

HEALTH NET VIOLET OPTION 1, HEALTH NET VIOLET OPTION 2,
HEALTH NET SAGE, AND HEALTH NET AQUA

SUMMARY OF BENEFITS 2009

Southern Oregon

Douglas, Jackson, and Josephine Counties, Oregon

Benefits effective January 1, 2009

Material ID H5520_2009_024 CMS Approval 09/2008



Health Net[®]
MEDICARE PROGRAMS

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Health Net Medicare Advantage. Our plans are offered by HEALTH NET LIFE INSURANCE COMPANY, a Medicare Advantage Preferred Provider Organization (PPO).

This Summary of Benefits tells you some features of our Medicare Advantage PPO 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 Medicare Advantage 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 Aqua, Health Net Violet Option 1, Health Net Violet Option 2 or Health Net Sage. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

Health Net Sage is a Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. If you have been diagnosed with Endocrine/Metabolic: Dyslipidemia you may be eligible to join Health Net Sage. If you have one or more of the listed diseases you may enroll in the plan at any time, but you may only leave the plan at certain times.

You may be able join or leave other Health Net Medicare Advantage PPO plans only at certain times. Please call Health Net Medicare Advantage at the 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 Medicare Advantage PPO plans 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 MEDICARE ADVANTAGE PPO PLANS AVAILABLE?

The service area for these plans includes the following counties:

Health Net AQUA, Health Net VIOLET OPTION 1, Health Net VIOLET OPTION 2:

Douglas, Jackson, Josephine Counties, Oregon.

Health Net SAGE:

Jackson, Josephine Counties, Oregon.

You must live in one of these areas to join the plan.

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 Customer Service for more information.

WHO IS ELIGIBLE TO JOIN A HEALTH NET MEDICARE ADVANTAGE PLAN?

You can join a Health Net Medicare Advantage plan 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 Medicare Advantage plans unless they are members of our organization and have been since their dialysis began.

To join Health Net Sage, you must have been diagnosed by your doctor with Endocrine/Metabolic: Dyslipidemia.

Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Health Net Medicare Advantage has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory, or for an up-to-date list visit us at www.healthnet.com. Our customer service number is listed at the end of this introduction.

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

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you received outside of the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

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

Health Net Violet Option 1, Health Net Violet Option 2, and Health Net Sage do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Health Net Aqua does cover Medicare Part B prescription drugs. Health Net Aqua does NOT cover Medicare Part D prescription drugs.

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Health Net Medicare Advantage 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.

THE FOLLOWING APPLIES TO THE HEALTH NET VIOLET OPTION 1, HEALTH NET VIOLET OPTION 2, AND HEALTH NET SAGE PLANS ONLY

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

Health Net Medicare Advantage 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 pharmacy directory or visit us at <https://www.healthnet.com/formulary.htm>. Our customer service number is listed at the end of this introduction.

Health Net Medicare Advantage has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Health Net Medicare Advantage Prescription Drug Plans use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 <https://www.healthnet.com/formulary.htm>.

If you are currently taking a drug that is not on our formulary or subject to additional requirement 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.

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 Violet Option 1, Health Net Violet Option 2, or Health Net Sage, 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.

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 Violet Option 1, Health Net Violet Option 2, or Health Net Sage, 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.

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 Medicare Advantage for more details.

Please call Health Net Medicare Advantage for more information about these plans.

Visit us at www.healthnet.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 8:00 p.m. Pacific

Current members should call toll-free (888)-445-8913 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. (TTY/TDD (800)-929-9955)

Prospective members should call toll-free (800)-822-7698 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. (TTY/TDD (800)-929-9955)

Current members should locally (888)-445-8913 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. (TTY/TDD (800)-929-9955)

Prospective members should call locally (800)-822-7698 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. (TTY/TDD (800)-929-9955)

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 on the web.

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

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$79 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2,100 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the in-network out-of-pocket limit.</p> <p>Out-of-Network \$3,500 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. . Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the out-of-network out-of-pocket limit.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(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>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>General \$50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,350 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the in-network out-of-pocket limit.</p> <p>Out-of-Network \$6,200 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the out-of-network out-of-pocket limit.</p>	<p>General \$89 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2,100 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the in-network out-of-pocket limit.</p> <p>Out-of-Network \$3,500 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the out-of-network out-of-pocket limit.</p>	<p>General \$65 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$1,750 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the in-network out-of-pocket limit.</p> <p>Out-of-Network \$3,250 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Preventive dental, routine vision, routine eyewear and health/wellness (naturopathy, acupuncture and routine chiropractic services) are excluded from the out-of-network out-of-pocket limit.</p>
<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

INPATIENT CARE		
BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period³ are: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day.⁴</p> <p>Call 1-800-MEDICARE (1 -800-633-4227) for information about lifetime reserve days.⁴</p> <p>Lifetime reserve days can only be used once. 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.</p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$100 copay per day Days 8 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p>\$700 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 7: \$200 copay per day Days 8 - 90: \$0 copay per day</p>

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$200 copay per day Days 11 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p>\$2,000 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 10: \$400 copay per day Days 11 - 90: \$0 copay per day</p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$100 copay per day Days 8 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p>\$700 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 7: \$200 copay per day Days 8 - 90: \$0 copay per day</p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$100 copay per day Days 8 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>\$700 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 7: \$200 copay per day Days 8 - 90: \$0 copay per day</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
4 - Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network For hospital stays:</p> <p>Days 1 - 7: \$100 copay per day Days 8 - 90: \$0 copay per day</p> <p>\$700 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 7: \$200 copay per day Days 8 - 190: \$0 copay per day</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network For hospital stays:</p> <p>Days 1 - 10: \$200 copay per day Days 11 - 90: \$0 copay per day</p> <p>\$2,000 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 10: \$400 copay per day Days 11 - 190: \$0 copay per day</p>	<p>In-Network For hospital stays:</p> <p>Days 1 - 7: \$100 copay per day Days 8 - 90: \$0 copay per day</p> <p>\$700 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 7: \$200 copay per day Days 8 - 190: \$0 copay per day</p>	<p>In-Network For hospital stays:</p> <p>Days 1 - 7: \$100 copay per day Days 8 - 90: \$0 copay per day</p> <p>\$700 out of pocket limit every stay.</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>Out-of-Network For hospital stays:</p> <p>Days 1 - 7: \$200 copay per day Days 8 - 190: \$0 copay per day</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>5 - Skilled Nursing Facility (in a Medicare certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period³ after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day.</p> <p>100 days for each benefit period.³</p> <p>A "benefit period" starts the day you go into a hospital or SNF. 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.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 7: \$100 copay per day Days 8 - 100: \$0 copay per day</p> <p>\$700 out-of-pocket limit every stay.</p> <p>Plan covers up to 100 days each benefit period³ No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay: Days 1 - 7: \$200 copay per SNF day Days 8 - 100: \$0 copay per SNF day</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 10: \$100 copay per day Days 11 - 100: \$0 copay per day</p> <p>\$1,000 out-of-pocket limit every stay.</p> <p>Plan covers up to 100 days each benefit period³ No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay:</p> <p>Days 1 - 10: \$200 copay per SNF day Days 11 - 100: \$0 copay per SNF day</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 7: \$100 copay per day Days 8 - 100: \$0 copay per day</p> <p>\$700 out-of-pocket limit every stay.</p> <p>Plan covers up to 100 days each benefit period³ No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay:</p> <p>Days 1 - 7: \$200 copay per SNF day Days 8 - 100: \$0 copay per SNF day</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 7: \$100 copay per day Days 8 - 100: \$0 copay per day</p> <p>\$700 out-of-pocket limit every stay.</p> <p>Plan covers up to 100 days each benefit period.³ No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay:</p> <p>Days 1 - 7: \$200 copay per SNF day Days 8 - 100: \$0 copay per SNF day</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 40% for home health visits</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network \$0 copay for home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network \$0 copay for home health visits.</p>
<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare certified hospice.</p>

OUTPATIENT CARE		
BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
8 - Doctor Office Visits	20% coinsurance ^{1,2}	<p>General See "Physical Exams," for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 to \$25 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for each primary care doctor visit. \$25 copay for each specialist visit.</p>
9 – Chiropractic Services	<p>20% coinsurance ^{1,2}</p> <p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered visits. \$15 copay for each routine visit.</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>Out-of-Network \$15 to \$50 copay for chiropractic benefits.</p>

¹ Each year, you pay a total of one \$135 deductible.

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

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>General See "Physical Exams," for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 to \$50 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$30 copay for each primary care doctor visit. \$30 copay for each specialist visit.</p>	<p>General See "Physical Exams," for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 to \$25 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for each primary care doctor visit. \$25 copay for each specialist visit.</p>	<p>General See "Physical Exams," for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 to \$25 copay for each in-area, network urgent care Medicare covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for each primary care doctor visit. \$25 copay for each specialist visit.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered visits. \$15 copay for each routine visit.</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>Out-of-Network \$15 to \$50 copay for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered visits. \$15 copay for each routine visit.</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>Out-of-Network \$15 to \$50 copay for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered visits. \$15 copay for each routine visit.</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>Out-of-Network \$15 to \$50 copay for chiropractic benefits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
10 – Podiatry Services	Routine care not covered. 20% coinsurance ^{1,2} for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care. Out-of-Network \$35 copay for podiatry benefits.
11 – Outpatient Mental Health Care	50% coinsurance ^{1,2} for most outpatient mental health services.	General Authorization rules may apply. In-Network \$25 copay for each Medicare-covered individual or group therapy visit. Out-of-Network \$50 copay for Mental Health benefits. \$50 copay for Mental Health benefits with a psychiatrist.
12 – Outpatient Substance Abuse Care	20% coinsurance ^{1,2}	General Authorization rules may apply. In-Network \$25 copay for Medicare-covered individual or group visits. Out-of-Network \$50 copay for outpatient substance abuse benefits.

¹ Each year, you pay a total of one \$135 deductible.

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

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p>Out-of-Network \$35 copay for podiatry benefits.</p>	<p>In-Network \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p>Out-of-Network \$35 copay for podiatry benefits.</p>	<p>In-Network \$25 copay for each Medicare covered visit. \$25 copay for each routine visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$35 copay for podiatry benefits.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network \$40 copay for Mental Health benefits. \$40 copay for Mental Health benefits with a psychiatrist.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network \$50 copay for Mental Health benefits. \$50 copay for Mental Health benefits with a psychiatrist.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare covered individual or group therapy visit.</p> <p>Out-of-Network \$50 copay for Mental Health benefits. \$50 copay for Mental Health benefits with a psychiatrist.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$40 copay for outpatient substance abuse benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$50 copay for outpatient substance abuse benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$50 copay for outpatient substance abuse benefits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
13 – Outpatient Services/Surgery	20% ^{1,2} coinsurance for the doctor 20% ^{1,2} of outpatient facility charges	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$200 copay for ambulatory surgical center benefits. \$200 copay for outpatient hospital facility benefits.</p>
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance ^{1,2}	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$50 copay for ambulance benefits.</p>

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HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>General Authorization rules may apply.</p> <p>In-Network 30% of the cost for each Medicare-covered ambulatory surgical center visit. 30% of the cost for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network 40% of the cost for ambulatory surgical center benefits. 40% of the cost for outpatient hospital facility benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$200 copay for ambulatory surgical center benefits. \$200 copay for outpatient hospital facility benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for each Medicare covered ambulatory surgical center visit. \$100 copay for each Medicare covered outpatient hospital facility visit.</p> <p>Out-of-Network \$200 copay for ambulatory surgical center benefits. \$200 copay for outpatient hospital facility benefits.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$150 copay for ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$50 copay for ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$25 copay for ambulance benefits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>15 – Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care)</p>	<p>20% coinsurance ^{1,2} for the doctor 20% of facility charge, ^{1,2} or a set copay per emergency room visit</p> <p>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.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network \$50,000 limit for emergency services outside the U.S. every year.</p> <p>In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>
<p>16 – Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance ^{1,2}, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$25 to \$50 copay for Medicare-covered urgently needed care visits</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>
<p>17 – Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance ^{1,2}</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network \$35 copay for Occupational Therapy benefits. \$35 copay for Physical and/or Speech/Language Therapy visits.</p>

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HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network \$50,000 limit for emergency services outside the U.S. every year.</p> <p>In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network \$50,000 limit for emergency services outside the U.S. every year.</p> <p>In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network \$50,000 limit for emergency services outside the U.S. every year.</p> <p>In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>
<p>General \$50 copay for Medicare-covered urgently needed care visits</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p>General \$25 to \$50 copay for Medicare-covered urgently needed care visits</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p>General \$25 to \$50 copay for Medicare covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 30% of the cost for Medicare-covered Occupational Therapy visits. 30% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network 40% of the cost for Occupational Therapy benefits. 40% of the cost for Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network \$35 copay for Occupational Therapy benefits. \$35 copay for Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network \$35 copay for Occupational Therapy benefits. \$35 copay for Physical and/or Speech/Language Therapy visits.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance ^{1,2}	General Authorization rules may apply. In-Network \$20 to \$600 copay for Medicare-covered items. Out-of-Network \$30 to \$900 copay for durable medical equipment.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance ^{1,2}	General Authorization rules may apply. In-Network \$20 to \$600 copay for Medicare-covered items. Out-of-Network \$30 to \$900 copay for prosthetic devices.
20 - 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} Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies. Out-of-Network \$0 copay for Diabetes self monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.

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HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>General Authorization rules may apply.</p> <p>In-Network 30% of the cost for Medicare-covered items.</p> <p>Out-of-Network 30% of the cost for durable medical equipment.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 to \$600 copay for Medicare-covered items.</p> <p>Out-of-Network \$30 to \$900 copay for durable medical equipment.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 to \$600 copay for Medicare covered items.</p> <p>Out-of-Network \$30 to \$900 copay for durable medical equipment.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 30% of the cost for Medicare-covered items.</p> <p>Out-of-Network 30% of the cost for prosthetic devices.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 to \$600 copay for Medicare-covered items.</p> <p>Out-of-Network \$30 to \$900 copay for prosthetic devices.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 to \$600 copay for Medicare covered items.</p> <p>Out-of-Network \$30 to \$900 copay for prosthetic devices.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 30% of the cost for Diabetes supplies.</p> <p>Out-of-Network 30% of the cost for Diabetes supplies. \$0 copay for Diabetes self monitoring training. \$0 copay for Nutrition Therapy for Diabetes.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p> <p>Out-of-Network \$0 copay for Diabetes self monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p> <p>Out-of-Network \$0 copay for Diabetes self monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>21 – Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance ^{1,2} for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare covered lab services</p> <p>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>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services. \$20 to \$600 copay for Medicare-covered diagnostic procedures and tests. \$15 copay for Medicare-covered X-rays. \$20 to \$600 copay for Medicare-covered diagnostic radiology services. \$20 to \$600 copay for Medicare-covered therapeutic radiology services.</p> <p>Out-of-Network \$25 copay for outpatient x-rays. \$30 to \$900 copay for therapeutic radiology services \$30 to \$900 copay for diagnostic radiology services \$25 to \$900 copay for diagnostic procedures, tests, and lab services.</p>
<p>PREVENTIVE SERVICES</p>		
<p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>20% coinsurance ^{1,2}</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>

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HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services. \$20 to \$600 copay for Medicare-covered diagnostic procedures and tests. \$15 copay for Medicare-covered X-rays. \$20 to \$600 copay for Medicare-covered diagnostic radiology services. \$20 to \$600 copay for Medicare-covered therapeutic radiology services.</p> <p>Out-of-Network \$30 to \$900 copay for diagnostic procedures, tests, and lab services \$30 to \$900 copay for therapeutic radiology services \$30 to \$900 copay for diagnostic radiology services \$30 copay for outpatient x-rays.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services. \$20 to \$600 copay for Medicare-covered diagnostic procedures and tests. \$15 copay for Medicare-covered X-rays. \$20 to \$600 copay for Medicare-covered diagnostic radiology services. \$20 to \$600 copay for Medicare-covered therapeutic radiology services.</p> <p>Out-of-Network \$25 copay for outpatient x-rays. \$30 to \$900 copay for therapeutic radiology services \$30 to \$900 copay for diagnostic radiology services \$0 to \$900 copay for diagnostic procedures, tests, and lab services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services. \$20 to \$600 copay for Medicare covered diagnostic procedures and tests. \$15 copay for Medicare-covered Xrays. \$20 to \$600 copay for Medicare covered diagnostic radiology services. \$20 to \$600 copay for Medicare covered therapeutic radiology services.</p> <p>Out-of-Network \$25 copay for outpatient x-rays. \$30 to \$900 copay for therapeutic radiology services \$30 to \$900 copay for diagnostic radiology services \$25 to \$900 copay for diagnostic procedures, tests, and lab services.</p>
<p>In-Network \$0 copay for Medicare-covered bone mass measurement</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>23 – 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>In-Network \$0 copay for Medicare-covered colorectal screenings. Out-of-Network \$0 copay for colorectal screenings.</p>
<p>24 – 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^{1,2} for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. Out-of-Network \$0 copay for immunizations.</p>
<p>25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance^{1,2} 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>In-Network \$0 copay for Medicare-covered screening mammograms. Out-of-Network \$0 copay for screening mammograms.</p>
<p>26 - 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. 20% coinsurance^{1,2} for Pelvic Exams</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every two years Out-of-Network \$0 copay for pap smears and pelvic exams.</p>

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HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>
<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>Out-of-Network \$0 copay for immunizations.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>Out-of-Network \$0 copay for immunizations.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>Out-of-Network \$0 copay for immunizations.</p>
<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>
<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams and</p> <ul style="list-style-type: none"> - up to 1 additional pap smear(s) and pelvic exam(s) every two years <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams and</p> <ul style="list-style-type: none"> - up to 1 additional pap smear(s) and pelvic exam(s) every two years <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams and</p> <ul style="list-style-type: none"> - up to 1 additional pap smear(s) and pelvic exam(s) every two years <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance ^{1,2} for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening. Out-of-Network \$0 copay for prostate cancer screening.</p>
<p>28 - End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis ^{1,2} 20% coinsurance ^{1,2} for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply. In-Network \$600 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease Out-of-Network \$30 to \$900 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>

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HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$600 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> <p>Out-of-Network \$30 to \$900 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$600 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> <p>Out-of-Network \$30 to \$900 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$600 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> <p>Out-of-Network \$30 to \$900 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>29 – Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General \$20 to \$600 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs). \$20 to \$600 copay for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.healthnet.com/formulary.htm on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>Drugs covered under Medicare Part B</p> <p>General \$20 to \$600 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs). \$20 to \$600 copay for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.healthnet.com/formulary.htm on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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>Drugs covered under Medicare Part B</p> <p>General \$20 to \$600 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs). \$20 to \$600 copay for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.healthnet.com/formulary.htm on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered. \$20 to \$600 copay for Part B covered drugs (not including Part B-covered chemotherapy drugs). \$20 to \$600 copay for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
Prescription Drugs Continued		<p>Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Health Net Violet Option 1 for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plans 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 cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>You may have to pay more than your normal cost-sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand name drug is added to the plan's formulary after you enroll.</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Health Net Violet Option 2 for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plans 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 cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>You may have to pay more than your normal cost-sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand name drug is added to the plan's formulary after you enroll.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Health Net Sage for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plans 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 cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>You may have to pay more than your normal cost-sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand name drug is added to the plan's formulary after you enroll.</p>	

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>Prescription Drugs Continued</p>		<p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$60 copay for a one-month (30-day) supply of drugs in this tier - \$180 copay for a three-month (90-day) supply of drugs in this tier - \$120 copay for a 60-day supply of drugs in this tier

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Preferred Generic - \$6 copay for a one-month (30-day) supply of drugs in this tier - \$18 copay for a three-month (90-day) supply of drugs in this tier - \$12 copay for a 60-day supply of drugs in this tier</p> <p>Preferred Brand - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier</p> <p>Non-Preferred Brand - \$70 copay for a one-month (30-day) supply of drugs in this tier - \$210 copay for a three-month (90-day) supply of drugs in this tier - \$140 copay for a 60-day supply of drugs in this tier</p>	<p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Preferred Generic - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier</p> <p>Preferred Brand - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier</p> <p>Non-Preferred Brand - \$60 copay for a one-month (30-day) supply of drugs in this tier - \$180 copay for a three-month (90-day) supply of drugs in this tier - \$120 copay for a 60-day supply of drugs in this tier</p>	

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>Prescription Drugs Continued</p>		<p>Injectable - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Preferred Generic - \$5 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Preferred Brand - \$30 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Non-Preferred Brand - \$60 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Injectable - 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Preferred Generic - \$10 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. - \$10 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>Injectable - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Preferred Generic - \$6 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Preferred Brand - \$40 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Non-Preferred Brand - \$70 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Injectable - 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Mail Order Preferred Generic - \$12 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. - \$12 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p>	<p>Injectable - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Preferred Generic - \$5 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Preferred Brand - \$30 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Non-Preferred Brand - \$60 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Injectable - 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Mail Order Preferred Generic - \$10 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. - \$10 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p>	

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>Prescription Drugs Continued</p>		<p>- \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$10 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Preferred Brand</p> <p>- \$60 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$60 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$30 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$60 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Non-Preferred Brand</p> <p>- \$150 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$120 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$60 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>- \$6 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$18 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$12 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Preferred Brand</p> <p>- \$80 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$80 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$40 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$120 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$80 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Non-Preferred Brand</p> <p>- \$175 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$140 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$70 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p>	<p>- \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$10 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Preferred Brand</p> <p>- \$60 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$60 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$30 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$60 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Non-Preferred Brand</p> <p>- \$150 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$120 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- \$60 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p>	

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>Prescription Drugs Continued</p>		<ul style="list-style-type: none"> - \$180 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. - \$120 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Injectable</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Specialty</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>- \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$140 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Injectable</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Specialty</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. 	<p>- \$180 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>- \$120 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Injectable</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Specialty</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. 	

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>Prescription Drugs Continued</p>		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plans service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Health Net Violet Option 1.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Preferred Generic - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Brand - \$60 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Injectable - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plans service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Health Net Violet Option 2.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy Preferred Generic - \$6 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$40 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Brand - \$70 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Injectable - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plans service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Health Net Sage.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy Preferred Generic - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Brand - \$60 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Injectable - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
<p>Prescription Drugs Continued</p>		<p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Health Net Violet Option 1 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Health Net Violet Option 1 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Health Net Violet Option 2 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Health Net Violet Option 2 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>	<p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Health Net Sage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Health Net Sage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>	

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 2 oral exam(s) every year - up to 2 cleaning(s) every year - up to 1 dental x-ray(s) every year <p>\$15 to \$50 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network 20% of the cost for preventive dental benefits. \$25 to \$50 copay for comprehensive dental benefits.</p> <p>In and Out-of-Network \$500 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>
31 – Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance ^{1,2} for diagnostic hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$15 copay for Medicare-covered diagnostic hearing exams</p> <p>Out-of-Network \$25 copay for hearing exams.</p>

¹ Each year, you pay a total of one \$135 deductible.

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

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$15 to \$50 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$30 to \$50 copay for comprehensive dental benefits.</p>	<p>In-Network \$0 copay for the following preventive dental benefits: - up to 2 oral exam(s) every year - up to 2 cleaning(s) every year - up to 1 dental x-ray(s) every year</p> <p>\$15 to \$50 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network 20% of the cost for preventive dental benefits. \$25 to \$50 copay for comprehensive dental benefits.</p> <p>In and Out-of-Network \$500 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>	<p>In-Network \$0 copay for the following preventive dental benefits: - up to 2 oral exam(s) every year - up to 2 cleaning(s) every year - up to 1 dental x-ray(s) every year</p> <p>\$15 to \$50 copay for Medicare covered dental benefits.</p> <p>Out-of-Network 20% of the cost for preventive dental benefits. \$25 to \$50 copay for comprehensive dental benefits.</p> <p>In and Out-of-Network \$500 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>
<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$15 copay for Medicare-covered diagnostic hearing exams</p> <p>Out-of-Network \$30 copay for hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$15 copay for Medicare-covered diagnostic hearing exams</p> <p>Out-of-Network \$25 copay for hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$15 copay for Medicare-covered diagnostic hearing exams</p> <p>Out-of-Network \$25 copay for hearing exams.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
32 - Vision Services	<p>20% coinsurance ^{1,2} for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years - \$15 copay for exams to diagnose and treat diseases and conditions of the eye. - \$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every two years.</p> <p>Out-of-Network \$0 copay for eye wear \$10 to \$25 copay for eye exams</p>
33 - Physical Exams	<p>20% coinsurance ^{1,2} for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>Out-of-Network \$0 copay for routine exams</p>

¹ Each year, you pay a total of one \$135 deductible.

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

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery \$15 copay for exams to diagnose and treat diseases and conditions of the eye. \$15 copay for up to 1 routine eye exam(s) every year</p> <p>Out-of-Network 40% of the cost for eye wear. \$30 copay for eye exams.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years - \$15 copay for exams to diagnose and treat diseases and conditions of the eye. - \$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every two years.</p> <p>Out-of-Network \$0 copay for eye wear \$10 to \$25 copay for eye exams</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years \$15 copay for exams to diagnose and treat diseases and conditions of the eye. \$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every two years.</p> <p>Out-of-Network \$0 copay for eye wear \$10 to \$25 copay for eye exams</p>
<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>Out-of-Network \$0 copay for routine exams</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>Out-of-Network \$0 copay for routine exams</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>Out-of-Network \$0 copay for routine exams</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Alternative Medicine Program - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$15 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network \$25 copay for Health and Wellness Services \$0 copay for Health and Wellness Services</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay per visit.</p> <p>Out-of-Network \$15 copay for acupuncture visits.</p>

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Alternative Medicine Program - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$15 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network \$30 copay for Health and Wellness Services \$0 copay for Health and Wellness Services</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Alternative Medicine Program - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$15 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network \$25 copay for Health and Wellness Services \$0 copay for Health and Wellness Services</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Alternative Medicine Program - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$15 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network \$25 copay for Health and Wellness Services \$0 copay for Health and Wellness Services</p>
<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay per visit.</p> <p>Out-of-Network \$15 copay for acupuncture visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay per visit.</p> <p>Out-of-Network \$15 copay for acupuncture visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay per visit.</p> <p>Out-of-Network \$15 copay for acupuncture visits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	HEALTH NET VIOLET OPTION 1
OPTIONAL SUPPLEMENTAL PACKAGE #1		
Premium and Other Important Information		<p>General Package: 1 - Extended Dental and Routine Eyewear option: \$13 monthly premium, in addition to your \$79 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Dental Services - Vision Services <p>\$650 limit for these benefits.</p>
Dental Services		<p>Out-of-Network 0% to 50% of the cost for comprehensive dental services.</p>
Vision Services		<p>In-Network \$150 limit for eye wear every two years. \$0 copay for</p> <ul style="list-style-type: none"> - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years

HEALTH NET VIOLET OPTION 2	HEALTH NET SAGE	HEALTH NET AQUA
<p>General Package: 1 - Extended Dental and Routine Eyewear option: \$21 monthly premium, in addition to your \$50 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Dental Services - Vision Services <p>\$1,250 limit for these benefits.</p>	<p>General Package: 1 - Extended Dental and Routine Eyewear option: \$13 monthly premium, in addition to your \$89 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Dental Services - Vision Services <p>\$650 limit for these benefits.</p>	<p>General Package: 1 - Extended Dental and Routine Eyewear: \$13 monthly premium, in addition to your \$65 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Dental Services - Vision Services <p>\$650 limit for these benefits.</p>
<p>In-Network \$0 copay for the following preventive dental benefits</p> <ul style="list-style-type: none"> - up to 2 oral exam(s) every year - up to 2 cleaning(s) every year - up to 1 dental X-ray(s) every year <p>Out-of-Network 0% to 50% of the cost for comprehensive dental services.</p>	<p>Out-of-Network 0% to 50% of the cost for comprehensive dental services.</p>	<p>Out-of-Network 0% to 50% of the cost for comprehensive dental services.</p>
<p>In-Network \$250 limit for eye wear every two years.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years 	<p>In-Network \$150 limit for eye wear every two years.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years 	<p>In-Network \$150 limit for eye wear every two years.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years

**For more information, please
contact us at:**

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service@healthnet.com

Hearing and Speech Assistance
8:00 a.m. to 8:00 p.m., seven days a week
TTY: 1-800-929-9955
service@healthnet.com

Health Net Life Insurance Company is Medicare Advantage (MA) Organization with a Medicare contract. This contract is 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. Medicare beneficiaries must continue to pay their Part B premium if not otherwise paid for under Medicaid or by another third-party, and must reside in the plan service area. Copayments, coinsurance, limitations and restrictions may apply. Plan benefits and cost sharing may vary by plan and region. Medicare beneficiaries can only enroll in these plans during certain times of the year.

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. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers. Coinsurance is based on Medicare allowable so member responsibility may be greater for services obtained out-of-network. Health Net will reimburse members for mandatory supplemental services received in or out-of-network as long as the services are medically necessary. Prior authorization from Health Net is required for some in-network services. Members do not need a referral to see providers.

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. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD Plan at a time.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 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/TDD users should call 1-800-325-0778; or your State Medicaid Office.

Medicare beneficiaries may enroll in Health Net's MA plans through the Centers for Medicare & Medicaid Services On-line Enrollment Center, located at www.Medicare.gov. For more information contact Health Net at 1-800-822-7698, (TTY 1-800-929-9955), 8:00 a.m. to 8:00 p.m., seven days a week.

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