

**Health Net Health Plan of Oregon, Inc. Medicare Supplement Rates**  
**Medicare Supplement Premiums Effective 1/1/2012**  
**Plan A**

County	Region	Age									
		67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
BENTON	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
CLACKAMAS	1	\$78	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
CLATSOP	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
COLUMBIA	1	\$78	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
COOS	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
CROOK	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
CURRY	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
DESCHUTES	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
DOUGLAS	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
GILLIAM	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
GRANT	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
HARNEY	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
HOOD RIVER	1	\$78	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
JACKSON	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
JEFFERSON	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
JOSEPHINE	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
KLAMATH	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
LAKE	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
LANE	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
LINCOLN	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
LINN	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
MALHEUR	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
MARION	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
MORROW	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
MULTNOMAH	1	\$78	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
POLK	2	\$82	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
SHERMAN	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
TILLAMOOK	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
UMATILLA	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
UNION	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
WALLOWA	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
WASCO	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
WASHINGTON	1	\$78	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
WHEELER	3	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
YAMHILL	1	\$78	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
Out-Of-Area	4	\$83	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166



Health Net®

**Health Net Health Plan of Oregon, Inc.  
Medicare Supplemental Plan A  
Supplemental Plan A Benefit Schedule MCSUPRA/12**

<b>Medicare Part A Services</b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Hospitalization<sup>(1)</sup>:</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,156	0	\$1,156 <sup>(2)</sup>
	61 <sup>st</sup> – 90 <sup>th</sup> days	All but \$289 a day	\$289 a day	0
	After 90 <sup>th</sup> day: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	0
	Once lifetime reserve days are used: Additional 365 days	0	100% of Medicare eligible expenses	0 <sup>(3)</sup>
	Beyond the additional 365 days	0	0	All costs
<b>Skilled Nursing Facility Care<sup>(1)</sup>:</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	0	0
	21 <sup>st</sup> – 100 <sup>th</sup> days	All but \$144.50 a day	0	Up to \$144.50 a day
	Beyond 100 <sup>th</sup> day	0	0	All costs
<b>Blood</b>	First three pints	0	Three pints	0
	Additional amounts	100%	0	0
<b>Hospice Care<sup>(1)</sup>:</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Hospice care	All but very limited coinsurance for outpatient drugs and inpatient respite care	Remainder of Medicare-approved amounts	0

<sup>(1)</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any facility for 60 days in a row.

<sup>(2)</sup> \$1,156 is the 2012 Medicare Part A deductible.

<sup>(3)</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, Health Net Oregon will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**This schedule presents general information only and does not include all benefits, details and exclusions.**

Health Net Health Plan of Oregon, Inc. • 888-802-7001 • service@healthnet.com • www.healthnet.com

## Health Net Oregon Medicare Supplemental Plan A Benefit Schedule MCSUPRA/12

<b>Medicare Part B Services</b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical expenses:</b> In or out of the hospital and outpatient hospital services such as physician services; inpatient and outpatient medical and surgical services and supplies; physical and speech therapy, diagnostic tests; durable medical equipment	First \$140 of Medicare-approved amounts <sup>(4)</sup>	0	0	\$140 <sup>(4)</sup>
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
	Part B Excess Charges (above Medicare-approved amounts)	0	0	All costs
<b>Blood<sup>(4)</sup></b>	First three pints	0	All costs	0
	Next \$140 of Medicare-approved amounts <sup>(4)</sup>	0	0	\$140 <sup>(4)</sup>
	Remainder of Medicare-approved amounts	80%	20%	0
<b>Clinical laboratory services — blood tests</b>	Blood tests for diagnostic services	100%	0	0
<b>Medicare Parts A &amp; B Services</b>				
<b>Home health care:</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	0	0
	Durable medical equipment: First \$140 of Medicare-approved amounts <sup>(4)</sup>	0	0	\$140 <sup>(4)</sup>
	Remainder of Medicare-approved amounts	80%	20%	0%

<sup>(4)</sup> \$140 is the 2012 Medicare Part B deductible.

**This schedule presents general information only and does not include all benefits, details and exclusions.**

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**Health Net Health Plan of Oregon, Inc. Medicare Supplement Rates**  
**Medicare Supplement Premiums Effective 1/1/2012**  
**Plan F**

County	Region	Age									
		67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
BENTON	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
CLACKAMAS	1	\$111	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
CLATSOP	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
COLUMBIA	1	\$111	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
COOS	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
CROOK	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
CURRY	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
DESCHUTES	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
DOUGLAS	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
GILLIAM	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
GRANT	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
HARNEY	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
HOOD RIVER	1	\$111	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
JACKSON	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
JEFFERSON	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
JOSEPHINE	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
KLAMATH	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
LAKE	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
LANE	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
LINCOLN	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
LINN	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
MALHEUR	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
MARION	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
MORROW	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
MULTNOMAH	1	\$111	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
POLK	2	\$117	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
SHERMAN	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
TILLAMOOK	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
UMATILLA	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
UNION	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
WALLOWA	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
WASCO	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
WASHINGTON	1	\$111	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
WHEELER	3	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
YAMHILL	1	\$111	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
Out-Of-Area	4	\$119	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237



Health Net®

**Health Net Health Plan of Oregon, Inc.  
Medicare Supplemental Plan F**

**Supplemental Plan F Benefit Schedule MCSUPRF/12**

**Medicare Part A Services**

Services	Benefit	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization<sup>(1)</sup>:</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,156	\$1,156 <sup>(2)</sup>	0
	61 <sup>st</sup> – 90 <sup>th</sup> days	All but \$289 a day	\$289 a day	0
	After 90 <sup>th</sup> day: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	0
	Once lifetime reserve days are used: Additional 365 days	0	100% of Medicare eligible expenses	0 <sup>(3)</sup>
	Beyond the additional 365 days	0	0	All costs
<b>Skilled Nursing Facility Care<sup>(1)</sup>:</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	0	0
	21 <sup>st</sup> – 100 <sup>th</sup> days	All but \$144.50 a day	Up to \$144.50 a day	0
	Beyond 100 <sup>th</sup> day	0	0	All costs
<b>Blood</b>	First three pints	0	Three pints	0
	Additional amounts	100%	0	0
<b>Hospice Care<sup>(1)</sup>:</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Hospice care	All but very limited coinsurance for outpatient drugs and inpatient respite care	Remainder of Medicare-approved amounts	0

<sup>(1)</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any facility for 60 days in a row.

<sup>(2)</sup> \$1,156 is the 2012 Medicare Part A deductible.

<sup>(3)</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, Health Net Oregon will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**This schedule presents general information only and does not include all benefits, details and exclusions.**

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**Health Net Oregon Medicare Supplemental Plan F Benefit Schedule MCSUPRF/12**

<b>Medicare Part B Services</b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical expenses:</b> In or out of the hospital and outpatient hospital services such as physician services; inpatient and outpatient medical and surgical services and supplies; physical and speech therapy, diagnostic tests; durable medical equipment	First \$140 of Medicare-approved amounts <sup>(4)</sup>	0	\$140 <sup>(4)</sup>	0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
	Part B Excess Charges (above Medicare-approved amounts)	0	100%	0
<b>Blood<sup>(4)</sup></b>	First three pints	0	All costs	0
	Next \$140 of Medicare-approved amounts <sup>(4)</sup>	0	\$140 <sup>(4)</sup>	0
	Remainder of Medicare-approved amounts	80%	20%	0
<b>Clinical laboratory services — blood tests</b>	Blood tests for diagnostic services	100%	0	0
<b>Medicare Parts A &amp; B Services</b>				
<b>Home health care:</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	0	0
	Durable medical equipment: First \$140 of Medicare-approved amounts <sup>(4)</sup>	0	\$140 <sup>(4)</sup>	0
	Remainder of Medicare-approved amounts	80%	20%	0%

<sup>(4)</sup> \$140 is the 2012 Medicare Part B Deductible.

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**Health Net Oregon Medicare Supplemental Plan F Benefit Schedule MCSUPRF/12**

<b>Other Services (Not covered by Medicare)</b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Foreign travel – not covered by Medicare:</b> medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	First \$250 each calendar year	0	0	\$250
	Remainder of Medicare-approved amounts	0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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**Health Net Health Plan of Oregon, Inc. Medicare Supplement Rates**  
**Medicare Supplement Premiums Effective 1/1/2012**  
**Plan F with High Deductible**

County	Region	Age									
		67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
BENTON	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
CLACKAMAS	1	\$46	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
CLATSOP	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
COLUMBIA	1	\$46	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
COOS	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
CROOK	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
CURRY	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
DESCHUTES	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
DOUGLAS	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
GILLIAM	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
GRANT	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
HARNEY	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
HOOD RIVER	1	\$46	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
JACKSON	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
JEFFERSON	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
JOSEPHINE	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
KLAMATH	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
LAKE	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
LANE	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
LINCOLN	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
LINN	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
MALHEUR	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
MARION	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
MORROW	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
MULTNOMAH	1	\$46	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
POLK	2	\$48	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
SHERMAN	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
TILLAMOOK	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
UMATILLA	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
UNION	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
WALLOWA	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
WASCO	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
WASHINGTON	1	\$46	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
WHEELER	3	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
YAMHILL	1	\$46	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
Out-Of-Area	4	\$49	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98



Health Net®

**Health Net Health Plan of Oregon, Inc.**  
**Medicare Supplemental Plan F with High Deductible**  
**Supplemental Plan F with High Deductible Benefit Schedule MCSUPRFH/12**

**Medicare Part A Services <sup>(4)</sup>**

Services	Benefit	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization <sup>(1)</sup>:</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,156	\$1,156 <sup>(2)</sup>	0
	61 <sup>st</sup> – 90 <sup>th</sup> days	All but \$289 a day	\$289 a day	0
	After 90 <sup>th</sup> day: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	0
	Once lifetime reserve days are used: Additional 365 days	0	100% of Medicare eligible expenses	0 <sup>(3)</sup>
	Beyond the additional 365 days	0	0	All costs
<b>Skilled Nursing Facility Care <sup>(1)</sup>:</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	0	0
	21 <sup>st</sup> – 100 <sup>th</sup> days	All but \$144.50 a day	Up to \$144.50 a day	0
	Beyond 100 <sup>th</sup> day	0	0	All costs
<b>Blood</b>	First three pints	0	Three pints	0
	Additional amounts	100%	0	0
<b>Hospice Care <sup>(1)</sup>:</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Hospice care	All but very limited coinsurance for outpatient drugs and inpatient respite care	Remainder of Medicare-approved amounts	0

<sup>(1)</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any facility for 60 days in a row.

<sup>(2)</sup> \$1,156 is the 2012 Medicare Part A deductible.

<sup>(3)</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, Health Net Oregon will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

<sup>(4)</sup> **NOTICE: You must meet a \$2,070 deductible each calendar year before the plan pays any claims. This deductible is in addition to any other specific benefit deductibles.**

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<b>Medicare Part B Services <sup>(4)</sup></b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical expenses:</b> In or out of the hospital and outpatient hospital services such as physician services; inpatient and outpatient medical and surgical services and supplies; physical and speech therapy, diagnostic tests; durable medical equipment	First \$140 of Medicare-approved amounts <sup>(5)</sup>	0	\$140 <sup>(5)</sup>	0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
	Part B Excess Charges (above Medicare-approved amounts)	0	100%	0
<b>Blood<sup>(5)</sup></b>	First three pints	0	All costs	0
	Next \$140 of Medicare-approved amounts <sup>(5)</sup>	0	\$140 <sup>(5)</sup>	0
	Remainder of Medicare-approved amounts	80%	20%	0
<b>Clinical laboratory services — blood tests</b>	Blood tests for diagnostic services	100%	0	0
<b>Medicare Parts A &amp; B Services <sup>(4)</sup></b>				
<b>Home health care:</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	0	0
	Durable medical equipment: First \$140 of Medicare-approved amounts <sup>(5)</sup>	0	\$140 <sup>(5)</sup>	0
	Remainder of Medicare-approved amounts	80%	20%	0%

<sup>(4)</sup> **NOTICE: You must meet a \$2,070 deductible each calendar year before the plan pays any claims. This deductible is in addition to any other specific benefit deductibles.**

<sup>(5)</sup> \$140 is the 2012 Medicare Part B Deductible.

**This schedule presents general information only and does not include all benefits, details and exclusions.**

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<b>Other Services (Not covered by Medicare) <sup>(4)</sup></b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Foreign travel – not covered by Medicare:</b> medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	First \$250 each calendar year	0	0	\$250
	Remainder of Medicare-approved amounts	0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

<sup>(4)</sup> **NOTICE: You must meet a \$2,070 deductible each calendar year before the plan pays any claims. This deductible is in addition to any other specific benefit deductibles.**

**This schedule presents general information only and does not include all benefits, details and exclusions.**

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**Health Net Health Plan of Oregon, Inc. Medicare Supplement Rates**  
**Medicare Supplement Premiums Effective 1/1/2012**  
**Plan K**

County	Region	Age									
		67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
BENTON	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
CLACKAMAS	1	\$59	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
CLATSOP	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
COLUMBIA	1	\$59	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
COOS	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
CROOK	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
CURRY	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
DESCHUTES	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
DOUGLAS	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
GILLIAM	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
GRANT	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
HARNEY	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
HOOD RIVER	1	\$59	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
JACKSON	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
JEFFERSON	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
JOSEPHINE	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
KLAMATH	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
LAKE	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
LANE	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
LINCOLN	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
LINN	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
MALHEUR	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
MARION	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
MORROW	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
MULTNOMAH	1	\$59	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
POLK	2	\$62	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
SHERMAN	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
TILLAMOOK	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
UMATILLA	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
UNION	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
WALLOWA	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
WASCO	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
WASHINGTON	1	\$59	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
WHEELER	3	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
YAMHILL	1	\$59	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
Out-Of-Area	4	\$63	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126



Health Net®

**Health Net Health Plan of Oregon, Inc.  
Medicare Supplemental Plan K**

**Supplemental Plan K Benefit Schedule MCSUPRK/12**

**Medicare Part A Services**

Services	Benefit	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization<sup>(1)</sup>:</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,156 <sup>(2)</sup>	\$578	\$578 until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>
	61 <sup>st</sup> – 90 <sup>th</sup> days	All but \$289 a day	\$289 a day	0
	After 90 <sup>th</sup> day: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	0
	Once lifetime reserve days are used: Additional 365 days	0	100% of Medicare eligible expenses	0 <sup>(3)</sup>
	Beyond the additional 365 days	0	0	All costs
<b>Skilled Nursing Facility Care<sup>(1)</sup>:</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	0	0
	21 <sup>st</sup> – 100 <sup>th</sup> days	All but \$144.50 a day	Up to \$72.25 a day	\$72.25 a day until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>
	Beyond 100 <sup>th</sup> day	0	0	All costs

<sup>(1)</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any facility for 60 days in a row.

<sup>(2)</sup> \$1,156 is the 2012 Medicare Part A deductible.

<sup>(3)</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, Health Net Oregon will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

<sup>(4)</sup> After you have reached the **out-of-pocket limitation of \$4,660** on annual expenditures under Medicare Parts A and B, Plan K will provide coverage of one hundred percent (100%) of all cost sharing for the balance of the calendar year.

**This schedule presents general information only and does not include all benefits, details and exclusions.**

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**Health Net Oregon Medicare Supplemental Plan K Benefit Schedule MCSUPRK/12**

<b>Medicare Part B Services</b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Blood</b>	First three pints	0	50%	50% until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>
	Additional amounts	100%	0	0
<b>Hospice Care<sup>(1)</sup>:</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Hospice care	All but very limited coinsurance for outpatient drugs and inpatient respite care	50%	50% until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>
<b>Medical expenses:</b> In or out of the hospital and outpatient hospital services such as physician services; inpatient and outpatient medical and surgical services and supplies; physical and speech therapy, diagnostic tests; durable medical equipment	First \$140 of Medicare-approved amounts <sup>(5)</sup>	0	0	\$140 until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4) (5)</sup>
	Remainder of Medicare-approved amounts	Generally 80%	10%	10% until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>
	Part B Excess Charges (above Medicare-approved amounts)	0	0	100% Does not count toward annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>

<sup>(1)</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any facility for 60 days in a row.

<sup>(4)</sup> After you have reached the **out-of-pocket limitation of \$4,660** on annual expenditures under Medicare Parts A and B, Plan K will provide coverage of one hundred percent (100%) of all cost sharing for the balance of the calendar year.

<sup>(5)</sup> \$140 is the 2012 Medicare Part B Deductible.

**Health Net Oregon Medicare Supplemental Plan K Benefit Schedule MCSUPRK/12**

**Medicare Part B Services continued**

<b>Preventive medical care – covered by Medicare</b>	Medicare-approved preventive care	100%	0	0
<b>Blood<sup>(5)</sup></b>	First three pints	0	50%	50% until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>
	Next \$140 of Medicare-approved amounts <sup>(5)</sup>	0	0	\$140 until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4) (5)</sup>
	Remainder of Medicare-approved amounts	80%	10%	10% until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>
<b>Clinical laboratory services — blood tests</b>	Blood tests for diagnostic services	100%	0	0

**Medicare Parts A & B Services**

<b>Home health care:</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	0	0
	Durable medical equipment: First \$140 of Medicare-approved amounts <sup>(5)</sup>	0	0	\$140 until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4) (5)</sup>
	Remainder of Medicare-approved amounts	80%	10%	10% until you reach the annual out-of-pocket limitation of \$4,660 <sup>(4)</sup>

<sup>(4)</sup> After you have reached the **out-of-pocket limitation of \$4,660** on annual expenditures under Medicare Parts A and B, Plan K will provide coverage of one hundred percent (100%) of all cost sharing for the balance of the calendar year.

<sup>(5)</sup> \$140 is the 2012 Medicare Part B Deductible.

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**Health Net Health Plan of Oregon, Inc. Medicare Supplement Rates**  
**Medicare Supplement Premiums Effective 1/1/2012**  
**Plan M**

County	Region	Age									
		67 or less	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
BENTON	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
CLACKAMAS	1	\$94	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
CLATSOP	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
COLUMBIA	1	\$94	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
COOS	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
CROOK	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
CURRY	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
DESCHUTES	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
DOUGLAS	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
GILLIAM	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
GRANT	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
HARNEY	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
HOOD RIVER	1	\$94	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
JACKSON	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
JEFFERSON	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
JOSEPHINE	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
KLAMATH	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
LAKE	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
LANE	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
LINCOLN	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
LINN	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
MALHEUR	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
MARION	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
MORROW	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
MULTNOMAH	1	\$94	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
POLK	2	\$98	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
SHERMAN	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
TILLAMOOK	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
UMATILLA	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
UNION	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
WALLOWA	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
WASCO	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
WASHINGTON	1	\$94	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
WHEELER	3	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
YAMHILL	1	\$94	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
Out-Of-Area	4	\$100	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199



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**Health Net Health Plan of Oregon, Inc.  
Medicare Supplemental Plan M**

**Supplemental Plan M Benefit Schedule MCSUPRM/12**

**Medicare Part A Services**

Services	Benefit	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization<sup>(1)</sup>:</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,156 <sup>(2)</sup>	\$578	\$578
	61 <sup>st</sup> – 90 <sup>th</sup> days	All but \$289 a day	\$289 a day	0
	After 90 <sup>th</sup> day: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	0
	Once lifetime reserve days are used: Additional 365 days	0	100% of Medicare eligible expenses	0 <sup>(3)</sup>
	Beyond the additional 365 days	0	0	All costs
<b>Skilled Nursing Facility Care<sup>(1)</sup>:</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	0	0
	21 <sup>st</sup> – 100 <sup>th</sup> days	All but \$144.50 a day	Up to \$144.50 a day	0
	Beyond 100 <sup>th</sup> day	0	0	All costs
<b>Blood</b>	First three pints	0	Three pints	0
	Additional amounts	100%	0	0
<b>Hospice Care<sup>(1)</sup>:</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Hospice care	All but very limited coinsurance for outpatient drugs and inpatient respite care	Remainder of Medicare-approved amounts	0

<sup>(1)</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any facility for 60 days in a row.

<sup>(2)</sup> \$1,156 is the 2012 Medicare Part A deductible.

<sup>(3)</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, Health Net Oregon will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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**Health Net Oregon Medicare Supplemental Plan M Benefit Schedule MCSUPRM/12**

<b>Medicare Part B Services</b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical expenses:</b> In or out of the hospital and outpatient hospital services such as physician services; inpatient and outpatient medical and surgical services and supplies; physical and speech therapy, diagnostic tests; durable medical equipment	First \$140 of Medicare-approved amounts <sup>(4)</sup>	0	0	\$140 <sup>(4)</sup>
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
	Part B Excess Charges (above Medicare-approved amounts)	0	0	100%
<b>Blood<sup>(4)</sup></b>	First three pints	0	All costs	0
	Next \$140 of Medicare-approved amounts <sup>(4)</sup>	0	0	\$140 <sup>(4)</sup>
	Remainder of Medicare-approved amounts	80%	20%	0
<b>Clinical laboratory services — blood tests</b>	Blood tests for diagnostic services	100%	0	0
<b>Medicare Parts A &amp; B Services</b>				
<b>Home health care:</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	0	0
	Durable medical equipment: First \$140 of Medicare-approved amounts <sup>(4)</sup>	0	0	\$140 <sup>(4)</sup>
	Remainder of Medicare-approved amounts	80%	20%	0%

<sup>(4)</sup> \$140 is the 2012 Medicare Part B Deductible.

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**Health Net Oregon Medicare Supplemental Plan M Benefit Schedule MCSUPRM/12**

<b>Other Services (Not covered by Medicare)</b>				
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Foreign travel – not covered by Medicare:</b> medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	First \$250 each calendar year	0	0	\$250
	Remainder of Medicare-approved amounts	0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**This schedule presents general information only and does not include all benefits, details and exclusions.**

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