

2016 Benefit *Highlights*



Health Net Healthy Heart (HMO)

Los Angeles, Orange counties, CA

<i>Plan benefits</i>	<i>Copays</i>
Monthly plan premium	\$20
Maximum out-of-pocket (MOOP)	\$3,000
Doctor office visits	
• Primary care provider	\$0 copay
• Specialist	\$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	\$200 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	\$75 copay
Worldwide emergency/urgent coverage—annual limit of \$50,000	\$0 copay
Urgently needed services	\$10 copay
Routine podiatry	\$0 copay Up to 9 visits per year
Hearing aids (1 pair every 3 years) ^{1, 4}	\$0 copay \$2,000 maximum for 2 hearing aids (for both ears combined) every 3 years
Routine hearing exam	\$0 copay
Routine vision exam	\$30 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	\$5 copay	\$10 copay
Tier 2: Generic drugs	\$10 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.

There is additional coverage provided for tiers 1, 2, and 6 with the same copays as shown above in the Coverage Gap. Please refer to your Summary of Benefits and/or formulary for further information.

¹ Benefit allowance once every 3 years. Members are responsible for any remaining balance over the coverage limit.

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.

⁴ Multi-year benefit may not be available in subsequent year.

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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