

HEALTH NET
ORANGE
Prescription Drug Plan

SUMMARY OF BENEFITS 2006

California

Benefits effective January 1, 2006

(S5678) PDP Option 1: 2 Tier

(S5678) PDP Option 2: 3 Tier

HEALTH NET A *better* DECISIONSM



Health Net[®]
MEDICARE PROGRAMS

INTRODUCTION TO THE SUMMARY OF BENEFITS FOR HEALTH NET ORANGE

January 1, 2006 – December 31, 2006

Thank you for your interest in Health Net Orange. Our plan is offered by Health Net Life Insurance Company/Health Net of New York, a Medicare Prescription Drug Plan that contracts with Medicare. 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 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: California. You must live in one of these states to join this plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one and wish to switch to another, 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 that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain

times of the year.

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. Health Net Orange may 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 copayment or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescriptions.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

DO YOU COVER MEDICARE PART B OR PART D DRUGS?

We do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

DOES MY PLAN HAVE A PRESCRIPTION DRUG FORMULARY?

Health Net Orange uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a service that your plan 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. If you have questions concerning our MTM Program, please contact our Customer Service number listed at the end of this section.

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 and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy

without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more, based on any past or present health problems. 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 DRUG PLAN COSTS?

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription drug plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you have enrolled in Health Net Orange, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-MEDICARE to see if you might qualify.

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 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 prescription drug coverage in your area.

If Health Net Orange ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary is not a preferred drug, or is subject to additional utilization rules, you may ask us to make a coverage exception.

Please call Health Net Orange for more information about this plan.

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday,
Friday, 8:00 a.m. to 5:00 p.m., TTY/TDD
8:00 a.m. to 12:00 p.m. and 1:00 p.m. to
5:00 p.m., Pacific, except holidays.

Current members should call 1-800-806-8811.
(TTY/TDD 1-800-929-9955)

Prospective members should call
1-800-865-9431.
(TTY/TDD 1-800-929-9955)

For more information about Medicare, call
1-800-MEDICARE (1-800-633-4227).
TTY/TDD users should call 1-877-486-2048.
You can call 24 hours a day, 7 days a week.
Or visit www.medicare.gov.

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

SUMMARY OF BENEFITS

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE	HEALTH NET ORANGE
<p>32</p>		<p>You pay \$17.65 each month for your Medicare Part D prescription benefits.</p>	<p>You pay \$21.99 each month for your Medicare Part D prescription benefits.</p>
<p>Outpatient Prescription Drugs</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.healthnet.com on the web.</p> <p>People who have low incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>There is no deductible.</p> <p>Before the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> • \$5 for a one-month (30 day) supply of Generic - Generic drugs you get at an in-network preferred pharmacy. 	<p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.healthnet.com on the web.</p> <p>People who have low incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>There is no deductible.</p> <p>Before the total yearly drug costs (paid by both you and your plan) reach \$2,000, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> • \$5 for a one-month (30 day) supply of Generic - Generic drugs you get at an in-network preferred pharmacy.

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

BENEFIT

ORIGINAL MEDICARE

HEALTH NET ORANGE

HEALTH NET ORANGE

- | BENEFIT | ORIGINAL MEDICARE | HEALTH NET ORANGE | HEALTH NET ORANGE |
|---------|-------------------|--|--|
| | | <ul style="list-style-type: none"> • \$35 for a one-month (30 day) supply of Preferred Brand - Preferred Brand drugs you get at an in-network preferred pharmacy. • 25% coinsurance for a one-month (30 day) supply of Injectables - Generic and Brand drugs you get at an in-network preferred pharmacy. • 25% coinsurance for a one-month (30 day) supply of Specialty - Generic and Brand drugs you get at an in-network preferred pharmacy. • \$15 for a three-month (90 day) supply of Generic - Generic drugs you get at an in-network preferred pharmacy. • \$105 for a three-month (90 day) supply of Preferred Brand - Preferred Brand drugs you get at an in-network preferred pharmacy. • 25% coinsurance for a three-month (90 day) supply of Injectables - Generic and Brand drugs you get at an in-network preferred pharmacy. | <ul style="list-style-type: none"> • \$26 for a one-month (30 day) supply of Preferred Brand - Preferred Brand drugs you get at an in-network preferred pharmacy. • \$53 for a one-month (30 day) supply of Non-preferred - Generic and Brand drugs you get at an in-network preferred pharmacy. • 25% coinsurance for a one-month (30 day) supply of Injectables - Generic and Brand drugs you get at an in-network preferred pharmacy. • 25% coinsurance for a one-month (30 day) supply of Specialty - Generic and Brand drugs you get at an in-network preferred pharmacy. • \$15 for a three-month (90 day) supply of Generic - Generic drugs you get at an in-network preferred pharmacy. • \$78 for a three-month (90 day) supply of Preferred Brand - Preferred Brand drugs you get at an in-network preferred pharmacy. |

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BENEFIT

ORIGINAL MEDICARE

HEALTH NET ORANGE

HEALTH NET ORANGE

- | BENEFIT | ORIGINAL MEDICARE | HEALTH NET ORANGE | HEALTH NET ORANGE |
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- \$2 for generic or a preferred brand drug that is a multi-source drug and \$5 for all other drugs, or

- 5% coinsurance.

Certain prescription drugs will have maximum quantity limits. Contact plan for details.

Your provider must get prior authorization from Health Net Orange for certain prescription drugs. Contact plan for details.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the Plan's service area where there is no network pharmacy.

- \$5 for a one-month (30 day) supply of Generic – Generic drugs you get at an out-of-network pharmacy.
- \$35 for a one-month (30 day) supply of Preferred Brand - Preferred Brand drugs you get at an out-of-network pharmacy.

- 25% coinsurance for a three-month (90 day) supply of Specialty - Generic and Brand drugs you get at an in-network non-preferred pharmacy.

- \$10 for a three-month (90 day) supply of mail order Generic - Generic drugs

- \$52 for a three-month (90 day) supply of mail order Preferred Brand - Preferred Brand drugs

- \$133 for a three-month (90 day) supply of mail order Non-preferred - Generic and Brand drugs

After the total yearly drug costs (paid by both you and your plan) reach \$2,000, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3,600.

After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:

- \$2 for generic or a preferred brand drug that is a multi-source drug and \$5 for all other drugs, or
- 5% coinsurance.

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- 25% coinsurance for a one-month (30 day) supply of Injectables - Generic and Brand drugs you get at an out-of-network pharmacy.
- 25% coinsurance for a one-month (30 day) supply of Specialty - Generic and Brand drugs you get at an out-of-network pharmacy.
- \$15 for a three-month (90 day) supply of Generic – Generic drugs you get at an out-of-network pharmacy.
- \$105 for a three-month (90 day) supply of Preferred Brand - Preferred Brand drugs you get at an out-of-network pharmacy.
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- 25% coinsurance for a three-month (90 day) supply of Specialty - Generic and Brand drugs you get at an out-of-network pharmacy.

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- \$5 for a one-month (30 day) supply of Generic – Generic drugs you get at an out-of-network pharmacy.
- \$26 for a one-month (30 day) supply of Preferred Brand - Preferred Brand drugs you get at an out-of-network pharmacy.
- \$53 for a one-month (30 day) supply of Non-preferred - Generic and Brand drugs you get at an out-of-network pharmacy.
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See page 10 for additional information about Outpatient Prescription Drugs.

- 25% coinsurance for a one-month (30 day) supply of Specialty - Generic and Brand drugs you get at an out-of-network pharmacy.
- \$15 for a three-month (90 day) supply of Generic – Generic drugs you get at an out-of-network pharmacy.
- \$78 for a three-month (90 day) supply of Preferred Brand - Preferred Brand drugs you get at an out-of-network pharmacy.
- \$159 for a three-month (90 day) supply of Non-preferred - Generic and Brand drugs you get at an out-of-network pharmacy.
- 25% coinsurance for a three-month (90 day) supply of Injectables - Generic and Brand drugs you get at an out-of-network pharmacy.
- 25% coinsurance for a three-month (90 day) supply of Specialty - Generic and Brand drugs you get at an out-of-network pharmacy.

See page 10 for additional information about Outpatient Prescription Drugs.

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

PRESCRIPTION MEDICATIONS MADE EASY!

Health Net makes it easy and convenient for you to get the quality medications you need...at a low, affordable price! Your Health Net Orange prescription benefit provides coverage for many medications commonly used by Medicare members including generic, brand, and some injectable medications. To obtain the most value for your prescription benefits coverage, you should ask your physician to prescribe medications on the Health Net Medicare Drug List that have been approved by the Centers for Medicare & Medicaid Services (CMS).

It's easy to fill your prescriptions, too. When making a prescription drug purchase, you may use your Health Net Orange member ID card at any of our more than 4,600 participating pharmacies. Or, use our convenient Mail Order Service. If you have any questions or would like to request a mail order form, call 1-800-806-8811 (TTY/TDD 1-800-929-9955) Monday through Friday, 8:00 a.m. to 5:00 p.m., except holidays. For a list of participating pharmacies, please refer to your Pharmacy Directory.

WHAT IS THE HEALTH NET MEDICARE DRUG LIST?

Health Net's Medicare Drug List— also called a formulary – is a list of safe, effective and affordable medications for most medical conditions. All the medications on the Health Net Medicare Drug List are covered under your prescription benefit. Physicians and specialists refer to this list when choosing drugs for their patients who are members of Health Net Orange. This ensures that you receive a prescription medication of high quality and value. The Health Net Medicare Drug List is updated quarterly, based on input from the Health Net Pharmacy and Therapeutics (P&T) Committee, a group of multi-specialty practicing physicians and clinical pharmacists. The Health Net Medicare Drug List may be updated more frequently as new clinical information becomes available and as new drugs are approved or re-evaluated by the Food and Drug Administration (FDA).

WHAT ARE THE LIMITATIONS?

Health Net Orange includes the following limitations:

- Dispensing may be limited to less than a one-month (30 days) supply due to manufacturer packaging and/or appropriate length of treatment.
- Quantity and daily dosing limits may apply to specific drugs. Please refer to the Health Net Medicare Drug List.
- Health Net Orange does not cover certain medications such as:
 - Medications used to treat infertility
 - Anorexiant, appetite suppressants, diet aids, weight loss medications, and medications used to treat obesity or weight gain
 - Smoking cessation medications that do not require a prescription
 - Experimental or investigational medications
 - Agents when used for cosmetic purposes or hair growth
 - Agents when used for the symptomatic relief of cough and colds
 - Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
 - Non-prescription medications
 - Outpatient drugs for which the manufacturer seeks to require associated tests or monitoring services be purchased exclusively from the manufacturer or its designee as a condition of sale
 - Barbiturates
 - Benzodiazepines

HOW DO I FIND OUT IF MY PRESCRIPTION IS ON THE HEALTH NET MEDICARE DRUG LIST?

When your doctor prescribes a medication, ask if it is on the Health Net Medicare Drug List. If you already have the prescription, you can find out if it is on the Health Net Medicare Drug List by calling Member Services at 1-800-806-8811 (TTY/TDD 1-800-929-9955) Monday through Friday, 8:00 a.m. to 5:00 p.m., except holidays. For current members, you can also log on to www.healthnet.com, go to “View Prescription Coverage” and click on “Your Drug List.” For prospective members, simply log on to www.abetterdecision.com, click on “Find A Drug,” then select the state and plan.

WHAT IF MY DRUG IS NOT ON THE HEALTH NET MEDICARE DRUG LIST?

If you learn that Health Net Orange does not cover your drug, you have two options:

- You can talk to your physician about switching your prescription to a preferred drug.
- You can ask Health Net to make an exception and cover your drug.

HOW DO I REQUEST AN EXCEPTION TO THE HEALTH NET MEDICARE DRUG LIST?

You can ask Health Net to make an exception to the coverage rules. There are several types of exceptions that you can request.

- You can ask Health Net to cover your drug even though it is not on the Health Net Medicare Drug List.
- You can ask Health Net to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Net limits the amount of the drug that is covered. If your drug has a quantity limit, you can ask to waive the limit and to have a higher quantity covered.
- You can ask Health Net to provide a higher level of coverage for your drug. This would lower the amount you must pay.

- If you are enrolled in the two-tier option, this type of exception is only available for “Specialty Group A” drugs.
- If you are enrolled in the three-tier option, this type of exception is only available for drugs on the 3rd tier or in “Specialty Group A.”

These exceptions are subject to the restrictions listed below and Health Net’s medical necessity guidelines. Please note, if Health Net grants your request to cover a drug that is not on the Health Net Medicare Drug List, you may not also ask for the drug to be covered at a lower tier.

Generally, Health Net will only approve your request for an exception if the alternative drugs included on the Health Net Medicare Drug List or a lower-tiered drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

To ask for an initial coverage decision for a Health Net Medicare Drug List or tiering exception, please contact Health Net Member Services at 1-800-806-8811 (TTY/TDD 1-800-929-9955) Monday through Friday, 8:00 a.m. to 5:00 p.m., except holidays. When you are requesting a Health Net Medicare Drug List or tiering exception, you should submit a statement from your physician supporting your request. Generally, Health Net will make a decision within 72 hours of your request.

HOW MUCH WILL I PAY?

How much you will pay for your medications, also called your copayment or coinsurance level, is based on three key factors:

- Is the medication on the Health Net Medicare Drug List?
- Is the medication a generic or a brand name product?
- What tier is your medication on?

Most self-injectable drugs are covered at a percentage of the pharmacy cost. In some cases, your physician may be asked to request Prior Authorization for a medication. Coverage of the medication is dependent on medical necessity as determined by the Plan.

If you are enrolled in the two-tier option:

IF YOUR PRESCRIPTION IS FOR A...		YOU PAY*...
Tier 1:	Preferred Generic medication on the Health Net Medicare Drug List	\$5
Tier 2:	Preferred Brand medication on the Health Net Medicare Drug List	\$35
Specialty Group A	Lower cost oral and injectable specialty drugs	25%
Specialty Group B	High cost oral and injectable specialty drugs	25%

If you are enrolled in the three-tier option:

IF YOUR PRESCRIPTION IS FOR A...		YOU PAY*...
Tier 1:	Preferred Generic medication on the Health Net Medicare Drug List	\$5
Tier 2:	Preferred Brand medication on the Health Net Medicare Drug List	\$26
Tier 3:	Non-preferred Generic or Brand medication on the Health Net Medicare Drug List	\$53
Specialty Group A	Lower cost oral and injectable specialty drugs	25%
Specialty Group B	High cost oral and injectable specialty drugs	25%

*Please note: Retail pharmacies may provide up to a 30 day supply of maintenance medications. Some medications may be dispensed in lesser quantities due to manufacturer package size or course of therapy. Some pharmacies may provide up to a 90-day supply of medication for three times your monthly copayment. Please check with your retail pharmacy if this service is available.

WHAT HAPPENS IF I REACH THE COVERAGE GAP?

If you reach your coverage gap, you will be responsible for the full cost of the medication. The medication will be available to you at Health Net’s discounted rate with the pharmacy. These discounts may vary between pharmacies.

WHY SHOULD I USE GENERIC DRUGS?

Get the most out of your prescription drug benefit coverage. To make sure your out-of-pocket costs are as low as possible, Health Net Orange covers many generic medications. Preferred generic medications on the Health Net Medicare Drug List are available at your lowest copayment. Generic medications are less expensive than brand name medications, but contain the same active ingredients. Generic medications must

meet the same U.S. Food and Drug Administration standards for safety, purity, strength and effectiveness as their brand name counterparts. If you choose to fill your prescription with a brand name medication when a generic is available, you may have to pay more for your prescription.

HOW DO I USE THE MAIL ORDER DRUG PROGRAM?

Medications ordered through mail order must be ordered from Health Net’s contracted mail order pharmacy and should be for treatment of long-term, on-going medical problems in which the drug dosage has already been determined (referred to as “maintenance drugs”).

Your medication is a maintenance drug if:

- It is taken continuously to manage a chronic or long-term condition.
- Dosage adjustments are either no longer required or are made infrequently.

If you receive your medications from the mail order pharmacy in Health Net's network, you can receive up to a three-month supply at a reduced copayment. Mail order is convenient, easy to use, offers lower copayments, and has free delivery to anywhere in the United States.

ORDERING YOUR MAIL ORDER PRESCRIPTIONS

To ensure you receive your medications in a timely manner, follow these tips:

- Have your doctor write two prescriptions: one for a 30-day supply you can use to get your initial prescription at a retail pharmacy, and one for a 90-day supply you can send to the mail order pharmacy.
- You should use mail order only for maintenance medications that you have been taking for a while. Do not use mail order for medications you have not yet tried.
- Complete a mail order form. To get a form, call Member Services at 1-800-806-8811 (TTY/TDD 1-800-929-9955) Monday through Friday, 8:00 a.m. to 5:00 p.m., except holidays, or log on to www.healthnet.com, click on "View Prescription Drug Coverage," click on "Pharmacy Forms," and then click on "Mail Order Form."
- Fill your 30-day supply at a retail pharmacy.

After filling your 30-day prescription, mail your 90-day prescription to Health Net's contracted mail order pharmacy. When it is time for your prescription to be filled, the mail order pharmacy will send it to you before your 30-day supply runs out. For quick and easy payment, include your credit card number. Allow up to 14 days to receive your order. After five days, you can call the mail-order pharmacy at

1-800-316-3106 (TTY/TDD 1-800-972-4348) 24 hours a day, 7 days a week, except holidays, to check on the status. If you would like to order refills, you can do so via telephone, interactive voice response (IVR), or by going to the website listed on the mail order form.

For more information about the Mail Order Drug Program, please call Member Services at 1-800-806-8811 (TTY/TDD 1-800-929-9955) Monday through Friday, 8:00 a.m. to 5:00 p.m., except holidays.

YOUR RIGHT TO MAKE COMPLAINTS

You have the right to make a complaint if you have concerns or problems related to your coverage or care. "Appeals" and "grievances" are the two different types of complaints you can make. Which one you make depends on your situation.

If Health Net ever denies coverage for your prescription medications, we will explain our decision to you. You always have the right to appeal and ask us to review the medication that was denied. In addition, if your doctor prescribes a drug that is not on our drug list or is not a preferred drug, you may ask us to make a coverage exception. Please refer to page 11 for more information about requesting exceptions to the Health Net Medicare Drug List. If you have any questions about the appeal, grievance or exception process, please refer to your Evidence of Coverage or contact Member Services at 1-800-806-8811 (TTY/TDD 1-800-929-9955) Monday through Friday, 8:00 a.m. to 5:00 p.m., except holidays.

Please note: If you currently are a member of a Medicare Advantage (MA) plan, you must sign up for your Medicare Part D pharmacy plan through your MA plan. If you sign up for a different Medicare Part D pharmacy plan, Medicare will automatically disenroll you from your current MA plan.

NOTES

If you have any questions about your Health Net Orange benefits – or any optional or other product or service described here – please call Health Net Pharmacy Services at 1-800-806-8811 (TTY/TDD 1-800-929-9955) Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Standard Time, except holidays or visit our website at www.healthnet.com. Health Net Life Insurance Company/Health Net of New York is a Medicare Advantage organization with an annually renewed Medicare contract.

NOTES



Health Net[®]
MEDICARE PROGRAMS

Health Net Orange
Post Office Box 10420
Van Nuys, CA 91410-0420

For more information, please contact us at:

Current members should call 1-800-806-8811
(TTY/TDD 1-800-929-9955)
Monday, Tuesday, Wednesday, Thursday, Friday,
8:00 a.m. to 5:00 p.m. Pacific Time, except holidays.

Prospective members should call 1-800-865-9431
(TTY/TDD 1-800-929-9955)
Monday, Tuesday, Wednesday, Thursday, Friday,
8:00 a.m. to 5:00 p.m. Pacific Time, except holidays.

www.healthnet.com

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