

# 2008 Health Net Medicare Advantage Plan Comparison

*Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, Yamhill Counties, Oregon;  
and Clark County, Washington*

## Annual Member Meeting Handout



**Health Net®**  
MEDICARE PROGRAMS

This is a brief summary and presents general information only. Please refer to the Summary of Benefits and the Evidence of Coverage for full details.

## 502008 Health Net Medicare Advantage Plan Comparison

Monthly Premium: Aqua, \$53; Violet Option 1, \$67, Violet Option 2, \$0, Sage\* \$67

Benefit Category	Health Net Plan Name	In-Network Cost	Out-of-Network Cost
Inpatient Hospital Care (Unlimited days)	Aqua, Violet Option 1, Sage	\$100 per day (for days 1 - 4)	\$200 per day (for days 1 - 4)
	Violet Option 2	\$200 per day (for days 1 - 10)	\$400 per day (for days 1 - 10)
Inpatient Mental Health Care: 190-day lifetime limit in a psychiatric hospital	Aqua, Violet Option 1, Sage	\$100 per day (for days 1 - 4)	\$200 per day (for days 1 - 4)
	Violet Option 2	\$200 per day (for days 1 - 10)	\$400 per day (for days 1 - 10)
Skilled Nursing Facility: Limited to 100 days per benefit period, no prior hospitalization required.	Aqua, Violet Option 1, Sage	\$100 per day (for days 1 - 4)	\$200 per day (for days 1 - 4)
	Violet Option 2	\$100 per day (for days 1 - 10)	\$200 per day (for days 1 - 10)
Urgent Care Facility	Aqua, Violet Option 1, Violet Option 2, Sage	\$25	\$50
Home Health Care	Aqua, Violet Option 1, Sage	\$0	\$0
	Violet Option 2	\$0	40% coinsurance
Doctor Office and Specialist Office Visits	Aqua, Violet Option 1, Sage	\$10	\$20
	Violet Option 2	\$10	\$30
Chiropractic (Medicare-covered)	Aqua, Violet Option 1 & Option 2, Sage	\$15	\$50
Podiatry (Medicare-covered)	Aqua, Violet Option 1 & Option 2, Sage	\$25	\$35
Routine Foot Care	Aqua, Violet Option 1 & Option 2, Sage	\$25	\$35
Outpatient Mental Health & Outpatient Substance Abuse	Aqua, Violet Option 1, Sage	\$25	\$50
	Violet Option 2	\$40	\$40
Outpatient Surgery	Aqua, Violet Option 1, Sage	\$200 per stay	\$400 per stay
	Violet Option 2	30% coinsurance	40% coinsurance

\* Enrollment in the Sage Plan requires meeting eligibility criteria based on total cholesterol level.

<b>Benefit Category</b>	<b>Health Net Plan Name</b>	<b>In-Network Cost</b>	<b>Out-of-Network Cost</b>
Ambulance	Aqua	\$25	\$25
	Violet Option 1, Sage	\$50	\$50
	Violet Option 2	\$150	\$150
Emergency Care (worldwide)	Aqua, Violet Option 1 & Option 2, Sage	\$50	\$50
	Outpatient Rehabilitation Therapy	Aqua, Violet Option 1, Sage	\$35
	Violet Option 2	30% coinsurance	40% coinsurance
	Physical therapy (including speech therapy) has an annual maximum benefit of \$1,780 per calendar year. Occupational therapy has an annual maximum benefit of \$1,780 per calendar year.		
Durable Medical Equipment, Prosthetic Devices	Aqua, Violet Option 1, Sage	Cost based upon Medicare	Cost based upon Medicare
		Allowable Rates:	Allowable Rates:
		If Tier Cost is:	If Tier Cost is:
		You Pay:	You Pay:
		\$0-\$499	\$0-\$499
		\$500-\$2,999	\$500-\$2,999
		\$3,000 +	\$3,000 +
	Violet Option 2	30% coinsurance	30% coinsurance
Diabetes Self-Monitoring Training**	Aqua, Violet Option 1 & Option 2	\$0	\$0
	Sage		
Diabetic Supplies	Aqua, Violet Option 1, Sage	\$20 for each diabetic supply	\$30 for each diabetic supply
	Violet Option 2	30% coinsurance	30% coinsurance
Clinical/Diagnostic Lab**	Aqua, Violet Option 1	\$0 for Medicare-covered and non-Medicare-covered services	\$20 for Medicare-covered and non-Medicare-covered services

\*\*Additional cost sharing may apply based on place of service

Benefit Category	Health Net Plan Name	In-Network Cost	Out-of-Network Cost		
Clinical/Diagnostic Lab (cont'd)**	Violet Option 2	\$0 for Medicare-covered services and non-Medicare-covered services	\$30 for Medicare-covered and non-Medicare-covered services		
	Sage	\$0 for Medicare-covered services and non-Medicare-covered services	\$20 for Medicare-covered and non-Medicare-covered services \$0 for cholesterol-related lab services		
Radiation Therapy, Outpatient Imaging Services: MRA, MRI, CT, PET**	Aqua, Violet Option 1 & Option 2, Sage	Cost based upon Medicare Allowable Rates: If Tier Cost is: You Pay:	Cost based upon Medicare Allowable Rates: If Tier Cost is: You Pay:		
				\$0-\$499 \$20	\$0-\$499 \$30
				\$500-\$2,999 \$100	\$500-\$2,999 \$150
		\$3,000 + \$600	\$3,000 + \$900		
Outpatient X-Rays	Aqua, Violet Option 1, Sage	\$10 copayment	\$20 copayment		
	Violet Option 2	\$15 copayment	\$30 copayment		
Preventive Services:** Bone Mass Measurement, Colorectal Screening Exams, Immunizations, Mammograms, Pap Smears and Pelvic Exams, Prostate Cancer Screening	Aqua, Violet Option 1 & Option 2, Sage	\$0	\$0		

\*\*Additional cost sharing may apply based on place of service.

<b>Benefit Category</b>	<b>Health Net Plan Name</b>	<b>In-Network Cost</b>	<b>Out-of-Network Cost</b>
Preventive Dental Services	Aqua, Violet Option 1, Sage	\$35 annual deductible 0% coinsurance (Health Net pays 100%) for:	\$35 annual deductible 20% coinsurance of UCR*** (Health Net pays 80%). Member is responsible for the difference between UCR and billed charges
		1 exam every 6 months 2 routine cleanings (adult prophylaxis) every 12 months Bitewing X-rays once every 12 months Panoramic X-rays once every 36 months	1 exam every 6 months 2 routine cleanings (adult prophylaxis) every 12 months Bitewing X-rays once every 12 months Panoramic X-rays once every 36 months
Hearing Services (Medicare-covered)	There is a combined \$500 annual benefit limit for in-network and out-of-network dental services. Multi-year benefit may not be available in subsequent years.		
	Violet Option 2	Not covered	Not covered
Vision Services – Routine	Aqua, Violet Option 1, Sage	\$10	\$20
	Violet Option 2	\$15	\$30
	Aqua, Violet Option 1, Sage	\$10 routine eye exam once every 12 months	\$10 routine eye exam once every 12 months. Health Net will pay \$45 and the member will be responsible for the \$10 copayment and any remaining amount.
	Violet Option 2	\$15 routine eye exam every 12 months	\$30 routine eye exam once every 12 months.

\*\*\*UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

<b>Benefit Category</b>	<b>Health Net Plan Name</b>	<b>In-Network Cost</b>	<b>Out-of-Network Cost</b>
Vision Services – Medicare-covered	Aqua, Violet Option 1, Sage	\$10 copayment per exam	\$20 copayment per exam
	Violet Option 2	\$15 copayment per exam	\$30 copayment per exam
Eyewear – Medicare-covered	Aqua, Violet Option 1, Sage	One pair of glasses or contacts covered after each Medicare covered cataract surgery.	One pair of glasses or contacts covered after each Medicare covered cataract surgery.
	Violet Option 2	One pair of glasses or contacts covered after each Medicare covered cataract surgery.	40% coinsurance. One pair of glasses or contacts covered after each Medicare covered cataract surgery.
Eyewear – Routine	Aqua, Violet Option 1, Sage	\$100 plan benefit amount every 24 months for non-Medicare covered eyewear	\$100 plan benefit amount every 24 months for non-Medicare covered eyewear
	Multi-year benefit may not be available in subsequent years Violet Option 2	Not covered	Not covered
Routine Physical Exams**	Aqua, Violet Option 1 & Option 2, Sage	\$0	\$0
Health/Wellness Education	Aqua, Violet Option 1 & Option 2, Sage	\$0	\$0
Chiropractic, Naturopathic, Acupuncture and Massage Therapy	Aqua, Violet Option 1 & Option 2, Sage	\$15 for chiropractic, naturopathic, and acupuncture \$25 for massage therapy with 9-visit limit	\$15 for chiropractic, naturopathic, and acupuncture \$25 for massage therapy with 9-visit limit
	There is a combined \$500 annual coverage limit for chiropractic, acupuncture, naturopathy and massage therapy. Complementary care services received by an out-of-network must be furnished by a provider qualified to provide the covered benefit and who accepts the Plan's terms and conditions of payment. Members should request that out-of-network providers contact ASH (phone number on ID card) for terms and conditions.		

\*\* Additional cost sharing may apply based on place of service.

**Aqua: Out-of-Pocket Maximum (OPM)** – Health Net provides a “safety net” with Out-of-Pocket maximum spending limits. OPM-covered services received in-network accumulate toward an out-of-pocket maximum “safety net” of \$1,500 for Aqua. Most out-of-network services will have a maximum out-of-pocket of \$3,000 for Aqua.

**Violet Option 1 and Sage: Out-of-Pocket Maximum (OPM)** – Health Net provides a “safety net” with Out-of-Pocket maximum spending limits. OPM-covered services received in-network accumulate toward an out-of-pocket maximum “safety net” of \$1,950 for Violet Option 1 and Sage. Most out-of-network services will have a maximum out-of-pocket of \$3,000 for Violet Option 1 and Sage.

**Violet Option 2: Out-of-Pocket Maximum (OPM)** – Health Net provides a “safety net” with Out-of-Pocket maximum spending limits. OPM-covered services received in-network accumulate toward an out-of-pocket maximum “safety net” of \$3,200 for Violet Option 2. Most out-of-network services will have a maximum out-of-pocket of \$6,200.

After you meet an annual out-of-pocket maximum, Health Net will pay 100% of OPM-covered services within the applicable network. *Exceptions to both in-network and out-of-network OPMs are complementary care, routine vision and routine eyewear, preventive dental and Part D prescription drugs.*

## Health Net Violet Option 1 and Sage Pharmacy Benefit Category

Benefit Category	Retail Pharmacy	Mail Order
Annual Deductible	\$0	\$0
Before total annual prescription drug costs reach \$2,510:	<u>30 day supply</u>	<u>90 day supply</u>
Tier 1 -- Preferred Generic	\$5 copayment for Violet Option 1 \$3 copayment for Sage	\$15 copayment for Violet Option 1 \$9 copayment for Sage
Tier 2 -- Preferred Brand	\$26 copayment	\$78 copayment
Tier 3 -- Non-preferred Brand & Generic	\$52 copayment	\$156 copayment
Tier 4 -- Injectable Drugs	33% coinsurance	33% coinsurance
Tier 5 -- Specialty Injectable Drugs	33% coinsurance	33% coinsurance
After initial coverage limit reaches \$2,510, you pay:	100%	100%
After annual out-of-pocket drug costs reach \$4,050, you pay the greater of:		
Generic or Preferred Brand	\$2.25 or 5%	\$2.25 or 5%
All other drugs	\$5.60 or 5%	\$5.60 or 5%

## Health Net Violet Option 2 Pharmacy Benefit Category

Benefit Category	Retail Pharmacy	Mail Order
Annual Deductible	\$0	\$0
Before total annual prescription drug costs reach \$2,510:	<u>30 day supply</u>	<u>90 day supply</u>
Tier 1 -- Preferred Generic	\$6 copayment	\$12 copayment
Tier 2 -- Preferred Brand	\$32 copayment	\$64 copayment
Tier 3 -- Non-preferred Brand & Generic	\$64 copayment	\$160 copayment
Tier 4 -- Injectable Drugs	33% coinsurance	33% Coinsurance
Tier 5 -- Specialty Injectable Drugs	33% coinsurance	33% Coinsurance
After initial coverage limit reaches \$2,510, you pay:	100%	100%
After annual out-of-pocket drug costs reach \$4,050, you pay the greater of:		
Generic or Preferred Brand	\$2.25 or 5%	\$2.25 or 5%
All other drugs	\$5.60 or 5%	\$5.60 or 5%

**Please note:**

- Medicare Part D prescription drug services do not apply to the health plan annual out-of-pocket maximum (OPM).
- If a Health Net Aqua (MA) member enrolls in a separate, stand-alone prescription drug plan (PDP), the member would be disenrolled from Health Net Aqua. To keep Medicare Advantage-type coverage, an MA plan member may receive Medicare Part D prescription drug benefits by enrolling in a Medicare Advantage Prescription Drug (MAPD) plan.
- You may only enroll in Medicare Advantage plans during certain times of the year. Please call our Member Service Center at the number on the back of this booklet for more information.

## Dental-Vision Optional Coverage

### Member premium: Aqua, Violet Option 1, Sage \$12, Violet Option 2 \$20

	Aqua, Violet Option 1, Sage	Violet Option 2
Dental	<p>In addition to diagnostic and preventive services and other conditions stated and provided in the core dental benefit:</p> <ul style="list-style-type: none"> <li>Restorative services: amalgam or composite resin fillings: one restoration per surface every 3 years</li> <li>20% coinsurance for restorative services from in-network providers.</li> <li>20% coinsurance of UCR*** for restorative services from out-of-network providers. (Health Net pays 80%). Member is responsible for the difference between UCR and billed charges</li> </ul> <p>In addition to the core benefit allowance of \$500, there is an added \$500 allowance for the annual benefit limit for in-network and out-of-network providers for diagnostic, preventive and restorative dental services.</p> <p>Multi-year benefit may not be available in subsequent years.</p>	<p>\$35 annual deductible</p> <p>0% coinsurance (Health Net pays 100%) for diagnostic and preventive services received from network providers. 20% coinsurance (Health Net pays 80%) for restorative services received from network providers.</p> <p>20% coinsurance of UCR*** for diagnostic, preventive and restorative services from non-network providers. (Health Net pays 80%). Member is responsible for the difference between UCR and billed charges.</p> <ul style="list-style-type: none"> <li>1 exam every 6 months</li> <li>2 routine cleanings (adult prophylaxis) every 12 months</li> <li>Bitewing X-rays once every 12 months</li> <li>Panoramic X-rays once every 36 months</li> <li>Restorative services: amalgam or composite resin fillings: 1 restoration per surface every 3 years.</li> </ul> <p>There is a combined \$1,000 annual benefit limit for in-network and out-of-network dental services.</p> <p>Multi-year benefit may not be available in subsequent years.</p>
Eyewear	<p>Multi-year benefit may not be available in subsequent years.</p> <p>In addition to the core benefit allowance of \$100, there is an added \$150 allowance every 24 months for non-Medicare-covered eyewear from in-network and out-of-network providers.</p>	<p>\$250 plan benefit every 24 months for non-Medicare covered eyewear from in-network and out-of-network providers.</p> <p>Multi-year benefit may not be available in subsequent years</p>

\*\*\*UCR: Usual, Customary and Reasonable means the maximum allowable amount for a dental service based on fees usually charged by providers for that service in the same geographic area.

**Notes:**

For more information, please contact us at:

Health Net Medicare Advantage  
13221 SW 68<sup>th</sup> Parkway, Suite 200  
Tigard, OR 97223

If you have questions call our Member Service Center at 1-888-445-8913, (TTY 1-800-929-9955), 8:00 a.m. to 8:00 p.m., seven days a week.

Health Net Life Insurance Company is a 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, limits and restrictions may apply. Medicare beneficiaries can only enroll in these plans during certain times of the year. Plan benefits and cost sharing may vary by plan and region.

In-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net and who accept Medicare. Prior authorization from Health Net is required for some in-network services. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers. Health Net will reimburse members for mandatory supplemental services received in or out-of-network as long as the services are medically necessary. Members do not need a referral if they are going to see an out-of-network provider.

The Medicare Prescription Drug Benefit is only available to members who enroll in a Health Net Medicare Advantage with Part D (MA-PD) plan. Beneficiaries enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that plan.

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, your State Medicaid Office, or the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.

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