

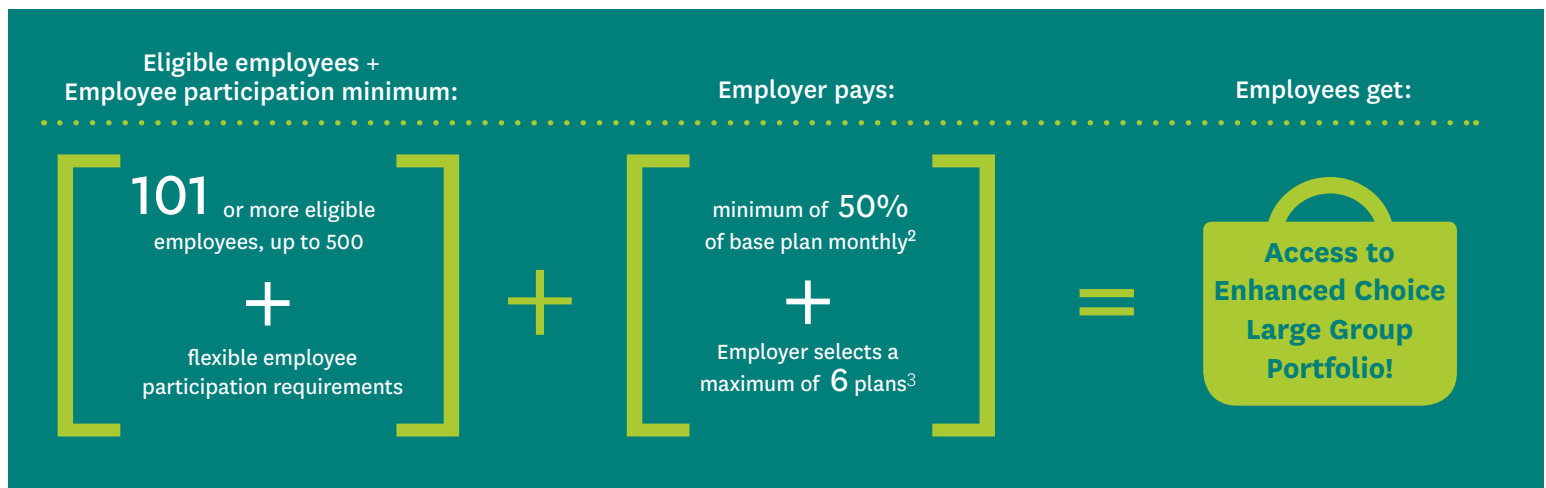
Health Net offers a defined contribution solution to give your new midsize clients the same advantage as large group businesses. Our Enhanced Choice portfolio for California groups 101–500 offers both choice and financial flexibility.

Our Enhanced Choice rate guarantee¹

We help your selling year start strong with a second year rate guarantee option! Qualified new groups can take advantage of this rate guarantee on all Enhanced Choice plans for effective dates 1/1/2021 through 3/1/2022. Contact your Health Net account executive for more details.



How it works



Large Group HMO/EOA medical benefits

MEDICAL								
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
Full Network HMO								
GWX	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
GWZ	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
GX3	20/500a (\$3,000 / \$9,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,000 / \$9,000	\$100
GX1	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
GX5	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
GX6	30/30% (\$3,000 / \$9,000)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$9,000	\$100

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Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
GX9	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
GXD	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
GX7	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day; 3 day max copay per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$100
GXE	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day; 3 day max copay per admit	Hospital: \$500; ASC: \$200	\$4,500 / \$9,000	\$100
GX0	15/1500d (\$5,850 / \$11,700)	\$15	\$35	\$15	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
GXF	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
GXG	50/1500d (\$5,850 / \$11,700)	\$50	\$70	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
GXI	60/1500a (\$8,550 / \$17,100)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,550 / \$17,100	\$300 + 30%
ExcelCare HMO								
GXJ	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
GXK	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
GXO	20/500a (\$3,000 / \$9,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,000 / \$9,000	\$100
GXM	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
GXP	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
GXQ	30/30% (\$3,000 / \$9,000)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$9,000	\$100
GXT	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
GXV	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
GXR	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day; 3 day max copay per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$100
GXW	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day; 3 day max copay per admit	Hospital: \$500; ASC: \$200	\$4,500 / \$9,000	\$100
GXL	15/1500d (\$5,850 / \$11,700)	\$15	\$35	\$15	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
GXX	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
GXY	50/1500d (\$5,850 / \$11,700)	\$50	\$70	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
GY0	60/1500a (\$8,550 / \$17,100)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,550 / \$17,100	\$300 + 30%

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Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
SmartCare								
GWH	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
GWI	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
GWL	20/500a (\$3,000 / \$9,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,000 / \$9,000	\$100
GWO	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day; 3 day max copay per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$100
GWR	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day; 3 day max copay per admit	Hospital: \$500; ASC: \$200	\$4,500 / \$9,000	\$100
GWK	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
GWM	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
GWN	30/30% (\$3,000 / \$9,000)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$9,000	\$100
GWP	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
GWQ	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
GWJ	15/1500d (\$5,850 / \$11,700)	\$15	\$35	\$15	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
GWS	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
GWU	50/1500d (\$5,850 / \$11,700)	\$50	\$70	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
GWW	60/1500a (\$8,550 / \$17,100)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,550 / \$17,100	\$300 + 30%
Salud HMO y Más								
HOY/HOM	10/250a (\$1,500 / \$3,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: \$250 per admit	SIMNSA: \$0; HN: Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$3,000	\$100
HON/HOP	15/250a (\$2,500 / \$7,500)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$250 per admit	SIMNSA: \$0; HN: Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$7,500	\$100
H13/H14	20/500a (\$3,000 / \$9,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: \$500 per admit	SIMNSA: \$0; HN: Hospital: \$500; ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$3,000 / \$9,000	\$100
H19/H1B	30/250d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: \$250 per day; 3 day max copay per admit	SIMNSA: \$0; HN: Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$100
H1G/H1H	40/500d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$500 per day; 3 day max copay per admit	SIMNSA: \$0; HN: Hospital: \$500; ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$100
H11/H12	20/20% (\$2,500 / \$7,500)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$7,500	\$100

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Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
H15/H16	30/20% (\$2,500 / \$7,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$7,500	\$100
H17/H18	30/30% (\$3,000 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,000 / \$9,000	\$100
H1C/H1D	35/30% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN: \$55	\$35	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$100
H1E/H1F	40/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: 40%	SIMNSA: \$0; HN: Hospital: 40%; ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$100
HOZ/H10	15/1500d (\$5,850 / \$11,700)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$1,500 per day; 3 day max copay per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$5,850 / \$11,700	30%
H1L/H1M	50/1500d (\$5,850 / \$11,700)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$40	SIMNSA: \$0; HN: \$1,500 per day; 3 day max copay per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$5,850 / \$11,700	30%
H1J/H1K	40/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$1,500 per day; 3 day max copay per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
H1N/HOW	60/1500a (\$8,550 / \$17,100)	SIMNSA: \$5; HN: \$60	SIMNSA: \$5; HN: \$80	\$40	SIMNSA: \$0; HN: \$1,500 per admit + 40%	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$8,550 / \$17,100	\$300 + 30%
Salud HMO y Más - Facility Deductible⁵								
HOQ	20/500/10% (\$3,000 / \$9,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: 10%	SIMNSA: \$0; HN: Hospital: 10%; ASC: 5%	SIMNSA: \$1,500 / \$4,500; HN: \$3,000 / \$9,000	\$100
HOR	30/1000/20% (\$3,000 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,000 / \$9,000	\$100
HOS	30/1500/30% (\$3,000 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,000 / \$9,000	\$100
HOT	40/3000/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: 40%	SIMNSA: \$0; HN: Hospital: 40%; ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$100
HOX	60/4000/40% (\$8,550 / \$17,100)	SIMNSA: \$5; HN: \$60	SIMNSA: \$5; HN: \$80	\$40	SIMNSA: \$0; HN: 40%	SIMNSA: \$0; HN: Hospital: 40%; ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$8,550 / \$17,100	\$100
CanopyCare HMO								
H6Q	0/250a (\$1,500 / \$3,000)	\$0	\$20	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
H6R	15/250a (\$2,500 / \$7,500)	\$15	\$35	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
H6U	20/500a (\$3,000 / \$9,000)	\$20	\$40	N/A	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,000 / \$9,000	\$100
H6V	20/1000a (\$2,500 / \$7,500)	\$20	\$40	N/A	\$1,000 per admit	Hospital: \$1,000; ASC: \$500	\$2,500 / \$7,500	\$100

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Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
H6Y	30/1500a (\$2,500 / \$7,500)	\$30	\$50	N/A	\$1,500 per admit	Hospital: \$1,500; ASC: \$750	\$2,500 / \$7,500	\$200
H6T	20/20% (\$2,500 / \$7,500)	\$20	\$40	N/A	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
H6W	30/20% (\$2,500 / \$7,500)	\$30	\$50	N/A	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
H6X	30/30% (\$3,000 / \$9,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$9,000	\$100
H6Z	35/30% (\$5,500 / \$11,000)	\$35	\$55	N/A	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
H70	40/40% (\$5,500 / \$11,000)	\$40	\$60	N/A	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
H6S	15/1500d (\$5,850 / \$11,700)	\$15	\$35	N/A	\$1,500 per day; 3 day max	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
H71	40/1000d (\$5,500 / \$11,000)	\$40	\$60	N/A	\$1,000 per day; 3 day max	Hospital: \$1,000; ASC: \$500	\$5,500 / \$11,000	\$200
H72	40/1500d (\$6,500 / \$13,000)	\$40	\$60	N/A	\$1,500 per day; 3 day max	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
H73	50/1500d (\$5,850 / \$11,700)	\$50	\$70	N/A	\$1,500 per day; 3 day max	Hospital: 50%; ASC: 40%	\$5,850 / \$11,700	30%
H74	60/1500a (\$8,550 / \$17,100)	\$60	\$80	N/A	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,550 / \$17,100	\$300 + 30%
POS – Elect Open Access (EOA) ⁶								
GZ2	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$100
GZ3	15/250a (\$2,500 / \$7,500)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
GZK	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day; 3 day max copay per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
GZF	20/500a (\$3,000 / \$9,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
GZ7	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day; 3 day max copay per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
GZD	20/20% (\$2,500 / \$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
GZH	30/20% (\$2,500 / \$7,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
GZJ	30/30% (\$3,000 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100

(continued)

Effective date 1/1/21

Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
GZI	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
GZ6	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
GZ4	15/1500d (\$5,850 / \$11,700)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$5,850 / \$11,700; PPO: \$7,850 / \$15,700	30%
GZ9	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
GZ8	50/1500d (\$5,850 / \$11,700)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$5,850 / \$11,700; PPO: \$7,850 / \$15,700	30%
GZC	60/1500a (\$8,550 / \$17,100)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50%; ASC: 40%	HMO: \$8,550 / \$17,100; PPO: \$8,550 / \$17,100	\$300 + 30%
POS - Elect Open Access (EOA) Facility Deductible								
GZQ	20/500/10% (\$3,000 / \$9,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	HMO: Hospital: 10%; ASC: 5%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
GZR	30/1000/20% (\$3,000 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
GZN	30/1500/30% (\$3,000 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
GZO	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
GZP	60/4000/40% (\$8,550 / \$17,100)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$8,550 / \$17,100; PPO: \$8,550 / \$17,100	\$100
ExcelCare EOA								
GZS	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$100
GZT	15/250a (\$2,500 / \$7,500)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
GZX	20/500a (\$3,000 / \$9,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
GZZ	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day; 3 day max copay per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100

(continued)

Effective date 1/1/21

Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
H04	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day; 3 day max copay per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
GZV	20/20% (\$2,500 / \$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
GZY	30/20% (\$2,500 / \$7,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
H0B	30/30% (\$3,000 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
H09	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
H03	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
GZU	15/1500d (\$5,850 / \$11,700)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$5,850 / \$11,700; PPO: \$7,850 / \$15,700	30%
H06	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
H05	50/1500d (\$5,850 / \$11,700)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$5,850 / \$11,700; PPO: \$7,850 / \$15,700	30%
H08	60/1500a (\$8,550 / \$17,100)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50%; ASC: 40%	HMO: \$8,550 / \$17,100; PPO: \$8,550 / \$17,100	\$300 + 30%
ExcelCare EOA - Facility Deductible								
H0F	20/500/10% (\$3,000 / \$9,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	HMO: Hospital: 10%; ASC: 5%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
H0G	30/1000/20% (\$3,000 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
H0C	30/1500/30% (\$3,000 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,000 / \$9,000; PPO: \$5,000 / \$10,000	\$100
H0D	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
H0E	60/4000/40% (\$8,550 / \$17,100)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$8,550 / \$17,100; PPO: \$8,550 / \$17,100	\$100

Large Group PPO medical benefits⁷

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
PPO⁸								
GY1	10/0/10% (\$2,000 / \$6,000)	\$10	\$30	N/A	10%	Hospital: 10%; ASC: 5%	\$2,000 / \$6,000	\$100 + 10%
GY9	20/250/20% (\$4,000 / \$12,000)	\$20 (ded waived)	\$40 (ded waived)	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GYB	20/500/20% (\$4,000 / \$12,000)	\$20 (ded waived)	\$40 (ded waived)	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GYC	30/500/10% (\$3,000 / \$9,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
GYF	30/1000/20% (\$3,000 / \$9,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	20%	Hospital: 20%; ASC: 10%	\$3,000 / \$9,000	\$100 + 20%
GYG	30/1000/20% (\$4,000 / \$12,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GYH	30/2000/30% (\$5,000 / \$10,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GYI	30/3000/30% (\$5,000 / \$10,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GYM	30/4000/30% (\$5,600 / \$11,200)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30%; ASC: 20%	\$5,600 / \$11,200	\$100 + 30%
GYL	40/3500/30% (\$7,350 / \$14,700)	\$40 (ded waived)	\$60 (ded waived)	N/A	30%	Hospital: 30%; ASC: 20%	\$7,350 / \$14,700	\$100 + 30%
GYN	60/5000/30% (\$6,350 / \$12,700)	visits 1-3 \$60 (ded waived) / visits 4 \$60 (ded applies)	\$80 (ded applies)	N/A	30%	Hospital: 30%; ASC: 20%	\$6,350 / \$12,700	\$100 + 30%
GYO	60/5000/30% (\$8,550 / \$17,100)	visits 1-3 \$60 (ded waived) / visits 4 \$60 (ded applies)	\$80 (ded applies)	N/A	30%	Hospital: 30%; ASC: 20%	\$8,550 / \$17,100	\$100 + 30%
PPO⁸ (HSA-compatible) Includes pre-set pharmacy plans								
GY Y	2800/30% F (\$3,000 / \$6,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$6,000	\$100 + 30%
GZ O	1500/30% I (\$3,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / N/A	\$100 + 30%
GY V	2800/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GYP	2800/0% (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,800 / \$5,600	0%
GY W	3000/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GY X	2800/0% F (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,800 / \$5,600	0%
GY Z	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,000 / N/A	0%

(continued)

Effective date 1/1/21

Large Group PPO medical benefits⁷ (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
GYQ	3000/0% (\$3,000 / \$6,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$3,000 / \$6,000	0%
GYT	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20%; ASC: 10%	\$6,000 / \$12,000	\$100 + 20%
GYR	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$4,000 / \$8,000	0%

Large Group HMO/EOA pharmacy benefits

PHARMACY BRAND DEDUCTIBLE	DEDUCTIBLE TYPE (BRAND ONLY, NONE)	RETAIL TIER 1	RETAIL TIER 2	RETAIL TIER 3	ASSOCIATED MEDICAL PLAN
SmartCare HMO Rx choices					
\$0	Brand	\$10	\$30	\$50	Pairable with any Enhanced Choice SmartCare HMO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
Salud HMO y Más Rx choices					
\$0	None	\$5	\$25	\$45	Pairable with any Enhanced Choice Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
EOA Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice EOA/ExcelCare EOA medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
HMO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice HMO/ExcelCare HMO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

Large Group PPO pharmacy benefits

PHARMACY BRAND DEDUCTIBLE	DEDUCTIBLE TYPE (BRAND ONLY, NONE)	RETAIL TIER 1	RETAIL TIER 2	RETAIL TIER 3	ASSOCIATED MEDICAL PLAN
PPO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice PPO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

Effective date 1/1/21

Large Group chiropractic and acupuncture benefits

HMO, EOA, EOA ExcelCare, HMO ExcelCare, Salud y Mas, Salud San Diego, CanopyCare HMO			
ACUPUNCTURE AND CHIROPRACTIC PLAN CODE	CHIROPRACTIC-ONLY PLAN CODE	COPAYMENT / VISIT LIMIT	OUT-OF-POCKET MAXIMUM – MUST MATCH THE MEDICAL PLAN OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)
BHH	BHB	\$10 / 30 visits	\$1,500 / \$3,000
BHG	BHA	\$10 / 30 visits	\$2,500 / \$7,500
BHI	BHC	\$10 / 30 visits	\$3,000 / \$9,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHK	BHE	\$10 / 30 visits	\$5,850 / \$11,700
CX7	CXB	\$10 / 30 visits	\$6,500 / \$13,000
CX2	CX6	\$10 / 30 visits	\$8,550 / \$17,100
SmartCare HMO			
ACUPUNCTURE AND CHIROPRACTIC PLAN CODE	COPAYMENT / VISIT LIMIT		OUT-OF-POCKET MAXIMUM – MUST MATCH THE MEDICAL PLAN OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)
BI2	\$15 / 10 visits		\$1,500 / \$3,000
BHZ	\$15 / 10 visits		\$2,500 / \$7,500
BI3	\$15 / 10 visits		\$4,500 / \$9,000
BI5	\$15 / 10 visits		\$5,500 / \$11,000
BI6	\$25 / 10 visits		\$5,850 / \$11,700
CXA	\$25 / 10 visits		\$6,500 / \$13,000
CX5	\$25 / 10 visits		\$8,550 / \$17,100

OUR ENHANCED CHOICE RATE GUARANTEE

¹Rate guarantee eligibility is determined on a case-by-case basis. For qualifications and other important details, terms and conditions, refer to the New Business Rate Guarantee Agreement document available from your Health Net account executive.

HOW IT WORKS

²There are different minimum employer contribution requirements for employer groups with no prior coverage (a.k.a. virgin groups). Please contact your Health Net account executive for further details.

³Choose up to 3 plans if you are an employer offering benefits for the first time.

LARGE GROUP HMO/EOA BENEFITS

⁴Plan codes could differ by geography

⁵Facility Deductible plans are not available with Salud San Diego..

⁶Only one full network option can be chosen (HMO or EOA).

LARGE GROUP PPO BENEFITS

⁷Plans are available in the PPO-Only Package. Choose up to 3 PPO plans: one PPO high option (FVR or FVU), one PPO low option (FVX, FVY or FVZ), and any HSA-Compatible PPO plan.

Pair with a specified pharmacy plan. Contact your Health Net account executive for more details.

⁸PPO plans can also be paired with an HRA. Please contact your Health Net account executive for more information.

This is a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the plan-specific *Evidence of Coverage, Certificate of Insurance or Summary of Benefits and Coverage* for all terms and conditions of coverage.

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