surgery (hospital care)	\$175	\$175
Outpatient surgery (ambulatory care)	\$150	\$150
Complementary care: routine chiropractic, acupuncture and naturopathic services	\$15	\$15
Routine Vision Exam	\$10; 1 every year	\$10; 1 every year
Routine eyewear	Up to \$250 allowance every two years	Up to \$250 allowance every two years
Routine podiatry	Not covered	\$20
Health club membership	\$0	\$0

<i>Prescription drug coverage</i>	<i>Health Net Ruby Classic Formulary</i>	<i>Health Net Jade Jade C-SNP Formulary</i>
Annual Part D deductible	\$0	\$0
Copays and coinsurance	30-day retail/90-day preferred mail order	
Tier 1: Preferred generic drugs	\$4/\$8	\$4/\$8
Tier 2: Non-preferred generic drugs	\$10/\$20	\$10/\$20
Tier 3: Preferred brand drugs	\$38/\$76	\$38/\$76
Tier 4: Non-preferred brand drugs	\$95/\$238	\$95/\$238
Tier 5: Specialty tier	33% of the total cost	33% of the total cost
Tier 6: Select care drugs	\$0	\$0
Initial coverage limit (ICL)	\$2,850	\$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.

¹You can enroll in Health Net Jade (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B, and live in the service area. You must have been diagnosed by your doctor with a cardiovascular disorder, chronic heart failure, and/or diabetes to join this plan. Please call the plan to see if you are eligible to join.

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

Health Net Health Plan of Oregon, Inc. has a contract with Medicare to offer HMO and chronic HMO SNP coordinated care 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 1-888-445-8913. (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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