

2016 Benefit *Highlights*



Health Net Violet (PPO)

San Francisco County, CA

<i>Plan benefits</i>	<i>Copays/Coinsurance</i>	
	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		\$520
Doctor office visits		
• Primary care provider	\$10 copay ¹	\$35 copay
• Specialist	\$30 copay ¹	\$40 copay
Lab services and X-rays	\$0 copay ¹	30% of the cost
Complex diagnostic imaging (CT, MRA/ MRI, PET, etc.) and radiation therapy	\$25 copay	30% of the cost
Diabetic supplies	\$0 copay	20% of the cost
Inpatient hospital care	\$300 copay per admission	\$500 copay per admission
Outpatient services/surgery (hospital care)	\$250 copay	30% of the cost
Outpatient services/surgery (ambulatory care)	\$100 copay	30% of the cost
Emergency care ¹		\$75 copay
Urgently needed services ¹		\$35 copay
Routine vision exam	\$10 copay ¹	Plan pays up to \$45; member pays remaining balance ¹

<i>Prescription drug coverage</i>	<i>Value Formulary</i>	
	In-network	Out-of-network
	30-day preferred retail cost-sharing	30-day standard retail cost-sharing
Annual Part D deductible		\$0
Tier 1: Preferred generic drugs	\$5 copay	\$10 copay
Tier 2: Generic drugs	\$15 copay	\$20 copay
Tier 3: Preferred brand drugs ²	\$37 copay	\$47 copay
Tier 4: Non-preferred brand drugs ³	\$90 copay	\$100 copay
Tier 5: Specialty tier	33% of the cost	33% of the cost
Tier 6: Select Care drugs	\$0 copay	\$0 copay
Initial coverage limit (ICL)		\$3,310

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Once the ICL has been met, you move into the Coverage Gap phase. During the Coverage Gap, you pay 45% of the plan's cost for covered brand-name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the Coverage Gap. Not everyone will enter the Coverage Gap. After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you will then pay the greater of \$2.95 copay or 5% coinsurance for generic drugs and \$7.40 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 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 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.

This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance 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: 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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