

2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL VIRGINIA OPTION 1

Albemarle, Amelia, Amherst, Appomattox, Augusta, Bedford, Bedford City, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Chesapeake City, Chesterfield, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dinwiddie, Floyd, Fluvanna, Franklin, Franklin City, Galax City, Gloucester, Goochland, Grayson, Greene, Greenville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Hopewell City, Isle of Wight, James City, King George, King and Queen, King William, Lancaster, Lee, Lexington City, Louisa, Lunenburg, Lynchburg City, Madison, Martinsville City, Mathews, Mecklenburg, Middlesex, Nelson, New Kent, Newport News City, Norfolk City, Northumberland, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Rappahannock, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, South Boston City, Southampton, Staunton City, Suffolk City, Surry, Sussex, Virginia Beach City, Washington, Waynesboro City, Williamsburg City, Wythe and York counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$0
Calendar Year Out-Of-Pocket Maximum ¹	\$3,250
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/day (Days 1-6)
Mental Health Services	Inpatient: \$200 per day (190 day lifetime max) Outpatient: \$50/visit
Skilled Nursing Facility ²	\$0/day (Days 1-14) \$100/day (Days 15-100)
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	\$50/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$30/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 20% on supplies
Diagnostic Tests, X-Rays and Lab Services	\$0 on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$20 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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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL VIRGINIA OPTION 2

Alleghany, Charlottesville City, Clarke, Dickenson, Essex, Fairfax, Fairfax City, Fauquier, Montgomery, Northampton, Norton City, Prince William, Richmond, Spotsylvania, Tazewell, Warren and Westmoreland counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$49
Calendar Year Out-Of-Pocket Maximum ¹	\$3,250
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/day (days 1-6)
Mental Health Services	Inpatient: \$200 per day (days 1-6) (190 day lifetime max) Outpatient: \$50/visit
Skilled Nursing Facility ²	\$0/day (days 1-14) \$100/day (days 15-100)
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	\$50/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$30/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, 20% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$20 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 VIRGINIA OPTION 3

Accomack, Alexandria City, Arlington, Bath, Bland, Clifton Forge City, Emporia City, Falls Church City, Frederick, Fredericksburg City, Giles, Highland, Loudoun, Manassas City, Manassas Park City, Pulaski, Radford City, Stafford, Winchester City and Wise counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$79
Calendar Year Out-Of-Pocket Maximum ¹	\$3,250
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$200/day (days 1-6)
Mental Health Services	Inpatient: \$200 per day (days 1-6) (190 day lifetime max) Outpatient: \$50/visit
Skilled Nursing Facility ²	\$0/day (days 1-14) \$100/day (days 15-100)
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	\$50/visit
Outpatient Rehabilitation Services	\$20/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$30/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 20% on supplies
Diagnostic Tests, X-Rays and Lab Services	0% on Clinical/Diagnostic, 30% on Radiation Therapy/Therapeutic, \$20 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 VIRGINIA OPTION 4

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MEDICAL COVERAGE	
Monthly Plan Premium	\$55
Calendar Year Out-Of-Pocket Maximum ¹	\$2,000
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$100/day (days 1-5)
Mental Health Services	Inpatient: \$100 per day (days 1-5) (190 day lifetime max) Outpatient: \$20/visit
Skilled Nursing Facility ²	\$0/day (days 1-11) \$75/day (days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$50 Hospital \$50 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$15/visit
Chiropractic (Medicare-covered)	\$15/visit
Podiatry (Medicare-covered)	\$15/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$20/visit
Outpatient Rehabilitation Services	\$15/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$15/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)	\$15/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$15 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$15/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 VIRGINIA OPTION 5

Alleghany, Charlottesville City, Clarke, Dickenson, Essex, Fairfax, Fairfax City, Fauquier, Montgomery, Northampton, Norton City, Prince William, Richmond, Spotsylvania, Tazewell, Warren and Westmoreland counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$99
Calendar Year Out-Of-Pocket Maximum ¹	\$2,000
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$100/day (Days 1-5)
Mental Health Services	Inpatient: \$100 per day (Days 1-5) (190 day lifetime max) Outpatient: \$20/visit
Skilled Nursing Facility ²	\$0/day (Days 1-11) \$75/day (Days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$50 Hospital \$50 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$15/visit
Chiropractic (Medicare-covered)	\$15/visit
Podiatry (Medicare-covered)	\$15/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$20/visit
Outpatient Rehabilitation Services	\$15/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$15/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)	\$15/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$15 for eye exam

Hearing Exams (Diagnostic hearing exam)	\$15/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 VIRGINIA OPTION 6

Accomack, Alexandria City, Arlington, Bath, Bland, Emporia City, Frederick, Giles, Loudoun, Manassas City, Radford City, Stafford and Winchester City counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$129
Calendar Year Out-Of-Pocket Maximum ¹	\$2,000
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$100/day (Days 1-5)
Mental Health Services	Inpatient: \$100 per day (Days 1-5) (190 day lifetime max) Outpatient: \$20/visit
Skilled Nursing Facility ²	\$0/day (Days 1-11) \$75/day (Days 12-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$50 Hospital \$50 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$10/visit Specialist: \$15/visit
Chiropractic (Medicare-covered)	\$15/visit
Podiatry (Medicare-covered)	\$15/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$20/visit
Outpatient Rehabilitation Services	\$15/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$15/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)	\$15/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$15 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$15/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0

OPTIONAL BUY-UP PACKAGE

For Added Dental, Vision and Chiropractic Coverage

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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL VIRGINIA OPTION 7 W/DRUG

Amelia, Bedford, Bedford City, Botetourt, Bristol City, Buchanan, Campbell, Charles City, Chesterfield, Colonial Heights City, Craig, Culpeper, Cumberland, Dinwiddie, Floyd, Franklin, Gloucester, Goochland, Greensville, Hampton City, Hanover, Henrico, Hopewell City, Isle of Wight, James City, King William, King and Queen, Lee, Louisa, Mathews, Middlesex, New Kent, Newport News City, Pittsylvania, Poquoson City, Powhatan, Prince George, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Surry, Sussex, Washington and York counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$0
Calendar Year Out-Of-Pocket Maximum ¹	\$5,500
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$250/day (Days 1-10)
Mental Health Services	Inpatient: \$250 per day (Days 1-5) (190 day lifetime max) Outpatient: \$50/visit
Skilled Nursing Facility ²	\$0/day (Days 1-14) \$100/day (Days 15-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$150 Hospital \$150 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$20/visit Specialist: \$35/visit
Chiropractic (Medicare-covered)	\$40/visit
Podiatry (Medicare-covered)	\$35/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$50/visit
Outpatient Rehabilitation Services	\$40/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$35/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	20% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 20% on supplies
Diagnostic Tests, X-Rays and Lab Services	\$0 on Clinical/Diagnostic, 20% on Radiation Therapy/Therapeutic, \$30 on Standard X-rays

Dental Services (Medicare-covered)	\$35/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$40 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$40/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0
DRUG COVERAGE^{3,4}	
Part D Deductible	\$0
Preferred Generic - Retail (30-Day Supply)	\$7
Preferred Brand - Retail (30-Day Supply)	\$35
Non-Preferred Generic and Brand - Retail (30-Day Supply)	\$80
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.

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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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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 or PDP 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 VIRGINIA OPTION 8 W/DRUG

Albemarle, Amherst, Appomattox, Augusta, Brunswick, Buckingham, Buena Vista City, Caroline, Carroll, Charlotte, Chesapeake City, Covington City, Danville City, Fluvanna, Franklin City, Galax City, Grayson, Greene, Halifax, Harrisonburg City, Henry, King George, Lancaster, Lexington City, Lunenburg, Lynchburg City, Madison, Martinsville City, Mecklenburg, Nelson, Norfolk City, Northumberland, Nottoway, Orange, Page, Patrick, Petersburg City, Portsmouth City, Prince Edward, Rappahannock, Rockbridge, Rockingham, Shenandoah, Smyth, South Boston City, Southampton, Staunton City, Suffolk City, Virginia Beach City, Waynesboro City, Williamsburg City and Wythe counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$51
Calendar Year Out-Of-Pocket Maximum ¹	\$5,500
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$250/day (Days 1-10)
Mental Health Services	Inpatient: \$250 per day (Days 1-5) (190 day lifetime max) Outpatient: \$50/visit
Skilled Nursing Facility ²	\$0/day (Days 1-14) \$100/day (Days 15-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$150 Hospital \$150 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$20/visit Specialist: \$35/visit
Chiropractic (Medicare-covered)	\$40/visit
Podiatry (Medicare-covered)	\$35/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$50/visit
Outpatient Rehabilitation Services	\$40/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$35/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	20% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 20% on supplies
Diagnostic Tests, X-Rays and Lab Services	\$0 on Clinical/Diagnostic, 20% on Radiation Therapy/Therapeutic, \$30 on Standard X-rays

Dental Services (Medicare-covered)	\$35/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$40 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$40/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0
DRUG COVERAGE^{3,4}	
Part D Deductible	\$0
Preferred Generic - Retail (30-Day Supply)	\$7
Preferred Brand - Retail (30-Day Supply)	\$35
Non-Preferred Generic and Brand - Retail (30-Day Supply)	\$80
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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2009 BENEFIT HIGHLIGHTS

HEALTH NET PEARL VIRGINIA OPTION 9 W/DRUG

Accomack, Alexandria City, Alleghany, Arlington, Bath, Bland, Charlottesville City, Clarke, Dickenson, Emporia City, Essex, Fairfax, Fairfax City, Fauquier, Frederick, Giles, Loudoun, Manassas City, Montgomery, Northampton, Norton City, Prince William, Radford City, Richmond, Spotsylvania, Stafford, Tazewell, Warren, Westmoreland and Winchester City counties

MEDICAL COVERAGE	
Monthly Plan Premium	\$97
Calendar Year Out-Of-Pocket Maximum ¹	\$5,500
Inpatient Hospital Care (Includes substance abuse and rehabilitation services)	\$250/day (Days 1-10)
Mental Health Services	Inpatient: \$250 per day (Days 1-5) (190 day lifetime max) Outpatient: \$50/visit
Skilled Nursing Facility ²	\$0/day (Days 1-14) \$100/day (Days 15-100)
Outpatient Surgery Hospital Ambulatory Surgical Center (ASC)	\$150 Hospital \$150 ASC
Home Health Care	\$0 copay for Medicare-covered home health visits
Physician Services	Primary Care Physician: \$20/visit Specialist: \$35/visit
Chiropractic (Medicare-covered)	\$40/visit
Podiatry (Medicare-covered)	\$35/visit
Routine Physical Exam	\$0 (Covered for 1 exam per year)
Outpatient Substance Abuse Care	\$50/visit
Outpatient Rehabilitation Services	\$40/visit
Emergency Room Visit	\$50
Urgently Needed Care	\$35/visit
Worldwide Emergency Coverage (\$50,000 annual limit)	\$0/visit
Ambulance Services	\$100
Durable Medical Equipment	20% of the cost for Medicare-covered items
Diabetes Self-Monitoring and Supplies	\$0 on self-monitoring training 20% on supplies
Diagnostic Tests, X-Rays and Lab Services	\$0 on Clinical/Diagnostic, 20% on Radiation Therapy/Therapeutic, \$30 on Standard X-rays

Dental Services (Medicare-covered)	\$35/visit
Vision Services (Medicare-covered)	\$30 on eye wear after each cataract surgery \$40 for eye exam
Hearing Exams (Diagnostic hearing exam)	\$40/exam
Immunizations and Preventive Screening Exams (Medicare-covered)	\$0
DRUG COVERAGE^{3,4}	
Part D Deductible	\$0
Preferred Generic - Retail (30-Day Supply)	\$7
Preferred Brand - Retail (30-Day Supply)	\$35
Non-Preferred Generic and Brand - Retail (30-Day Supply)	\$80
Injectable / Specialty Drugs	33%
Initial Coverage Limit / Coverage Gap ⁵ Catastrophic Coverage	\$2,700
After your out-of-pocket costs reach \$4,350 you pay the greater of: <ul style="list-style-type: none"> • generic/preferred brand (including brand drugs treated as generic) • all other formulary drugs 	\$2.40 or 5% \$6.00 or 5%
OPTIONAL BUY-UP PACKAGE	
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