

HEALTH NET INSURANCE OF NEW YORK, INC. (H5721)

2008 SUMMARY OF BENEFITS

*Health Net Pearl
for Select Counties in New York*

HEALTH NET | A *better* DECISIONSM



Health Net[®]
MEDICARE PROGRAMS

T A B L E O F C O N T E N T S

Health Net Pearl

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S E C T I O N I

Introduction to Summary of Benefits for Health Net Pearl

January 1, 2008 - December 31, 2008

Thank you for your interest in Health Net Pearl. Our plans are offered by Health Net Insurance of New York, Inc., a Medicare Advantage Private Fee-for-Service. This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Health Net Pearl and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like Health Net Pearl. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call Health Net Pearl at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this telephone number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Health Net Pearl Option 1, Health Net Pearl Option 3, Health Net Pearl Option 4 and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS HEALTH NET PEARL AVAILABLE?

The service area for these plans includes the following counties:

Option 1

New York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Erie, Essex, Franklin, Fulton, Genesee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, St. Lawrence, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, and Yates Counties.

Option 3

New York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Erie, Essex, Franklin, Fulton, Genesee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, St. Lawrence, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, and Yates Counties.

Option 4

New York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Erie, Essex, Franklin, Fulton, Genesee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, St. Lawrence, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, and Yates Counties.

You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

WHO IS ELIGIBLE TO JOIN HEALTH NET PEARL?

You can join Health Net Pearl if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Health Net Pearl unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

As a member of Health Net Pearl, you can use any Medicare doctor, specialist, or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of the Health Net plan. Health Net has the right to determine if the service or treatment ordered by your health care provider is covered under the Health Net plan.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Health Net Pearl Option 1 and Health Net Pearl Option 3 do cover Medicare Part B prescription drugs. Health Net Pearl Option 1 and Health Net Pearl Option 3 do NOT cover Medicare Part D prescription drugs. As a member of Health Net Pearl Option 1 and Health Net Pearl Option 3 you can receive prescription drug coverage by joining another Prescription Drug Plan. You can only join one Medicare Prescription Drug Plan.

Health Net Pearl Option 4 does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Outpatient prescription drugs that may be covered under Medicare Part B may include, but are not limited to, the following types of drugs. Contact Health Net Pearl for more details.

- ◆ Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

- ◆ Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- ◆ Erythropoietin (Epoetin alpha or Epogen®): By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- ◆ Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- ◆ Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- ◆ Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- ◆ Some Oral Cancer Drugs: If the same drug is available in injectable form.
- ◆ Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- ◆ Inhalation and infusion drugs provided through DME.

IMPORTANT INFORMATION FOR HEALTH NET PEARL OPTION 4 (A PLAN WITH PRESCRIPTION DRUG COVERAGE)

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Health Net Pearl has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.healthnet.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Health Net Pearl Option 4 uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at <https://www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Health Net Pearl, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Health Net Pearl Option 4, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost

utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Health Net Pearl for more details.

Please call Health Net for more information about this plan.

Visit us at www.healthnet.com or call us:

Customer Service Hours: Sunday, Monday, Tuesday,
Wednesday, Thursday, Friday, Saturday, 5:00 a.m. - 11:00
p.m. Pacific.

Current members should call (800)-977-8221 for questions
related to the Medicare Advantage
program. (TTY/TDD (800)-929-9955)

Prospective members should call (800)-200-0410 for
questions related to the Medicare Advantage
program. (TTY/TDD (800)-929-9955)

Current members should call (800)-977-8221 for questions
related to the Medicare Part D Prescription Drug program.
(TTY/TDD (800)-929-9955)

Prospective members should call (800)-200-0410 for
questions related to the Medicare Part D Prescription Drug
program. (TTY/TDD (800)-929-9955)

For more information about Medicare, please call Medicare at
1-800-MEDICARE (1-800-633-4227). TTY users should
call 1-877-486-2048. You can call 24 hours a day, 7 days a
week.

Or visit www.medicare.gov on the web.

If you have special needs, this document may be available in
other formats.

SECTION II

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
IMPORTANT INFORMATION		
1 Premium and Other Important Information	<p>\$93.50 monthly Medicare Part B Premium.</p> <p>\$131 yearly Medicare Part B deductible.</p> <p>This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your \$93.50* monthly Medicare Part B premium.</p> <p>*This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008. Social Security will notify you of the new 2008 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2008.</p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services.</p> <p>\$2500 out-of-pocket limit. Contact the plan for services that apply.</p>

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

IMPORTANT INFORMATION

General

\$59 monthly plan premium in addition to your \$93.50* monthly Medicare Part B premium.

*This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008. Social Security will notify you of the new 2008 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2008.

Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services.

\$1000 out-of-pocket limit. Contact the plan for services that apply.

General

\$20 monthly plan premium in addition to your \$93.50* monthly Medicare Part B premium.

*This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008. Social Security will notify you of the new 2008 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2008.

Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services.

\$3750 out-of-pocket limit. Contact the plan for services that apply.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
<p>2 Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You may have to pay a separate copay for certain doctor office visits.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p>

Summary of Benefits

INPATIENT CARE

<p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period: Days 1-60: \$992 deductible. Days 61-90: \$248 per day. Days 91-150: \$496 per lifetime reserve day.</p> <p>This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>\$200 copay for each Medicare- covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period. (3)</p>
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(3) A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

You may have to pay a separate copay for certain doctor office visits.

You may go to any doctor, specialist, or hospital that accepts the plan's payment.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

You may have to pay a separate copay for certain doctor office visits.

You may go to any doctor, specialist, or hospital that accepts the plan's payment.

Summary of Benefits

INPATIENT CARE

General

You may go to any doctor, specialist, or hospital that accepts the plan's payment.

\$0 copay.

No limit to the number of days covered by the plan each benefit period. (3)

General

You may go to any doctor, specialist, or hospital that accepts the plan's payment.

\$400 copay for each Medicare-covered hospital stay.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period. (3)

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Inpatient Hospital Care (continued)	<p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	
4 Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p>\$200 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>
5 Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>For each benefit period after at least a 3-day covered hospital stay: Days 1-20: \$0 per day. Days 21-100: \$124 per day.</p>	<p>For SNF stays: Days 1-8: \$0 copay per day. Days 9-100: \$75 copay per day. 100 days covered for each benefit period. (3)</p>

(3) A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

\$0 copay.

You get up to 190 days in a
Psychiatric Hospital in a lifetime.

\$400 copay for each Medicare-
covered hospital stay.

You get up to 190 days in a
Psychiatric Hospital in a lifetime.

For SNF stays:
Days 1-20: \$0 copay per day.
Days 21-100: \$50 copay per day.
100 days covered for each benefit
period. (3)

For SNF stays:
Days 1-8: \$0 copay per day.
Days 9-100: \$75 copay per day.
100 days covered for each benefit
period. (3)

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Skilled Nursing Facility (continued)	<p>This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	No prior hospital stay is required.
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	\$0 copay for Medicare-covered home health visits.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

No prior hospital stay is required.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

No prior hospital stay is required.

\$0 copay for Medicare-covered home health visits.

\$0 copay for Medicare-covered home health visits.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
<p>7 Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>You must get care from a Medicare-certified hospice.</p>
<p>OUTPATIENT CARE</p>		
<p>8 Doctor Office Visits</p>	<p>20% coinsurance. (1)(2)</p>	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>See "Routine Physical Exams," for more information.</p> <p>\$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 copay for each specialist visit for Medicare-covered benefits.</p>
<p>9 Chiropractic Services</p>	<p>20% coinsurance. (1)(2)</p> <p>Routine care not covered.</p>	<p>\$15 copay for Medicare-covered visits.</p>

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

You must get care from a Medicare-certified hospice.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

You must get care from a Medicare-certified hospice.

OUTPATIENT CARE

General

You may go to any doctor, specialist, or hospital that accepts the plan's payment.

See "Routine Physical Exams," for more information.

\$5 copay for each primary care doctor visit for Medicare-covered benefits.

\$5 copay for each specialist visit for Medicare-covered benefits.

\$5 copay for Medicare-covered visits.

General

You may go to any doctor, specialist, or hospital that accepts the plan's payment.

See "Routine Physical Exams," for more information.

\$5 copay for each primary care doctor visit for Medicare-covered benefits.

\$15 copay for each specialist visit for Medicare-covered benefits.

\$30 copay for Medicare-covered visits.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Chiropractic Services (continued)	20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider. (1)(2)	Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
10 Podiatry Services	20% coinsurance. (1)(2) Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1)(2)	\$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services. (1)(2)	\$25 copay for each Medicare-covered individual or group therapy visit. \$5 copay for each Medicare-covered individual therapy visit with a psychiatrist.
12 Outpatient Substance Abuse Care	20% coinsurance. (1)(2)	\$25 copay for Medicare-covered individual or group visits.

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

\$5 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

\$20 copay for each Medicare-covered individual or group therapy visit.

\$20 copay for Medicare-covered individual or group visits.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

\$30 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

\$25 copay for each Medicare-covered individual or group therapy visit.

\$25 copay for Medicare-covered individual or group visits.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
13 Outpatient Services/Surgery	20% coinsurance for the doctor. (1)(2) 20% of outpatient facility. (1)(2)	\$75 copay for each Medicare-covered ambulatory surgical center visit. \$75 copay for each Medicare-covered outpatient hospital facility visit.
14 Ambulance Services (medically necessary ambulance services)	20% coinsurance. (1)(2)	\$50 copay for Medicare-covered ambulance benefits.
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. (1)(2) 20% of facility charge, or a set copay per emergency room visit. (1)(2) You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	\$50 copay for Medicare-covered emergency room visits. \$50000 limit for emergency services outside the U.S. every year.

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

\$0 copay for each Medicare-covered ambulatory surgical center visit.

\$0 copay for each Medicare-covered outpatient hospital facility visit.

\$100 copay for Medicare-covered ambulance benefits.

\$50 copay for Medicare-covered emergency room visits.

\$50000 limit for emergency services outside the U.S. every year.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

\$125 copay for each Medicare-covered ambulatory surgical center visit.

\$150 copay for each Medicare-covered outpatient hospital facility visit.

\$100 copay for Medicare-covered ambulance benefits.

\$50 copay for Medicare-covered emergency room visits.

\$50000 limit for emergency services outside the U.S. every year.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
<p>16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$10 to \$30 copay for Medicare-covered urgently needed care visits.</p>
<p>17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance. (1)(2)</p>	<p>\$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance. (1)(2)</p>	<p>20% of the cost for Medicare-covered items.</p>
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(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

General

\$0 copay for Medicare-covered
urgently needed care visits.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

General

\$5 to \$30 copay for Medicare-covered
urgently needed care visits.

\$5 copay for Medicare-covered
Occupational Therapy visits.

\$5 copay for Medicare-covered
Physical and/or Speech/Language
Therapy visits.

\$20 copay for Medicare-covered
Occupational Therapy visits.

\$20 copay for Medicare-covered
Physical and/or Speech/Language
Therapy visits.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

20% of the cost for Medicare-
covered items.

30% of the cost for Medicare-
covered items.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance. (1)(2)	20% of the cost for Medicare-covered items.
20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance. (1)(2)	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.
21 Diagnostic Tests, X-rays, and Lab Services	20% coinsurance for diagnostic tests and X-rays. (1)(2) \$0 copay for Medicare-covered lab services.	0% of the cost for Medicare-covered lab services. 0% of the cost for Medicare-covered diagnostic procedures and tests. \$15 copay for Medicare-covered X-rays. 20% of the cost for Medicare-covered diagnostic radiology services.

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

20% of the cost for Medicare-covered items.

\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

0% of the cost for Diabetes supplies.

\$0 copay for Medicare-covered lab services.

\$0 copay for Medicare-covered diagnostic procedures and tests.

\$0 copay for Medicare-covered X-rays.

\$0 copay for Medicare-covered diagnostic radiology services.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

30% of the cost for Medicare-covered items.

\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

30% of the cost for Diabetes supplies.

\$0 copay for Medicare-covered lab services.

\$0 copay for Medicare-covered diagnostic procedures and tests.

\$15 copay for Medicare-covered X-rays.

25% of the cost for Medicare-covered diagnostic radiology services.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Diagnostic Tests, X-rays, and Lab Services (continued)	Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	30% of the cost for Medicare-covered therapeutic radiology services.
PREVENTIVE SERVICES		
22 Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance. (1)(2) Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	\$0 copay for Medicare-covered bone mass measurement.
23 Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance. (1)(2) Covered when you are high risk or when you are age 50 and older.	\$0 copay for Medicare-covered colorectal screenings.

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

\$0 copay for Medicare-covered therapeutic radiology services.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

25% of the cost for Medicare-covered therapeutic radiology services.

PREVENTIVE SERVICES

\$0 copay for Medicare-covered bone mass measurement.

\$0 copay for Medicare-covered bone mass measurement.

\$0 copay for Medicare-covered colorectal screenings.

\$0 copay for Medicare-covered colorectal screenings.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
<p>24 Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>20% coinsurance for Hepatitis B vaccine. (1)(2)</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p>
<p>25 Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance. (2)</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>\$0 copay for Medicare-covered screening mammograms.</p>
<p>26 Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams. (2)</p>	<p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

\$0 copay for Medicare-covered screening mammograms.

\$0 copay for Medicare-covered screening mammograms.

\$0 copay for Medicare-covered pap smears and pelvic exams.

\$0 copay for Medicare-covered pap smears and pelvic exams.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
<p>27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. (1)(2)</p> <p>\$0 for the PSA test; 20% coinsurance for other related services. (1)(2)</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>\$0 copay for Medicare-covered prostate cancer screening.</p>
<p>28 ESRD</p>	<p>20% coinsurance for dialysis. (1)(2)</p>	<p>\$0 copay for in- and out-of-area dialysis.</p> <p>\$0 copay for Nutrition Therapy for Renal Disease.</p>
<p>29 Prescription Drugs</p>	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p><i>Drugs covered under Medicare Part B</i></p> <p>General Most drugs not covered.</p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p>

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

\$0 copay for Medicare-covered prostate cancer screening.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

\$0 copay for Medicare-covered prostate cancer screening.

\$0 copay for in- and out-of-area dialysis.

\$0 copay for Nutrition Therapy for Renal Disease.

\$0 copay for in- and out-of-area dialysis.

\$0 copay for Nutrition Therapy for Renal Disease.

***Drugs covered under Medicare
Part B***

General

Most drugs not covered.

20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).

20% of the cost for Part B-covered chemotherapy drugs.

***Drugs covered under Medicare
Part B***

General

30% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).

25% of the cost for Part B-covered chemotherapy drugs.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Prescription Drugs (continued)		<i>Drugs covered under Medicare Part D</i> General This plan does not offer prescription drug coverage.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

*Drugs covered under Medicare
Part D*

General

This plan does not offer prescription drug coverage.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

*Drugs covered under Medicare
Part D*

General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <https://www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm> on the web.

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service).

The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and the plan.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT**ORIGINAL MEDICARE****HEALTH NET PEARL
OPTION 1, PLAN 001**

Prescription Drugs
(continued)

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from Health Net Pearl Option 4 for certain drugs.

You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.

If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT**ORIGINAL MEDICARE****HEALTH NET PEARL
OPTION 1, PLAN 001**

Prescription Drugs
(continued)

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

You may have to pay more than your copay if you choose to use a higher cost drug when a lower cost drug is available.

\$0 deductible.

Initial Coverage

You pay the following until total yearly drug costs reach \$2510:

Retail Pharmacy

Preferred Generic

- \$5 copay for a one-month (30-day) supply of drugs
- \$15 copay for a three-month (90-day) supply of drugs
- \$10 copay for a (60-day) supply of drugs

Preferred Brand

- \$32 copay for a one-month (30-day) supply of drugs
- \$96 copay for a three-month (90-day) supply of drugs
- \$64 copay for a (60-day) supply of drugs

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT**ORIGINAL MEDICARE****HEALTH NET PEARL
OPTION 1, PLAN 001**

Prescription Drugs
(continued)

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

Non-Preferred Brand

- \$64 copay for a one-month (30-day) supply of drugs
- \$192 copay for a three-month (90-day) supply of drugs
- \$128 copay for a (60-day) supply of drugs

Injectable

- 33% coinsurance for a one-month (30-day) supply of drugs
- 33% coinsurance for a three-month (90-day) supply of drugs
- 33% coinsurance for a (60-day) supply of drugs

Specialty

- 33% coinsurance for a one-month (30-day) supply of drugs
- 33% coinsurance for a three-month (90-day) supply of drugs
- 33% coinsurance for a (60-day) supply of drugs

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT**ORIGINAL MEDICARE****HEALTH NET PEARL
OPTION 1, PLAN 001**

Prescription Drugs
(continued)

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

Long Term Care Pharmacy

Preferred Generic

- \$5 copay for a one-month (34-day) supply of drugs

Preferred Brand

- \$32 copay for a one-month (34-day) supply of drugs

Non-Preferred Brand

- \$64 copay for a one-month (34-day) supply of drugs

Injectable

- 33% coinsurance for a one-month (34-day) supply of drugs

Specialty

- 33% coinsurance for a one-month (34-day) supply of drugs

Mail Order

Preferred Generic

- \$10 copay for a three-month (90-day) supply of drugs
- \$10 copay for a (60-day) supply of drugs

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT**ORIGINAL MEDICARE****HEALTH NET PEARL
OPTION 1, PLAN 001**

Prescription Drugs
(continued)

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

Preferred Brand

- \$64 copay for a three-month (90-day) supply of drugs
- \$64 copay for a (60-day) supply of drugs

Non-Preferred Brand

- \$160 copay for a three-month (90-day) supply of drugs
- \$128 copay for a (60-day) supply of drugs

Injectable

- 33% coinsurance for a three-month (90-day) supply of drugs
- 33% coinsurance for a (60-day) supply of drugs

Specialty

- 33% coinsurance for a three-month (90-day) supply of drugs
- 33% coinsurance for a (60-day) supply of drugs

Coverage Gap

After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT**ORIGINAL MEDICARE****HEALTH NET PEARL
OPTION 1, PLAN 001**

Prescription Drugs
(continued)

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:

- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or
- 5% coinsurance.

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.

Out-of-Network Initial Coverage

You pay the following until total yearly drug costs reach \$2510:

Out-of-Network Pharmacy

Preferred Generic

- \$5 copay for a one-month (30-day) supply of drugs

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT**ORIGINAL MEDICARE****HEALTH NET PEARL
OPTION 1, PLAN 001**

Prescription Drugs
(continued)

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

Preferred Brand

- \$32 copay for a one-month (30-day) supply of drugs

Non-Preferred Brand

- \$64 copay for a one-month (30-day) supply of drugs

Injectable

- 33% coinsurance for a one-month (30-day) supply of drugs

Specialty

- 33% coinsurance for a one-month (30-day) supply of drugs

Out-of-Network Coverage Gap

After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.

Out-of-Network Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4050 you pay the greater of:

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Prescription Drugs (continued)		
30 Dental Services	Preventive dental services (such as cleaning) not covered.	In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits.”) \$20 copay for Medicare-covered dental benefits.
31 Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. (1)(2)	In general, routine hearing exams and hearing aids not covered. • \$20 copay for diagnostic hearing exams

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

**HEALTH NET PEARL
OPTION 4, PLAN 004**

- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or
 - 5% coinsurance.
-

In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits.”)

\$5 copay for Medicare-covered dental benefits.

In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits.”)

\$15 copay for Medicare-covered dental benefits.

In general, routine hearing exams and hearing aids not covered.

- \$5 copay for diagnostic hearing exams

In general, routine hearing exams and hearing aids not covered.

- \$30 copay for diagnostic hearing exams
-

If you have any questions about this plan’s benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
<p>32 Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<ul style="list-style-type: none"> • \$30 copay for one pair of eyeglasses or contact lenses after each cataract surgery. • \$15 copay for exams to diagnose and treat diseases and conditions of the eye.
<p>33 Physical Exams</p>	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. (1)(2)</p> <p>When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>

(1) Each year, you pay a total of one \$131 deductible. This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HEALTH NET PEARL
OPTION 3, PLAN 003**

- \$30 copay for one pair of eyeglasses or contact lenses after each cataract surgery.
- \$5 copay for exams to diagnose and treat diseases and conditions of the eye.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

- \$30 copay for one pair of eyeglasses or contact lenses after each cataract surgery.
- \$30 copay for exams to diagnose and treat diseases and conditions of the eye.

\$0 copay for routine exams.

Limited to 1 exam(s) every year.

\$0 copay for Medicare-covered benefits.

\$0 copay for routine exams.

Limited to 1 exam(s) every year.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Health/Wellness Education	Not covered.	<p>This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Nutritional Training • Smoking Cessation • Nursing Hotline
OPTIONAL SUPPLEMENTAL PACKAGE #1		
Premium and Other Important Information		<p>General Package: 1 - Dental + Chiro + Vision:</p> <p>\$23 monthly premium, in addition to your \$0 plan premium and the \$93.50* monthly Medicare Part B premium for the following optional benefits:</p> <ul style="list-style-type: none"> • Chiropractic Services • Dental Services • Vision Services <p>*This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p>

**HEALTH NET PEARL
OPTION 3, PLAN 003**

This plan covers health/wellness education benefits.

- Written health education materials, including Newsletters
- Nutritional Training
- Smoking Cessation
- Nursing Hotline

**HEALTH NET PEARL
OPTION 4, PLAN 004**

This plan covers health/wellness education benefits.

- Written health education materials, including Newsletters
- Nutritional Training
- Smoking Cessation
- Nursing Hotline

OPTIONAL SUPPLEMENTAL PACKAGE #1

General Package:

1 - Dental + Chiro + Vision:

\$23 monthly premium, in addition to your \$59 plan premium and the \$93.50* monthly Medicare Part B premium for the following optional benefits:

- Chiropractic Services
- Dental Services
- Vision Services

*This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

General Package:

1 - Dental + Chiro + Vision:

\$23 monthly premium, in addition to your \$20 plan premium and the \$93.50* monthly Medicare Part B premium for the following optional benefits:

- Chiropractic Services
- Dental Services
- Vision Services

*This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET PEARL OPTION 1, PLAN 001
Chiropractic Services		\$0 copay for up to 20 routine visit(s) every year.
Dental Services		<p>General Plan offers additional comprehensive dental benefits.</p> <ul style="list-style-type: none"> • up to 2 oral exams every year. • up to 2 cleanings every year. • up to 1 dental X-ray(s) every year. <p>\$750 limit for dental benefits every year.</p>
Vision Services		<ul style="list-style-type: none"> • \$15 copay for up to 1 routine eye exam(s) every year. • \$0 copay for up to 1 pair(s) of glasses every two years. • \$0 copay for up to 1 pair(s) of contacts every two years. <p>\$100 limit for eye wear every two years.</p>

**HEALTH NET PEARL
OPTION 3, PLAN 003**

\$10 copay for up to 20 routine visit(s) every year.

General

Plan offers additional comprehensive dental benefits.

- up to 2 oral exams every year.
- up to 2 cleanings every year.
- up to 1 dental X-ray(s) every year.

\$750 limit for dental benefits every year.

-
- \$15 copay for up to 1 routine eye exam(s) every year.
 - \$0 copay for up to 1 pair(s) of glasses every two years.
 - \$0 copay for up to 1 pair(s) of contacts every two years.
- \$100 limit for eye wear every two years.

**HEALTH NET PEARL
OPTION 4, PLAN 004**

\$10 copay for up to 20 routine visit(s) every year.

General

Plan offers additional comprehensive dental benefits.

- up to 2 oral exams every year.
- up to 2 cleanings every year.
- up to 1 dental X-ray(s) every year.

\$750 limit for dental benefits every year.

-
- \$15 copay for up to 1 routine eye exam(s) every year.
 - \$0 copay for up to 1 pair(s) of glasses every two years.
 - \$0 copay for up to 1 pair(s) of contacts every two years.
- \$100 limit for eye wear every two years.

If you have any questions about this plan's benefits or costs, please contact Health Net Pearl for details.



Health Net®

MEDICARE PROGRAMS

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Surfside Beach, SC 29587-8713

For more information, please contact us at:

Prospective Members

5:00 a.m. - 11:00 p.m., Pacific, 7 days a week
1-800-200-0410
TTY/TDD 1-800-929-9955

Current Members

5:00 a.m. - 11:00 p.m., Pacific, 7 days a week
1-800-977-8221
TTY/TDD 1-800-929-9955

www.healthnet.com

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https://www.healthnet.com/static/provider/unprotected/pdfs/national/pffs_terms_cond.pdf.

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