

# 2015 Benefit Highlights



## Health Net Violet (PPO)

Yolo County, CA

Plan benefits	Copays/Coinsurance	
	In-network	Out-of-network
Monthly plan premium	\$0	
Maximum out-of-pocket (MOOP)	\$5,000	\$6,700 in- and out-of-network combined
Combined annual medical plan deductible	\$500	
Doctor office visits		
• Primary care provider	\$10 copay <sup>1</sup>	\$30 copay
• Specialist	\$30 copay <sup>1</sup>	\$40 copay
Lab services and X-rays	\$0 copay <sup>1</sup>	30% of the total cost
Complex diagnostic imaging (CT, MRA/ MRI, PET, etc.) and radiation therapy	\$25 copay	30% of the total cost
Diabetic supplies	\$0 copay	20% of the total cost
Inpatient hospital care	\$350 per admission	\$500 per admission
Outpatient services/surgery (hospital care)	\$250 copay	30% of the total cost
Outpatient services/surgery (ambulatory care)	\$100 copay	30% of the total cost
Emergency care <sup>1</sup>	\$65 copay	
Urgently needed care <sup>1</sup>	\$35 copay	
Routine vision exam <sup>1</sup>	\$25 copay	Plan pays up to \$45

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	\$5 copay	\$5 copay
Tier 2: Non-preferred generic drugs	\$20 copay	\$15 copay
Tier 3: Preferred brand drugs <sup>2</sup>	\$45 copay	\$35 copay
Tier 4: Non-preferred brand drugs <sup>3</sup>	\$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.

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

2 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.

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

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.

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 1-800-960-4638. (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 Life Insurance Company has a contract with Medicare to offer PPO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

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