

2015 Benefit *Highlights*



*Health Net Jade (HMO SNP)**
Kern, Los Angeles, Orange counties, CA

<i>Plan benefits</i>	<i>Copays</i>
Monthly plan premium	\$0
Maximum out-of-pocket (MOOP)	\$3,400
Doctor office visits <ul style="list-style-type: none"> • 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	\$0 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	\$0 copay
Routine eyewear ^{1,2}	\$0 copay/Up to \$250 allowance
Dental HMO-Preventive & Comprehensive	\$0 copay \$0 - \$2,250 copay
Transportation services (per one-way trip, unlimited one-way trips per year)	\$0 copay
Health club membership/fitness program	\$0 copay

(continued)

<i>Prescription drug coverage</i>	<i>Jade 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.

* You 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.

¹ Multi-year benefit 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 1-800-431-9007. (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 SNP coordinated care plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

CA115018 (9/14)

Health Net of California, Inc. is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.