

2016 Benefit *Highlights*



Health Net Healthy Heart (HMO)

Fresno County, CA

<i>Plan benefits</i>	<i>Copays</i>
Monthly plan premium	\$0
Maximum out-of-pocket (MOOP)	\$5,000
Doctor office visits <ul style="list-style-type: none"> • Primary care provider • Specialist 	\$3 copay \$10 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	\$250 copay per day, days 1-5 \$0 copay per day, days 6 and beyond
Outpatient services/surgery (hospital care)	\$250 copay
Outpatient services/surgery (ambulatory care)	\$125 copay
Emergency care	\$75 copay
Worldwide emergency/Urgent coverage—annual limit of \$50,000	\$0 copay
Urgently needed services	\$10 copay
Routine podiatry	\$10 copay Up to 6 visits per year
Routine hearing exam	\$5 copay
Routine vision exam	\$5 copay

<i>Prescription drug coverage</i>	<i>Value Formulary</i>	
	30-day preferred retail cost-sharing	30-day standard retail cost-sharing
Annual Part D deductible	\$0	
Tier 1: Preferred generic drugs	\$0 copay	\$10 copay
Tier 2: Generic drugs	\$10 copay	\$20 copay
Tier 3: Preferred brand drugs ¹	\$37 copay	\$47 copay
Tier 4: Non-preferred brand drugs ²	\$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	

(continued)

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 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.

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

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 1-800-275-4737 (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 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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