

2015 Benefit *Highlights*



Health Net Seniority Plus Ruby (HMO)
Kern County, 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	\$175 copay per day, days 1-5 \$0 copay per day, days 6 and beyond
Outpatient services/surgery (hospital care)	\$100 copay
Outpatient services/surgery (ambulatory care)	\$50 copay
Emergency care Worldwide emergency coverage—annual limit of \$50,000	\$65 copay
Urgently needed care	\$10 copay
Routine podiatry	\$0 copay/Up to 6 visits per year
Routine hearing exam	\$0 copay
Routine vision exam	\$0 copay

(continued)

<i>Prescription drug coverage</i>	<i>Value Formulary</i>
	30-day retail
Annual Part D deductible	\$0
Tier 1: Preferred generic drugs	\$0 copay
Tier 2: Non-preferred generic drugs	\$15 copay
Tier 3: Preferred brand drugs ¹	\$45 copay
Tier 4: Non-preferred brand drugs ²	\$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. During the Coverage Gap, you receive a discount on brand name drugs and pay 65% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700. If your annual out-of-pocket drug costs reach \$4,700, you will then pay the greater of \$2.65 copay or 5% coinsurance for generic drugs and \$6.60 copay or 5% coinsurance for all other drugs.

¹ This tier includes preferred brand drugs and may include some non-preferred generic drugs. Brand drugs in this tier are not eligible for exceptions for payment at a lower tier.

² This tier includes non-preferred brand drugs and may include some non-preferred generic drugs.

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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