



Health Net®  
MEDICARE PROGRAMS

HEALTH NET ORANGE  
PRESCRIPTION DRUG PLAN

# *Summary of benefits*

## 2009

NORTHERN NEW ENGLAND  
(NEW HAMPSHIRE, MAINE)

Benefits effective January 1, 2009

(S5678-14) PDP Option 1

(S5678-013) PDP Value Option 2



# INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Health Net Orange. Our plan is offered by HEALTH NET LIFE INSURANCE COMPANY/HEALTH NET INSURANCE OF NEW YORK/Health Net, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Health Net Orange and ask for the "Evidence of Coverage."

## **YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Health Net Orange. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

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

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Health Net Orange to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## **WHERE IS HEALTH NET ORANGE AVAILABLE?**

The service area for this plan includes: Northern New England (New Hampshire, Maine). You must live in one of these areas to join this 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?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private Fee-For-Services plan or are enrolled in an 1876 Cost Plan.

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

Health Net Orange does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## **WHERE CAN I GET MY PRESCRIPTIONS?**

Health Net Orange has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Health Net Orange has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

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.

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

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

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Health Net Orange. Get this information before you decide to enroll in this plan.

## **HOW CAN I GET HELP WITH MY 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 Orange, 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/TTD users should call 1-877-486-2048.

## WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug 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 Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug 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 Orange, 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 Orange for more details.

**Please call Health Net for more information about Health Net Orange.  
Visit us at [www.healthnet.com](http://www.healthnet.com) or, call us:**

**Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday  
8:00 a.m. - 8:00 p.m. (Alaska/Central/Eastern/Hawaii/Mountain/Pacific)

**Current members** should call toll-free

(800)-806-8811

(TTY/TDD (800)-929-9955)

**Prospective members** should call toll-free

(800)-606-3604

(TTY/TDD (800)-929-9955)

**Current members** should call locally

(800)-806-8811

(TTY/TDD (800)-929-9955)

**Prospective members** should call locally

(800)-606-3604

(TTY/TDD (800)-929-9955)

For more information about Medicare, please call Medicare at (800)-MEDICARE (800)-633-4227).

TTY users should call (877)-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

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

*If you have any questions about this plan's benefits or costs, please contact Health Net for details.*

SECTION II

**SUMMARY OF BENEFITS**

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
<p><b>Prescription Drugs</b></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><i>Drugs covered under Medicare Part D</i></p> <p><u>General</u> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="https://www.healthnet.com/formulary.htm">https://www.healthnet.com/formulary.htm</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$34.40 monthly plan premium</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>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Health Net Orange Option 1 for certain drugs.</p>	<p><i>Drugs covered under Medicare Part D</i></p> <p><u>General</u> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="https://www.healthnet.com/formulary.htm">https://www.healthnet.com/formulary.htm</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$47.40 monthly plan premium</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>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Health Net Value Orange Option 2 for certain drugs.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
Prescription Drugs (continued)		<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 plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal 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><u>In-Network</u> \$295 yearly deductible.</p> <p><u>Initial Coverage</u> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:</p> <p><u>Retail Pharmacy Preferred Generic</u></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>	<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 plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal 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><u>In-Network</u> \$0 deductible.</p> <p><u>Initial Coverage</u> You pay the following until total yearly drug costs reach \$2,500:</p> <p><u>Retail Pharmacy Preferred Generic</u></p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
Prescription Drugs (continued)		<ul style="list-style-type: none"> <li>• \$6 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$4 copay for a 60-day supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$43 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$129 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$86 copay for a 60-day supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$90 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$270 copay for a three-month (90 day) supply of drugs in this tier</li> <li>• \$180 copay for a 60-day supply of drugs in this tier</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><u>Long Term Care Pharmacy</u></p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$43 copay for a one-month (34-day) supply of drugs in this tier</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$39 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$117 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$78 copay for a 60-day supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$225 copay for a three-month (90 day) supply of drugs in this tier</li> <li>• \$150 copay for a 60-day supply of drugs in this tier</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><u>Long Term Care Pharmacy</u></p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$39 copay for a one-month (34-day) supply of drugs in this tier</li> </ul>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
Prescription Drugs (continued)		<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$90 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><u>Mail Order</u></p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$4 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$6 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$4 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$86 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> </ul>	<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><u>Mail Order</u></p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$0 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$0 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$0 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$0 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$78 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> </ul>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
Prescription Drugs (continued)		<ul style="list-style-type: none"> <li>• \$86 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$43 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$129 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$86 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$180 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$90 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$270 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$180 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>• \$78 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$39 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$117 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$78 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$188 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$150 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$150 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> </ul>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
Prescription Drugs (continued)		<ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><u>Coverage Gap</u> 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><u>Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach \$ 4,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p><u>Out-of-Network</u> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may 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</p>	<ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><u>Coverage Gap</u> After your total yearly drug costs reach \$2,500, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p><u>Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach \$ 4,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p><u>Out-of-Network</u> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may 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</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
Prescription Drugs (continued)		<p>likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Health Net Orange Option 1.</p> <p><u>Out-of-Network Initial Coverage</u> After you pay your yearly deductible, 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><u>Out-of-Network Pharmacy</u></p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$43 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$90 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul>	<p>likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Health Net Value Orange Option 2.</p> <p><u>Out-of-Network Initial Coverage</u> 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 \$2,500:</p> <p><u>Out-of-Network Pharmacy</u></p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$39 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Injectable</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul>

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

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET VALUE ORANGE OPTION 2
Prescription Drugs (continued)		<p><u>Out-of-Network Coverage Gap</u>            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 Orange Option 1 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Health Net Orange 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><u>Out-of-Network Catastrophic Coverage</u>            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:</p> <ul style="list-style-type: none"> <li>• A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p><u>Out-of-Network Coverage Gap</u>            After your total yearly drug costs reach \$2,500, 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 Value Orange Option 2 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Health Net Value Orange 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><u>Out-of-Network Catastrophic Coverage</u>            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:</p> <ul style="list-style-type: none"> <li>• A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>

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