

Start Your 2022 Year Strong with Enhanced Choice Solutions

UNDERWRITING PROGRAM THROUGH 3/1/2023

As part of our commitment to your business, and the health and well-being of our California communities, we're offering Enhanced Choice Solutions, an underwriting program through 3/1/2023 that gives you **more opportunities to write large group business with us.**



Our Enhanced Choice Solutions program is designed for employer groups with 101–500 eligible employees that have difficulty meeting a carrier's standard participation guidelines and includes:

- flexible participation requirements
- our best-selling Enhanced Choice portfolio



HERE ARE IMPORTANT PROGRAM DETAILS

- Effective dates between now and 3/1/2023
- Group eligibility requirements:
 - New groups 101–500
(new groups 500+ considered on a case-by-case basis).
 - Enrolling in select Enhanced Choice Plans (see chart)
- A choice of up to three select Enhanced Choice Plans
- Minimum employer contribution requirement is 50% of the lowest cost Health Net plan.
- Total Replacement: Participation requirements of a minimum of 33% of the total eligible population, or 33 active, enrolled employees, whichever is greater.
- Multi-carrier (e.g. Kaiser): Participation requirements of a minimum of 10% of the eligible population, or 25 active, enrolled employees, whichever is greater.

(continued)



ExcelCare HMO Plans	
	Plan Code
20/20% (\$2,500 / \$7,500)	HVH
30/30% (\$3,500 / \$10,500)	HVL
40/40% (\$5,500 / \$11,000)	HVQ
50/1500d (\$6,500 / \$13,000)	HVT
60/1500a (\$8,700 / \$17,400)	HVU
ExcelCare EOA Plans	
	Plan Code
20/20% (\$2,500 / \$7,500)	HW2
30/30% (\$3,500 / \$10,500)	HW7
40/40% (\$5,500 / \$11,000)	HWG
50/1500d (\$6,500 / \$13,000)	HWK
60/1500a (\$8,700 / \$17,400)	HWL
ExcelCare EOA Facility Deductible Plans	
	Plan Code
20/500/10% (\$3,500 / \$10,500)	HW4
30/1000/20% (\$3,500 / \$10,500)	HW9
30/1500/30% (\$3,500 / \$10,500)	HWC
40/3000/40% (\$5,500 / \$11,000)	HWJ
SmartCare Plans	
	Plan Code
30/250d (\$4,500 / \$9,000)	HSC
20/20% (\$2,500 / \$7,500)	HS7
40/500d (\$4,500 / \$9,000)	HSF
50/1500d (\$6,500 / \$13,000)	HSI
60/1500a (\$8,700 / \$17,400)	HSJ
Salud HMO y Más / Salud San Diego Plans	
	Plan Code
10/250a (\$1,500 / \$3,000)	HU8 / HU9
15/250a (\$2,500 / \$7,500)	HUC / HUD
30/20% (\$2,500 / \$7,500)	HUL / HUM
30/30% (\$3,500 / \$10,500)	HUN / HUO
40/40% (\$5,500 / \$11,000)	HUV / HUW
50/1500d (\$6,500 / \$13,000)	HV2 / HV3
60/1500a (\$8,700 / \$17,400)	HV4 / HV5

Salud HMO y Más Facility Deductible Plans		
	Plan Code	
20/500/10% (\$3,500 / \$10,500)	HUI	
30/1000/20% (\$3,500 / \$10,500)	HUR	
30/1500/30% (\$3,500 / \$10,500)	HUS	
40/3000/40% (\$5,500 / \$11,000)	HVI	
CanopyCare HMO Plans		
	Plan Code	
20/20% (\$2,500 / \$7,500)	HZ7	
30/20% (\$2,500 / \$7,500)	HZF	
40/40% (\$5,500 / \$11,000)	HZJ	
15/1500d (\$6,500 / \$13,000)	HZ6	
50/1500d (\$6,500 / \$13,000)	HZN	
PPO Plans		
	Plan Code	
30/1000/20% (\$3,000 / \$9,000)	HX4	
30/3000/30% (\$5,000 / \$10,000)	HX7	
30/4000/30% (\$6,000 / \$12,000)	HX9	
40/3500/30% (\$7,000 / \$14,000)	HXC	
40/5000/30% (\$7,000 / \$14,000)	HXD	
60/5000/30% (\$8,700 / \$17,400)	HXE	
HSA-compatible PPO (including OOS) Plans		
	Plan Code	
2800/0% (\$2,800 / \$5,600)	HXF	
4000/0% (\$4,000 / \$8,000)	HXH	
2800/30% (\$5,000 / \$10,000)	HXL	
3000/30% (\$5,000 / \$10,000)	HXM	
5000/20% (\$6,000 / \$12,000)	HXJ	
Pharmacy Plans (HMO/EOA/PPO)		
Pharmacy Brand Deductible	Deductible Type	Retail Tier 1 / Tier 2 / Tier 3
\$0	Brand	\$10 / \$30 / \$50
\$100	Brand	\$15 / \$35 / \$55
\$300	Brand	\$15 / \$40 / \$60