# 2018 Benefit Highlights

**Health Net Ruby Select (HMO)**
San Francisco County, CA

## Plan benefits

<table>
<thead>
<tr>
<th></th>
<th>Copays/Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly plan premium</td>
<td>$0</td>
</tr>
<tr>
<td>Maximum out-of-pocket (MOOP)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Doctor office visits</td>
<td></td>
</tr>
<tr>
<td>- Primary care provider</td>
<td>$5 copay</td>
</tr>
<tr>
<td>- Specialist</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Lab services and X-rays</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Complex diagnostic imaging (CT, MRA/MRI, PET, etc.) and radiation therapy</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Diabetic supplies</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$345 copay per day, days 1 - 5</td>
</tr>
<tr>
<td>Outpatient services/surgery (hospital care)</td>
<td>$345 copay</td>
</tr>
<tr>
<td>Outpatient services/surgery (ambulatory care)</td>
<td>$200 copay</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$80 copay</td>
</tr>
<tr>
<td>Worldwide emergency / urgent coverage annual limit of $50,000</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Urgently needed services</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Routine podiatry</td>
<td>$25 copay</td>
</tr>
<tr>
<td></td>
<td>Up to 12 visits per year</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Hearing aids (one pair every 3 years)$1</td>
<td>$0 copay $1,000 benefit maximum for 2 hearing aids (for both ears combined) every 3 years.</td>
</tr>
<tr>
<td>Routine vision exam</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Routine eyewear$2</td>
<td>$0 copay, plan pays up to $150 allowance</td>
</tr>
<tr>
<td>Dental HMO – preventive and comprehensive</td>
<td>Optional Supplemental package available</td>
</tr>
<tr>
<td>Transportation services</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Over-the-Counter (OTC) Items</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Fitness benefit</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

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$1$ Audiometric hearing aids (HAs) are defined as hearing aids which produce a sound output that is within the range of hearing aids prescribed by the American National Standards Institute (ANSI). HAs that do not meet these criteria are defined as non-audiometric hearing aids.

$2$ Dental HMO – preventive and comprehensive: Optional Supplemental package available.
Prescription drug coverage | Value Formulary
--- | --- | ---
**Annual Part D deductible** | **30-day preferred retail cost-sharing** | **30-day standard retail cost-sharing**
$0 | $0

<table>
<thead>
<tr>
<th>Tier</th>
<th>30-day preferred retail cost-sharing</th>
<th>30-day standard retail cost-sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Preferred generic drugs</td>
<td>$5 copay</td>
<td>$8 copay</td>
</tr>
<tr>
<td>Tier 2: Generic drugs</td>
<td>$12 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Tier 3: Preferred brand drugs</td>
<td>$37 copay</td>
<td>$47 copay</td>
</tr>
<tr>
<td>Tier 4: Non-preferred brand drugs</td>
<td>$90 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Tier 5: Specialty tier</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
</tr>
<tr>
<td>Tier 6: Select Care drugs</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Initial coverage limit (ICL)</td>
<td></td>
<td>$3,750</td>
</tr>
</tbody>
</table>

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Once the ICL has been met, you move into the Coverage Gap phase. During the Coverage Gap, you pay 35% of the price for covered brand-name drugs and 44% of the price for covered generic drugs until your costs total $5,000, which is the end of the Coverage Gap. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and move you through the Coverage Gap. Not everyone will enter the Coverage Gap. After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,000, you will then pay the greater of $3.35 copay or 5% coinsurance for generic drugs and $8.35 copay or 5% coinsurance for all other drugs.

*This plan uses specific providers only.* Not all participating Medical Groups and their affiliated primary care providers (PCPs) and facilities are available to you in the service area for this plan. In addition, you may be limited to providers within your PCP’s and/or medical group’s network. This means that the PCP and/or medical group that you choose may determine the specialists and hospitals you can use. It is important to understand that Health Net offers a variety of plans in each service area; if your provider of choice is not available through this plan, the provider may be available through a different Health Net plan offering.

1. Benefit allowance once every 3 years. Multi-year benefit may not be available in subsequent years. Members are responsible for any remaining balance over the coverage limit.

2. Benefit allowance once every 24 months. Multi-year benefit may not be available in subsequent years.

3. This tier includes preferred brand drugs and may include some generic drugs. Brand drugs in this tier are not eligible for exceptions for payment at a lower tier.

4. This tier includes non-preferred brand drugs and may include some generic drugs.

This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage document.

This information is available for free in other languages. Please contact our Member Services at 1-800-275-4737 for additional information (TTY: 711). From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. On weekends and certain holidays, your call will be handled by our automated phone system.
Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
• Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net’s Customer Contact Center at: 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net’s Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

<table>
<thead>
<tr>
<th>Language</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPANISH</td>
<td>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).</td>
</tr>
<tr>
<td>CHINESE</td>
<td>注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711)。</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).</td>
</tr>
<tr>
<td>KOREAN</td>
<td>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711) 번으로 전화해 주십시오.</td>
</tr>
<tr>
<td>ARMENIAN</td>
<td>ԱՐՄԵՆԻԱՆ լեզուով ելուստ ինչպես է պահում, թեք ենք շատ ամանավոր ու առաջնորդության կարևորություն ունենում մարդու իրավական իրավունքի համար։ Հաշտվածություն: 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).</td>
</tr>
<tr>
<td>PERSIAN</td>
<td>توجه: إذا كنت تتحدث الفارسية فستتوفر لك تسهيلات إذا كنت تتحدث الفارسية. 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).</td>
</tr>
<tr>
<td>JAPANESE</td>
<td>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711) まで、お電話にてご連絡ください。</td>
</tr>
<tr>
<td>ARABIC</td>
<td>تجهيز: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).</td>
</tr>
<tr>
<td>PUNJABI</td>
<td>ਸੰਭਾਲਡਾਂ: ਸੁਸ਼ਾਖਾ ਸਨਮਾਨਕ ਦਿੱਤੇ ਜਾਂਦੇ ਹਨ, ਅਕਸਰ ਉਹਦੇ ਕੋਲ੍ਹੀ ਵਲਾਣ ਯਾ ਹੋਰ ਜੋ ਨਹੀਂ। 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711) ਦੇ ਵਾਂਤੀ ਮੰਨੇ।</td>
</tr>
</tbody>
</table>
Health Net of California, Inc. has a contract with Medicare to offer HMO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.