

2022 Outline of Coverage

INDIVIDUAL MEDICARE SUPPLEMENT PLANS





Health Net Life

OUTLINE OF INDIVIDUAL MEDICARE SUPPLEMENT PLAN COVERAGE

Benefit plans A, D, F,* High Deductible Plan F*, Innovative Plan F*, Plan G, High Deductible Plan G, Innovative Plan G and N are offered by Health Net Life Insurance Company (HNL)

Medicare supplement insurance can only be sold in standard plans. The chart on the next page shows the benefits included in each plan that can be sold on or after June 1, 2010. Every insurance company must offer Plan A. Some plans may not be available.

The basic benefits included in all plans are:



*Policies for Plans F, High Deductible F and Innovative Plan F are prohibited from sales, on or after January 1, 2020 to newly eligible Medicare beneficiaries. A newly eligible beneficiary is defined as an individual who becomes eligible for Medicare on or after January 1, 2020, because the individual attained 65 years of age on or after January 1, 2020, or the individual became eligible for Medicare benefits on or after January 1, 2020, by reason of disability, as specified.



Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.



Blood: First three pints of blood each year.



Hospice: Part A coinsurance.



Medical expenses: Medicare Part B coinsurance (usually 20 percent of the Medicare-approved amount) or copayments for hospital outpatient services. Plan N requires members to pay a portion of Part B coinsurance or copayments.

| A | B | C | D | F, High Deductible F,¹ Innovative Plan F² |
|--|--|--|--|--|
| Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance |
| | | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance |
| | Part A deductible | Part A deductible | Part A deductible | Part A deductible |
| | | Part B deductible | | Part B deductible |
| | | | | Part B excess (100%) |
| | | Foreign travel emergency | Foreign travel emergency | Foreign travel emergency |

| G, High Deductible G,¹ Innovative Plan G² | K | L | M | N |
|--|--|--|--|---|
| Basic, including 100% Part B coinsurance | Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER |
| Skilled nursing facility coinsurance | 50% skilled nursing facility coinsurance | 75% skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance |
| Part A deductible | 50% Part A deductible | 75% Part A deductible | 50% Part A deductible | Part A deductible |
| Part B excess (100%) | | | | |
| Foreign travel emergency | | | Foreign travel emergency | Foreign travel emergency |
| | Out-of-pocket limit \$6,620; paid at 100% after limit reached | Out-of-pocket limit \$3,310; paid at 100% after limit reached | | |

¹Plans F and G also have a High Deductible Plan option. These high deductible plans pay the same benefits as Plan F or Plan G after the member has paid a calendar year \$2,490 deductible. Benefits from High Deductible Plan F or High Deductible Plan G will not begin until out-of-pocket expenses exceed \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by this policy.

²Innovative Plan F and Innovative Plan G includes additional benefits not contained in other standardized Medicare Supplement Plans as outlined in the following pages.

Shaded plans are currently not offered by Health Net.

New to Part B discount
Members who apply within six months of their Part B effective date qualify for \$30 off their monthly premium for the first 12 months.

This applies to any policies with an effective date of February 1, 2020.

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.

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 Renewability.



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.

Choosing the Right Medicare Supplement Plan for Your Needs

Please review the following pages to learn about plan options, monthly premiums and detailed benefit descriptions.

Once you have selected a plan, your monthly premium is based on your age at the time of enrollment, and county or zip code (where applicable) where you reside. Los Angeles and San Diego County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 3 for Los Angeles and region 2 for San Diego), rates are based on age at the time of enrollment, and not specific zip codes.

After locating your monthly premium for a particular plan, please review each of the Medicare Supplement plan descriptions in this booklet. You'll find benefit information, details on covered services, and what each plan pays.

Once you choose the plan that works best for your needs, you are ready to enroll!



Los Angeles County (Region 1)

Los Angeles County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 3), rates are based on age at the time of enrollment, and not specific zip codes.

| Region 1 Zip Codes (Within Los Angeles County) | | | |
|--|---------------|---------------|---------------|
| 90001 | 90060 | 90266 - 90270 | 91016 |
| 90004 - 90007 | 90063 | 90274 - 90280 | 91030 |
| 90009 | 90065 | 90295 - 90296 | 91105 |
| 90011 - 90015 | 90071 | 90501 | 91204 - 91206 |
| 90017 | 90081 | 90503 - 90505 | 91702 - 91722 |
| 90021 - 90023 | 90083 - 90088 | 90507 - 90707 | 91724 - 91735 |
| 90026 - 90027 | 90090 - 90091 | 90711 - 90734 | 91744 - 91756 |
| 90029 - 90033 | 90096 | 90748 | 91765 - 91773 |
| 90039 - 90042 | 90099 - 90202 | 90755 - 90804 | 91776 |
| 90050 | 90239 - 90242 | 90806 - 90809 | 91780 - 91793 |
| 90053 - 90055 | 90254 - 90255 | 90813 - 90899 | 92821 - 92823 |
| 90057 - 90058 | | 91010 | |

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$145 | \$66 | \$154 | \$130 |
| 67-68 | \$162 | \$73 | \$171 | \$145 |
| 69-70 | \$179 | \$81 | \$188 | \$160 |
| 71-72 | \$196 | \$89 | \$205 | \$175 |
| 73-74 | \$213 | \$96 | \$222 | \$190 |
| 75-76 | \$230 | \$104 | \$239 | \$206 |
| 77-78 | \$249 | \$113 | \$257 | \$222 |
| 79-80 | \$264 | \$119 | \$273 | \$236 |
| 81-82 | \$282 | \$128 | \$291 | \$252 |
| 83-84 | \$299 | \$135 | \$307 | \$267 |
| 85-86 | \$316 | \$143 | \$324 | \$282 |
| 87-88 | \$330 | \$149 | \$339 | \$295 |
| 89-90 | \$343 | \$155 | \$352 | \$307 |
| 91-92 | \$357 | \$161 | \$366 | \$319 |
| 93-94 | \$369 | \$167 | \$378 | \$330 |
| 95+ | \$391 | \$177 | \$400 | \$349 |
| Disabled under 65 | \$391 | \$177 | \$400 | \$349 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$169 | \$77 | \$178 | \$151 |
| 67-68 | \$190 | \$86 | \$198 | \$170 |
| 69-70 | \$209 | \$94 | \$217 | \$186 |
| 71-72 | \$228 | \$103 | \$237 | \$204 |
| 73-74 | \$249 | \$113 | \$257 | \$222 |
| 75-76 | \$268 | \$121 | \$277 | \$240 |
| 77-78 | \$291 | \$132 | \$299 | \$260 |
| 79-80 | \$309 | \$140 | \$317 | \$276 |
| 81-82 | \$328 | \$149 | \$337 | \$293 |
| 83-84 | \$348 | \$157 | \$357 | \$311 |
| 85-86 | \$368 | \$167 | \$377 | \$329 |
| 87-88 | \$384 | \$174 | \$393 | \$344 |
| 89-90 | \$401 | \$181 | \$409 | \$358 |
| 91-92 | \$416 | \$188 | \$425 | \$371 |
| 93-94 | \$431 | \$195 | \$440 | \$385 |
| 95+ | \$455 | \$206 | \$464 | \$406 |
| Disabled under 65 | \$455 | \$206 | \$464 | \$406 |

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

Los Angeles County (Region 2)

Los Angeles County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 3), rates are based on age at the time of enrollment, and not specific zip codes.

| Region 2 Zip Codes (Within Los Angeles County) | |
|--|---------------|
| 91001 - 91009 | 92397 |
| 91011 - 91012 | 93243 - 93591 |
| 91017 - 91025 | 91354 - 91355 |
| 91031 | 91380 - 91390 |
| 91041 - 91104 | 91394 |
| 91106 - 91203 | 91501 - 91504 |
| 91207 - 91226 | 91507 - 91526 |
| 91310 | 91723 |
| 91321 - 91322 | 91740 - 91741 |
| 91326 - 91327 | 91759 |
| 91350 - 91351 | 91775 |
| 91801-91899 | 91778 |

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$137 | \$62 | \$146 | \$123 |
| 67-68 | \$154 | \$70 | \$163 | \$138 |
| 69-70 | \$169 | \$77 | \$178 | \$151 |
| 71-72 | \$186 | \$84 | \$194 | \$166 |
| 73-74 | \$202 | \$91 | \$210 | \$180 |
| 75-76 | \$218 | \$98 | \$226 | \$194 |
| 77-78 | \$235 | \$107 | \$244 | \$210 |
| 79-80 | \$251 | \$113 | \$259 | \$224 |
| 81-82 | \$267 | \$121 | \$275 | \$238 |
| 83-84 | \$283 | \$128 | \$291 | \$253 |
| 85-86 | \$299 | \$135 | \$307 | \$267 |
| 87-88 | \$312 | \$141 | \$321 | \$279 |
| 89-90 | \$325 | \$147 | \$333 | \$290 |
| 91-92 | \$338 | \$153 | \$347 | \$302 |
| 93-94 | \$350 | \$158 | \$358 | \$312 |
| 95+ | \$369 | \$167 | \$378 | \$330 |
| Disabled under 65 | \$369 | \$167 | \$378 | \$330 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$161 | \$73 | \$169 | \$143 |
| 67-68 | \$179 | \$81 | \$188 | \$160 |
| 69-70 | \$198 | \$90 | \$206 | \$177 |
| 71-72 | \$217 | \$98 | \$225 | \$194 |
| 73-74 | \$235 | \$107 | \$244 | \$210 |
| 75-76 | \$254 | \$115 | \$263 | \$227 |
| 77-78 | \$275 | \$124 | \$283 | \$245 |
| 79-80 | \$292 | \$132 | \$300 | \$261 |
| 81-82 | \$311 | \$141 | \$320 | \$278 |
| 83-84 | \$330 | \$149 | \$339 | \$295 |
| 85-86 | \$349 | \$158 | \$358 | \$312 |
| 87-88 | \$364 | \$165 | \$373 | \$325 |
| 89-90 | \$379 | \$172 | \$388 | \$339 |
| 91-92 | \$393 | \$178 | \$402 | \$351 |
| 93-94 | \$409 | \$185 | \$417 | \$365 |
| 95+ | \$431 | \$195 | \$440 | \$385 |
| Disabled under 65 | \$431 | \$195 | \$440 | \$385 |

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

Los Angeles County (Region 3)

Los Angeles County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G, rates are based on age at the time of enrollment, and not specific zip codes.

| Region 3 Zip Codes (Within Los Angeles County) | | | | |
|--|---------------|---------------|---------------|---------------|
| 90002 - 90003 | 90051 - 90052 | 90744 - 90747 | 90072 - 90080 | 91324 - 91325 |
| 90008 | 90056 | 90749 | 90082 | 91328 - 91346 |
| 90010 | 90260 - 90265 | 90805 | 90089 | 91352 - 91353 |
| 90016 | 90272 | 90810 | 90093 - 90095 | 91356 - 91376 |
| 90018 - 90020 | 90290 - 90294 | 91040 | 90209 - 90233 | 91392 - 91393 |
| 90024 - 90025 | 90301 - 90411 | 90059 | 90245 - 90251 | 91395 - 91436 |
| 90028 | 90502 | 90061 - 90062 | 93599 | 91470 - 91499 |
| 90034 - 90038 | 90506 | 90064 | 91301 - 91309 | 91505 - 91506 |
| 90043 - 90049 | 90710 | 90066 - 90070 | 91311 - 91316 | 91601 - 91618 |

| Age range | Nonsmoking | | | | |
|-------------------|------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$132 | \$188 | \$79 | \$193 | \$173 |
| 67-68 | \$146 | \$208 | \$87 | \$213 | \$191 |
| 69-70 | \$158 | \$226 | \$95 | \$231 | \$208 |
| 71-72 | \$171 | \$244 | \$102 | \$249 | \$224 |
| 73-74 | \$184 | \$263 | \$110 | \$268 | \$242 |
| 75-76 | \$197 | \$281 | \$118 | \$286 | \$259 |
| 77-78 | \$209 | \$299 | \$126 | \$304 | \$275 |
| 79-80 | \$221 | \$315 | \$132 | \$320 | \$290 |
| 81-84 | \$238 | \$340 | \$143 | \$345 | \$313 |
| 85+ | \$267 | \$381 | \$160 | \$386 | \$351 |
| Disabled under 65 | \$267 | \$381 | \$160 | \$386 | \$351 |

| Age range | Smoking ¹ | | | | |
|-------------------|----------------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$153 | \$219 | \$92 | \$224 | \$201 |
| 67-68 | \$169 | \$242 | \$102 | \$247 | \$223 |
| 69-70 | \$185 | \$264 | \$111 | \$269 | \$243 |
| 71-72 | \$199 | \$284 | \$119 | \$289 | \$261 |
| 73-74 | \$215 | \$307 | \$129 | \$312 | \$282 |
| 75-76 | \$229 | \$327 | \$137 | \$332 | \$301 |
| 77-78 | \$244 | \$349 | \$147 | \$354 | \$321 |
| 79-80 | \$258 | \$368 | \$155 | \$373 | \$339 |
| 81-84 | \$278 | \$397 | \$167 | \$402 | \$365 |
| 85+ | \$311 | \$444 | \$186 | \$449 | \$408 |
| Disabled under 65 | \$311 | \$444 | \$186 | \$449 | \$408 |

Los Angeles County (Region 3)

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$161 | \$73 | \$169 | \$143 |
| 67-68 | \$179 | \$81 | \$188 | \$160 |
| 69-70 | \$197 | \$89 | \$206 | \$176 |
| 71-72 | \$216 | \$98 | \$224 | \$193 |
| 73-74 | \$235 | \$107 | \$244 | \$210 |
| 75-76 | \$254 | \$115 | \$263 | \$227 |
| 77-78 | \$275 | \$124 | \$283 | \$245 |
| 79-80 | \$292 | \$132 | \$300 | \$261 |
| 81-82 | \$310 | \$140 | \$319 | \$277 |
| 83-84 | \$329 | \$149 | \$338 | \$294 |
| 85-86 | \$349 | \$158 | \$358 | \$312 |
| 87-88 | \$364 | \$165 | \$373 | \$325 |
| 89-90 | \$378 | \$171 | \$387 | \$338 |
| 91-92 | \$393 | \$178 | \$402 | \$351 |
| 93-94 | \$408 | \$184 | \$417 | \$364 |
| 95+ | \$431 | \$195 | \$440 | \$385 |
| Disabled under 65 | \$431 | \$195 | \$440 | \$385 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$186 | \$84 | \$195 | \$167 |
| 67-68 | \$210 | \$95 | \$218 | \$187 |
| 69-70 | \$230 | \$104 | \$239 | \$206 |
| 71-72 | \$252 | \$114 | \$261 | \$226 |
| 73-74 | \$274 | \$124 | \$282 | \$245 |
| 75-76 | \$296 | \$134 | \$305 | \$265 |
| 77-78 | \$320 | \$145 | \$329 | \$286 |
| 79-80 | \$340 | \$154 | \$349 | \$304 |
| 81-82 | \$362 | \$164 | \$371 | \$324 |
| 83-84 | \$384 | \$174 | \$393 | \$344 |
| 85-86 | \$406 | \$184 | \$415 | \$363 |
| 87-88 | \$424 | \$192 | \$433 | \$379 |
| 89-90 | \$442 | \$200 | \$451 | \$395 |
| 91-92 | \$458 | \$207 | \$468 | \$410 |
| 93-94 | \$475 | \$215 | \$485 | \$425 |
| 95+ | \$502 | \$227 | \$511 | \$449 |
| Disabled under 65 | \$502 | \$227 | \$511 | \$449 |

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

Orange County (Region 3)

| Age range | Nonsmoking | | | | |
|-------------------|------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$132 | \$188 | \$79 | \$193 | \$173 |
| 67-68 | \$146 | \$208 | \$87 | \$213 | \$191 |
| 69-70 | \$158 | \$226 | \$95 | \$231 | \$208 |
| 71-72 | \$171 | \$244 | \$102 | \$249 | \$224 |
| 73-74 | \$184 | \$263 | \$110 | \$268 | \$242 |
| 75-76 | \$197 | \$281 | \$118 | \$286 | \$259 |
| 77-78 | \$209 | \$299 | \$126 | \$304 | \$275 |
| 79-80 | \$221 | \$315 | \$132 | \$320 | \$290 |
| 81-84 | \$238 | \$340 | \$143 | \$345 | \$313 |
| 85+ | \$267 | \$381 | \$160 | \$386 | \$351 |
| Disabled under 65 | \$267 | \$381 | \$160 | \$386 | \$351 |

| Age range | Smoking ¹ | | | | |
|-------------------|----------------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$153 | \$219 | \$92 | \$224 | \$201 |
| 67-68 | \$169 | \$242 | \$102 | \$247 | \$223 |
| 69-70 | \$185 | \$264 | \$111 | \$269 | \$243 |
| 71-72 | \$199 | \$284 | \$119 | \$289 | \$261 |
| 73-74 | \$215 | \$307 | \$129 | \$312 | \$282 |
| 75-76 | \$229 | \$327 | \$137 | \$332 | \$301 |
| 77-78 | \$244 | \$349 | \$147 | \$354 | \$321 |
| 79-80 | \$258 | \$368 | \$155 | \$373 | \$339 |
| 81-84 | \$278 | \$397 | \$167 | \$402 | \$365 |
| 85+ | \$311 | \$444 | \$186 | \$449 | \$408 |
| Disabled under 65 | \$311 | \$444 | \$186 | \$449 | \$408 |

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

Orange County (Region 3)

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$161 | \$73 | \$169 | \$143 |
| 67-68 | \$179 | \$81 | \$188 | \$160 |
| 69-70 | \$197 | \$89 | \$206 | \$176 |
| 71-72 | \$216 | \$98 | \$224 | \$193 |
| 73-74 | \$235 | \$107 | \$244 | \$210 |
| 75-76 | \$254 | \$115 | \$263 | \$227 |
| 77-78 | \$275 | \$124 | \$283 | \$245 |
| 79-80 | \$292 | \$132 | \$300 | \$261 |
| 81-82 | \$310 | \$140 | \$319 | \$277 |
| 83-84 | \$329 | \$149 | \$338 | \$294 |
| 85-86 | \$349 | \$158 | \$358 | \$312 |
| 87-88 | \$364 | \$165 | \$373 | \$325 |
| 89-90 | \$378 | \$171 | \$387 | \$338 |
| 91-92 | \$393 | \$178 | \$402 | \$351 |
| 93-94 | \$408 | \$184 | \$417 | \$364 |
| 95+ | \$431 | \$195 | \$440 | \$385 |
| Disabled under 65 | \$431 | \$195 | \$440 | \$385 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$186 | \$84 | \$195 | \$167 |
| 67-68 | \$210 | \$95 | \$218 | \$187 |
| 69-70 | \$230 | \$104 | \$239 | \$206 |
| 71-72 | \$252 | \$114 | \$261 | \$226 |
| 73-74 | \$274 | \$124 | \$282 | \$245 |
| 75-76 | \$296 | \$134 | \$305 | \$265 |
| 77-78 | \$320 | \$145 | \$329 | \$286 |
| 79-80 | \$340 | \$154 | \$349 | \$304 |
| 81-82 | \$362 | \$164 | \$371 | \$324 |
| 83-84 | \$384 | \$174 | \$393 | \$344 |
| 85-86 | \$406 | \$184 | \$415 | \$363 |
| 87-88 | \$424 | \$192 | \$433 | \$379 |
| 89-90 | \$442 | \$200 | \$451 | \$395 |
| 91-92 | \$458 | \$207 | \$468 | \$410 |
| 93-94 | \$475 | \$215 | \$485 | \$425 |
| 95+ | \$502 | \$227 | \$511 | \$449 |
| Disabled under 65 | \$502 | \$227 | \$511 | \$449 |

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

San Diego County (Region 1)

San Diego County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 2), rates are based on age at the time of enrollment, and not specific zip codes.

| Region 1 Zip Codes (Within San Diego County) | |
|---|---------------|
| 91901 - 92013 | 92143 |
| 92018 - 92036 | 92153 - 92155 |
| 92040 - 92061 | 92170 |
| 92065 - 92072 | 92173 |
| 92075 - 92091 | 92179 |
| 92096 | |

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$145 | \$66 | \$154 | \$130 |
| 67-68 | \$162 | \$73 | \$171 | \$145 |
| 69-70 | \$179 | \$81 | \$188 | \$160 |
| 71-72 | \$196 | \$89 | \$205 | \$175 |
| 73-74 | \$213 | \$96 | \$222 | \$190 |
| 75-76 | \$230 | \$104 | \$239 | \$206 |
| 77-78 | \$249 | \$113 | \$257 | \$222 |
| 79-80 | \$264 | \$119 | \$273 | \$236 |
| 81-82 | \$282 | \$128 | \$291 | \$252 |
| 83-84 | \$299 | \$135 | \$307 | \$267 |
| 85-86 | \$316 | \$143 | \$324 | \$282 |
| 87-88 | \$330 | \$149 | \$339 | \$295 |
| 89-90 | \$343 | \$155 | \$352 | \$307 |
| 91-92 | \$357 | \$161 | \$366 | \$319 |
| 93-94 | \$369 | \$167 | \$378 | \$330 |
| 95+ | \$391 | \$177 | \$400 | \$349 |
| Disabled under 65 | \$391 | \$177 | \$400 | \$349 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$169 | \$77 | \$178 | \$151 |
| 67-68 | \$190 | \$86 | \$198 | \$170 |
| 69-70 | \$209 | \$94 | \$217 | \$186 |
| 71-72 | \$228 | \$103 | \$237 | \$204 |
| 73-74 | \$249 | \$113 | \$257 | \$222 |
| 75-76 | \$268 | \$121 | \$277 | \$240 |
| 77-78 | \$291 | \$132 | \$299 | \$260 |
| 79-80 | \$309 | \$140 | \$317 | \$276 |
| 81-82 | \$328 | \$149 | \$337 | \$293 |
| 83-84 | \$348 | \$157 | \$357 | \$311 |
| 85-86 | \$368 | \$167 | \$377 | \$329 |
| 87-88 | \$384 | \$174 | \$393 | \$344 |
| 89-90 | \$401 | \$181 | \$409 | \$358 |
| 91-92 | \$416 | \$188 | \$425 | \$371 |
| 93-94 | \$431 | \$195 | \$440 | \$385 |
| 95+ | \$455 | \$206 | \$464 | \$406 |
| Disabled under 65 | \$455 | \$206 | \$464 | \$406 |

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

San Diego County (Region 2)

San Diego County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G, rates are based on age at the time of enrollment, and not specific zip codes.

| Region 2 Zip Codes (Within San Diego County) | |
|--|---------------|
| 92014 | 92145 - 92152 |
| 92037 - 92039 | 92158 - 92169 |
| 92064 | 92171 - 92172 |
| 92074 | 92174 - 92178 |
| 92092 - 92093 | 92182 - 92199 |
| 92101-92142 | |

| Age range | Nonsmoking | | | | |
|-------------------|------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$117 | \$167 | \$70 | \$172 | \$154 |
| 67-68 | \$130 | \$185 | \$78 | \$190 | \$170 |
| 69-70 | \$141 | \$201 | \$84 | \$206 | \$185 |
| 71-72 | \$152 | \$217 | \$91 | \$222 | \$200 |
| 73-74 | \$164 | \$234 | \$98 | \$239 | \$215 |
| 75-76 | \$175 | \$250 | \$105 | \$255 | \$230 |
| 77-78 | \$186 | \$266 | \$112 | \$271 | \$245 |
| 79-80 | \$197 | \$281 | \$118 | \$286 | \$259 |
| 81-84 | \$212 | \$303 | \$127 | \$308 | \$279 |
| 85+ | \$237 | \$339 | \$142 | \$344 | \$312 |
| Disabled under 65 | \$237 | \$339 | \$142 | \$344 | \$312 |

| Age range | Smoking ¹ | | | | |
|-------------------|----------------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$137 | \$195 | \$82 | \$200 | \$179 |
| 67-68 | \$151 | \$216 | \$91 | \$221 | \$199 |
| 69-70 | \$165 | \$235 | \$99 | \$240 | \$216 |
| 71-72 | \$177 | \$253 | \$106 | \$258 | \$233 |
| 73-74 | \$191 | \$273 | \$115 | \$278 | \$251 |
| 75-76 | \$204 | \$291 | \$122 | \$296 | \$268 |
| 77-78 | \$218 | \$311 | \$131 | \$316 | \$286 |
| 79-80 | \$229 | \$327 | \$137 | \$332 | \$301 |
| 81-84 | \$247 | \$353 | \$148 | \$358 | \$325 |
| 85+ | \$277 | \$395 | \$166 | \$400 | \$363 |
| Disabled under 65 | \$277 | \$395 | \$166 | \$400 | \$363 |

San Diego County (Region 2)

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$137 | \$62 | \$146 | \$123 |
| 67-68 | \$154 | \$70 | \$163 | \$138 |
| 69-70 | \$169 | \$77 | \$178 | \$151 |
| 71-72 | \$186 | \$84 | \$194 | \$166 |
| 73-74 | \$202 | \$91 | \$210 | \$180 |
| 75-76 | \$218 | \$98 | \$226 | \$194 |
| 77-78 | \$235 | \$107 | \$244 | \$210 |
| 79-80 | \$251 | \$113 | \$259 | \$224 |
| 81-82 | \$267 | \$121 | \$275 | \$238 |
| 83-84 | \$283 | \$128 | \$291 | \$253 |
| 85-86 | \$299 | \$135 | \$307 | \$267 |
| 87-88 | \$312 | \$141 | \$321 | \$279 |
| 89-90 | \$325 | \$147 | \$333 | \$290 |
| 91-92 | \$338 | \$153 | \$347 | \$302 |
| 93-94 | \$350 | \$158 | \$358 | \$312 |
| 95+ | \$369 | \$167 | \$378 | \$330 |
| Disabled under 65 | \$369 | \$167 | \$378 | \$330 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$161 | \$73 | \$169 | \$143 |
| 67-68 | \$179 | \$81 | \$188 | \$160 |
| 69-70 | \$198 | \$90 | \$206 | \$177 |
| 71-72 | \$217 | \$98 | \$225 | \$194 |
| 73-74 | \$235 | \$107 | \$244 | \$210 |
| 75-76 | \$254 | \$115 | \$263 | \$227 |
| 77-78 | \$275 | \$124 | \$283 | \$245 |
| 79-80 | \$292 | \$132 | \$300 | \$261 |
| 81-82 | \$311 | \$141 | \$320 | \$278 |
| 83-84 | \$330 | \$149 | \$339 | \$295 |
| 85-86 | \$349 | \$158 | \$358 | \$312 |
| 87-88 | \$364 | \$165 | \$373 | \$325 |
| 89-90 | \$379 | \$172 | \$388 | \$339 |
| 91-92 | \$393 | \$178 | \$402 | \$351 |
| 93-94 | \$409 | \$185 | \$417 | \$365 |
| 95+ | \$431 | \$195 | \$440 | \$385 |
| Disabled under 65 | \$431 | \$195 | \$440 | \$385 |

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

Alameda, Contra Costa, Shasta Counties (Region 1)

| Age range | Nonsmoking | | | | |
|-------------------|------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$120 | \$172 | \$72 | \$177 | \$158 |
| 67-68 | \$132 | \$189 | \$79 | \$194 | \$174 |
| 69-70 | \$144 | \$206 | \$87 | \$211 | \$190 |
| 71-72 | \$155 | \$222 | \$93 | \$227 | \$204 |
| 73-74 | \$168 | \$240 | \$101 | \$245 | \$221 |
| 75-76 | \$179 | \$256 | \$108 | \$261 | \$236 |
| 77-78 | \$191 | \$273 | \$115 | \$278 | \$251 |
| 79-80 | \$202 | \$288 | \$121 | \$293 | \$265 |
| 81-84 | \$217 | \$310 | \$130 | \$315 | \$285 |
| 85+ | \$243 | \$347 | \$146 | \$352 | \$319 |
| Disabled under 65 | \$243 | \$347 | \$146 | \$352 | \$319 |

| Age range | Smoking ¹ | | | | |
|-------------------|----------------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$140 | \$200 | \$84 | \$205 | \$184 |
| 67-68 | \$155 | \$221 | \$93 | \$226 | \$203 |
| 69-70 | \$169 | \$241 | \$101 | \$246 | \$222 |
| 71-72 | \$181 | \$259 | \$109 | \$264 | \$238 |
| 73-74 | \$196 | \$280 | \$118 | \$285 | \$258 |
| 75-76 | \$209 | \$299 | \$126 | \$304 | \$275 |
| 77-78 | \$223 | \$318 | \$134 | \$323 | \$293 |
| 79-80 | \$235 | \$336 | \$141 | \$341 | \$309 |
| 81-84 | \$253 | \$362 | \$152 | \$367 | \$333 |
| 85+ | \$284 | \$405 | \$170 | \$410 | \$373 |
| Disabled under 65 | \$284 | \$405 | \$170 | \$410 | \$373 |

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

Alameda, Contra Costa, Shasta Counties (Region 1)

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$145 | \$66 | \$154 | \$130 |
| 67-68 | \$162 | \$73 | \$171 | \$145 |
| 69-70 | \$179 | \$81 | \$188 | \$160 |
| 71-72 | \$196 | \$89 | \$205 | \$175 |
| 73-74 | \$213 | \$96 | \$222 | \$190 |
| 75-76 | \$230 | \$104 | \$239 | \$206 |
| 77-78 | \$249 | \$113 | \$257 | \$222 |
| 79-80 | \$264 | \$119 | \$273 | \$236 |
| 81-82 | \$282 | \$128 | \$291 | \$252 |
| 83-84 | \$299 | \$135 | \$307 | \$267 |
| 85-86 | \$316 | \$143 | \$324 | \$282 |
| 87-88 | \$330 | \$149 | \$339 | \$295 |
| 89-90 | \$343 | \$155 | \$352 | \$307 |
| 91-92 | \$357 | \$161 | \$366 | \$319 |
| 93-94 | \$369 | \$167 | \$378 | \$330 |
| 95+ | \$391 | \$177 | \$400 | \$349 |
| Disabled under 65 | \$391 | \$177 | \$400 | \$349 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$169 | \$77 | \$178 | \$151 |
| 67-68 | \$190 | \$86 | \$198 | \$170 |
| 69-70 | \$209 | \$94 | \$217 | \$186 |
| 71-72 | \$228 | \$103 | \$237 | \$204 |
| 73-74 | \$249 | \$113 | \$257 | \$222 |
| 75-76 | \$268 | \$121 | \$277 | \$240 |
| 77-78 | \$291 | \$132 | \$299 | \$260 |
| 79-80 | \$309 | \$140 | \$317 | \$276 |
| 81-82 | \$328 | \$149 | \$337 | \$293 |
| 83-84 | \$348 | \$157 | \$357 | \$311 |
| 85-86 | \$368 | \$167 | \$377 | \$329 |
| 87-88 | \$384 | \$174 | \$393 | \$344 |
| 89-90 | \$401 | \$181 | \$409 | \$358 |
| 91-92 | \$416 | \$188 | \$425 | \$371 |
| 93-94 | \$431 | \$195 | \$440 | \$385 |
| 95+ | \$455 | \$206 | \$464 | \$406 |
| Disabled under 65 | \$455 | \$206 | \$464 | \$406 |

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

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 Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yuba Counties (Region 2)

| Age range | Nonsmoking | | | | |
|-------------------|------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$117 | \$167 | \$70 | \$172 | \$154 |
| 67-68 | \$130 | \$185 | \$78 | \$190 | \$170 |
| 69-70 | \$141 | \$201 | \$84 | \$206 | \$185 |
| 71-72 | \$152 | \$217 | \$91 | \$222 | \$200 |
| 73-74 | \$164 | \$234 | \$98 | \$239 | \$215 |
| 75-76 | \$175 | \$250 | \$105 | \$255 | \$230 |
| 77-78 | \$186 | \$266 | \$112 | \$271 | \$245 |
| 79-80 | \$197 | \$281 | \$118 | \$286 | \$259 |
| 81-84 | \$212 | \$303 | \$127 | \$308 | \$279 |
| 85+ | \$237 | \$339 | \$142 | \$344 | \$312 |
| Disabled under 65 | \$237 | \$339 | \$142 | \$344 | \$312 |

| Age range | Smoking ¹ | | | | |
|-------------------|----------------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$137 | \$195 | \$82 | \$200 | \$179 |
| 67-68 | \$151 | \$216 | \$91 | \$221 | \$199 |
| 69-70 | \$165 | \$235 | \$99 | \$240 | \$216 |
| 71-72 | \$177 | \$253 | \$106 | \$258 | \$233 |
| 73-74 | \$191 | \$273 | \$115 | \$278 | \$251 |
| 75-76 | \$204 | \$291 | \$122 | \$296 | \$268 |
| 77-78 | \$218 | \$311 | \$131 | \$316 | \$286 |
| 79-80 | \$229 | \$327 | \$137 | \$332 | \$301 |
| 81-84 | \$247 | \$353 | \$148 | \$358 | \$325 |
| 85+ | \$277 | \$395 | \$166 | \$400 | \$363 |
| Disabled under 65 | \$277 | \$395 | \$166 | \$400 | \$363 |

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

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 Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yuba Counties (Region 2)

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$137 | \$62 | \$146 | \$123 |
| 67-68 | \$154 | \$70 | \$163 | \$138 |
| 69-70 | \$169 | \$77 | \$178 | \$151 |
| 71-72 | \$186 | \$84 | \$194 | \$166 |
| 73-74 | \$202 | \$91 | \$210 | \$180 |
| 75-76 | \$218 | \$98 | \$226 | \$194 |
| 77-78 | \$235 | \$107 | \$244 | \$210 |
| 79-80 | \$251 | \$113 | \$259 | \$224 |
| 81-82 | \$267 | \$121 | \$275 | \$238 |
| 83-84 | \$283 | \$128 | \$291 | \$253 |
| 85-86 | \$299 | \$135 | \$307 | \$267 |
| 87-88 | \$312 | \$141 | \$321 | \$279 |
| 89-90 | \$325 | \$147 | \$333 | \$290 |
| 91-92 | \$338 | \$153 | \$347 | \$302 |
| 93-94 | \$350 | \$158 | \$358 | \$312 |
| 95+ | \$369 | \$167 | \$378 | \$330 |
| Disabled under 65 | \$369 | \$167 | \$378 | \$330 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$161 | \$73 | \$169 | \$143 |
| 67-68 | \$179 | \$81 | \$188 | \$160 |
| 69-70 | \$198 | \$90 | \$206 | \$177 |
| 71-72 | \$217 | \$98 | \$225 | \$194 |
| 73-74 | \$235 | \$107 | \$244 | \$210 |
| 75-76 | \$254 | \$115 | \$263 | \$227 |
| 77-78 | \$275 | \$124 | \$283 | \$245 |
| 79-80 | \$292 | \$132 | \$300 | \$261 |
| 81-82 | \$311 | \$141 | \$320 | \$278 |
| 83-84 | \$330 | \$149 | \$339 | \$295 |
| 85-86 | \$349 | \$158 | \$358 | \$312 |
| 87-88 | \$364 | \$165 | \$373 | \$325 |
| 89-90 | \$379 | \$172 | \$388 | \$339 |
| 91-92 | \$393 | \$178 | \$402 | \$351 |
| 93-94 | \$409 | \$185 | \$417 | \$365 |
| 95+ | \$431 | \$195 | \$440 | \$385 |
| Disabled under 65 | \$431 | \$195 | \$440 | \$385 |

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

Kern, Napa, Riverside, San Bernardino, Ventura Counties (Region 4)

| Age range | Nonsmoking | | | | |
|-------------------|------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$129 | \$184 | \$77 | \$189 | \$169 |
| 67-68 | \$142 | \$203 | \$85 | \$208 | \$187 |
| 69-70 | \$155 | \$222 | \$93 | \$227 | \$204 |
| 71-72 | \$167 | \$239 | \$100 | \$244 | \$220 |
| 73-74 | \$181 | \$258 | \$108 | \$263 | \$237 |
| 75-76 | \$193 | \$275 | \$116 | \$280 | \$253 |
| 77-78 | \$205 | \$293 | \$123 | \$298 | \$270 |
| 79-80 | \$216 | \$309 | \$130 | \$314 | \$284 |
| 81-84 | \$233 | \$333 | \$140 | \$338 | \$306 |
| 85+ | \$261 | \$373 | \$157 | \$378 | \$343 |
| Disabled under 65 | \$261 | \$373 | \$157 | \$378 | \$343 |

| Age range | Smoking ¹ | | | | |
|-------------------|----------------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$151 | \$215 | \$90 | \$220 | \$198 |
| 67-68 | \$166 | \$237 | \$100 | \$242 | \$218 |
| 69-70 | \$181 | \$258 | \$108 | \$263 | \$237 |
| 71-72 | \$195 | \$279 | \$117 | \$284 | \$257 |
| 73-74 | \$210 | \$300 | \$126 | \$305 | \$276 |
| 75-76 | \$225 | \$321 | \$135 | \$326 | \$295 |
| 77-78 | \$239 | \$342 | \$144 | \$347 | \$315 |
| 79-80 | \$252 | \$360 | \$151 | \$365 | \$331 |
| 81-84 | \$272 | \$389 | \$163 | \$394 | \$358 |
| 85+ | \$305 | \$435 | \$183 | \$440 | \$400 |
| Disabled under 65 | \$305 | \$435 | \$183 | \$440 | \$400 |

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

Kern, Napa, Riverside, San Bernardino, Ventura Counties (Region 4)

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$152 | \$69 | \$160 | \$135 |
| 67-68 | \$169 | \$77 | \$178 | \$151 |
| 69-70 | \$187 | \$85 | \$196 | \$167 |
| 71-72 | \$205 | \$93 | \$214 | \$183 |
| 73-74 | \$222 | \$100 | \$231 | \$198 |
| 75-76 | \$240 | \$109 | \$248 | \$214 |
| 77-78 | \$260 | \$117 | \$268 | \$232 |
| 79-80 | \$276 | \$125 | \$284 | \$246 |
| 81-82 | \$294 | \$133 | \$303 | \$263 |
| 83-84 | \$312 | \$141 | \$321 | \$279 |
| 85-86 | \$330 | \$149 | \$339 | \$295 |
| 87-88 | \$344 | \$156 | \$353 | \$308 |
| 89-90 | \$359 | \$162 | \$367 | \$320 |
| 91-92 | \$372 | \$168 | \$381 | \$332 |
| 93-94 | \$386 | \$175 | \$395 | \$345 |
| 95+ | \$408 | \$184 | \$417 | \$364 |
| Disabled under 65 | \$408 | \$184 | \$417 | \$364 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$177 | \$80 | \$185 | \$158 |
| 67-68 | \$198 | \$90 | \$206 | \$177 |
| 69-70 | \$219 | \$99 | \$227 | \$195 |
| 71-72 | \$239 | \$108 | \$248 | \$214 |
| 73-74 | \$260 | \$117 | \$268 | \$232 |
| 75-76 | \$280 | \$127 | \$289 | \$250 |
| 77-78 | \$303 | \$137 | \$312 | \$271 |
| 79-80 | \$322 | \$146 | \$331 | \$288 |
| 81-82 | \$343 | \$155 | \$351 | \$306 |
| 83-84 | \$364 | \$165 | \$373 | \$325 |
| 85-86 | \$384 | \$174 | \$393 | \$344 |
| 87-88 | \$401 | \$182 | \$410 | \$359 |
| 89-90 | \$418 | \$189 | \$427 | \$374 |
| 91-92 | \$434 | \$197 | \$443 | \$388 |
| 93-94 | \$450 | \$203 | \$459 | \$402 |
| 95+ | \$475 | \$215 | \$485 | \$425 |
| Disabled under 65 | \$475 | \$215 | \$485 | \$425 |

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

El Dorado, Fresno, Imperial, Placer, Sacramento, San Joaquin, Santa Cruz, Solano, Stanislaus, Tulare, Yolo Counties (Region 5)

| Age range | Nonsmoking | | | | |
|-------------------|------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$107 | \$153 | \$64 | \$158 | \$141 |
| 67-68 | \$118 | \$169 | \$71 | \$174 | \$155 |
| 69-70 | \$129 | \$184 | \$77 | \$189 | \$169 |
| 71-72 | \$139 | \$199 | \$84 | \$204 | \$183 |
| 73-74 | \$150 | \$214 | \$90 | \$219 | \$197 |
| 75-76 | \$160 | \$229 | \$96 | \$234 | \$211 |
| 77-78 | \$171 | \$244 | \$102 | \$249 | \$224 |
| 79-80 | \$180 | \$257 | \$108 | \$262 | \$236 |
| 81-84 | \$194 | \$277 | \$116 | \$282 | \$255 |
| 85+ | \$217 | \$310 | \$130 | \$315 | \$285 |
| Disabled under 65 | \$217 | \$310 | \$130 | \$315 | \$285 |

| Age range | Smoking ¹ | | | | |
|-------------------|----------------------|--------|-------------|-------------------|--------|
| | Plan A | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66 | \$125 | \$179 | \$75 | \$184 | \$165 |
| 67-68 | \$139 | \$198 | \$83 | \$203 | \$182 |
| 69-70 | \$151 | \$215 | \$90 | \$220 | \$198 |
| 71-72 | \$162 | \$232 | \$97 | \$237 | \$213 |
| 73-74 | \$175 | \$250 | \$105 | \$255 | \$230 |
| 75-76 | \$187 | \$267 | \$112 | \$272 | \$246 |
| 77-78 | \$200 | \$285 | \$120 | \$290 | \$262 |
| 79-80 | \$210 | \$300 | \$126 | \$305 | \$276 |
| 81-84 | \$227 | \$324 | \$136 | \$329 | \$298 |
| 85+ | \$253 | \$362 | \$152 | \$367 | \$333 |
| Disabled under 65 | \$253 | \$362 | \$152 | \$367 | \$333 |

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

El Dorado, Fresno, Imperial, Placer, Sacramento, San Joaquin, Santa Cruz, Solano, Stanislaus, Tulare, Yolo Counties (Region 5)

| Age range | Nonsmoking | | | |
|-------------------|------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$126 | \$57 | \$134 | \$112 |
| 67-68 | \$142 | \$64 | \$150 | \$127 |
| 69-70 | \$155 | \$70 | \$164 | \$139 |
| 71-72 | \$170 | \$77 | \$179 | \$152 |
| 73-74 | \$186 | \$84 | \$194 | \$166 |
| 75-76 | \$200 | \$90 | \$208 | \$179 |
| 77-78 | \$217 | \$98 | \$225 | \$194 |
| 79-80 | \$230 | \$104 | \$239 | \$206 |
| 81-82 | \$244 | \$111 | \$253 | \$218 |
| 83-84 | \$260 | \$117 | \$268 | \$232 |
| 85-86 | \$275 | \$124 | \$283 | \$245 |
| 87-88 | \$286 | \$130 | \$295 | \$256 |
| 89-90 | \$298 | \$135 | \$307 | \$266 |
| 91-92 | \$310 | \$140 | \$318 | \$277 |
| 93-94 | \$321 | \$145 | \$330 | \$287 |
| 95+ | \$339 | \$153 | \$348 | \$303 |
| Disabled under 65 | \$339 | \$153 | \$348 | \$303 |

| Age range | Smoking ¹ | | | |
|-------------------|----------------------|-------------|-------------------|--------|
| | Plan D | High Ded. G | Innovative Plan G | Plan N |
| 65-66 | \$147 | \$67 | \$156 | \$132 |
| 67-68 | \$165 | \$75 | \$173 | \$147 |
| 69-70 | \$182 | \$82 | \$190 | \$163 |
| 71-72 | \$199 | \$90 | \$207 | \$178 |
| 73-74 | \$216 | \$98 | \$224 | \$193 |
| 75-76 | \$234 | \$106 | \$242 | \$209 |
| 77-78 | \$252 | \$114 | \$261 | \$226 |
| 79-80 | \$268 | \$121 | \$276 | \$239 |
| 81-82 | \$285 | \$129 | \$294 | \$255 |
| 83-84 | \$302 | \$137 | \$311 | \$270 |
| 85-86 | \$320 | \$145 | \$329 | \$286 |
| 87-88 | \$335 | \$151 | \$343 | \$299 |
| 89-90 | \$348 | \$157 | \$357 | \$311 |
| 91-92 | \$361 | \$163 | \$370 | \$323 |
| 93-94 | \$375 | \$169 | \$383 | \$335 |
| 95+ | \$396 | \$179 | \$405 | \$354 |
| Disabled under 65 | \$396 | \$179 | \$405 | \$354 |

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

Read your Medicare Supplement Plan Policy very carefully

This is only an outline describing your Medicare Supplement Plan Policy's most important features. The Policy is your contract. You must read the Policy itself to understand all of the rights and duties of both you and HNL.

30-day right to return the Medicare Supplement Plan Policy

If you find you are not satisfied with your Medicare Supplement Plan Policy, you may return it to HNL Medicare Supplement Plan at:

PO Box 10420
Van Nuys, CA 91499
Attn.: Membership Accounting

If you send the Medicare Supplement Plan Policy back to us within 30 days after you receive it, we will treat the Contract as if it had never been issued and return all of your payments, less any payments made on claims.

Medicare Supplement Plan Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new Medicare Supplement Plan Policy and are sure you want to keep it.

Disclosures

This Policy may not fully cover all your medical costs. Neither HNL nor any of its agents are connected with Medicare. This *Outline of Coverage* does not give all the details of Medicare coverage. Contact your local Social Security office or consult the *Medicare Handbook* for more details. For additional information concerning Policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, 1-800-434-0222, for a referral to your local HICAP office. HICAP is a service provided free of charge by the State of California.

Complete answers are very important

You do not need to answer questions about your medical and health history if you are applying for coverage during an open enrollment or guaranteed issue period.

When you fill out the application for an HNL Medicare Supplement plan, be sure to truthfully and completely answer all questions about your medical and health history. HNL may have the right to cancel your Medicare Supplement Plan Policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.



AN EXAMPLE SHOWING A DOCTOR'S CHARGES

The following are examples of how the plans pay benefits for Part B charges, assuming a doctor bill of \$2,000 and the annual Medicare Part B deductible of \$233 has been met.

| Plan: A, D, and N | Doctor accepts assignment | Doctor does not accept assignment |
|--|---------------------------|-----------------------------------|
| Charges approved for payment by Medicare | \$1,850 | \$1,850 |
| Medicare pays 80% of approved charges | \$1,480 | \$1,480 |
| This policy pays | \$370 | \$370 |
| You pay coinsurance | \$0 | \$150 |

If your doctor accepts assignment of Medicare benefits, the difference between your doctor's charge (\$2,000) and the Part B charges approved for payment by Medicare (\$1,850) is absorbed by your doctor and you pay no coinsurance. If your doctor does not accept assignment of Medicare benefits, you pay the Part B excess charges.

| Plan: F, High Deductible F, Innovative Plan F, G, High Deductible G and Innovative Plan G | Doctor accepts assignment | Doctor does not accept assignment |
|---|---------------------------|-----------------------------------|
| Charges approved for payment by Medicare | \$1,850 | \$1,850 |
| Medicare pays 80% of approved charges | \$1,480 | \$1,480 |
| This policy pays | \$370 | \$520 |
| You pay coinsurance | \$0 | \$0 |

Unlike plans A, D, and N, plans F, High Deductible F, Innovative Plan F, G, High Deductible G, and Innovative Plan G pay Part B excess charges. Part B excess charges are the difference between doctor charges and the charges approved for payment by Medicare.

Plan **A** 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 \$1,556 | \$0 | \$1,556 (Part A ded.) |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | \$0 | Up to \$194.50 a day |
| 101st day and after | \$0 | \$0 | All costs |
| 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 |

*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.

Plan **A** 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B excess charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| Blood First 3 pints | \$0 | All costs | \$0 |
| Next \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |

*Once you have been billed \$233 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$233 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.

Plan **D** 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 \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | Up to \$194.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| 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 |

*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.

Plan **D** 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B excess charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| Blood First 3 pints | \$0 | All costs | \$0 |
| Next \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |

*Once you have been billed \$233 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Reminder 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 \$233 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.

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 \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | Up to \$194.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| 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 |

*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.

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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |

*Once you have been billed \$233 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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$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 \$233 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.

High Deductible Plan **F** Medicare (Part A)

Hospital services – per benefit period

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the Policy. This includes the Medicare deductibles for Part A and Part B but does not include the plan’s separate foreign travel emergency deductible.

| Services | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|------------------------|---------------------------------------|--------------------------------------|
| Hospitalization* | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | Up to \$194.50 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 | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., 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 |

*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.

High Deductible Plan **F** Medicare (Part B)

Medical services – per calendar year

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the Policy. This includes the Medicare deductibles for Part A and Part B but does not include the plan's separate foreign travel emergency deductible.

| Services | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., 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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$233 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 | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|---------------|---------------------------------------|--------------------------------------|
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |
| Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment | 100% | \$0 | \$0 |
| First \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., 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 \$233 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 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 \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | Up to \$194.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| 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 |

*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.

Innovative 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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |

*Once you have been billed \$233 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 \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B ded.) | \$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 \$233 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 Plan **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 |
| <ul style="list-style-type: none"> • Contact lenses – Includes materials only, once every 24 months – Conventional | \$0 | Up to \$250 allowance | 85% of the remaining balance |
| <ul style="list-style-type: none"> – Disposable | \$0 | Up to \$250 allowance | 100% of the remaining balance |
| <ul style="list-style-type: none"> – 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 aids <ul style="list-style-type: none"> • Two hearing aids (one pair) every calendar year when determined to be medically necessary based on a hearing exam. • A variety of sizes and styles offered from several major manufacturers. • Four levels of technology to choose from. All instruments are fully digital. • Hearing aid fitting | \$0 | \$0 | Health Net member copay (per instrument) Level 1 – \$0 Level 2 – \$700 Level 3 – \$1,125 Level 4 – \$1,580 |

Plan **G** 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 \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | Up to \$194.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| 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 respice care | Medicare copayment/coinsurance | \$0 |

*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.

Plan **G** 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |

*Once you have been billed \$233 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| 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 \$233 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.

High Deductible Plan Medicare (Part A)

Hospital services – per benefit period

This high deductible plan pays the same benefits as Plan G after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan G will not begin until out-of-pocket expenses exceed \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the Policy. This includes the Medicare deductibles for Part A and Part B but does not include the plan’s separate foreign travel emergency deductible.

| Services | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|------------------------|---------------------------------------|--------------------------------------|
| Hospitalization* | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | Up to \$194.50 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 | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., 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 |

High Deductible Plan **G** Medicare (Part B)

Medical services – per calendar year

This high deductible plan pays the same benefits as Plan G after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan G will not begin until out-of-pocket expenses exceed \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the Policy. This includes the Medicare deductibles for Part A and Part B but does not include the plan's separate foreign travel emergency deductible.

| Services | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$233 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 | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|---------------|---------------------------------------|--------------------------------------|
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |
| Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment | 100% | \$0 | \$0 |
| First \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., 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 \$233 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 Plan 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 \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 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 \$194.50 a day | Up to \$194.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| 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 |

*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.

Innovative Plan 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |

*Once you have been billed \$233 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| 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 \$233 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 Plan

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 |
| <ul style="list-style-type: none"> • Contact lenses – Includes materials only, once every 24 months <ul style="list-style-type: none"> – Conventional | \$0 | Up to \$250 allowance | 85% of the remaining balance |
| <ul style="list-style-type: none"> – Disposable | \$0 | Up to \$250 allowance | 100% of the remaining balance |
| <ul style="list-style-type: none"> – 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 aids <ul style="list-style-type: none"> • Two hearing aids (one pair) every calendar year when determined to be medically necessary based on a hearing exam • A variety of sizes and styles offered from several major manufacturers. • Four levels of technology to choose from. All instruments are fully digital. • Hearing aid fitting | \$0 | \$0 | Health Net member copay (per instrument) Level 1 – \$0 Level 2 – \$700 Level 3 – \$1,125 Level 4 – \$1,580 |
| Routine Chiropractic and Acupuncture benefit Routine chiropractic and acupuncture office visits are covered at 100%. Coverage up to 20 visits per calendar year, combined for chiropractic and acupuncture visits. | \$0 | \$0 | \$0 |

Plan N Medicare (Part A)

Hospital services – per benefit period

| Services | Medicare pays | Plan pays | You pay |
|--|--|------------------------------------|------------------|
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days | All but \$1,556 | \$1,556 (Part A ded.) | \$0 |
| 61st through 90th day | All but \$389 a day | \$389 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$778 a day | \$778 a day | \$0 |
| • Once lifetime reserve days are used: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| – Additional 365 days | \$0 | \$0 | All costs |
| – Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled nursing facility care¹ 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 \$194.50 a day | Up to \$194.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| 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 |

¹A 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.

²**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.

Plan **N** 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | Generally 80% | Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| Blood First 3 pints | \$0 | All costs | \$0 |
| Next \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical laboratory services Tests for diagnostic services | 100% | \$0 | \$0 |

*Once you have been billed \$233 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 \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Part B ded.) |
| 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 \$233 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.

Eligibility provisions

You are eligible for enrollment in one of HNL's Medicare Supplement plans if you are 65 or older and entitled to Medicare on the basis of Social Security disability benefits and do not have end-stage renal disease (ESRD), are enrolled in Medicare Parts A and B, and reside within the State of California. Your continued eligibility to participate in this health plan depends on your continued Medicare enrollment. You may be eligible for guaranteed issuance of a Medicare Supplement Plan Policy with HNL. Please call Health Net Life Medicare Inside Sales for more details at **1-800-944-7287**.

IF YOU ARE 64 OR YOUNGER

You may be able to enroll in one of HNL's Medicare Supplement plans, under the following conditions:

- You are a resident of California.
- You are enrolled in Medicare Parts A and B at the time you apply.
- You qualify for guaranteed acceptance in an HNL plan according to HNL's guidelines.
- You do not have end-stage renal disease.

Claims reimbursement

HNL Medicare Supplement plans feature electronic claims processing, a claims payment process between HNL and Medicare. Medicare-certified and Medicare-accepting providers bill Medicare for services provided and, upon processing, Medicare then sends claims electronically to HNL for secondary payment. Electronic claims processing is provided with your membership in an HNL Medicare Supplement plan. There is no registration necessary.

For claims for services covered by your HNL Medicare Supplement plan, but not by Medicare, such as foreign travel emergency care, you or your medical provider should submit the claims directly to HNL at:

Health Net Claims
P.O. Box 9040
Farmington, MO 63640-9040

You may request an HNL claim form by contacting the Member Services number provided on your HNL member identification card.

How to apply

You may apply by completing the application and returning it in the enclosed envelope. You may enroll in your choice of plans A, D, F, High Deductible Plan F, Innovative Plan F, G, High Deductible Plan G, Innovative Plan G, and N. You may be eligible for guaranteed issuance of a Medicare Supplement Plan Policy with HNL. Please call Health Net Life Medicare Inside Sales for more details at **1-800-944-7287**.

Termination provisions

You can terminate your enrollment in this health plan by giving written notice to HNL that you wish to disenroll at least 30 days prior to the month in which you wish to end your enrollment. HNL can terminate your coverage:

- If your premium is not paid by the end of the 31-day grace period, your coverage will be canceled at the end of the 31-day grace period.
- If you have performed an act or practice constituting fraud or made an intentional misrepresentation of material fact as prohibited by the terms of this policy, HNL may terminate your coverage upon 30 days notice, except that no such termination shall be allowed after the expiration of two years from your initial effective date of coverage under this Policy.

If your coverage is terminated by HNL and you have reason to believe that the termination was based upon your health status or requirements for health care services, you may request a review of the termination by the Commissioner of the California Department of Insurance. Information relative to this procedure is available by contacting the Member Services Department.

In the event of cancellation by either HNL (except in the case that HNL demonstrates you performed an act constituting fraud or an intentional misrepresentation of material fact as prohibited by the terms of this policy) or yourself, HNL shall within 30 days return to you the pro-rated portion of the money paid to HNL which corresponds to any unexpired period for which payment had been received. The amounts shall be adjusted to reflect amounts due on claims, if any.

Grace period

A grace period of 31-days is allowed after each premium due date. When payment is not received within the first two weeks of the month for which it is due, a final bill showing the amount owed will be sent to you. If payment is not received within the last day of the 31-day grace period after the final bill is sent, your coverage will be terminated at the end of the 31-day grace period.

Health Net Life Inside Sales

Once you have had a chance to review the information presented here, please feel free to call Health Net Life Medicare Inside Sales at **1-800-944-7287**. We'll be glad to talk to you about this plan and all the benefits it offers you.

Grievance and arbitration

If you have a grievance against HNL, or are ever dissatisfied with our services, and our HNL Medicare Supplement Plan Member Services Department is not able to solve the problem, there is a procedure for appealing the issue. You may write a letter explaining the problem to:

HNL Medicare Supplement Plan Appeals and Grievances Department
PO Box 10344
Van Nuys, CA 91410-0344

HNL uses neutral, binding arbitration to settle disputes that arise out of or relate to coverage under the Policy. When you enroll in an HNL Medicare Supplement Plan, you agree to submit any disputes to arbitration, in lieu of a jury or court trial.

This binding arbitration provision does not apply to claims, disputes or controversies relating to alleged professional negligence (medical malpractice) and applies only to matters arising under this Policy.

Medicare has specific appeals procedures for the portion of the bill it pays. If you feel a decision made on a claim is incorrect, any Social Security office can help you request a review.

Department of Insurance

If the covered person is unable to resolve a dispute with HNL, the covered person may wish to contact:

California Department of Insurance
300 South Spring St.
Los Angeles, CA 90013
1-800-927-HELP

For more information, please contact Health Net Life Insurance Company (Health Net Life)



Health Net Life
Medicare Supplement Plan
PO Box 10420
Van Nuys, CA 91499

HEALTH NET LIFE INSIDE SALES

1-800-944-7287

HEALTH NET LIFE MEMBER SERVICES

1-800-926-4178

PARA LOS QUE HABLAN ESPAÑOL

1-800-926-4178

**ASSISTANCE FOR THE HEARING AND
SPEECH IMPAIRED**

TTY users call 711.



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