

2015 Benefit Highlights



Health Net Ruby Select (HMO)*

Yolo County, CA

Plan benefits	Copays/Coinsurance
Monthly plan premium	\$0
Maximum out-of-pocket (MOOP)	\$5,000
Doctor office visits	
• Primary care provider	\$10 copay
• Specialist	\$20 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	\$325 copay per day, days 1-5 \$0 copay per day, days 6 and beyond
Outpatient services/surgery (hospital care)	\$200 copay
Outpatient services/surgery (ambulatory care)	\$100 copay
Emergency care	\$65 copay
Worldwide emergency coverage—annual limit of \$50,000	
Urgently needed care	\$20 copay
Routine podiatry	\$20 copay/Up to 12 visits per year
Routine hearing exam	\$20 copay
Routine vision exam	\$20 copay

Prescription drug coverage	Value Formulary	
	30-day standard retail cost-sharing	30-day preferred retail cost-sharing
Annual Part D deductible	\$0	
Tier 1: Preferred generic drugs	\$8 copay	\$3 copay
Tier 2: Non-preferred generic drugs	\$15 copay	\$10 copay
Tier 3: Preferred brand drugs ¹	\$45 copay	\$35 copay
Tier 4: Non-preferred brand drugs ²	\$95 copay	\$85 copay
Tier 5: Specialty tier	33% of the total cost	33% of the total cost
Tier 6: Select Care drugs	\$0 copay	\$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.

*

Health Net Ruby 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 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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