

Effective date 1/1/22

**We built our Starting Line-Up (SLU) portfolio** for large group employers looking for the simplicity and innovation of our bestselling plans and networks – with sustainable cost-savings.

We know that for large groups **affordability** is a top priority. Our marketable SLU portfolio helps you find the right answers to fit every client's business needs.



## Large Group HMO/EOA medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
<b>Full Network HMO</b>								
HSM	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HSN	15/0 (\$2,500 / \$7,500)	\$15	\$35	\$15	\$0	Hospital: No charge; ASC: No charge	\$2,500 / \$7,500	\$100
HSO	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	2,500 / \$7,500	\$100
HSQ	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	2,500 / \$7,500	\$100
HSR	20/250a (\$2,500 / \$7,500)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	2,500 / \$7,500	\$100
HSU	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	2,500 / \$7,500	\$100
HSZ	40/20% (\$2,500 / \$7,500)	\$40	\$60	\$40	20%	Hospital: 20%; ASC: 10%	2,500 / \$7,500	\$100
HSS	20/500a (\$3,500 / \$10,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,500 / \$10,500	\$100
HST	20/500d (\$3,500 / \$10,500)	\$20	\$40	\$20	\$500 per day, \$2,000 max per admit	Hospital: \$500; ASC: \$200	\$3,500 / \$10,500	\$100
HSV	30/30% (\$3,500 / \$10,500)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$100
HSX	30/1000a (\$3,500 / \$10,500)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000; ASC: \$500	\$3,500 / \$10,500	\$100
HTO	40/30% (\$3,500 / \$10,500)	\$40	\$60	\$40	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$100

(continued)

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## Large Group HMO/EOA medical benefits (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
<b>Full Network HMO (continued)</b>								
HSW	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$100
HT2	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500; ASC: \$200	\$4,500 / \$9,000	\$100
HSK	0/1000d (\$5,500 / \$11,000)	\$0	\$20	\$0	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HSY	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
HT1	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
HSL	10/30% (\$6,500 / \$13,000)	\$10	\$30	\$10	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	30%
HSP	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HT3	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HT4	50/1500d (\$6,500 / \$13,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HT5	60/1500a (\$8,700 / \$17,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,700 / \$17,400	\$300 + 30%
<b>ExcelCare HMO</b>								
HVE	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HVF	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HVI	20/250a (\$2,500 / \$7,500)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HVH	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HVK	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HVJ	20/500a (\$3,500 / \$10,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,500 / \$10,500	\$100
HVL	30/30% (\$3,500 / \$10,500)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$100

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## Large Group HMO/EOA medical benefits *(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
<b>ExcelCare HMO (continued)</b>								
HVP	40/30% (\$3,500 / \$10,500)	\$40	\$60	\$40	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$100
HVN	30/1000a (\$3,500 / \$10,500)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000; ASC: \$500	\$3,500 / \$10,500	\$100
HVM	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$100
HVR	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500; ASC: \$200	\$4,500 / \$9,000	\$100
HVC	0/1000d (\$5,500 / \$11,000)	\$0	\$20	\$0	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HVO	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
HVQ	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
HVD	10/30% (\$6,500 / \$13,000)	\$10	\$30	\$10	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	30%
HVG	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HVS	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HVT	50/1500d (\$6,500 / \$13,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HVU	60/1500a (\$8,700 / \$17,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,700 / \$17,400	\$300 + 30%
<b>SmartCare HMO</b>								
HS4	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HS5	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HS7	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HS9	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HS8	20/500a (\$3,500 / \$10,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,500 / \$10,500	\$100

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## Large Group HMO/EOA medical benefits (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
<b>SmartCare HMO (continued)</b>								
HSB	30/30% (\$3,500 / \$10,500)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$100
HSC	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$100
HSF	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$250; ASC: \$100	\$5,500 / \$11,000	\$100
HS2	0/1000d (\$5,500 / \$11,000)	\$0	\$20	\$0	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HSD	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
HSE	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
HSH	50/50% (\$5,500 / \$11,000)	\$50	\$70	\$40	50%	Hospital: 50%; ASC: 40%	\$5,500 / \$11,000	\$100
HS3	10/30% (\$6,500 / \$13,000)	\$10	\$30	\$10	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	30%
HS6	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HSG	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HSI	50/1500d (\$6,500 / \$13,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HSJ	60/1500a (\$8,700 / \$17,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,700 / \$17,400	\$300 + 30%
<b>Salud HMO y Más</b>								
HU8, HU9	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
HUC, HUD	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
HUG, HUH	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
HUL, HUM	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

(continued)

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## Large Group HMO/EOA medical benefits *(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
<b>Salud HMO y Más (continued)</b>								
HUN, HUO	30/30% (\$3,500 / \$10,500)	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: \$3,500 / \$10,500	\$100
HUJ, HUK	20/500a (\$3,500 / \$10,500)	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: \$3,500 / \$10,500	\$100
HUP, HUQ	30/250d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: \$250 per day, \$750 max per admit	SIMNSA: \$0; HN: Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$100
HUX, HUY	40/500d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$500 per day, \$1,500 max per admit	SIMNSA: \$0; HN: Hospital: \$500; ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$100
HU4, HU5	0/1000d (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$0	SIMNSA: \$5; HN: \$20	\$0	SIMNSA: \$0; HN: \$1,000 per day, \$3,000 max per admit	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	30%
HUT, HUU	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
HUV, HUW	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
HU6, HU7	10/30% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HUE, HUF	15/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$1,500 per day, \$4,500 max per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HUZ, HVO	40/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$1,500 per day, \$4,500 max per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HV2, HV3	50/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$40	SIMNSA: \$0; HN: \$1,500 per day, \$4,500 max per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HV4, HV5	60/1500a (\$8,700 / \$17,400)	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: \$8,700 / \$17,400	\$300 + 30%
<b>Salud HMO y Más – Facility Deductible<sup>1</sup></b>								
HUI	20/500/10% (\$3,500 / \$10,500)	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: \$3,500 / \$10,500	\$100

*(continued)*

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## Large Group HMO/EOA medical benefits *(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
<b>Salud HMO y Más – Facility Deductible (continued)</b>								
HUR	30/1000/20% (\$3,500 / \$10,500)	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: \$3,500 / \$10,500	\$100
HUS	30/1500/30% (\$3,500 / \$10,500)	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: \$3,500 / \$10,500	\$100
HU3	0/1000/20% (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$0	SIMNSA: \$5; HN: \$20	\$0	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	20%
HUB	10/1500/30% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	30%
HV1	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
HV6	60/4000/40% (\$8,700 / \$17,400)	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: \$8,700 / \$17,400	\$100
<b>Salud Mexico – SIMNSA network</b>								
HU2	5/0 (\$1,500 / \$4,500)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	Not Covered	SIMNSA: \$0; HN: \$0	SIMNSA: \$0; HN: Hospital: \$0; ASC: \$0	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$4,500	\$10
<b>CanopyCare HMO</b>								
HZ0	0/250a (\$1,500 / \$3,000)	\$0	\$20	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HZ5	15/250a (\$2,500 / \$7,500)	\$15	\$35	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HZ7	20/20% (\$2,500 / \$7,500)	\$20	\$40	N/A	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HZC	20/1000a (\$2,500 / \$7,500)	\$20	\$40	N/A	\$1,000 per admit	Hospital: \$1,000; ASC: \$500	\$2,500 / \$7,500	\$100
HZF	30/20% (\$2,500 / \$7,500)	\$30	\$50	N/A	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$200
HZH	30/1500a (\$2,500 / \$7,500)	\$30	\$50	N/A	\$1,500 per admit	Hospital: \$1,500; ASC: \$750	\$2,500 / \$7,500	\$200
HZ9	20/500a (\$3,500 / \$10,500)	\$20	\$40	N/A	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,500 / \$10,500	\$100
HZG	30/30% (\$3,500 / \$10,500)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$200
HZ2	0/1000d (\$5,500 / \$11,000)	\$0	\$20	N/A	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$200
HZI	35/30% (\$5,500 / \$11,000)	\$35	\$55	N/A	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$200

*(continued)*

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## Large Group HMO/EOA medical benefits (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
<b>CanopyCare HMO<sup>1</sup> (continued)</b>								
HZJ	40/40% (\$5,500 / \$11,000)	\$40	\$60	N/A	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$200
HZK	40/1000d (\$5,500 / \$11,000)	\$40	\$60	N/A	\$1,000 per day, \$3,000 max per admit	Hospital: \$1,000; ASC: \$500	\$5,500 / \$11,000	\$200
HZ3	10/30% (\$6,500 / \$13,000)	\$10	\$30	N/A	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	\$200
HZ6	15/1500d (\$6,500 / \$13,000)	\$15	\$35	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	\$300
HZL	40/1500d (\$6,500 / \$13,000)	\$40	\$60	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	\$300
HZN	50/1500d (\$6,500 / \$13,000)	\$50	\$70	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	\$300
<b>CanopyCare HMO - Facility Deductible</b>								
HZ8	20/500/10% (\$3,000 / \$6,000)	\$20	\$20	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$6,000	10%
HZB	20/1000/20% (\$3,000 / \$6,000)	\$20	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$3,000 / \$6,000	20%
HZD	20/1500/20% (\$4,000 / \$8,000)	\$20	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$8,000	20%
HZ1	0/1000/20% (\$4,500 / \$9,000)	\$0	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$4,500 / \$9,000	20%
HZE	20/2500/20% (\$5,000 / \$10,000)	\$20	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$5,000 / \$10,000	20%
HZ4	10/1500/30% (\$5,500 / \$11,000)	\$10	\$30	N/A	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HZM	40/3000/30% (\$6,000 / \$12,000)	\$40	\$40	N/A	30%	Hospital: 30%; ASC: 20%	\$6,000 / \$12,000	30%
<b>POS – Elect Open Access (EOA)</b>								
HTB	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	\$250 per admit	HMO: Hospital: \$250; ASC: \$100		\$100
HT8	10/0 (\$2,500 / \$7,500)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: No charge	HMO: Hospital: 0%; ASC: 0%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HTD	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
HTF	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
HTG	20/250a (\$2,500 / \$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$250 per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HTK	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
HTR	40/20% (\$2,500 / \$7,500)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HTI	20/500a (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100

(continued)

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## Large Group HMO/EOA medical benefits *(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
<b>POS – Elect Open Access (EOA) (continued)</b>								
HTJ	20/500d (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per day, \$2,000 max per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTL	30/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTS	40/30% (\$3,500 / \$10,500)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTO	30/1000a (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	HMO: Hospital: \$1,000; ASC: \$500	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTM	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HTU	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$1,500 max per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HT7	0/1000d (\$5,500 / \$11,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: \$1,000 per day, \$3,000 max per admit	HMO: Hospital: 30%; ASC: 20%	HMO: 5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HTQ	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
HTT	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
HT9	10/30% (\$6,500 / \$13,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTE	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day, \$4,500 max per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTV	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day, \$4,500 max per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTX	50/1500d (\$6,500 / \$13,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTY	60/1500a (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50%; ASC: 40%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$300 + 30%
<b>POS – Elect Open Access (EOA) Facility Deductible</b>								
HTH	20/500/10% (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	HMO: Hospital: 10%; ASC: 5%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTN	30/1000/20% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTP	30/1500/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HT6	0/1000/20% (\$4,500 / \$9,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	20%
HTC	10/1500/30% (\$5,500 / \$11,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: 5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HTW	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
HTZ	60/4000/40% (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$100

*(continued)*



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## Large Group HMO/EOA medical benefits (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
<b>ExcelCare EOA</b>								
HVY	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
HW0	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
HW2	20/20% (\$2,500 / \$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	HMO: Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HW3	20/250a (\$2,500 / \$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$250 per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HW6	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
HWE	40/20% (\$2,500 / \$7,500)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HW5	20/500a (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HW7	30/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HWB	30/1000a (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	HMO: Hospital: \$1,000; ASC: \$500	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HWF	40/30% (\$3,500 / \$10,500)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HW8	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	HMO: Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HWH	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$2,000 max per admit	HMO: Hospital: \$500; ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HWV	0/1000d (\$5,500 / \$11,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: \$1,000 per day, \$3,000 max per admit	HMO: Hospital: 30%; ASC: 20%	HMO: 5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HWD	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
HWG	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
HVZ	10/1500/30% (\$5,500 / \$11,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: 5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HVX	10/30% (\$6,500 / \$13,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWI	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day, \$4,500 max per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWI	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day, \$4,500 max per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWK	50/1500d (\$6,500 / \$13,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	HMO: Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWL	60/1500a (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50%; ASC: 40%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$300 + 30%

(continued)

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## Large Group HMO/EOA medical benefits (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
<b>ExcelCare EOA - Facility Deductible</b>								
HW4	20/500/10% (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	HMO: Hospital: 10%; ASC: 5%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HW9	30/1000/20% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HWC	30/1500/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HVV	0/1000/20% (\$4,500 / \$9,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: 20%	HMO: Hospital: 20%; ASC: 10%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	20%
HWJ	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
HWM	60/4000/40% (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$100

## Large Group PPO medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
<b>PPO<sup>2</sup></b>								
HWP	10/0/10% (\$2,000 / \$6,000)	\$10	\$30	N/A	10%	Hospital: 10%; ASC: 5%	\$2,000 / \$6,000	\$100 + 10%
HWQ	10/0/10% (\$3,000 / \$9,000)	\$10	\$30	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
HWR	10/250/10% (\$3,000 / \$9,000)	\$10	\$30	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
HWU	15/250/10% (\$3,000 / \$9,000)	\$15	\$35	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
HWV	15/500/10% (\$3,000 / \$9,000)	\$15	\$35	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
HWY	20/250/10% (\$3,000 / \$9,000)	\$20	\$40	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
HX1	30/500/10% (\$3,000 / \$9,000)	\$30	\$50	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
HX4	30/1000/20% (\$3,000 / \$9,000)	\$30	\$50	N/A	20%	Hospital: 20%; ASC: 10%	\$3,000 / \$9,000	\$100 + 20%
HWS	10/250/20% (\$4,000 / \$12,000)	\$10	\$30	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%

(continued)

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## Large Group PPO medical benefits *(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
PPO <sup>2</sup> (continued)								
HWW	15/500/20% (\$4,000 / \$12,000)	\$15	\$35	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
HWZ	20/250/20% (\$4,000 / \$12,000)	\$20	\$40	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
HX0	20/500/20% (\$4,000 / \$12,000)	\$20	\$40	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
HX2	30/500/20% (\$4,000 / \$12,000)	\$30	\$50	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
HX3	30/500/30% (\$4,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$4,000 / \$12,000	\$100 + 30%
HX5	30/1000/20% (\$4,000 / \$12,000)	\$30	\$50	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
HWO	0/1000/20% (\$5,000 / \$10,000)	\$0	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$5,000 / \$10,000	20%
HX6	30/2000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
HX7	30/3000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
HWT	10/1500/30% (\$6,000 / \$12,000)	\$10	\$30	N/A	30%	Hospital: 30%; ASC: 20%	\$6,000 / \$12,000	30%
HX9	30/4000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
HX8	30/3000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
HWX	15/3000/30% (\$7,000 / \$14,000)	\$15	\$35	N/A	30%	Hospital: 30%; ASC: 20%	\$7,000 / \$14,000	30%
HXD	40/5000/30% (\$7,000 / \$14,000)	Visits 1 - 3 = \$40 / Visits 4+ = \$40	\$60	N/A	30%	Hospital: 30%; ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
HXB	30/4000/30% (\$7,000 / \$14,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$7,000 / \$14,000	\$100 + 30%

*(continued)*

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## Large Group PPO medical benefits *(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
<b>PPO<sup>2</sup> (continued)</b>								
HXC	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30%; ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
HXE	60/5000/30% (\$8,700 / \$17,400)	Visits 1 - 3 = \$60 / Visits 4+ = \$60	\$80	N/A	30%	Hospital: 30%; ASC: 20%	\$8,700 / \$17,400	\$100 + 30%
<b>PPO HSA</b>								
HXP	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,000 / N/A	0%
HXN	2800/0% F (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,800 / \$5,600	0%
HXQ	1500/30% I (\$3,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / N/A	30%
HXO	2800/30% F (\$3,000 / \$6,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$6,000	30%
HXF	2800/0% (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,800 / \$5,600	0%
HXK	2800/30% (\$3,000 / \$6,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$6,000	30%
HXG	3000/0% (\$3,000 / \$6,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$3,000 / \$6,000	0%
HXI	3000/20% (\$4,000 / \$8,000)	20%	20%	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$8,000	20%
HXH	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$5,000 / \$10,000	0%
HXL	2800/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	30%
HXM	3000/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	30%
HXJ	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20%; ASC: 10%	\$6,000 / \$12,000	20%

Effective date 1/1/22

## 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
<b>SmartCare HMO Rx choices</b>					
\$0	None	\$5	\$25	\$45	Pairable with any SLU SmartCare HMO medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
<b>Salud HMO y Más Rx choices</b>					
\$0	None	\$5	\$25	\$45	Pairable with any SLU Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
<b>EOA Rx choices</b>					
\$0	None	\$5	\$25	\$45	Pairable with any SLU EOA/ExcelCare EOA medical plan
\$0	None	\$10	\$30	\$50	
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
<b>HMO Rx choices</b>					
\$0	None	\$5	\$25	\$45	Pairable with any SLU HMO/ExcelCare HMO medical plan
\$0	None	\$10	\$30	\$50	
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$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
<b>PPO Rx choices</b>					
\$0	None	\$5	\$25	\$45	Pairable with any SLU PPO medical plan
\$0	None	\$10	\$30	\$50	
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

Effective date 1/1/22

## Large Group chiropractic and acupuncture benefits

HMO/EOA/ExcelCare EOA/ExcelCare HMO/Salud HMO y Más/Salud San Diego			
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
BHT	BHN	\$25 / 30 visits	\$1,500 / \$3,000
BHG	BHA	\$10 / 30 visits	\$2,500 / \$7,500
BHS	BHM	\$25 / 30 visits	\$2,500 / \$7,500
DPW	DPZ	\$10 / 30 visits	\$3,000 / \$6,000
DPY	DPX	\$25 / 30 visits	\$3,000 / \$6,000
DI9	DID	\$10 / 30 visits	\$3,500 / \$10,500
DIB	DIA	\$25 / 30 visits	\$3,500 / \$10,500
DQ0	DQ3	\$10 / 30 visits	\$4,000 / \$8,000
DQ2	DQ1	\$25 / 30 visits	\$4,000 / \$8,000
BWD	BWA	\$10 / 30 visits	\$4,500 / \$9,000
BWB	BWC	\$25 / 30 visits	\$4,500 / \$9,000
DQ4	DQ7	\$10 / 30 visits	\$5,000 / \$10,000
DQ6	DQ5	\$25 / 30 visits	\$5,000 / \$10,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHV	BHP	\$25 / 30 visits	\$5,500 / \$11,000
DQ8	DQB	\$10 / 30 visits	\$6,000 / \$12,000
DQA	DQ9	\$25 / 30 visits	\$6,000 / \$12,000
CX7	CXB	\$10 / 30 visits	\$6,500 / \$13,000
CX9	CX8	\$25 / 30 visits	\$6,500 / \$13,000
DIF	DIJ	\$10 / 30 visits	\$8,700 / \$17,400
DIH	DIG	\$25 / 30 visits	\$8,700 / \$17,400
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
DIC	\$15 / 10 visits		\$2,500 / \$7,500
BI3	\$15 / 10 visits		\$4,500 / \$9,000
BI5	\$15 / 10 visits		\$5,500 / \$11,000
CXA	\$25 / 10 visits		\$6,500 / \$13,000
DII	\$25 / 10 visits		\$8,700 / \$17,400

<sup>1</sup>Facility Deductible plans are not available with Salud San Diego

<sup>2</sup>PPO 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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