

2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL CALIFORNIA OPTION 1

Calaveras, Modoc, Placer, Sacramento, Shasta, Solano, Stanislaus, Trinity and Yolo counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$0
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (Days 1-11) \$75/day (Days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$20/visit
Chiropractic (Medicare-covered)	\$20/visit
Podiatry (Medicare-covered)	\$20/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$25/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$15 on Standard X-rays
Dental Services (Medicare-covered)	\$20/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$20 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$20/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0

OPTIONAL BUY-UP PACKAGE

For Added Dental, Vision and Chiropractic Coverage

\$23/month in addition to your monthly plan premium

¹ Contact the plan for services that apply.

² Covered for 100 days per benefit period. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

Prior notification is recommended but not required. For Prior Notification, providers may contact Health Net through the Provider Line printed on the member's ID card. Members may contact Health Net using the Member Services number printed on their ID Card.

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A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: https://www.healthnet.com/pffs_terms.pdf.

Medicare beneficiaries may enroll in Health Net's MA plans through the Centers for Medicare & Medicaid Services On-line Enrollment Center, located at www.Medicare.gov. For more information contact Health Net at 1-800-200-0410, 8:00 a.m. to 8:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-929-9955, 8:00 a.m. to 8:00 p.m., 7 days a week.

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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL CALIFORNIA OPTION 2 *Amador, Contra Costa, El Dorado, Humboldt, Lake, Mariposa, Santa Barbara, Santa Clara and Siskiyou counties*

MEDICAL COVERAGE	
Monthly Plan Premium	\$59
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (Days 1-11) \$75/day (Days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$20/visit
Chiropractic (Medicare-covered)	\$20/visit
Podiatry (Medicare-covered)	\$20/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$25/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$15 on Standard X-rays
Dental Services (Medicare-covered)	\$20/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$20 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$20/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0

OPTIONAL BUY-UP PACKAGE

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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL CALIFORNIA OPTION 3

Alameda, Colusa, Del Norte, Fresno, Imperial, Madera, Mendocino, Merced, Nevada, San Francisco, San Joaquin, Sutter, Tulare, Tuolumne and Yuba counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$98.90
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (Days 1-11) \$75/day (Days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$20/visit
Chiropractic (Medicare-covered)	\$20/visit
Podiatry (Medicare-covered)	\$20/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$25/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$15 on Standard X-rays
Dental Services (Medicare-covered)	\$20/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$20 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$20/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0

OPTIONAL BUY-UP PACKAGE

For Added Dental, Vision and Chiropractic Coverage

\$23/month in addition to your monthly plan premium

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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL CALIFORNIA OPTION 4

Marin, Napa, Riverside, San Bernardino, San Diego and San Mateo counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$119
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (Days 1-11) \$75/day (Days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$20/visit
Chiropractic (Medicare-covered)	\$20/visit
Podiatry (Medicare-covered)	\$20/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$25/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$15 on Standard X-rays
Dental Services (Medicare-covered)	\$20/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$20 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$20/exam

Immunizations and Preventive Screening Exams (Medicare-covered)	\$0
OPTIONAL BUY-UP PACKAGE	
For Added Dental, Vision and Chiropractic Coverage	\$23/month in addition to your monthly plan premium

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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL CALIFORNIA OPTION 5 W/DRUG

Calaveras, Modoc, Placer, Sacramento, Shasta, Solano, Stanislaus, Trinity and Yolo counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$41
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (Days 1-11) \$75/day (Days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$20/visit
Chiropractic (Medicare-covered)	\$20/visit
Podiatry (Medicare-covered)	\$20/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$25/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$15 on Standard X-rays
Dental Services (Medicare-covered)	\$20/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$20 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$20/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0

DRUG COVERAGE^{3,4}	
Part D Deductible	\$0
Preferred Generic - Retail (30-Day Supply)	\$5
Preferred Brand - Retail (30-Day Supply)	\$37
Non-Preferred Generic and Brand - Retail (30-Day Supply)	\$74
Injectable / Specialty Drugs	33%
Initial Coverage Limit / Coverage Gap ⁵	\$2,700
Catastrophic Coverage After your out-of-pocket costs reach \$4,350 you pay the greater of:	
• generic/preferred brand (including brand drugs treated as generic)	\$2.40 or 5%
• all other formulary drugs	\$6.00 or 5%
OPTIONAL BUY-UP PACKAGE	
For Added Dental, Vision & Chiropractic Coverage	\$23/month in addition to your monthly plan premium

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³ Health Net uses a formulary (drug list), which is subject to change. Drug copayments are based on a 30-day supply. Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy. Please see your Summary of Benefits and/or Comprehensive Formulary for complete coverage details.

⁴ In some cases your physician may be asked to submit Prior Authorization for a medication. Coverage of the medication is dependent on medical necessity as determined by Health Net.

⁵ The initial coverage limit is the amount spent by the member and the plan. After the total yearly drug costs reach \$2,700, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$4,350.

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The Medicare Prescription Drug Benefit is only available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plans. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries that are already enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD Plan at a time. Beneficiaries enrolled in an MA Plan may not enroll in a PDP, unless they are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare prescription drug coverage, a Medical Savings Account MA Plan (MSA), or an 1876 Cost Plan.

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week, your State Medicaid Office, or the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.

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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL CALIFORNIA OPTION 6 W/DRUG

Amador, Contra Costa, El Dorado, Humboldt, Lake, Mariposa, Santa Barbara, Santa Clara and Siskiyou counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$101
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (days 1-11) \$75/day (days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$20/visit
Chiropractic (Medicare-covered)	\$20/visit
Podiatry (Medicare-covered)	\$20/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$25/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$15 on Standard X-rays
Dental Services (Medicare-covered)	\$20/visit
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DRUG COVERAGE^{3,4}	
Part D Deductible	\$0
Preferred Generic - Retail (30-Day Supply)	\$5
Preferred Brand - Retail (30-Day Supply)	\$37
Non-Preferred Generic and Brand - Retail (30-Day Supply)	\$74
Injectable / Specialty Drugs	33%
Initial Coverage Limit / Coverage Gap ⁵	\$2,700
Catastrophic Coverage After your out-of-pocket costs reach \$4,350 you pay the greater of:	
• generic/preferred brand (including brand drugs treated as generic)	\$2.40 or 5%
• all other formulary drugs	\$6.00 or 5%
OPTIONAL BUY-UP PACKAGE	
For Added Dental, Vision & Chiropractic Coverage	\$23/month in addition to your monthly plan premium

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If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week, your State Medicaid Office, or the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.

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Alameda, Colusa, Del Norte, Fresno, Imperial, Madera, Mendocino, Merced, Nevada, San Francisco, San Joaquin, Sutter, Tulare, Tuolumne and Yuba counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$141
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (days 1-11) \$75/day (days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$20/visit
Chiropractic (Medicare-covered)	\$20/visit
Podiatry (Medicare-covered)	\$20/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$25/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$15 on Standard X-rays
Dental Services (Medicare-covered)	\$20/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$20 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$20/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0

DRUG COVERAGE^{3,4}	
Part D Deductible	\$0
Preferred Generic - Retail (30-Day Supply)	\$5
Preferred Brand - Retail (30-Day Supply)	\$37
Non-Preferred Generic and Brand - Retail (30-Day Supply)	\$74
Injectable / Specialty Drugs	33%
Initial Coverage Limit / Coverage Gap ⁵	\$2,700
Catastrophic Coverage After your out-of-pocket costs reach \$4,350 you pay the greater of:	
• generic/preferred brand (including brand drugs treated as generic)	\$2.40 or 5%
• all other formulary drugs	\$6.00 or 5%
OPTIONAL BUY-UP PACKAGE	
For Added Dental, Vision & Chiropractic Coverage	\$23/month in addition to your monthly plan premium

¹ Contact the plan for services that apply.

² Covered for 100 days per benefit period. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

³ Health Net uses a formulary (drug list), which is subject to change. Drug copayments are based on a 30-day supply. Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy. Please see your Summary of Benefits and/or Comprehensive Formulary for complete coverage details.

⁴ In some cases your physician may be asked to submit Prior Authorization for a medication. Coverage of the medication is dependent on medical necessity as determined by Health Net.

⁵ The initial coverage limit is the amount spent by the member and the plan. After the total yearly drug costs reach \$2,700, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$4,350.

Prior notification is recommended but not required. For Prior Notification, providers may contact Health Net through the Provider Line printed on the member's ID card. Members may contact Health Net using the Member Services number printed on their ID Card.

Health Net Life Insurance Company and Health Net Insurance of New York, Inc. are Medicare Advantage (MA) organizations, each with a separate Medicare contract. These contracts are renewed annually and availability of coverage beyond the end of the contract year is not guaranteed. Anyone entitled to Medicare Part A and enrolled in Part B may apply for Health Net's MA plans. You must reside in the plan service area in order to apply for Health Net's MA plans. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Limitations, restrictions, copayments and coinsurances may apply. Plan benefits and cost sharing may vary by plan, county, and region.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: https://www.healthnet.com/pffs_terms.pdf.

The Medicare Prescription Drug Benefit is only available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plans. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD plans must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries that are already enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD Plan at a time. Beneficiaries enrolled in an MA Plan may not enroll in a PDP, unless they are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare prescription drug coverage, a Medical Savings Account MA Plan (MSA), or an 1876 Cost Plan.

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week, your State Medicaid Office, or the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.

Medicare beneficiaries may enroll in Health Net's MA plans through the Centers for Medicare & Medicaid Services On-line Enrollment Center, located at www.Medicare.gov. For more information, contact Health Net at 1-800-200-0410, 8:00 a.m. - 8:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-929-9955, 8:00 a.m. - 8:00 p.m., 7 days a week.

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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL CALIFORNIA OPTION 8 W/DRUG

Marin, Napa, Riverside, San Bernardino, San Diego and San Mateo counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$161
Calendar Year Out-Of-Pocket Maximum ¹	\$2,200
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/stay (unlimited days)
Mental Health Services	Inpatient: \$200 (190 day lifetime max) Outpatient: \$25/visit
Skilled Nursing Facility ²	\$0/day (days 1-11) \$75/day (days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$75 Hospital \$75 ASC
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Emergency Room Visit	\$50
Urgently Needed Care	\$20/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	30% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 30% on supplies
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Immunizations and Preventive Screening Exams (Medicare-covered)	\$0

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