

2014 Benefits *at a Glance*

*Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO),
Health Net Healthy Heart (PPO), and Health Net Aqua (PPO)*

Clackamas, Columbia, Lane, Multnomah, and Washington Counties, OR; Clark County, WA

Plan benefits and copays/ coinsurance	Health Net Violet Option 1 (PPO) Benton, Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, Washington , and Yamhill Counties, OR; Clark County, WA		Health Net Violet Option 2 (PPO) Clackamas, Columbia, Lane, Multnomah, and Washington Counties, OR; Clark County, WA	
	In-network	Out-of-network	In-network	Out-of-network
Monthly plan premium	\$109		\$0	
Maximum out-of-pocket (MOOP)	\$2,700	\$4,000 in- and out-of-network combined	\$3,400	\$4,500 in- and out-of-network combined
Combined annual medical plan deductible	\$225		\$345	
Doctor office visits				
• Primary care physician	\$12 ¹	\$20	\$15 ¹	\$20
• Specialist	\$12 ¹	\$20	\$15 ¹	\$20
Lab services	\$12 ¹	\$20	\$18 ¹	\$20
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy	15%	18%	15%	20%
Inpatient hospital care	\$200 per day, days 1-7; \$0 per day, days 8 and beyond	\$225 per day, days 1-7; \$0 per day, days 8 and beyond	\$250 per day, days 1-7; \$0 per day, days 8 and beyond	\$275 per day, days 1-7; \$0 per day, days 8 and beyond
Outpatient surgery (hospital care)	\$175	\$200	18%	20%
Outpatient surgery (ambulatory care)	\$150	\$175	18%	20%
Routine vision exam ¹	\$10	Plan pays up to \$45	Not covered/Buy-up available	
Routine eyewear ¹	Up to \$250 allowance in- and out-of-network combined		Not covered/Buy-up available	
Complementary care: routine chiropractic, acupuncture, and naturopathic services ¹	\$15	\$15	\$20	\$20
Health club membership ¹	\$360 allowance in- and out-of-network combined		Not covered	

Plan benefits and copays/ coinsurance	Health Net Healthy Heart (PPO) Benton, Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill Counties, OR; Clark County, WA		Health Net Aqua (PPO) Benton, Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill Counties, OR; Clark County, WA	
	In-network	Out-of-network	In-network	Out-of-network
Monthly plan premium	\$199		\$45	
Maximum out-of-pocket (MOOP)	\$2,000	\$3,500 in- and out-of-network combined	\$2,500	\$5,100 in- and out-of-network combined
Combined annual medical plan deductible	\$175		\$125	
Doctor office visits				
• Primary care physician	\$10 ¹	\$20	\$12 ¹	\$20
• Specialist	\$10 ¹	\$20	\$12 ¹	\$20
Lab services	\$0 ¹	\$0	\$0 ¹	\$0
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy	12%	12%	15%	20%
Inpatient hospital care	\$175 per day, days 1-6; \$0 per day, days 7 and beyond	\$200 per day, days 1-6; \$0 per day, days 7 and beyond	\$175 per day, days 1-8; \$0 per day, days 9 and beyond	\$200 per day, days 1-8; \$0 per day, days 9 and beyond
Outpatient surgery (hospital care)	\$100	\$200	\$175	\$200
Outpatient surgery (ambulatory care)	\$50	\$100	\$150	\$175
Routine vision exam ¹	\$10	Plan pays up to \$45	\$10	Plan pays up to \$45
Routine eyewear ¹	Up to \$250 allowance in- and out-of-network combined		Up to \$250 allowance in- and out-of-network combined	
Complementary care: routine chiropractic, acupuncture, and naturopathic services ¹	\$15	\$15	\$15	\$15
Health club membership ¹	\$360 allowance in- and out-of-network combined		\$360 allowance in- and out-of-network combined	

<i>Prescription drug coverage</i>	<i>Health Net Violet Option 1 (PPO) Classic Formulary</i>	<i>Health Net Violet Option 2 (PPO) Classic Formulary</i>
Annual Part D deductible	\$0	\$0
Copays and coinsurance	30-day retail/90-day preferred mail order	
Tier 1: Preferred generic drugs	Up to \$5/\$10	Up to \$7/\$14
Tier 2: Non-preferred generic drugs	Up to \$10/\$20	Up to \$15/\$30
Tier 3: Preferred brand drugs	Up to \$42/\$84	Up to \$45/\$90
Tier 4: Non-preferred brand drugs	Up to \$95/\$238	Up to \$95/\$238
Tier 5: Specialty tier	33%	33%
Tier 6: Select care drugs	\$0	\$0
Initial coverage limit (ICL)	\$2,850	\$2,850

<i>Prescription drug coverage</i>	<i>Health Net Healthy Heart (PPO) Value Formulary</i>
Annual Part D deductible	\$0
Copays and coinsurance	30-day retail/90-day preferred mail order
Tier 1: Preferred generic drugs	Up to \$5/\$10
Tier 2: Non-preferred generic drugs	Up to \$8/\$16
Tier 3: Preferred brand drugs	Up to \$35/\$70
Tier 4: Non-preferred brand drugs	Up to \$95/\$238
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 stage. Please refer to your Evidence of Coverage (EOC) and/or Comprehensive Formulary for further information.

¹Medical deductible waived. Please refer to your Evidence of Coverage for full details about the medical deductible.

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

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. With the exception of emergencies, it may cost more to get care from out-of-network providers. Health Net will reimburse PPO plan members for covered 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.

Health Net Life Insurance Company has a contract with Medicare to offer PPO 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., seven days a week.



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