Health Net®
MEDICARE PROGRAMS

# 2010 HEALTH NET RUBY 1 (HMO), RUBY 3 (HMO) AND RUBY 4 (HMO)

Cochise, Pima and Santa Cruz Counties, Arizona

| BENEFITS | RUBY 1 (HMO) | RUBY 3 (HMO) | RUBY 4 (HMO) |
|---|---|---|---|
| **Monthly Plan Premium** | $36 | $59 | $0 |
| **Annual Deductible**[1] | $0 | $0 | $265 |
| **Annual Out-of-Pocket Maximum**[2] | $3,400 | $3,400 | $3,400 |
| **Inpatient Hospital** *(per admission)* | $200/day, days 1-10 | $695 | $200/day, days 1-10 |
| **Skilled Nursing Care** *(covered for 100 days per benefit period)*[3] | $0/day, days 1-15; $100/day, days 16-100 | $0/day, days 1-20; $100/day, days 21-100 | $0/day, days 1-10; $100/day, days 11-100 |
| **Primary Care Physician (PCP) Office Visit** | $10 per visit | $5 per visit | $15 per visit |
| **Specialist Office Visit** | $40 per visit | $35 per visit | $45 per visit |
| **Outpatient Hospital** *(per visit)* | $0 non-surgical; $200 surgery | $0 non-surgical; $200 surgery | $0 non-surgical; $200 surgery |
| **Physical/Occupational/Speech Therapy & Cardiac Rehab** | $30 per visit | $25 per visit | $35 per visit |
| **Ambulance** | $300 per one-way trip | $250 per one-way trip | $300 per one-way trip |
| **Emergency Care** *(worldwide coverage)* | $50 per visit | $50 per visit | $50 per visit |
| **Urgent Care** | $40 per visit | $35 per visit | $45 per visit |
| **Durable Medical Equipment/ Prosthetics/Medical Supplies**[4] | 20% per item | 20% per item | 20% per item |
| **Dialysis**[4] | 20% per visit | 20% per visit | 20% per visit |
| **Diabetic Supplies** | $0 per item | $0 per item | $0 per item |
| **Clinical/Diagnostic Lab** *(blood draw, PSA test)* | $10 per visit | $0 per visit | $10 per visit |
| **X-rays/Radiology** *(per visit)* | $25 - $200 | $25 - $200 | $25 - $200 |
| **Radiation Therapy**[4] | 20% per visit | 20% per visit | 20% per visit |
| **Preventive/Comprehensive Dental** | N/A | Covered up to $1,000 per year | N/A |
| **Routine Vision** | N/A | $10 eye exam; $100 eyewear allowance every 2 years* | N/A |
| **Hearing Test/Hearing Aids** | N/A | $35 routine hearing test; Up to a $500 hearing aid allowance every 2 years* | N/A |
| **Routine Annual Physical** *(office visit copayment may apply)* | $0 per visit | $0 per visit | $0 per visit |
| **Health Club Membership** *(at contracted facilities)* | $0 | $0 | $0 |

This plan is an HMO with network provider limitations, and certain services may require a referral/authorization. If you obtain routine care from out-of-plan providers, neither Medicare nor Health Net will be responsible for the costs.

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| BENEFITS | RUBY 1 (HMO) | RUBY 3 (HMO) | RUBY 4 (HMO) |
|---|---|---|---|
| **Prescription Drugs**[5] | | | |
| Part D Deductible | $0 | $0 | $0 |
| **Tier 1:** Preferred Generic - Retail (up to a 30-day supply) | $6 | $5 | $7 |
| Preferred Generic - Mail Order (up to a 90-day supply) | $12 | $10 | $14 |
| **Tier 2:** Preferred Brand - Retail (up to a 30-day supply) | $42 | $42 | $41 |
| Preferred Brand - Mail Order (up to a 90-day supply) | $84 | $84 | $82 |
| **Tier 3:** Non-preferred - Retail (up to a 30-day supply) | $84 | $84 | $82 |
| Non-preferred - Mail Order (up to a 90-day supply) | $210 | $210 | $205 |
| **Initial Coverage Limit**[6] | $2,830 | $2,830 | $2,830 |
| **Medicare Part B Drugs** *(includes chemotherapy drugs)*[4] | 20% | 20% | 20% |

FOR COMPLETE DETAILS, CALL A HEALTH NET SALES REPRESENTATIVE:

**1-800-892-2041**

For the hearing impaired:

**TTY 1-800-977-6757**

8:00 a.m. - 8:00 p.m., 7 days a week
or contact your personal broker

*Health Net is a proud sponsor of the Start! movement in Arizona.*

*Multi-year benefit may not be available in subsequent years.

[1] Applies to Medicare Part A & B covered services except PCP office visits and preventive care.

[2] Deductible counts toward the annual out-of-pocket maximum. Part D copayments and coinsurances do not count toward the annual out-of-pocket maximum.

[3] A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

[4] Coinsurance based on Health Net contracted rates.

[5] Health Net uses a formulary, which is subject to change. If you are already enrolled in an MA-PD plan, you must receive your Medicare Prescription Drug Benefit through that plan and you may not enroll in a stand-alone Prescription Drug 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) 24 hours a day/7 days a week (TTY/TDD users should call 1-877-486-2048); 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); or your state Medicaid office.

[6] Initial Coverage Limit (ICL) is calculated by adding payments made by Health Net and by you. Once the ICL is reached, you are responsible for 100% of your Part D drug costs until your total out-of-pocket Part D drug costs reach $4,550. Any unused portion of this benefit cannot be carried over from one calendar year to the next.

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