

2015 Benefit *Highlights*



*Health Net Gold Select (HMO)**
Riverside, San Bernardino counties, CA

<i>Plan benefits</i>	<i>Copays</i>
Monthly plan premium	\$0
Maximum out-of-pocket (MOOP)	\$1,950
Doctor office visits • Primary care provider • Specialist	\$0 copay \$0 copay
Lab services and X-rays	\$0 copay
Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy	\$60 copay
Diabetic supplies	\$0 copay
Inpatient hospital care	\$0 copay
Outpatient services/surgery (hospital and ambulatory care)	\$0 copay
Emergency care Worldwide emergency coverage—annual limit of \$50,000	\$65 copay
Urgently needed care	\$10 copay
Routine podiatry	\$0 copay/Up to 12 visits per year
Routine hearing exam	\$0 copay
Hearing aids (1 pair every 3 years) ¹	\$0 copay
Routine vision exam	\$10 copay
Routine eyewear ^{1,2}	\$0 copay/Up to \$100 allowance
Dental HMO-Preventive & Comprehensive	\$0 copay \$0 - \$2,250 copay
Transportation services (per one-way trip, 36 one-way trips per year)	\$0 copay
Health club membership/fitness program	\$0 copay

(continued)

<i>Prescription drug coverage</i>	<i>Classic Formulary</i>
	30-day retail
Annual Part D deductible	\$0 copay
Tier 1: Preferred generic drugs	\$0 copay
Tier 2: Non-preferred generic drugs	\$10 copay
Tier 3: Preferred brand drugs	\$45 copay
Tier 4: Non-preferred brand drugs	\$95 copay
Tier 5: Specialty tier	33% of the total cost
Tier 6: Select Care drugs	\$0 copay
Initial coverage limit (ICL)	\$2,960

Once the ICL has been met, you move into the Coverage Gap phase. There is additional coverage provided for tiers 1, 2 and 6 with the same copays as shown above in the Coverage Gap. Please refer to your *Summary of Benefits* and/or Formulary for further information.

* **Health Net Gold Select (HMO) uses specific providers only.** Not all participating provider groups (PPGs) and their affiliated primary care providers (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.

¹ Multi-year benefits may not be available in subsequent years.

² Benefit allowance once every 2 years.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. You must continue to pay your Medicare Part B premiums. 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* document.

For additional information, please contact our Member Services number at 1-800-275-4737 (TTY users should call 711). From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, your call will be handled by our automated phone system on weekends and certain holidays.

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.

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