2018 Outline of Coverage

Questions: 916-682-1117

Individual Medicare Supplement Plan

Health Net®
LIFE INSURANCE COMPANY

M51102 (CA 8/18)

New to Part B discount

Members who apply within six months of their Part B effective date qualify for $20 off their monthly premium for the first 12 months. This applies to any policies with an effective date of August 1, 2018, or after.

Note: Any qualifying individual will forfeit their discount if canceled due to non-payment during the first 12 months of enrollment.

Premium information

We, Health Net Life Insurance Company (HNL), can only raise your premium if we raise the premium for all policies like yours in California. Premiums in this *Outline of Coverage* will increase periodically due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the Medicare Supplement Plan Policy will be the renewal premium in effect for your attained age. You will receive written notification of any changes in payment fees at least 30 days prior to the effective date of the new rate. Your premium will also be adjusted when you move to a county in a different rating region as set out in this *Outline of Coverage*. The adjustment will be effective on the first of the month following your change of address.

HNL provides an initial 6-month rate guarantee to members enrolling for the first time into an HNL Medicare Supplement plan. During your 6-month rate guarantee period, your premium will not increase even if HNL has a rate increase or you have a birthday which moves you into the next higher age rate bracket. If, during your 6-month rate guarantee period, you choose to enroll in a different HNL Medicare Supplement plan, your 6-month rate guarantee period will end, and you will be charged the premium for the new plan selected.

HNL offers various payment options: monthly billing, Automatic Bank Draft (ABD) and via phone with a debit or credit card with a Visa or Mastercard logo

The term of your health plan is month-to-month, commencing on the date set forth in the Notice of Acceptance. Your coverage will remain in effect for each month for which premiums are received on or before the date they are due, or within the grace period.

This plan is subject to Guaranteed Renewabilty.

M51102 (CA 8/18)

Use this outline to compare benefits and premiums among policies:

Questions: 916-682-1117

Rates effective August 1, 2018

Region 1 counties

Alameda, Contra Costa, Shasta

Age range	*Nonsmoking*								
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Innovative F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$109	$155	$155	$65	$159	$143	$82	$112	$130
67–68	$120	$171	$171	$72	$175	$157	$91	$123	$144
69–70	$130	$186	$186	$78	$190	$171	$99	$134	$156
71–72	$140	$200	$200	$84	$204	$184	$106	$144	$168
73–74	$151	$216	$216	$91	$220	$199	$114	$156	$181
75–76	$162	$231	$231	$97	$235	$213	$122	$166	$194
77–78	$172	$246	$246	$103	$250	$226	$130	$177	$207
79–80	$181	$259	$259	$109	$263	$238	$137	$186	$218
81–84	$196	$280	$280	$118	$284	$258	$148	$202	$235
85+	$219	$313	$313	$131	$317	$288	$166	$225	$263
Disabled under 65	$219	$313	$313	$131	$317	$288	$166	$225	$263

Age range	*Smoking*[1]								
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Innovative F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$126	$180	$180	$76	$184	$166	$95	$130	$151
67–68	$139	$199	$199	$84	$203	$183	$105	$143	$167
69–70	$152	$217	$217	$91	$221	$200	$115	$156	$182
71–72	$164	$234	$234	$98	$238	$215	$124	$168	$197
73–74	$176	$252	$252	$106	$256	$232	$134	$181	$212
75–76	$188	$269	$269	$113	$273	$247	$143	$194	$226
77–78	$201	$287	$287	$121	$291	$264	$152	$207	$241
79–80	$211	$302	$302	$127	$306	$278	$160	$217	$254
81–84	$228	$326	$326	$137	$330	$300	$173	$235	$274
85+	$256	$365	$365	$153	$369	$336	$193	$263	$307
Disabled under 65	$256	$365	$365	$153	$369	$336	$193	$263	$307

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 2 counties

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yuba

Age range	*Nonsmoking*								
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Innovative F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$102	$146	$146	$61	$150	$134	$77	$105	$123
67–68	$113	$162	$162	$68	$166	$149	$86	$117	$136
69–70	$123	$176	$176	$74	$180	$162	$93	$127	$148
71–72	$133	$190	$190	$80	$194	$175	$101	$137	$160
73–74	$144	$205	$205	$86	$209	$189	$109	$148	$172
75–76	$153	$218	$218	$92	$222	$201	$116	$157	$183
77–78	$163	$233	$233	$98	$237	$214	$123	$168	$196
79–80	$172	$245	$245	$103	$249	$225	$130	$176	$206
81–84	$186	$265	$265	$111	$269	$244	$140	$191	$223
85+	$207	$296	$296	$124	$300	$272	$157	$213	$249
Disabled under 65	$207	$296	$296	$124	$300	$272	$157	$213	$249

Age range	*Smoking*[1]								
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Innovative F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$120	$171	$171	$72	$175	$157	$91	$123	$144
67–68	$132	$189	$189	$79	$193	$174	$100	$136	$159
69–70	$144	$205	$205	$86	$209	$189	$109	$148	$172
71–72	$155	$221	$221	$93	$225	$203	$117	$159	$186
73–74	$167	$239	$239	$100	$243	$220	$127	$172	$201
75–76	$179	$255	$255	$107	$259	$235	$135	$184	$214
77–78	$190	$272	$272	$114	$276	$250	$144	$196	$228
79–80	$200	$286	$286	$120	$290	$263	$152	$206	$240
81–84	$216	$309	$309	$130	$313	$284	$164	$222	$260
85+	$242	$346	$346	$145	$350	$318	$183	$249	$291
Disabled under 65	$242	$346	$346	$145	$350	$318	$183	$249	$291

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 3 counties

Los Angeles, Orange

Questions: 916-682-1117

Age range	*Nonsmoking*								
	Plan A	Plan C	Plan F	High Deductible Plan F	Innovative F	Plan G	Plan K	Plan L	Plan M
65–66	$118	$169	$169	$71	$173	$155	$90	$122	$142
67–68	$131	$187	$187	$79	$191	$172	$99	$135	$157
69–70	$143	$204	$204	$86	$208	$188	$108	$147	$171
71–72	$154	$220	$220	$92	$224	$202	$117	$158	$185
73–74	$166	$237	$237	$100	$241	$218	$126	$171	$199
75–76	$177	$253	$253	$106	$257	$233	$134	$182	$213
77–78	$189	$270	$270	$113	$274	$248	$143	$194	$227
79–80	$199	$284	$284	$119	$288	$261	$151	$204	$239
81–84	$214	$306	$306	$129	$310	$282	$162	$220	$257
85+	$240	$343	$343	$144	$347	$316	$182	$247	$288
Disabled under 65	$240	$343	$343	$144	$347	$316	$182	$247	$288

Age range	*Smoking*[1]								
	Plan A	Plan C	Plan F	High Deductible Plan F	Innovative F	Plan G	Plan K	Plan L	Plan M
65–66	$139	$198	$198	$83	$202	$182	$105	$143	$166
67–68	$153	$218	$218	$92	$222	$201	$116	$157	$183
69–70	$167	$238	$238	$100	$242	$219	$126	$171	$200
71–72	$179	$256	$256	$108	$260	$236	$136	$184	$215
73–74	$193	$276	$276	$116	$280	$254	$146	$199	$232
75–76	$207	$295	$295	$124	$299	$271	$156	$212	$248
77–78	$220	$314	$314	$132	$318	$289	$166	$226	$264
79–80	$232	$331	$331	$139	$335	$305	$175	$238	$278
81–84	$250	$357	$357	$150	$361	$328	$189	$257	$300
85+	$280	$400	$400	$168	$404	$368	$212	$288	$336
Disabled under 65	$280	$400	$400	$168	$404	$368	$212	$288	$336

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 4 counties

Kern, Napa, Riverside, San Bernardino, Ventura

Age range	*Nonsmoking*								
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Innovative F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$116	$166	$166	$70	$170	$153	$88	$120	$139
67–68	$128	$183	$183	$77	$187	$168	$97	$132	$154
69–70	$140	$200	$200	$84	$204	$184	$106	$144	$168
71–72	$151	$215	$215	$90	$219	$198	$114	$155	$181
73–74	$162	$232	$232	$97	$236	$213	$123	$167	$195
75–76	$174	$248	$248	$104	$252	$228	$131	$179	$208
77–78	$185	$264	$264	$111	$268	$243	$140	$190	$222
79–80	$195	$278	$278	$117	$282	$256	$147	$200	$234
81–84	$210	$300	$300	$126	$304	$276	$159	$216	$252
85+	$235	$336	$336	$141	$340	$309	$178	$242	$282
Disabled under 65	$235	$336	$336	$141	$340	$309	$178	$242	$282

Age range	*Smoking*[1]								
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Innovative F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$136	$194	$194	$81	$198	$178	$103	$140	$163
67–68	$150	$214	$214	$90	$218	$197	$113	$154	$180
69–70	$163	$233	$233	$98	$237	$214	$123	$168	$196
71–72	$176	$251	$251	$105	$255	$231	$133	$181	$211
73–74	$190	$271	$271	$114	$275	$249	$144	$195	$228
75–76	$202	$289	$289	$121	$293	$266	$153	$208	$243
77–78	$216	$308	$308	$129	$312	$283	$163	$222	$259
79–80	$228	$325	$325	$137	$329	$299	$172	$234	$273
81–84	$245	$350	$350	$147	$354	$322	$186	$252	$294
85+	$274	$392	$392	$165	$396	$361	$208	$282	$329
Disabled under 65	$274	$392	$392	$165	$396	$361	$208	$282	$329

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 5 counties

El Dorado, Fresno, Imperial, Placer, Sacramento, San Joaquin, Santa Cruz, Solano, Stanislaus, Tulare, Yolo

Age range	*Nonsmoking*								
	Plan A	Plan C	Plan F	High Deductible Plan F	Innovative F	Plan G	Plan K	Plan L	Plan M
65–66	$97	$138	$138	$58	$142	$127	$73	$99	$116
67–68	$107	$153	$153	$64	$157	$141	$81	$110	$129
69–70	$116	$166	$166	$70	$170	$153	$88	$120	$139
71–72	$125	$179	$179	$75	$183	$165	$95	$129	$150
73–74	$135	$193	$193	$81	$197	$178	$102	$139	$162
75–76	$144	$206	$206	$87	$210	$190	$109	$148	$173
77–78	$154	$220	$220	$92	$224	$202	$117	$158	$185
79–80	$162	$232	$232	$97	$236	$213	$123	$167	$195
81–84	$175	$250	$250	$105	$254	$230	$133	$180	$210
85+	$196	$280	$280	$118	$284	$258	$148	$202	$235
Disabled under 65	$196	$280	$280	$118	$284	$258	$148	$202	$235

Age range	*Smoking*[1]								
	Plan A	Plan C	Plan F	High Deductible Plan F	Innovative F	Plan G	Plan K	Plan L	Plan M
65–66	$113	$161	$161	$68	$165	$148	$85	$116	$135
67–68	$125	$178	$178	$75	$182	$164	$94	$128	$150
69–70	$136	$194	$194	$81	$198	$178	$103	$140	$163
71–72	$146	$209	$209	$88	$213	$192	$111	$150	$176
73–74	$158	$225	$225	$95	$229	$207	$119	$162	$189
75–76	$169	$241	$241	$101	$245	$222	$128	$174	$202
77–78	$179	$256	$256	$108	$260	$236	$136	$184	$215
79–80	$189	$270	$270	$113	$274	$248	$143	$194	$227
81–84	$204	$292	$292	$123	$296	$269	$155	$210	$245
85+	$228	$326	$326	$137	$330	$300	$173	$235	$274
Disabled under 65	$228	$326	$326	$137	$330	$300	$173	$235	$274

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Plan F *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
61st through 90th day	All but $335 a day	$335 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
– Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs

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

**__Notice:__ When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." 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.

Services	*Medicare pays*	*Plan pays*	*You pay*
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

Plan F *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay*
Home health care – Medicare-approved services			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other benefits – Not covered by Medicare

Services	*Medicare pays*	*Plan pays*	*You pay*
Foreign travel – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

*Once you have been billed $183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Innovative F *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
61st through 90th day	All but $335 a day	$335 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
– Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs

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

**__Notice:__ When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." 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.

Services	*Medicare pays*	*Plan pays*	*You pay*
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

Innovative F *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay*
Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other benefits – Not covered by Medicare

Services	*Medicare pays*	*Plan pays*	*You pay*
Foreign travel – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

*Once you have been billed $183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Innovative F

Innovative benefits – Not covered by Medicare or standardized Medicare Supplement plans

Services	*Medicare pays*	*Plan pays*	*You pay*
Routine eye exam (with dilation as needed) once every 12 months	$0	In-network: 100% after the copayment Out-of-network: Up to $45 allowance	In-network: $10 copay Out-of-network: Any amounts remaining after the plan pays
Frame and lens package (Any frame and lens available at provider location) – once every 24 months	$0	Up to $250 allowance for frame and lens package	80% of the remaining balance
• Contact lenses – Includes materials only, once every 12 months			
– Conventional	$0	Up to $250 allowance	85% of the remaining balance
– Disposable	$0	Up to $250 allowance	100% of the remaining balance
– Medically Necessary	$0	Medically: $0 copay, paid in full	Up to $250
Routine hearing benefit Hearing exam – Coverage for up to (1) routine hearing exam every 12 months	$0	$0	$0
Hearing Aid(s) – Includes fitting evaluation for a hearing aid(s)	$0	There is a $500 benefit maximum for one hearing aid or $1,000 benefit maximum for two hearing aids (one pair) every three years.* You pay any remaining balance over the coverage limit.	Any remaining balance over the maximum coverage limit. Hearing aids are covered when determined to be medically necessary during the hearing exam.

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