

CONNECTICUT

HEALTH NET | A *better* DECISIONSM

HEALTH NET MEDICARE PLANS AT A GLANCE



Health Net[®]
Medicare Programs

WHICH PLAN OPTION IS RIGHT FOR YOU

Let's learn about the unique features and benefits being offered by Health Net. Not everyone is looking for the same coverage. That's why Health Net offers a range of plans to suit different needs.

Health Net Medicare Advantage and Prescription Drug Plans offer freedom, flexibility, and a choice of monthly plan premiums to fit your needs and protect yourself or a loved one from unexpected medical expenses. Our prescription drug coverage includes many of the most commonly prescribed brand-name drugs for the conditions most likely to affect you, at an affordable price. We offer the convenience of customer support and virtually no paperwork. And with the largest physician network in Connecticut that includes 29 of the 30 hospitals in all eight counties, we've got you covered.

We make understanding our plans easy by naming them after colors, which makes telling one plan apart from another as simple as possible. We've eliminated the language that makes plans so hard to understand. Take a look at the following pages and compare our color-coded plans side-by-side to see which plan best fits your needs.





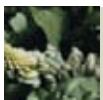
RUBY

"I'm looking for a medical plan that includes prescription drug coverage and is more affordable than most Medicare Supplement plans." Health Net Ruby provides cost effective medical and prescription drug coverage in one simple plan. Our Ruby plans offer a range of premium and copayment options depending on your actual needs. Whether you see your primary care physician or specialist often, need prescription drug coverage for generic drugs during the coverage gap, or are enjoying good health and rarely need hospital care, there is a Ruby option for you.



GREEN

"I'm only looking for complete medical coverage at an affordable price." Health Net Green is your ideal medical-only plan that does not include drug coverage. It can work with your Veteran's Administration (VA) benefit for when you see doctors and hospitals not affiliated with the VA and includes 24-hour live healthcare support. This is a cost-conscious plan for those with prescription drug benefits through another plan or if you have chosen not to have drug coverage.



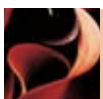
SAGE

"I have a history of high cholesterol (greater than 200mL) and am looking for a plan that can manage my health needs." Health Net Sage is our chronic condition Special Needs Plan that comes with \$0 copayments for generic statin drugs so Sage members have easier access to cholesterol medications. Sage includes education to help members understand how to lower risks related to high cholesterol, provides health coaches and offers regular communications about achieving a healthy lifestyle.



NAVY

"I want medical and prescription drug coverage like the Ruby plan, with the flexibility to use doctors outside of the provider network." Health Net Navy is our Point-of-Service (POS) plan that not only offers medical and drug coverage with affordable copayments for in-network services, but also gives you the freedom to see out-of-network physicians who accept Medicare. This is beneficial if you spend a lot of time in another state. Should you choose to use a provider outside of our network, you will pay higher copayments or coinsurance.



ORANGE

"I already have medical coverage through a previous employer, another agency, or Original Medicare, and am only looking for drug coverage." Health Net Orange is our Medicare Part D Prescription Drug Plan (PDP) that features many commonly prescribed generic and brand-name drugs from an extensive drug list. Prescription medications can easily be filled at any of Health Net's participating network pharmacies nationwide, including a reliable mail order option.

HEALTH NET MEDICAL PLANS

MEDICAL COVERAGE	RUBY OPTION 1	RUBY OPTION 2	RUBY OPTION 3
MONTHLY HEALTH PLAN PREMIUM	\$109.00	\$0	\$59.00
INPATIENT HOSPITAL CARE Daily Copayment	Days 1 - 3: \$100 per day	\$200 per day	Days 1 - 10: \$125 per day
Out-of-pocket hospital Maximum Per Year	No Out-Of-Pocket Hospital Maximum	\$2,500	No Out-Of-Pocket Hospital Maximum
SKILLED NURSING FACILITY No prior hospital stay required	Days 1 - 15: \$0 per day Days 16 - 100: \$50 per day	Days 1 - 10: \$0 per day Days 11 - 100: \$75 per day	Days 1 - 15: \$0 per day Days 16 - 100: \$75 per day
HOME HEALTH CARE	\$0 copayment	\$0 copayment	\$0 copayment
PRIMARY CARE PHYSICIAN OFFICE VISIT	\$10 copayment	\$20 copayment	\$15 copayment
SPECIALIST PHYSICIAN OFFICE VISIT	\$20 copayment	\$30 copayment	\$25 copayment
OUTPATIENT SURGERY	\$0-\$75 per visit	\$0-\$125 per visit	\$0-\$100 per visit
EMERGENCY CARE Worldwide Coverage (waived if admitted to the hospital within 24 hours)	\$50 copayment	\$50 copayment	\$50 copayment
URGENT CARE	\$10-\$25 copayment	\$20-\$30 copayment	\$15-\$25 copayment
LABORATORY SERVICES (Non-Diagnostic)	\$0 copayment	\$0 copayment	\$0 copayment
PRESCRIPTION DRUG COVERAGE Copayments may apply	YES	YES	YES
ROUTINE ANNUAL HEARING EXAMINATION	\$20 copayment	\$30 copayment	\$25 copayment
ROUTINE ANNUAL EYE EXAMINATION	\$20 copayment	\$30 copayment	\$25 copayment
ROUTINE ANNUAL PHYSICAL EXAMINATION	\$0 copayment	\$0 copayment	\$0 copayment
OUT-OF-POCKET MAXIMUM PER YEAR	\$2,250	None	None

HEALTH NET MEDICAL PLANS

GREEN	SAGE	NAVY*	
		In-Network	Out-of-Network
\$0	\$119.00	\$179.00	
\$100 per day	Days 1 - 3: \$100 per day	Days 1 - 5: \$150 per day	\$1,000 deductible
\$2,000	No Out-Of-Pocket Hospital Maximum	No Out-Of-Pocket Hospital Maximum	No Out-Of-Pocket Hospital Maximum
Days 1 - 15: \$0 per day Days 16 - 100: \$75 per day	Days 1 - 15: \$0 per day Days 16 - 100: \$50 per day	Days 1 - 15: \$0 per day Days 16 - 100: \$75 per day	Not Covered
\$0 copayment	\$0 copayment	\$0 copayment	Not Covered
\$15 copayment	\$10 copayment	\$20 copayment	\$45 copayment
\$25 copayment	\$20 copayment	\$35 copayment	\$45 copayment
\$0-\$100 per visit	\$0-\$75 per visit	\$0-\$100 per visit	20% coinsurance
\$50 copayment	\$50 copayment	\$50 copayment	
\$15-\$25 copayment	\$10-\$25 copayment	\$20-\$35 copayment	
\$0 copayment	\$0 copayment	\$0 copayment	20% coinsurance
NO	YES	YES	YES
\$25 copayment	\$20 copayment	\$35 copayment	\$45 copayment
\$25 copayment	\$20 copayment	\$35 copayment	\$45 copayment
\$0 copayment	\$0 copayment	\$0 copayment	\$45 copayment
None	None	None	

For members of all Health Net plans except the Health Net Navy Point-of-Service plan, which includes out-of-network benefits: if you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Health Net nor the Original Medicare Plan will pay for these services. Unless otherwise specified, all services must be provided by a Health Net contracted provider for the Green, Ruby and Navy (In-Network) plans.

* The use of non-plan providers is allowed, but may cost more.

DRUG COVERAGE INCLUDED IN MEDICAL PLANS

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PRESCRIPTION DRUG COVERAGE ONLY

DRUG COVERAGE	RUBY OPTION 1	RUBY OPTION 2	RUBY OPTION 3
PART D PREMIUM	\$22.90 included in cost of medical plan	\$0 included in cost of medical plan	\$17.30 included in cost of medical plan
ANNUAL DEDUCTIBLE	\$0	\$0	\$0
PREFERRED GENERIC DRUGS¹	\$8 copayment	\$8 copayment	\$8 copayment
Preferred Mail Order Pharmacy	\$16 copayment	\$16 copayment	\$16 copayment
PREFERRED BRAND DRUGS	\$35 copayment	\$35 copayment	\$35 copayment
Preferred Mail Order Pharmacy	\$70 copayment	\$70 copayment	\$70 copayment
NON-PREFERRED DRUGS²	\$75 copayment	\$75 copayment	\$75 copayment
Preferred Mail Order Pharmacy	\$188 copayment	\$188 copayment	\$188 copayment
SPECIALTY AND INJECTABLE DRUGS	33% coinsurance	33% coinsurance	33% coinsurance
INITIAL COVERAGE LIMIT (Total drug costs paid by member and plan)	\$2,700	\$2,700	\$2,700
COVERAGE DURING COVERAGE GAP	\$8 copayment for Preferred Generic drugs only	No coverage	No coverage
CATASTROPHIC DRUG COVERAGE After member's costs exceed \$4,350			
GENERIC¹	Greater of \$2.40 or 5% coinsurance	Greater of \$2.40 or 5% coinsurance	Greater of \$2.40 or 5% coinsurance
ALL OTHER DRUGS³	Greater of \$6.00 or 5% coinsurance	Greater of \$6.00 or 5% coinsurance	Greater of \$6.00 or 5% coinsurance

GREEN	SAGE	NAVY In-Network	Orange Option 1	Orange Option 2
Not Covered	\$22.20 included in cost of medical plan	\$39.00 included in cost of medical plan	\$31.70	\$46.20
Not Covered	\$0	\$0	\$295	\$0
Not Covered	\$0 copayment for Generic Statins, Blood Pressure, and Smoking Cessation drugs \$4 copayment for all other drugs	\$8 copayment	\$2 copayment	\$5 copayment
Not Covered	\$8 copayment	\$16 copayment	\$4 copayment	\$10 copayment
Not Covered	\$39 copayment	\$35 copayment	\$44 copayment	\$30 copayment
Not Covered	\$78 copayment	\$70 copayment	\$88 copayment	\$60 copayment
Not Covered	\$78 copayment	\$75 copayment	\$90 copayment	\$90 copayment
Not Covered	\$195 copayment	\$188 copayment	\$225 copayment	\$225 copayment
Not Covered	33% coinsurance	33% coinsurance	25% coinsurance	33% coinsurance
Not Covered	\$2,700	\$2,700	\$2,700	\$2,700
Not Covered	\$0 copayment for Generic Statins, Blood Pressure, and Smoking Cessation drugs only	\$8 copayment for Preferred Generic drugs only	No coverage	No coverage
Not Covered	Greater of \$2.40 or 5% coinsurance	Greater of \$2.40 or 5% coinsurance	Greater of \$2.40 or 5% coinsurance	Greater of \$2.40 or 5% coinsurance
Not Covered	Greater of \$6.00 or 5% coinsurance	Greater of \$6.00 or 5% coinsurance	Greater of \$6.00 or 5% coinsurance	Greater of \$6.00 or 5% coinsurance

Copayments are based on 30-day supply. Mail Order prices are based on 90-day supply. Members must use Health Net's network of pharmacies to access their prescription drugs, except under non-routine circumstances when they cannot reasonably use network pharmacies.

¹Including Brand Drugs treated as Generic.

²Non-preferred drugs that are not covered may be available via Health Net's exception process.

³Health Net uses a formulary, a list of drugs covered under your prescription drug benefit. Catastrophic drug coverage for "All Other Drugs" includes all other drugs on Health Net's Medicare formulary.

You may be eligible to get extra help for your prescription drug premiums and costs. To see if you qualify for getting extra help call:

- I-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, seven days a week.
- The Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m. Monday through Friday. TTY/TTD users should 1-800-325-0778.
- Your State Medicaid Office.



EXTRA CARE AND SERVICES

PROVIDING YOU WITH FREE ACCESS TO PREVENTIVE CARE BENEFITS

Health Net is committed to offering you programs and services you need to stay healthy, while working to keep your health care costs down. Original Medicare has a 20% coinsurance fee for most of the services below, but Health Net lets you take advantage of them for free so that you can maintain a healthy lifestyle. That's why all of our Medicare Advantage plans¹ offer many Medicare-covered benefits at no additional cost to members:

Bone Mass Measurement	\$0 copayment
Colorectal Screening Exams	\$0 copayment
Flu & Pneumonia Vaccines	\$0 copayment
Annual Mammogram Screening²	\$0 copayment
Pap Smears	\$0 copayment
Pelvic Exams	\$0 copayment
Prostate Cancer Screening Exams³	\$0 copayment
Physical Exams	\$0 copayment

¹ These services are not available for members of our Prescription Drug Plan, Health Net Orange. For members of all Health Net Medicare Advantage plans except the Health Net Navy Point-of-Service plan, which includes out-of-network benefits, all services must be provided by a Health Net contracted provider. If you obtain routine care from out-of-plan providers, neither Medicare nor Health Net will be responsible for the costs.

² For all women with Medicare age 40 and older.

³ For all men with Medicare over age 50.

IMPORTANT INFORMATION ABOUT OUR PLANS

Health Net of Connecticut, Inc. is a Medicare Advantage Organization with a Medicare contract. Health Net Life Insurance Company and Health Net Insurance of New York, Inc. is a Prescription Drug Plan (PDP) Sponsor with a Medicare contract. These contracts are renewed annually and availability of coverage beyond the end of the contract year is not guaranteed. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's Medicare Advantage (MA) plans. Anyone entitled to Medicare Part A and/or enrolled in Part B may apply for Health Net's Prescription Drug Plan (PDP). Medicare beneficiaries can only enroll in these plans during certain times of the year. Limitations, restrictions, copayments and coinsurances may apply. Plan benefits and costsharing may vary by plan, county, and region. 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 HMO plans (such as Ruby, Green, and Sage) must receive all routine care from in-network plan providers, except in emergent or urgent care situations or for out-of-area renal dialysis. If Health Net MA HMO members obtain routine care from out-of-network plan providers, neither Medicare nor Health Net will be responsible for the costs. Members enrolled in Health Net MA Point-of Service (POS) plans can receive care from out-of-network providers. Receiving this care out-of-network may cost more than receiving care from Health Net's in-network providers, except in emergent or urgent care situations. The Medicare Prescription Drug Benefit is only available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plan or Prescription Drug Plan (PDP). You must reside in the plan service area in order to apply for Health Net's MA-PD or PDP plans. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD or PDP plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries that are already enrolled in a Health Net MA-PD or PDP plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD or PDP Plan at a time. Beneficiaries enrolled in an MA Plan may not enroll in a PDP, unless they are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare prescription drug coverage, a Medical Savings Account MA Plan (MSA), or an 1876 Cost Plan. If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486- 2048, 24 hours a day/7 days a week, your State Medicaid Office, or the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778. Medicare beneficiaries may enroll

in Health Net's MA or PDP plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.Medicare.gov.

The types of pharmacies that are part of the Health Net network include Retail, Mail Order, Long-Term Care (LTC) and Indian Health Service/Tribal/Urban Indian Health Program (I/T/U). To obtain additional network pharmacy or mail order information, please contact us at the phone number below. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD or PDP plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries that are already enrolled in a Health Net MA-PD or PDP plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD or PDP Plan at a time. Beneficiaries enrolled in an MA Plan may not enroll in a PDP, unless they are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare prescription drug coverage, a Medical Savings Account MA Plan (MSA), or an 1876 Cost Plan. If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan. Medicare beneficiaries must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

For more information, contact Health Net at 1-800-709-4192, TTY 1-888-747-2424, 8:00 a.m. to 8:00 p.m., 7 days a week.





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WWW.ABETTERDECISION.COM