

HEALTH NET OF ARIZONA (H0351)

# 2008 SUMMARY OF BENEFITS

*Health Net Ruby Option 1*  
*Health Net Green*

HEALTH NET | A *better* DECISION<sup>SM</sup>



**Health Net**<sup>®</sup>  
MEDICARE PROGRAMS

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# SECTION I

## Introduction to the Summary of Benefits for Health Net Ruby Option 1 and Health Net Green

January 1, 2008 - December 31, 2008

### **COCHISE, MARICOPA, PIMA, PINAL, SANTA CRUZ, YAVAPAI COUNTIES, ARIZONA**

Thank you for your interest in Health Net. Our plans are offered by Health Net of Arizona, Inc., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Health Net and ask for the "Evidence of Coverage."

### **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Health Net Ruby Option 1 or Health Net Green. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Health Net at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **HOW CAN I COMPARE MY OPTIONS?**

You can compare Health Net Ruby Option 1, Health Net Green, and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### **WHERE ARE HEALTH NET RUBY OPTION 1 AND HEALTH NET GREEN AVAILABLE?**

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call our Customer Contact Center for more information.

The service area for these plans includes the following counties: Cochise, Maricopa, Pima, Pinal, Santa Cruz, and Yavapai Counties, AZ. You must live in one of these areas to join these plans.

## **WHO IS ELIGIBLE TO JOIN HEALTH NET RUBY OPTION 1 OR HEALTH NET GREEN?**

You can join Health Net Ruby Option 1 or Health Net Green if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Health Net Ruby Option 1 or Health Net Green unless they are members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

Health Net has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at [www.healthnet.com](http://www.healthnet.com). Our Customer Contact Center number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Health Net of Arizona, Inc. nor the Original Medicare Plan will pay for these services.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Health Net Ruby Option 1 does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. Health Net Green does cover Medicare Part B prescription drugs. Health Net Green does NOT cover Medicare Part D prescription drugs.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Outpatient prescription drugs that may be covered under Medicare Part B may include, but are not limited to, the following types of drugs. Contact Health Net for more details.

- ◆ Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- ◆ Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- ◆ Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- ◆ Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- ◆ Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- ◆ Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- ◆ Some Oral Cancer Drugs: If the same drug is available in injectable form.
- ◆ Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- ◆ Inhalation and infusion drugs provided through DME.

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Health Net has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at [www.healthnet.com](http://www.healthnet.com). Our Customer Contact Center number is listed at the end of this introduction. (Please note: Health Net Green does not cover Medicare Part D prescription drugs.)

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Health Net Ruby Option 1 uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at [www.healthnet.com](http://www.healthnet.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy. (Please note: Health Net Green does not cover Medicare Part D prescription drugs.)

## **HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Health Net Ruby Option 1, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week. (Please note: Health Net Green does not cover Medicare Part D prescription drugs.)

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Health Net Ruby Option 1, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost

utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. (Please note: Health Net Green does not cover Medicare Part D prescription drugs.)

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Health Net for more details. (Please note: Health Net Green does not cover Medicare Part D prescription drugs.)

Please call Health Net of Arizona, Inc. for more information about these plans.

Visit us at [www.healthnet.com](http://www.healthnet.com) or, call us:

Customer Service Hours: 7 days a week, 8:00 a.m. - 8:00 p.m. Mountain Time.

Current members should call 1-800-977-7522 for questions related to the Medicare Advantage program. (TTY/TDD 1-800-977-6757)

Prospective members should call 1-800-333-3930 for questions related to the Medicare Advantage program. (TTY/TDD 1-800-977-6757)

Current members should call 1-800-977-7522 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-977-6757)

Prospective members should call 1-800-333-3930 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-977-6757)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Health Net of Arizona, Inc.

## S E C T I O N I I

### Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
IMPORTANT INFORMATION			
<p><b>1</b> Premium and Other Important Information</p>	<p>You pay the Medicare Part B premium of \$93.50 each month. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B premium amount.</p> <p>Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$0 monthly plan premium in addition to your monthly Medicare Part B Premium.</p> <p><b>In-Network</b> \$1,000 limit every year for non-Medicare covered benefits. Contact the plan for services that apply.</p> <p><b>Out-of-Network</b> Unless otherwise noted, out-of-network services not covered.</p>	<p><b>General</b> \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>Out-of-Network</b> Unless otherwise noted, out-of-network services not covered.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p><b>2</b> Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

## Summary of Benefits

### INPATIENT CARE

<p><b>3</b> Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period (3): Days 1-60: \$992 deductible. Days 61-90: \$248 per day. Days 91-150: \$496 per lifetime reserve day (4).</p>	<p><b>In-Network</b> \$200 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p><b>In-Network</b> \$100 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>
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(3) A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

(4) Lifetime reserve days can only be used once.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p>Inpatient Hospital Care (continued)</p>	<p>These are the 2007 amounts and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part A deductible and cost-sharing amounts.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days (4).</p>	<p>No limit to the number of days covered by the plan each benefit period. (3)</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>No limit to the number of days covered by the plan each benefit period. (3)</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>4</b> Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> \$950 deductible per benefit period. (3)</p> <p>For hospital stays: Days 1-60: \$0 copay per day. Days 61-90: \$225 copay per day.</p> <p>Plan covers 60 lifetime reserve days (4). Cost per lifetime reserve day: Days 1-60: \$450 copay per day.</p>	<p><b>In-Network</b> \$950 deductible per benefit period. (3)</p> <p>For hospital stays: Days 1-60: \$0 copay per day. Days 61-90: \$225 copay per day.</p> <p>Plan covers 60 lifetime reserve days (4). Cost per lifetime reserve day: Days 1-60: \$450 copay per day.</p>

(3) A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

(4) Lifetime reserve days can only be used once.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p>Inpatient Mental Health Care (continued)</p>		<p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5</b> Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>For each benefit period (3) after at least a 3-day covered hospital stay: Days 1-20: \$0 per day. Days 21-100: \$124 per day.</p> <p>These are the 2007 amounts and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part A deductible and cost-sharing amounts.</p> <p>100 days for each benefit period. (3)</p>	<p><b>General</b> Prior authorization is required.</p> <p><b>In-Network</b> For SNF stays: Days 1-20: \$0 copay per day. Days 21-100: \$100 copay per day.</p> <p>100 days covered for each benefit period. (3)</p> <p>No prior hospital stay is required.</p>	<p><b>General</b> Prior authorization is required.</p> <p><b>In-Network</b> For SNF stays: Days 1-20: \$0 copay per day. Days 21-100: \$100 copay per day.</p> <p>100 days covered for each benefit period. (3)</p> <p>No prior hospital stay is required.</p>

(3) A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<b>6</b> Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered home health visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered home health visits.
<b>7</b> Hospice	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>In-Network</b> You must get care from a Medicare-certified hospice.	<b>In-Network</b> You must get care from a Medicare-certified hospice.
OUTPATIENT CARE			
<b>8</b> Doctor Office Visits	20% coinsurance. (1)(2)	<b>General</b> See “Routine Physical Exams,” for more information.  Authorization rules may apply.	<b>General</b> See “Routine Physical Exams,” for more information.  Authorization rules may apply.

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p>Doctor Office Visits (continued)</p>		<p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p>	<p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 copay for each specialist visit for Medicare-covered benefits.</p>
<p><b>9</b> Chiropractic Services</p>	<p>20% coinsurance. (1)(2)</p> <p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider. (1)(2)</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$35 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

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BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<b>10</b> Podiatry Services	20% coinsurance. (1)(2) Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11</b> Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services. (1)(2)	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit.	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$25 copay for each Medicare-covered individual or group therapy visit.
<b>12</b> Outpatient Substance Abuse Care	20% coinsurance. (1)(2)	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$35 copay for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$25 copay for Medicare-covered individual or group visits.

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p><b>13</b> Outpatient Services/Surgery</p>	<p>20% coinsurance for the doctor. (1)(2)</p> <p>20% of outpatient facility. (1)(2)</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$150 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$150 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See Page 35 for additional information about Outpatient Services/Surgery.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$100 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See Page 35 for additional information about Outpatient Services/Surgery.</p>
<p><b>14</b> Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance. (1)(2)</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>

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(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p><b>15</b> Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor. (1)(2) 20% of facility charge, or a set copay per emergency room visit. (1)(2) You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2) NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits. <b>Out-of-Network</b> Worldwide coverage.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits. <b>Out-of-Network</b> Worldwide coverage.</p>
<p><b>16</b> Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay. (1)(2) NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$35 copay for Medicare-covered urgently needed care visits.</p>	<p><b>General</b> \$25 copay for Medicare-covered urgently needed care visits.</p>

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<b>17</b> Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance. (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$35 copay for Medicare-covered Occupational Therapy visits.  \$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$25 copay for Medicare-covered Occupational Therapy visits.  \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

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OUTPATIENT MEDICAL SERVICES AND SUPPLIES

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<b>18</b> Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance. (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 30% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 30% of the cost for Medicare-covered items.
<b>19</b> Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance. (1)(2)	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.

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BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prosthetic Devices (continued)		<b>In-Network</b> 30% of the cost for Medicare-covered items.	<b>In-Network</b> 30% of the cost for Medicare-covered items.
<b>20</b> Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies  (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance. (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  \$0 copay for Diabetes supplies.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  \$0 copay for Diabetes supplies.
<b>21</b> Diagnostic Tests, X-rays, and Lab Services	20% coinsurance for diagnostic tests and X-rays. (1)(2)  \$0 copay for Medicare-covered lab services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered lab services.  \$0 copay for Medicare-covered diagnostic procedures and tests.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered lab services.  \$0 copay for Medicare-covered diagnostic procedures and tests.

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Diagnostic Tests, X-rays, and Lab Services (continued)	Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<p>\$25 copay for Medicare-covered X-rays.</p> <p>\$125 to \$200 copay for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>See Page 35 for additional information about Diagnostic Tests, X-rays, and Lab Services.</p>	<p>\$25 copay for Medicare-covered X-rays.</p> <p>\$125 to \$200 copay for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>See Page 35 for additional information about Diagnostic Tests, X-rays, and Lab Services.</p>

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PREVENTIVE SERVICES

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<b>22</b> Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance. (1)(2)  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>
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(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p><b>23</b> Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>20% coinsurance. (1)(2) Covered when you are high risk or when you are age 50 and older.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p>
<p><b>24</b> Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. Referral needed for other immunizations.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. Referral needed for other immunizations.</p>

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p><b>25</b> Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance. (2) No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p>
<p><b>26</b> Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. (2) 20% coinsurance for Pelvic Exams. (2)</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams and: - up to 1 additional pap smear and pelvic exam every year.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams and: - up to 1 additional pap smear and pelvic exam every year.</p>
<p><b>27</b> Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. (1)(2) \$0 for the PSA test; 20% coinsurance for other related services. (1)(2)</p>	<p><b>General</b> Authorization rules may apply.</p>	<p><b>General</b> Authorization rules may apply.</p>

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prostate Cancer Screening Exams (continued)	Covered once a year for all men with Medicare over age 50.	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.
<b>28</b> ESRD	20% coinsurance for dialysis. (1)(2)	<b>General</b> Authorization rules may apply. Out-of-area Renal Dialysis services do not require authorization.  <b>In-Network</b> 20% of the cost for in- and out-of-area dialysis.  \$0 copay for Nutrition Therapy for Renal Disease.	<b>General</b> Authorization rules may apply. Out-of-area Renal Dialysis services do not require authorization.  <b>In-Network</b> 20% of the cost for in- and out-of-area dialysis.  \$0 copay for Nutrition Therapy for Renal Disease.
<b>29</b> Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<b>Drugs covered under Medicare Part B</b>  <b>General</b> 30% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).	<b>Drugs covered under Medicare Part B</b>  <b>General</b> Most drugs not covered.

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p>30% of the cost for Part B-covered chemotherapy drugs.</p> <p><b><i>Drugs Covered under Medicare Part D</i></b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.healthnet.com">www.healthnet.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>	<p>30% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>30% of the cost for Part B-covered chemotherapy drugs.</p> <p><b><i>Drugs Covered under Medicare Part D</i></b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p>Prescription Drugs (continued)</p>	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Health Net Ruby Option 1 for certain drugs.</p>	<p><i>Drugs Covered under Medicare Part D</i></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>You may have to pay more than your copay if you choose to use a higher cost drug when a lower cost drug is available.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p>	<p><i>Drugs Covered under Medicare Part D</i></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p><b>Retail Pharmacy</b></p> <p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (30-day) supply of drugs.</li> <li>- \$0 copay for a three-month (90-day) supply of drugs.</li> <li>- \$0 copay for a 60-day supply of drugs.</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$39 copay for a one-month (30-day) supply of drugs.</li> <li>- \$117 copay for a three-month (90-day) supply of drugs.</li> <li>- \$78 copay for a 60-day supply of drugs.</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$78 copay for a one-month (30-day) supply of drugs.</li> <li>- \$234 copay for a three-month (90-day) supply of drugs.</li> <li>- \$156 copay for a 60-day supply of drugs.</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs.</li> </ul>	<p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<ul style="list-style-type: none"> <li>- 33% coinsurance for a three-month (90-day) supply of drugs.</li> <li>- 33% coinsurance for a 60-day supply of drugs.</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs.</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs.</li> <li>- 33% coinsurance for a 60-day supply of drugs.</li> </ul> <p><i>Long Term Care Pharmacy</i></p> <p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (34-day) supply of drugs.</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$39 copay for a one-month (34-day) supply of drugs.</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$78 copay for a one-month (34-day) supply of drugs.</li> </ul>	<p><i>Drugs Covered under Medicare Part D</i></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p><b>Injectable</b>            - 33% coinsurance for a one-month (34-day) supply of drugs.</p> <p><b>Specialty</b>            - 33% coinsurance for a one-month (34-day) supply of drugs.</p> <p><b>Mail Order</b></p> <p><b>Preferred Generic</b>            - \$0 copay for a three-month (90-day) supply of drugs.            - \$0 copay for a 60-day supply of drugs.</p> <p><b>Preferred Brand</b>            - \$78 copay for a three-month (90-day) supply of drugs.            - \$78 copay for a 60-day supply of drugs.</p> <p><b>Non-Preferred Brand</b>            - \$156 copay for a three-month (90-day) supply of drugs.            - \$156 copay for a 60-day supply of drugs.</p>	<p><i>Drugs Covered under Medicare Part D</i></p> <p><b>General</b>            This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a three-month (90-day) supply of drugs.</li> <li>- 33% coinsurance for a 60-day supply of drugs.</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a three-month (90-day) supply of drugs.</li> <li>- 33% coinsurance for a 60-day supply of drugs.</li> </ul> <p><b>Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p>	<p><i>Drugs Covered under Medicare Part D</i></p> <p><b>General</b></p> <p>This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</p> <p>- 5% coinsurance.</p> <p><b><i>Out-of-Network</i></b>            Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p><b><i>Out-of-Network Initial Coverage</i></b>            You pay the following until total yearly drug costs reach \$2,510:</p> <p><b><i>Out-of-Network Pharmacy</i></b>  <b>Preferred Generic</b>            - \$0 copay for a one-month (30-day) supply of drugs.</p>	<p><b><i>Drugs Covered under Medicare Part D</i></b></p> <p><b>General</b>            This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Prescription Drugs (continued)	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p><b>Preferred Brand</b> - \$39 copay for a one-month (30-day) supply of drugs.</p> <p><b>Non-Preferred Brand</b> - \$78 copay for a one-month (30-day) supply of drugs.</p> <p><b>Injectable</b> - 33% coinsurance for a one-month (30-day) supply of drugs.</p> <p><b>Specialty</b> - 33% coinsurance for a one-month (30-day) supply of drugs.</p> <p><b><i>Out-of-Network Coverage Gap</i></b> After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>	<p><b><i>Drugs Covered under Medicare Part D</i></b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY 1	HEALTH NET GREEN
<p>Prescription Drugs (continued)</p>	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p><b><i>Out-of-Network Catastrophic Coverage</i></b>            After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p>See Page 39 for additional information about Prescription Drugs.</p>	<p><b><i>Drugs Covered under Medicare Part D</i></b></p> <p><b>General</b>            This plan does not offer prescription drug coverage.</p>
<p><b>30</b> Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>In-Network</b>            In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits.”)</p> <p>\$35 copay for Medicare-covered dental benefits.</p> <p>See Page 37 for additional information about Dental Services.</p>	<p><b>In-Network</b>            In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits.”)</p> <p>\$25 copay for Medicare-covered dental benefits.</p> <p>See Page 37 for additional information about Dental Services.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<p><b>31</b> Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams. (1)(2)</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered.</p> <p>- \$35 copay for diagnostic hearing exams.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered.</p> <p>- \$25 copay for diagnostic hearing exams</p>
<p><b>32</b> Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. (1)(2)</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b></p> <p>- \$35 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>- \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>See Page 37 for additional information about Vision Services.</p>	<p><b>In-Network</b></p> <p>- \$25 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>- \$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>See Page 37 for additional information about Vision Services.</p>

(1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
<b>33</b> Physical Exams	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. (1)(2)</p> <p>When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year. \$0 copay for Medicare-covered benefits.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year. \$0 copay for Medicare-covered benefits.</p>
Health/Wellness Education	Not covered.	<p><b>In-Network</b> This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Smoking Cessation</li> <li>- Health Club Membership/ Fitness Classes</li> <li>- Nursing Hotline</li> </ul> <p>See Page 37 for additional information about Health/Wellness Education.</p>	<p><b>In-Network</b> This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Smoking Cessation</li> <li>- Health Club Membership/ Fitness Classes</li> <li>- Nursing Hotline</li> </ul> <p>See Page 37 for additional information about Health/Wellness Education.</p>

- (1) Each year, you pay a total of one \$131 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B deductible amount.
- (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
OPTIONAL BENEFITS OPTIONAL SUPPLEMENTAL PACKAGE # 1			

Premium and Other  
Important Information

**General**

Package: 1 - Optional Gold  
Benefits Package:

\$29 monthly premium, in  
addition to your \$0 monthly  
plan premium and the  
monthly 2008 Medicare Part  
B premium, for the following  
optional benefits:

- Chiropractic Services
- Dental Services
- Vision Services
- Acupuncture

See Page 37 for additional  
information about Optional  
Benefits.

**General**

Package: 1 - Optional Gold  
Benefits Package:

\$29 monthly premium, in  
addition to your \$0 monthly  
plan premium and the  
monthly 2008 Medicare Part  
B premium, for the following  
optional benefits:

- Chiropractic Services
- Dental Services
- Vision Services
- Acupuncture

See Page 37 for additional  
information about Optional  
Benefits.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Chiropractic Services		<p><b>In-Network</b> \$15 copay for up to 24 routine visits every year.</p> <p>See Page 38 for additional information about Chiropractic Services.</p>	<p><b>In-Network</b> \$15 copay for up to 24 routine visits every year.</p> <p>See Page 38 for additional information about Chiropractic Services.</p>
Dental Services		<p><b>General</b> Plan offers additional comprehensive dental benefits.</p> <p><b>In-Network</b> - up to 1 oral exam every six months. - up to 1 cleaning every six months. - up to 1 dental X-ray every year.</p> <p>\$1,000 limit for dental benefits every year.</p> <p>See Page 37 for additional information about Dental Services.</p>	<p><b>General</b> Plan offers additional comprehensive dental benefits.</p> <p><b>In-Network</b> - up to 1 oral exam every six months. - up to 1 cleaning every six months. - up to 1 dental X-ray every year.</p> <p>\$1,000 limit for dental benefits every year.</p> <p>See Page 37 for additional information about Dental Services.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET RUBY OPTION 1	HEALTH NET GREEN
Vision Services		<p data-bbox="1081 228 1262 258"><b>In-Network</b></p> <ul data-bbox="1081 272 1480 662" style="list-style-type: none"> <li data-bbox="1081 272 1480 345">- \$10 copay for up to 1 routine eye exam every year.</li> <li data-bbox="1081 354 1480 427">- \$25 copay for up to 1 pair of glasses every two years.</li> <li data-bbox="1081 435 1480 508">- \$25 copay for up to 1 pair of contacts every two years.</li> <li data-bbox="1081 516 1480 589">- \$25 copay for up to 1 pair of lenses every two years.</li> <li data-bbox="1081 597 1480 662">- \$25 copay for up to 1 frame every two years.</li> </ul> <p data-bbox="1081 686 1430 799">See Page 37 for additional information about Vision Services.</p>	<p data-bbox="1535 228 1715 258"><b>In-Network</b></p> <ul data-bbox="1535 272 1934 662" style="list-style-type: none"> <li data-bbox="1535 272 1934 345">- \$10 copay for up to 1 routine eye exam every year.</li> <li data-bbox="1535 354 1934 427">- \$25 copay for up to 1 pair of glasses every two years.</li> <li data-bbox="1535 435 1934 508">- \$25 copay for up to 1 pair of contacts every two years.</li> <li data-bbox="1535 516 1934 589">- \$25 copay for up to 1 pair of lenses every two years.</li> <li data-bbox="1535 597 1934 662">- \$25 copay for up to 1 frame every two years.</li> </ul> <p data-bbox="1535 686 1883 799">See Page 37 for additional information about Vision Services.</p>

# SECTION III

## THE SIMPLE TRUTH

Health care is complicated. Choosing a company. Selecting a plan. Understanding your coverage. It's all hard. But it doesn't have to be. You simply have to know what your choices are so you can make the best decision possible.

Tens of thousands of people have chosen Health Net. Why? Because we've built our business around the specific needs of the individuals we serve. We have a variety of easy-to-use plans to meet as many situations as possible. Our vast network of participating physicians, hospitals, pharmacies and medical professionals has been built carefully over a decade.

Another great reason to choose Health Net is because we have made it simpler to understand both your benefits and your costs. The next several pages outline products and services available to you from Health Net that are above and beyond the benefits described in Section II of this Summary of Benefits. We also clarify some of the benefits and services that may be a challenge to understand. We encourage you to review this information so you can take advantage of the many Health Net products, services and resources designed to help keep you healthy.

## UNDERSTANDING YOUR BENEFITS IS KEY TO GETTING THE MOST FROM YOUR HEALTH CARE COVERAGE

It's important that you understand your benefits so you can get the health care services you need. At Health Net, we're here to make sure that each benefit is easy to understand and

simple for you to use. This page will help explain some of your benefits in more detail.

### Outpatient Services

At an ambulatory surgical center or outpatient hospital facility:

<b>Benefit</b>	<b>Ruby Option 1 members pay</b>	<b>Green members pay</b>
<b>Outpatient Surgery</b>	\$150 for each Medicare-covered visit	\$100 for each Medicare-covered visit
<b>Non-Surgical Procedures</b>	\$0 for each Medicare-covered visit (when no Medicare-covered drugs/biologicals are provided).	

### Diagnostic X-rays

You pay a different copayment per visit depending on the type of diagnostic X-ray services you receive.

<b>Diagnostic X-ray Services</b>	<b>You pay per visit</b>
Standard X-rays	\$25
CT Scan	\$125
MRA/MRI	\$150
PET Scan & Nuclear Medicine	\$200

## HEALTH NET'S MEMBER MATTERS PROGRAM

Health Net's "Member Matters" is a program designed to help you manage life's challenges before they develop into serious problems. Member Matters can help you with a broad range of issues, including:

- ◆ Stress and anxiety
- ◆ Grief and depression
- ◆ Marital, family and relationship issues
- ◆ Substance abuse
- ◆ Financial and legal concerns (one 30-minute telephonic financial, legal, and tax consultation per year)
- ◆ Emotional and practical aspects of aging
- ◆ Crisis situations

Member Matters is a life-assistance program consisting of Counseling Services and Life Management Consultation and Support. Clinical Counseling services consist of 3 telephonic sessions for non-crisis issues per incident per year at no cost, as well as online resources on a variety of topics. No authorization is required for these services.

## YOU HAVE THE POWER TO MAKE BETTER HEALTH CARE DECISIONS

We're pleased to offer Health Net's Decision Power,<sup>SM</sup> a decision-support service that gives you 24-hour access to the guidance and expertise of our Health Coaches. This team of specially trained nurses, respiratory therapists and dietitians can provide the fact-based information and human support you need when you're facing a difficult health care decision.

## Health Net Decision Power Health Coaches can:

- ◆ Provide fact-based information and human support through a significant medical decision
- ◆ Help you better manage a chronic condition, such as diabetes or asthma
- ◆ Facilitate better communication between you and your doctor
- ◆ Send you additional written materials about a specific condition or treatment
- ◆ Provide you with an informative videotape of others who have faced similar decisions
- ◆ Help you understand all of your treatment options, so you can make the best choice

## HEALTH CLUB MEMBERSHIP/FITNESS CLASSES

Get fit, have fun, and make new friends! With Health Net, you can enjoy SilverSneakers® classes at no additional cost. You'll have the opportunity to get fit, make new friends and participate in fun events.

### The SilverSneakers® Fitness Program Includes:

- ◆ Membership at a safe, warm, friendly fitness center in your area.
- ◆ A fun group exercise class designed to increase strength, flexibility and energy (and you can share some laughter while you're there).
- ◆ Social events where you can make new friends with great people just like you!
- ◆ Personalized, friendly service from a Senior Advisor<sup>SM</sup> at the fitness center.

SilverSneakers® is a registered trademark of Healthways Health Support, Inc.

## OPTIONAL BENEFITS ENHANCE YOUR HEALTH CARE

Health Net gives you the option to enhance your basic medical coverage with optional benefits – called “**Gold Benefits**” – for dental, vision, acupuncture, chiropractic care and massage therapy – available for an additional monthly premium of \$29. It’s just one more option that Health Net gives you in order to provide the tools to make the health care choices that are right for you!

### PREVENTIVE DENTAL CARE

With the Gold Benefits dental plan, you can see any dentist you choose, and no referrals are necessary to see a specialist. The deductible is paid to the dentist at the time service is rendered, and you are covered for \$1,000 in dental services every year.

#### Dental Benefit

<b>Deductible</b>	You pay \$50 annually – waived for diagnostic/preventive services (i.e., cleanings and oral exams)
<b>Covered Dental Services</b>	You pay the deductible and dentist’s normal fee in excess of the Maximum Allowable Fee paid by Health Net. Please refer to Health Net’s dental fee schedule in your Evidence of Coverage.

## ROUTINE VISION CARE

The Gold Benefits vision benefit is low-cost, easy-to-use and offers an annual routine eye exam. Members can enjoy the following in-network benefits when selecting a vision plan provider from the large network of professionals listed in the Gold Benefits section of your Directory of Plan Providers. (Optional vision care benefits are available out-of-network at a lower level of coverage.)

Vision Benefit	In-Network
<b>Eye Exam</b> (every 12 months)	100% Coverage (after \$10 copayment)
<b>Materials*</b> (every 24 months)	\$25 Copayment (frames and lenses combined)
• <b>Frames*</b>	\$85 Allowance (after \$25 copayment)
• <b>Lenses*</b>	100% Coverage (after \$25 copayment)
• <b>Contacts*</b> (Medically Necessary)	\$250 Allowance (after \$25 copayment) (in place of frames/lenses)
• <b>Contacts*</b> (Cosmetic)	\$105 Allowance (after \$25 copayment) (in place of frames/lenses)

\*Covered once every 24 months. Multi-year benefit may not be available in subsequent years.

## ACUPUNCTURE, CHIROPRACTIC CARE & MASSAGE THERAPY

Health Net partners with American Specialty Health (ASH) to offer quality, affordable acupuncture, chiropractic care and massage therapy coverage. You may self-refer to any participating acupuncturist or chiropractor for routine care through this plan – without consulting your Primary Care Physician. The massage therapy benefit requires a written referral from your PCP, or an ASH-contracted chiropractor or acupuncturist. The ASH-contracted chiropractor or acupuncturist you select will provide the initial examination and will contact ASH for authorization of the treatment plan he/she develops for you.

Benefits	You pay
<b>Acupuncture</b>	\$15 copayment per office visit. Up to 24 visits per year (combined with chiropractic care and massage therapy).
<b>Chiropractic Care<sup>1</sup></b>	\$15 copayment per office visit for routine care. Up to 24 visits per year (combined with acupuncture and massage therapy).
<b>Massage Therapy<sup>2</sup></b>	\$15 copayment per office visit. Up to 24 visits per year (combined with acupuncture and chiropractic care).

For more information about:

- ◆ **Acupuncture, chiropractic care, and massage therapy services**, please contact ASH at 1-800-678-9133 (TTY 1-877-710-2746), Monday through Friday from 5:00 a.m. to 6:00 p.m., Pacific Time;
- ◆ **Dental care**, please contact Health Net Dental Member Services at 1-800-880-8113 (TTY 1-800-880-3165), Monday through Friday from 6:00 a.m. - 6:00 p.m., Pacific Time; or
- ◆ **Vision care**, please contact Health Net Vision Member Services at 1-866-392-6058 (TTY 1-866-308-5375), Monday through Saturday, 5:00 a.m. to 8:00 p.m., and Sunday from 8:00 a.m. to 5:00 p.m., Pacific Time.

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<sup>1</sup>You pay your plan's Specialist copayment per visit for manual manipulation of the spine to correct subluxation (the Medicare-covered service) when provided by chiropractors or other qualified professionals under your medical plan benefits. This covered benefit is unlimited.

<sup>2</sup>Massage therapy requires a written referral from your PCP, or an ASH-contracted chiropractor or acupuncturist.

Health Net Ruby Option 1 includes the Part D Prescription Drug benefit. Health Net Green does not include the Part D Prescription Drug benefit.

### PRESCRIPTION MEDICATIONS MADE EASY

Health Net makes it easy and convenient for you to get the quality medications you need at a low, affordable price! Your Health Net Medicare prescription plan provides coverage for many medications commonly used by Medicare members including generic, brand, and some injectable and specialty medications. To obtain the most value for your prescription benefits coverage, you should ask your physician to prescribe medications on the Health Net Medicare Formulary, which have been approved by the Centers for Medicare & Medicaid Services (CMS).

### HOW MUCH WILL I PAY?

CMS establishes a clear definition of the benefit options that all Medicare Drug Plan sponsors may offer. In addition to monthly premiums, Health Net members will be responsible for their member copayments until they reach the plan's initial coverage limit. Your Initial Coverage Limit (ICL) is \$2,510 and is calculated by adding payments made by Health Net and by you. It is important to note that the majority of Medicare beneficiaries do not reach this initial coverage limit. If you reach your initial coverage limit, you will be responsible for the full cost of the medication. The medication will be available to you at Health Net's discounted rate with the pharmacy. These discounts may vary between pharmacies. After your out-of-pocket drug expenditures exceed \$4,050 your prescription coverage will resume. Please refer to Section II of this document for more details about your prescription benefit including premium and copayment amounts.

For example:

If your prescription is for		Ruby Option 1 members pay
Tier 1	Preferred generic medication on the Health Net Medicare Formulary (30-day supply) • Mail Order (90-day supply)	\$0
Tier 2	Preferred brand medication on the Health Net Medicare Formulary (30-day supply) • Mail Order (90-day supply)	\$39
Tier 3	Non-preferred generic or brand medication on the Health Net Medicare Formulary (30-day supply) • Mail Order (90-day supply)	\$78
		\$156

### WHAT IS THE FORMULARY (DRUG LIST)?

Health Net's Medicare Formulary is a list of medications prescribed for most medical conditions that are safe, effective and affordable. All the medications on the formulary are covered under your prescription benefit. Physicians and specialists refer to this list when choosing drugs for their patients who are members of a Health Net Medicare plan.

This ensures that you receive a prescription medication of high quality and value. The list is updated quarterly, based on input from the Health Net Pharmacy and Therapeutics (P&T) Committee, a group of multi-specialty practicing physicians and clinical pharmacists. The list may also change as new clinical information becomes available, as brand medications become available in generic, and as new drugs are approved or re-evaluated by the U.S. Food and Drug Administration (FDA).

### **HOW DO I FIND OUT IF MY PRESCRIPTION IS ON THE FORMULARY?**

When your doctor prescribes a medication, ask if it is on the Health Net Medicare Formulary. If you already have the prescription, you can find out if it is on the list by calling the Customer Contact Center telephone number located on the back cover. For current members, you can also log on to [www.healthnet.com](http://www.healthnet.com), go to “View Prescription Coverage” and click on “Your Drug List.” For prospective members, simply log on to [www.healthnet.com](http://www.healthnet.com), click on “View Our Drug List,” then select your region.

### **WHICH PHARMACIES CAN I USE?**

It’s easy to fill your prescriptions, too. When making a prescription drug purchase, you may use your Health Net identification card at any of our participating pharmacies. You may also use our convenient Mail Order Service. To request a Mail Order form, please call our Customer Contact Center at the telephone number listed on the back cover. For a list of participating pharmacies, please refer to your pharmacy directory. Prescription drugs may be purchased out-of-network in special circumstances. Refer to your Evidence of Coverage or call the Customer Contact Center telephone number on the back cover for more information. You can also

log on to [www.healthnet.com](http://www.healthnet.com) and click on the “Medicare Prescription Drug Coverage” link.

### **HOW DO I USE THE MAIL ORDER DRUG PROGRAM?**

Medications ordered through the mail order program should be for treatment of long-term, ongoing medical problems in which the drug dosage has already been determined (referred to as “maintenance drugs”).

Your medication is a maintenance medication if:

- ◆ Taken continuously to manage chronic or long-term conditions.
- ◆ You respond positively to the drug treatment.
- ◆ Dosage adjustments are either no longer required or are made infrequently.

If you receive your medications from the mail order pharmacy in Health Net’s network, you can receive up to a three-month supply at a reduced copayment. Mail order is convenient, easy to use, offers less expensive copayments, and has free delivery to anywhere in the United States.

For more information about the Mail Order Drug Program, please call the Customer Contact Center telephone number located on the back cover.

**PLEASE NOTE: If you currently are a member of a Medicare Advantage (MA) plan, you must sign up for your Medicare Part D Prescription Drug plan through your MA plan. If you sign up for a different Medicare Part D Prescription Drug plan, Medicare will automatically disenroll you from your current MA plan.**

INSIDE BACK COVER: FOR PLACEMENT ONLY

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## Health Net®

MEDICARE PROGRAMS

1230 W. Washington Street, Suite 401  
Tempe, AZ 85281-2145

950 N. Finance Center Drive  
Tucson, AZ 85710-1362

For more information, please contact us at:

### **Prospective Members**

1-800-333-3930

8:00 a.m. to 8:00 p.m., 7 days a week

### **Customer Contact Center**

1-800-977-7522

8:00 a.m. to 8:00 p.m., 7 days a week

### **Hearing Impaired Assistance**

TTY 1-800-977-6757

8:00 a.m. to 8:00 p.m., 7 days a week

**[www.healthnet.com](http://www.healthnet.com)**

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