

WHICH MEDICARE SUPPLEMENT PLAN IS BEST FOR YOU?

CAN HELP.

With Health Net's Medicare Supplement Plan, you get a complete and affordable package that allows you to keep all your Medicare benefits and Medicare card.

Members have the freedom to seek care from a wide selection of medical providers who accept Medicare, including specialists.

THE HEALTH NET LIFE INSURANCE MEDICARE SUPPLEMENT PLAN FEATURES:

- Freedom to see any doctor accepting Medicare, including specialists.
- Helps pay for Medicare deductibles, coinsurance and more.

Get the plan you want. Call

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

CA70535 (6/10)

Health Net Life Insurance Company is a subsidiary of Health Net, Inc.

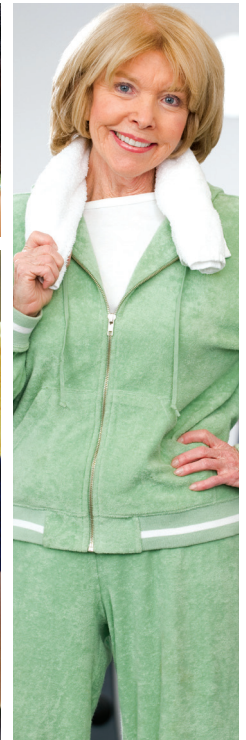
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Health Net[®]
MEDICARE PROGRAMS

AUTHORIZED AGENT



Premium Information

Health Net of Oregon can only raise your premium if we raise the premium for all policies like yours in the State of Oregon. Rates will automatically change effective the first of the month following reaching a different premium classification.

Plan A

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
BENTON	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
CLACKAMAS	1	\$74	\$80	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
CLATSOP	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
COLUMBIA	1	\$74	\$80	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
COOS	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
CROOK	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
CURRY	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
DESCHUTES	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
DOUGLAS	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
GILLIAM	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
GRANT	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
HARNEY	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
HOOD RIVER	1	\$74	\$80	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
JACKSON	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
JEFFERSON	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
JOSEPHINE	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164

Premium Information (continued)

Plan A (continued)

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
KLAMATH	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
LAKE	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
LANE	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
LINCOLN	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
LINN	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
MALHEUR	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
MARION	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
MORROW	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
MULTNOMAH	1	\$74	\$80	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
POLK	2	\$78	\$84	\$92	\$100	\$108	\$116	\$124	\$131	\$138	\$148	\$164
SHERMAN	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
TILLAMOOK	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
UMATILLA	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
UNION	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
WALLOWA	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
WASCO	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
WASHINGTON	1	\$74	\$80	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156
WHEELER	3	\$79	\$85	\$93	\$101	\$109	\$117	\$125	\$133	\$140	\$149	\$166
YAMHILL	1	\$74	\$80	\$88	\$95	\$102	\$110	\$118	\$124	\$132	\$140	\$156

Premium Information (continued)

Plan F

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
BENTON	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
CLACKAMAS	1	\$106	\$114	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
CLATSOP	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
COLUMBIA	1	\$106	\$114	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
COOS	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
CROOK	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
CURRY	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
DESCHUTES	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
DOUGLAS	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
GILLIAM	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
GRANT	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
HARNEY	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
HOOD RIVER	1	\$106	\$114	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
JACKSON	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
JEFFERSON	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
JOSEPHINE	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
KLAMATH	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237

Premium Information (continued)

Plan F (continued)

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
LAKE	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
LANE	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
LINCOLN	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
LINN	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
MALHEUR	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
MARION	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
MORROW	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
MULTNOMAH	1	\$106	\$114	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
POLK	2	\$111	\$120	\$132	\$143	\$154	\$165	\$177	\$187	\$198	\$211	\$234
SHERMAN	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
TILLAMOOK	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
UMATILLA	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
UNION	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
WALLOWA	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
WASCO	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
WASHINGTON	1	\$106	\$114	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222
WHEELER	3	\$113	\$122	\$133	\$145	\$156	\$167	\$179	\$189	\$200	\$213	\$237
YAMHILL	1	\$106	\$114	\$125	\$136	\$146	\$157	\$168	\$178	\$188	\$200	\$222

Premium Information (continued)

Plan F with High Deductible

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
BENTON	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
CLACKAMAS	1	\$44	\$47	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
CLATSOP	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
COLUMBIA	1	\$44	\$47	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
COOS	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
CROOK	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
CURRY	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
DESCHUTES	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
DOUGLAS	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
GILLIAM	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
GRANT	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
HARNEY	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
HOOD RIVER	1	\$44	\$47	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
JACKSON	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
JEFFERSON	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
JOSEPHINE	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97

Premium Information (continued)

Plan F with High Deductible (continued)

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
KLAMATH	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
LAKE	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
LANE	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
LINCOLN	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
LINN	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
MALHEUR	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
MARION	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
MORROW	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
MULTNOMAH	1	\$44	\$47	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
POLK	2	\$46	\$50	\$54	\$59	\$63	\$68	\$73	\$77	\$82	\$87	\$97
SHERMAN	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
TILLAMOOK	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
UMATILLA	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
UNION	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
WALLOWA	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
WASCO	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
WASHINGTON	1	\$44	\$47	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92
WHEELER	3	\$46	\$50	\$55	\$60	\$64	\$69	\$74	\$78	\$83	\$88	\$98
YAMHILL	1	\$44	\$47	\$52	\$56	\$60	\$65	\$69	\$73	\$78	\$83	\$92

Premium Information (continued)

Plan K

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
BENTON	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
CLACKAMAS	1	\$56	\$61	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
CLATSOP	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
COLUMBIA	1	\$56	\$61	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
COOS	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
CROOK	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
CURRY	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
DESCHUTES	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
DOUGLAS	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
GILLIAM	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
GRANT	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
HARNEY	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
HOOD RIVER	1	\$56	\$61	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
JACKSON	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
JEFFERSON	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
JOSEPHINE	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
KLAMATH	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126

Premium Information (continued)

Plan K (continued)

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
LAKE	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
LANE	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
LINCOLN	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
LINN	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
MALHEUR	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
MARION	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
MORROW	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
MULTNOMAH	1	\$56	\$61	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
POLK	2	\$59	\$64	\$70	\$76	\$81	\$88	\$94	\$99	\$105	\$112	\$124
SHERMAN	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
TILLAMOOK	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
UMATILLA	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
UNION	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
WALLOWA	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
WASCO	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
WASHINGTON	1	\$56	\$61	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118
WHEELER	3	\$60	\$64	\$71	\$77	\$82	\$89	\$95	\$100	\$106	\$113	\$126
YAMHILL	1	\$56	\$61	\$66	\$72	\$77	\$83	\$89	\$94	\$100	\$106	\$118

Premium Information (continued)

Plan M

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
BAKER	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
BENTON	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
CLACKAMAS	1	\$89	\$96	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
CLATSOP	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
COLUMBIA	1	\$89	\$96	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
COOS	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
CROOK	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
CURRY	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
DESCHUTES	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
DOUGLAS	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
GILLIAM	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
GRANT	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
HARNEY	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
HOOD RIVER	1	\$89	\$96	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
JACKSON	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
JEFFERSON	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
JOSEPHINE	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
KLAMATH	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199

Premium Information (continued)

Plan M (continued)

County	Region	Age										
		65 & under	66-67	68-69	70-71	72-73	74-75	76-77	78-79	80-81	82-84	85+
LAKE	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
LANE	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
LINCOLN	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
LINN	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
MALHEUR	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
MARION	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
MORROW	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
MULTNOMAH	1	\$89	\$96	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
POLK	2	\$93	\$101	\$111	\$120	\$129	\$139	\$149	\$157	\$166	\$177	\$197
SHERMAN	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
TILLAMOOK	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
UMATILLA	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
UNION	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
WALLOWA	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
WASCO	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
WASHINGTON	1	\$89	\$96	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187
WHEELER	3	\$95	\$102	\$112	\$122	\$131	\$141	\$150	\$159	\$168	\$179	\$199
YAMHILL	1	\$89	\$96	\$105	\$114	\$123	\$132	\$141	\$149	\$158	\$168	\$187

10 STANDARD MEDICARE SUPPLEMENTAL PLANS

Health Net of Oregon offers Plans A, F, including F with High Deductible, K & M. This chart identifies the benefits that are included in each of the ten standard Medicare Supplemental Plans.

CORE BENEFITS	Plan A	Plan B	Plan C	Plan D	Plan F ¹	Plan G	Plan K ³	Plan L ⁴	Plan M	Plan N
Part A Hospital (Days 61-90)	X	X	X	X	X	X	X	X	X	X
Lifetime Reserve (Days 91-150)	X	X	X	X	X	X	X	X	X	X
365 Lifetime Hospital Days (100%)	X	X	X	X	X	X	X	X	X	X
Parts A & B Blood	X	X	X	X	X	X	50%	75%	X	X
Part B Co-insurance	X	X	X	X	X	X	50%	75%	X	X ²
Hospice Care	X	X	X	X	X	X	50%	75%	X	X
ADDITIONAL BENEFITS	Plan A	Plan B	Plan C	Plan D	Plan F ¹	Plan G	Plan K ³	Plan L ⁴	Plan M	Plan N
Skilled Nursing Facility Coinsurance (Days 21-100)			X	X	X	X	50%	75%	X	X
Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Part B Deductible			X		X					
Part B Excess Charges					100%	100%				
Foreign Travel Emergency			X	X	X	X			X	X
Annual out-of-pocket limitation							\$4,640	\$2,320		

¹ Plan F also offers a high deductible option. You must pay for Medicare-covered costs up to the high deductible amount (\$2,000 in 2011) before your Medicare Supplement policy pays anything.

² Provides coverage for 100% of the Part B coinsurance, except you pay the lesser of \$20 or the Part B coinsurance for each covered office visit and the lesser of \$50 or the Part B coinsurance for each covered emergency room visit. The emergency room visit copayment is waived if admitted.

³ After you have reached the **out-of-pocket limitation of \$4,640** on annual expenditures under Medicare Parts A and B, Plan K will provide coverage of one hundred percent (100%) of all cost sharing for the balance of the calendar year.

⁴ After you have reached the **out-of-pocket limitation of \$2,320** on annual expenditures under Medicare Parts A and B, Plan L will provide coverage of one hundred percent (100%) of all cost sharing for the balance of the calendar year.

Plan A Benefits (Core Benefits)

The benefits included in standardized Plan A are called Core Benefits.

For members of Plan A, Health Net of Oregon will pay benefits as follows for services that are covered by Medicare and while the member is covered under this plan:

Hospitalization benefit provides coverage of Part A Medicare Eligible Expenses for hospitalization, which are not covered by Medicare, from the 61st day through the 90th day in any Medicare benefit period.

Coverage of Part A Medicare Eligible Expenses incurred for hospitalization, which are not covered by Medicare, for Medicare lifetime inpatient reserve days.

When Medicare hospital inpatient coverage runs out, including the lifetime reserve days, coverage of the Part A Medicare Eligible Expenses for hospitalization, subject to a lifetime maximum benefit of an additional 365 days.

Blood benefit provides coverage under Medicare Part A and B for the reasonable cost of the first three pints of blood, or equivalent quantities of packed red blood cells.

Part B Coinsurance provides coverage for the coinsurance amount of Medicare Eligible Expenses under Part B, regardless of hospital confinement, subject to the Medicare Part B deductible.

Hospice care benefit provides coverage of cost sharing for the Part A Medicare Eligible Expenses for hospice care and respite care.

Plan F (including Plan F with high deductible) Additional Benefits

Plan F and Plan F with high deductible include the Core Benefits plus the following additional benefits:

Skilled nursing facility care benefit, providing coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.

Medicare Part A deductible benefit, providing coverage for 100 percent of the Medicare Part A inpatient hospital deductible amount per benefit period.

Medically necessary emergency care in a foreign country, providing coverage for benefits not covered by Medicare up to 80 percent of the billed charges for Medicare Eligible Expenses.

Benefits are for medically necessary emergency hospital, physician and medical care received in a foreign country, when the care would have been covered by Medicare if provided in the United States and when the care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

For purposes of this benefit, “emergency care” means care needed immediately because of an injury or an illness of sudden and unexpected onset.

Medicare Part B deductible benefit, providing coverage for 100 percent of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

Part B Excess Charges benefit, providing coverage for 100 percent of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or State law, and the Medicare-approved Part B charge.

NOTICE: The annual deductible in Plan F with high deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the standardized Medicare supplement Plan F, and shall be in addition to any other specific benefit deductibles. The annual deductible for 2011 is \$2,000.

Plan K Additional Benefits

Plan K includes the Core Benefits plus the following additional benefits:

Skilled nursing facility care benefit, providing coverage for 50 percent of the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.

Medicare Part A deductible benefit, providing coverage for 50 percent of the Medicare Part A inpatient hospital deductible amount per benefit period.

Out-of-Pocket Limitation After you have reached the out-of-pocket limitation of **\$4640** on annual expenditures under Medicare Parts A and B, Plan K will provide coverage of one hundred percent (100%) of all cost sharing for the balance of the calendar year.

Plan M Additional Benefits

Plan M includes the Core Benefits plus the following additional benefits:

Skilled nursing facility care benefit, providing coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.

Medicare Part A deductible benefit, providing coverage for 50 percent of the Medicare Part A inpatient hospital deductible amount per benefit period.

Medically necessary emergency care in a foreign country, providing coverage for benefits not covered by Medicare up to 80 percent of the billed charges for Medicare Eligible Expenses.

Benefits are for medically necessary emergency hospital, physician and medical care received in a foreign country, when the care would have been covered by Medicare if provided in the United States and when the care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

For purposes of this benefit, “emergency care” means care needed immediately because of an injury or an illness of sudden and unexpected onset.

Services Not Covered

No payment will be made by Health Net of Oregon for loss arising from the following:

- Services or materials furnished, paid for or made available by any state or federal agency or under any law for which the Member is not required to pay, including but not limited to Title XVIII of the Social Security Act of 1965, as amended-Medicare. (Except State of Oregon owned or operated hospitals and State approved community mental health programs.)
- Vision aids (except when required following cataract surgery).
- Prescription medications.
- Conditions caused by or arising out of war or acts of war, declared or undeclared.
- Benefits that duplicate benefits paid by Medicare.
- Custodial Care. Care is considered custodial when it is primarily for the purpose of meeting personal needs and could be provided by persons without professional skills or training. Medicare does not cover care if it is mainly custodial.
- Any state or federal worker's compensation, employer liability or occupational disease law or any motor vehicle no-fault law.
- Services and supplies not covered by Medicare except:
 - The Medicare Part A deductible and Medicare Coinsurance covered under this Policy
 - The 365 lifetime hospital days
 - Any benefits endorsed to this Policy

No limitations or exclusions on coverage under this plan shall be more restrictive than those under Medicare.

Submitting Claims

Medicare requires the provider of services to submit claims for covered services directly to Medicare for you. Many providers will also submit claims for balances not covered by Medicare directly to Health Net of Oregon for you.

If the provider bills you directly for the balance, you are responsible for submitting the explanation of Medicare Benefits (EOMB) and an itemized statement to Health Net of Oregon.