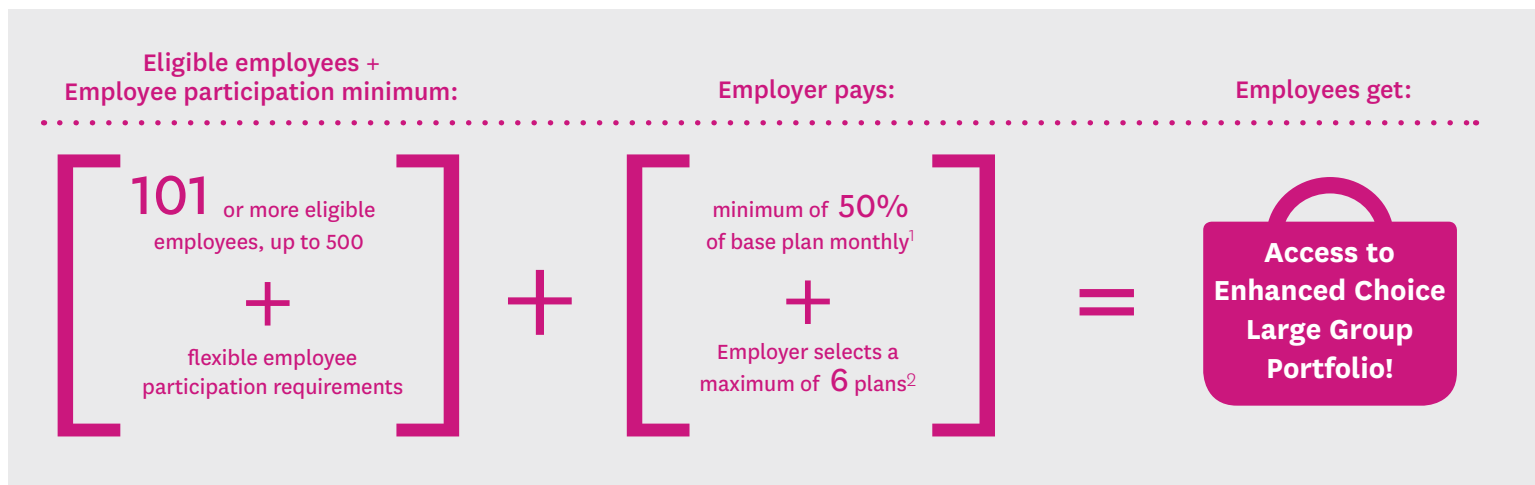


Effective date 1/1/23

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.

How it works



Large Group HMO/EOA medical benefits

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Full Network HMO								
JMW	10/250a (\$1,500/\$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500/\$3,000	\$100
JMZ	20/0 (\$1,500/\$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500/\$3,000	\$100
JMX	15/250a (\$2,500/\$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500/\$7,500	\$100
JN0	20/20% (\$2,500/\$7,500)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$100
JN1	20/500a (\$2,500/\$7,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500/\$7,500	\$100
JN3	30/20% (\$2,500/\$7,500)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$100
JN2	25/750a (\$3,500/\$10,500)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500/\$10,500	\$100
JN4	30/30% (\$3,500/\$10,500)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$100
JN6	30/1000a (\$3,500/\$10,500)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500/\$10,500	\$100
JN8	40/30% (\$3,500/\$10,500)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$100
JN5	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

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
JNB	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
JMU	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%
JN7	35/30% (\$5,500/\$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500/\$11,000	\$100
JN9	40/40% (\$5,500/\$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500/\$11,000	\$100
JMV	10/30% (\$6,500/\$13,000)	\$10	\$30	\$10	30%	Hospital: 30% ASC: 20%	\$6,500/\$13,000	30%
JMY	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%
JNC	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%
JND	50/1500d (\$7,500/\$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500/\$15,000	30%
JNE	60/1500a (\$9,100/\$18,200)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,100/\$18,200	\$300 + 30%
ExcelCare HMO								
JPO	10/250a (\$1,500/\$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500/\$3,000	\$100
JPR	20/0 (\$1,500/\$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500/\$3,000	\$100
JPP	15/250a (\$2,500/\$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500/\$7,500	\$100
JPS	20/20% (\$2,500/\$7,500)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$100
JPT	20/500a (\$2,500/\$7,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500/\$7,500	\$100
JPV	30/20% (\$2,500/\$7,500)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$100
JPU	25/750a (\$3,500/\$10,500)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500/\$10,500	\$100
JPW	30/30% (\$3,500/\$10,500)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$100
JPY	30/1000a (\$3,500/\$10,500)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500/\$10,500	\$100
JQ0	40/30% (\$3,500/\$10,500)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$100
JPX	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
JQ2	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
JPM	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%

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
JPZ	35/30% (\$5,500/\$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500/\$11,000	\$100
JQ1	40/40% (\$5,500/\$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500/\$11,000	\$100
JPN	10/30% (\$6,500/\$13,000)	\$10	\$30	\$10	30%	Hospital: 30% ASC: 20%	\$6,500/\$13,000	30%
JPQ	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%
JQ3	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%
JQ4	50/1500d (\$7,500/\$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500/\$15,000	30%
JQ5	60/1500a (\$9,100/\$18,200)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9100/\$18,200	\$300 + 30%
SmartCare								
JLK	10/250a (\$1,500/\$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500/\$3,000	\$100
JLN	20/0 (\$1,500/\$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500/\$3,000	\$100
JLL	15/250a (\$2,500/\$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500/\$7,500	\$100
JLO	20/20% (\$2,500/\$7,500)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$100
JLP	20/500a (\$2,500/\$7,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500/\$7,500	\$100
JLR	30/20% (\$2,500/\$7,500)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$100
JLQ	25/750a (\$3,500/\$10,500)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500/\$10,500	\$100
JLS	30/30% (\$3,500/\$10,500)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$100
JLU	30/1000a (\$3,500/\$10,500)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500/\$10,500	\$100
JLW	40/30% (\$3,500/\$10,500)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$100
JLT	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
JLY	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
JLI	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%
JLV	35/30% (\$5,500/\$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500/\$11,000	\$100
JLX	40/40% (\$5,500/\$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500/\$11,000	\$100

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
JLJ	10/30% (\$6,500/\$13,000)	\$10	\$30	\$10	30%	Hospital: 30% ASC: 20%	\$6,500/\$13,000	30%
JLM	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%
JLZ	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%
JM0	50/1500d (\$7,500/\$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500/\$15,000	30%
JM1	60/1500a (\$9,100/\$18,200)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9100/\$18,200	\$300 + 30%
Salud HMO y Más								
JOE / JOF	10/250a (\$1,500/\$3,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500/\$4,500; HN: \$1,500/\$3,000	\$100
JOL / JOM	20/0 (\$1,500/\$3,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: \$0	Hospital: \$0 ASC: \$0	SIMNSA: \$1,500/\$4,500; HN: \$1,500/\$3,000	\$100
JOH / JOI	15/250a (\$2,500/\$7,500)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500/\$4,500; HN: \$2,500/\$7,500	\$100
JON / JOO	20/20% (\$2,500/\$7,500)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 10%	SIMNSA: \$1,500/\$4,500; HN: \$2,500/\$7,500	\$100
JOQ / JOR	20/500a (\$2,500/\$7,500)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: \$500 per admit	Hospital: \$500 ASC: \$200	SIMNSA: \$1,500/\$4,500; HN: \$2,500/\$7,500	\$100
JOV / JOW	30/20% (\$2,500/\$7,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 10%	SIMNSA: \$1,500/\$4,500; HN: \$2,500/\$7,500	\$100
JOT / JOU	25/750a (\$3,500/\$10,500)	SIMNSA: \$5; HN: \$25	SIMNSA: \$5; HN: \$45	\$25	SIMNSA: \$0; HN: \$750 per admit	Hospital: \$750 ASC: \$300	SIMNSA: \$1,500/\$4,500; HN: \$3,500/\$10,500	\$100
JOX / JOY	30/30% (\$3,500/\$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500/\$4,500; HN: \$3,500/\$10,500	\$100
JP2 / JP3	30/1000a (\$3,500/\$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	SIMNSA: \$1,500/\$4,500; HN: \$3,500/\$10,500	\$100
JP8 / JP9	40/30% (\$3,500/\$10,500)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500/\$4,500; HN: \$3,500/\$10,500	\$100
JOZ / JPO	30/250d (\$4,500/\$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: \$750 max per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500/\$4,500; HN: \$4,500/\$9,000	\$100
JPD / JPE	40/500d (\$4,500/\$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$1,500 max per admit	Hospital: \$500 ASC: \$200	SIMNSA: \$1,500/\$4,500; HN: \$4,500/\$9,000	\$100

(continued)

Effective date 1/1/23

Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
JO9 / JOB	0/1000d (\$5,500/\$11,000)	SIMNSA: \$5; HN: \$0	SIMNSA: \$5; HN: \$20	\$0	SIMNSA: \$0; HN: \$3,000 max per admit	Hospital: 30% ASC: 20%	SIMNSA: \$1,500/\$4,500; HN: \$5,500/\$11,000	30%
JP6 / JP7	35/30% (\$5,500/\$11,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN: \$55	\$35	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500/\$4,500; HN: \$5,500/\$11,000	\$100
JPB / JPC	40/40% (\$5,500/\$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: 40%	Hospital: 40% ASC: 30%	SIMNSA: \$1,500/\$4,500; HN: \$5,500/\$11,000	\$100
JOC / JOD	10/30% (\$6,500/\$13,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500/\$4,500; HN: \$6,500/\$13,000	30%
JOJ / JOK	15/1500d (\$6,500/\$13,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500/\$4,500; HN: \$6,500/\$13,000	30%
JPF / JPG	40/1500d (\$6,500/\$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500/\$4,500; HN: \$6,500/\$13,000	30%
JPI / JPJ	50/1500d (\$7,500/\$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$40	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500/\$4,500; HN: \$7,500/\$15,000	30%
JPK / JPL	60/1500a (\$9,100/\$18,200)	SIMNSA: \$5; HN: \$60	SIMNSA: \$5; HN: \$80	\$40	SIMNSA: \$0; HN: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	SIMNSA: \$1,500/\$4,500; HN: \$9100/\$18,200	\$300 + 30%
Salud HMO y Más - Facility Deductible ⁴								
JOP	20/500/10% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20 waived	SIMNSA: \$0; HN: 10% applies	Hospital: 10% ASC: 5%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100 applies
JOS	25/750/20% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$25	SIMNSA: \$5; HN: \$45	\$25 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100 applies
JO8	0/1000/20% (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$0	SIMNSA: \$5; HN: \$20	\$0 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	20% applies
JP1	30/1000/20% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100 applies
JOG	10/1500/30% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	30% applies
JP4	30/1500/30% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100 applies
JP5	30/2000/30% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100 applies
JPH	40/3000/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$100 applies

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Salud Mexico								
JNF	5/0 (\$1,500/\$4,500)	\$5	\$5	Not Covered	\$0	Hospital: \$0 ASC: \$0	\$1,500/\$4,500	\$10
CanopyCare HMO								
JM2	0/250a (\$1,500/\$3,000)	\$0	\$20	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500/\$3,000	\$100
JM9	20/0 (\$1,500/\$3,000)	\$20	\$40	N/A	\$0	Hospital: \$0 ASC: \$0	\$1,500/\$3,000	\$100
JM7	15/250a (\$2,500/\$7,500)	\$15	\$35	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500/\$7,500	\$100
JMB	20/20% (\$2,500/\$7,500)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$100
JMD	20/500a (\$2,500/\$7,500)	\$20	\$40	N/A	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500/\$7,500	\$100
JMF	20/1000a (\$2,500/\$7,500)	\$20	\$40	N/A	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$2,500/\$7,500	\$100
JMJ	30/20% (\$2,500/\$7,500)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$2,500/\$7,500	\$200
JMM	30/1500a (\$2,500/\$7,500)	\$30	\$50	N/A	\$1,500 per admit	Hospital: \$1,500 ASC: \$750	\$2,500/\$7,500	\$200
JMI	25/750a (\$3,500/\$10,500)	\$25	\$45	N/A	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500/\$10,500	\$100
JMK	30/30% (\$3,500/\$10,500)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$200
JML	30/1000a (\$3,500/\$10,500)	\$30	\$50	N/A	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500/\$10,500	\$200
JMO	40/30% (\$3,500/\$10,500)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$3,500/\$10,500	\$200
JM4	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
JMN	35/30% (\$5,500/\$11,000)	\$35	\$55	N/A	30%	Hospital: 30% ASC: 20%	\$5,500/\$11,000	\$200
JMP	40/40% (\$5,500/\$11,000)	\$40	\$60	N/A	40%	Hospital: 40% ASC: 30%	\$5,500/\$11,000	\$200
JMQ	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
JM5	10/30% (\$6,500/\$13,000)	\$10	\$30	N/A	30%	Hospital: 30% ASC: 20%	\$6,500/\$13,000	\$200
JM8	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
JMR	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
JMT	50/1500d (\$7,500/\$15,000)	\$50	\$70	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500/\$15,000	\$300

(continued)

Effective date 1/1/23

Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
CanopyCare HMO - Facility Deductible								
JMC	20/500/10% (\$3,000 / \$6,000)	\$20	\$20	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	10%
JM3	0/1000/20% (\$4,500 / \$9,000)	\$0	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$4,500 / \$9,000	20%
JME	20/1000/20% (\$3,000 / \$6,000)	\$20	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$3,000 / \$6,000	20%
JM6	10/1500/30% (\$5,500 / \$11,000)	\$10	\$30	N/A	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	30%
JMG	20/1500/20% (\$4,000 / \$8,000)	\$20	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	20%
JMH	20/2500/20% (\$5,000 / \$10,000)	\$20	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	20%
JMS	40/3000/30% (\$6,000 / \$12,000)	\$40	\$40	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	30%
POS – Elect Open Access (EOA)⁵								
JNJ	10/250a (\$1,500/\$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$1,500/\$3,000; PPO: \$3,500/\$10,500	\$100
JNN	20/0 (\$1,500/\$3,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$0	Hospital: \$0 ASC: \$0	HMO: \$1,500/\$3,000; PPO: \$3,500/\$10,500	\$100
JNL	15/250a (\$2,500/\$7,500)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JNO	20/20% (\$2,500/\$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JNQ	20/500a (\$2,500/\$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500 ASC: \$200	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JNT	30/20% (\$2,500/\$7,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JNS	25/750a (\$3,500/\$10,500)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$3,500/\$10,500; PPO: \$5,500/\$11,000	\$100
JNU	30/30% (\$3,500/\$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500/\$10,500; PPO: \$5,500/\$11,000	\$100
JNX	30/1000a (\$3,500/\$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	HMO: \$3,500/\$10,500; PPO: \$5,500/\$11,000	\$100
JO1	40/30% (\$3,500/\$10,500)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500/\$10,500; PPO: \$5,500/\$11,000	\$100
JNV	30/250d (\$4,500/\$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	HMO: \$4,500/\$9,000; PPO: \$6,500/\$13,000	\$100
JO3	40/500d (\$4,500/\$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	HMO: \$4,500/\$9,000; PPO: \$6,500/\$13,000	\$100
JNH	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	Hospital: 30% ASC: 20%	HMO: \$5,500/\$11,000; PPO: \$7,500/\$11,000	30%
JO0	35/30% (\$5,500/\$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$5,500/\$11,000; PPO: \$7,500/\$11,000	\$100
JO2	40/40% (\$5,500/\$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500/\$11,000; PPO: \$7,500/\$11,000	\$100

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
JNI	10/30% (\$6,500/\$13,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$6,500/\$13,000; PPO: \$8,500/\$13,000	30%
JNM	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	Hospital: 50% ASC: 40%	HMO: \$6,500/\$13,000; PPO: \$8,500/\$13,000	30%
JO4	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	Hospital: 50% ASC: 40%	HMO: \$6,500/\$13,000; PPO: \$8,500/\$13,000	30%
JO6	50/1500d (\$7,500/\$15,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$7,500/\$15,000; PPO: \$9,100/\$18,200	30%
JO7	60/1500a (\$9,100/\$18,200)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,100/\$18,200; PPO: \$9,100/\$18,200	\$300 + 30%
POS – Elect Open Access (EOA) Facility Deductible								
JNP	20/500/10% (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JNR	25/750/20% (\$3,500 / \$10,500)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
JNG	0/1000/20% (\$4,500 / \$9,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	20%
JNW	30/1000/20% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JNK	10/1500/30% (\$5,500 / \$11,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	30%
JNY	30/1500/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JNZ	30/2000/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JO5	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$100
ExcelCare EOA								
JR4	10/250a (\$1,500/\$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$1,500/\$3,000; PPO: \$3,500/\$10,500	\$100
JR8	20/0 (\$1,500/\$3,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$0	Hospital: \$0 ASC: \$0	HMO: \$1,500/\$3,000; PPO: \$3,500/\$10,500	\$100
JR6	15/250a (\$2,500/\$7,500)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JR9	20/20% (\$2,500/\$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JRC	20/500a (\$2,500/\$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500 ASC: \$200	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JRF	30/20% (\$2,500/\$7,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500/\$7,500; PPO: \$4,500/\$9,000	\$100
JRE	25/750a (\$3,500/\$10,500)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$3,500/\$10,500; PPO: \$5,500/\$11,000	\$100
JRG	30/30% (\$3,500/\$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	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 ³	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
JRJ	30/1000a (\$3,500/\$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	HMO: \$3,500/\$10,500; PPO: \$5,500/\$11,000	\$100
JRN	40/30% (\$3,500/\$10,500)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500/\$10,500; PPO: \$5,500/\$11,000	\$100
JRH	30/250d (\$4,500/\$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	HMO: \$4,500/\$9,000; PPO: \$6,500/\$13,000	\$100
JRP	40/500d (\$4,500/\$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$2,000 max per admit	Hospital: \$500 ASC: \$200	HMO: \$4,500/\$9,000; PPO: \$6,500/\$13,000	\$100
JR2	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	Hospital: 30% ASC: 20%	HMO: \$5,500/\$11,000; PPO: \$7,500/\$11,000	30%
JRM	35/30% (\$5,500/\$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$5,500/\$11,000; PPO: \$7,500/\$11,000	\$100
JRO	40/40% (\$5,500/\$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500/\$11,000; PPO: \$7,500/\$11,000	\$100
JR3	10/30% (\$6,500/\$13,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$6,500/\$13,000; PPO: \$8,500/\$13,000	30%
JR7	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	Hospital: 50% ASC: 40%	HMO: \$6,500/\$13,000; PPO: \$8,500/\$13,000	30%
JRQ	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	Hospital: 50% ASC: 40%	HMO: \$6,500/\$13,000; PPO: \$8,500/\$13,000	30%
JRS	50/1500d (\$7,500/\$15,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$7,500/\$15,000; PPO: \$9,100/\$18,200	30%
JRT	60/1500a (\$9,100/\$18,200)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,100/\$18,200; PPO: \$9,100/\$18,200	\$300 + 30%
ExcelCare EOA - Facility Deductible								
JRB	20/500/10% (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JRD	25/750/20% (\$3,500 / \$10,500)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
JR1	0/1000/20% (\$4,500 / \$9,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	20%
JR1	30/1000/20% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JR5	10/1500/30% (\$5,500 / \$11,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	30%
JRK	30/1500/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JRL	30/2000/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
JRR	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$100

(continued)

Effective date 1/1/23

Large Group PPO medical benefits⁶

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
PPO⁷								
JQ7	10/0/10% (\$2,000/\$6,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$2,000/\$6,000	\$100 + 10%
JQ8	10/250/10% (\$3,000/\$9,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$3,000/\$9,000	\$100 + 10%
JQC	15/500/10% (\$3,000/\$9,000)	\$15	\$35	N/A	10%	Hospital: 10% ASC: 5%	\$3,000/\$9,000	\$100 + 10%
JQF	20/250/10% (\$3,000/\$9,000)	\$20	\$40	N/A	10%	Hospital: 10% ASC: 5%	\$3,000/\$9,000	\$100 + 10%
JQI	30/500/10% (\$3,000/\$9,000)	\$30	\$50	N/A	10%	Hospital: 10% ASC: 5%	\$3,000/\$9,000	\$100 + 10%
JQK	30/1000/20% (\$3,000/\$9,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$3,000/\$9,000	\$100 + 20%
JQ9	10/250/20% (\$4,000/\$12,000)	\$10	\$30	N/A	20%	Hospital: 20% ASC: 10%	\$4,000/\$12,000	\$100 + 20%
JQD	15/500/20% (\$4,000/\$12,000)	\$15	\$35	N/A	20%	Hospital: 20% ASC: 10%	\$4,000/\$12,000	\$100 + 20%
JQG	20/250/20% (\$4,000/\$12,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$4,000/\$12,000	\$100 + 20%
JQH	20/500/20% (\$4,000/\$12,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$4,000/\$12,000	\$100 + 20%
JQJ	30/500/30% (\$4,000/\$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$4,000/\$12,000	\$100 + 30%
JQL	30/1000/20% (\$4,000/\$12,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$4,000/\$12,000	\$100 + 20%
JQ6	0/1000/20% (\$5,000/\$10,000)	\$0	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$5,000/\$10,000	20%
JQM	30/2000/30% (\$5,000/\$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000/\$10,000	\$100 + 30%
JQN	30/3000/30% (\$5,000/\$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000/\$10,000	\$100 + 30%
JQB	10/1500/30% (\$6,000/\$12,000)	\$10	\$30	N/A	30%	Hospital: 30% ASC: 20%	\$6,000/\$12,000	30%
JQP	30/4000/30% (\$6,000/\$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000/\$12,000	\$100 + 30%
JQO	30/3000/30% (\$6,000/\$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000/\$12,000	\$100 + 30%
JQE	15/3000/30% (\$7,000/\$14,000)	\$15	\$35	N/A	30%	Hospital: 30% ASC: 20%	\$7,000/\$14,000	30%
JQR	40/5000/30% (\$7,000/\$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000/\$14,000	\$100 + 30%
JQQ	40/3500/30% (\$7,000/\$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000/\$14,000	\$100 + 30%
JQS	60/5000/30% (\$9,100/\$18,200)	\$60	\$80	N/A	30%	Hospital: 30% ASC: 20%	\$9,100/\$18,200	\$100 + 30%

(continued)

Effective date 1/1/23

Large Group PPO medical benefits⁶ *(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 ⁷ (HSA-compatible) Includes pre-set pharmacy plans								
JRO	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$2,000	0%
JQX	3000/0% F (\$3,000/\$6,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,000/\$6,000	0%
JQZ	1500/0% I (\$1,500)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$1,500	0%
JQY	3000/0% F (\$3,000/\$6,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,000/\$6,000	0%
JQU	3000/20% (\$4,000/\$8,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$4,000/\$8,000	20%
JQT	4000/0% (\$4,000/\$8,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$4,000/\$8,000	0%
JQW	3000/30% (\$5,000/\$10,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$5,000/\$10,000	30%
JQV	5000/20% (\$6,000/\$12,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$6,000/\$12,000	20%

Effective date 1/1/23

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	None	\$5	\$25	\$50	Pairable with any SLU SmartCare HMO medical plan
\$0	None	\$10	\$30	\$55	
\$100	Brand	\$10	\$30	\$55	
\$100	Brand	\$15	\$35	\$60	
\$300	Brand	\$15	\$40	\$65	
Salud HMO y Más Rx choices					
\$0	None	\$5	\$25	\$50	Pairable with any SLU Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$55	
\$100	Brand	\$15	\$35	\$60	
\$300	Brand	\$15	\$40	\$65	
EOA Rx choices					
\$0	None	\$5	\$25	\$50	Pairable with any SLU EOA/ExcelCare EOA medical plan
\$0	None	\$10	\$30	\$55	
\$0	None	\$15	\$35	\$60	
\$100	Brand	\$10	\$30	\$55	
\$100	Brand	\$15	\$35	\$60	
\$300	Brand	\$15	\$40	\$65	
HMO Rx choices					
\$0	None	\$5	\$25	\$50	Pairable with any SLU HMO/ExcelCare HMO medical plan
\$0	None	\$10	\$30	\$55	
\$0	None	\$15	\$35	\$60	
\$100	Brand	\$10	\$30	\$55	
\$100	Brand	\$15	\$35	\$60	
\$300	Brand	\$15	\$40	\$65	

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	\$5	\$25	\$50	Pairable with any SLU PPO medical plan
\$0	None	\$10	\$30	\$55	
\$0	None	\$15	\$35	\$60	
\$100	Brand	\$10	\$30	\$55	
\$100	Brand	\$15	\$35	\$60	
\$300	Brand	\$15	\$40	\$65	

Effective date 1/1/23

Large Group chiropractic and acupuncture benefits

HMO, EOA, EOA ExcelCare, HMO ExcelCare, Salud y Más, 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
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
E50	E54	\$10 / 30 visits	\$7,500 / \$15,000
E52	E51	\$25 / 30 visits	\$7,500 / \$15,000
E55	E59	\$10 / 30 visits	\$9,100 / \$18,200
E57	E56	\$25 / 30 visits	\$9,100 / \$18,200
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		\$3,500 / \$10,500
BI3	\$15 / 10 visits		\$4,500 / \$9,000
BI5	\$15 / 10 visits		\$5,500 / \$11,000
CXA	\$25 / 10 visits		\$6,500 / \$13,000
E53	\$25 / 10 visits		\$7,500 / \$15,000
E58	\$25 / 10 visits		\$9,100 / \$18,200
PPO			
Acupuncture and chiropractic plan code	Copayment / Visit limit		Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
E5A	\$10/30 visits		\$2,000 / \$6,000
E5B	\$25/30 visits		\$2,000 / \$6,000
E5C	\$10/30 visits		\$3,000 / \$9,000
E5D	\$25/30 visits		\$3,000 / \$9,000
E5E	\$10/30 visits		\$3,000 / \$9,000
E5F	\$25/30 visits		\$3,000 / \$9,000

(continued)

Effective date 1/1/23

Large Group chiropractic and acupuncture benefits *(continued)*

PPO		
Acupuncture and chiropractic plan code	Copayment / Visit limit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
E5G	\$10/30 visits	\$3,000 / \$9,000
E5H	\$25/30 visits	\$3,000 / \$9,000
E5I	\$10/30 visits	\$3,000 / \$9,000
E5J	\$25/30 visits	\$3,000 / \$9,000
E5K	\$10/30 visits	\$3,000 / \$9,000
E5L	\$25/30 visits	\$3,000 / \$9,000
E5M	\$10/30 visits	\$4,000 / \$12,000
E5N	\$25/30 visits	\$4,000 / \$12,000
E5O	\$10/30 visits	\$4,000 / \$12,000
E5P	\$25/30 visits	\$4,000 / \$12,000
E5Q	\$10/30 visits	\$4,000 / \$12,000
E5R	\$25/30 visits	\$4,000 / \$12,000
E5S	\$10/30 visits	\$4,000 / \$12,000
E5T	\$25/30 visits	\$4,000 / \$12,000
E5U	\$10/30 visits	\$4,000 / \$12,000
E5V	\$25/30 visits	\$4,000 / \$12,000
E5W	\$10/30 visits	\$4,000 / \$12,000
E5X	\$25/30 visits	\$4,000 / \$12,000
E5Y	\$10/30 visits	\$5,000 / \$10,000
E5Z	\$25/30 visits	\$5,000 / \$10,000
E60	\$10/30 visits	\$5,000 / \$10,000
E61	\$25/30 visits	\$5,000 / \$10,000
E62	\$10/30 visits	\$5,000 / \$10,000
E63	\$25/30 visits	\$5,000 / \$10,000
E64	\$10/30 visits	\$6,000 / \$12,000
E65	\$25/30 visits	\$6,000 / \$12,000
E66	\$10/30 visits	\$6,000 / \$12,000
E67	\$25/30 visits	\$6,000 / \$12,000
E68	\$10/30 visits	\$6,000 / \$12,000
E69	\$25/30 visits	\$6,000 / \$12,000
E6A	\$10/30 visits	\$7,000 / \$14,000
E6B	\$25/30 visits	\$7,000 / \$14,000
E6C	\$10/30 visits	\$7,000 / \$14,000
E6D	\$25/30 visits	\$7,000 / \$14,000
E6E	\$10/30 visits	\$7,000 / \$14,000
E6F	\$25/30 visits	\$7,000 / \$14,000
E6G	\$10/30 visits	\$9,100 / \$18,200
E6H	\$25/30 visits	\$9,100 / \$18,200
E6I	0%/30 visits	\$2,000 / N/A
E6J	0%/30 visits	\$3,000 / \$6,000
E6K	0%/30 visits	\$1,500 / N/A

(continued)

Effective date 1/1/23

Large Group chiropractic and acupuncture benefits *(continued)*

PPO		
Acupuncture and chiropractic plan code	Copayment / Visit limit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
E6L	0%/30 visits	\$3,000 / \$6,000
E6M	20%/30 visits	\$4,000 / \$8,000
E6N	0%/30 visits	\$4,000 / \$8,000
E6O	30%/30 visits	\$5,000 / \$10,000
E6P	20%/30 visits	\$6,000 / \$12,000

How it works

¹There 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.

²Choose up to 3 plans if you are an employer offering benefits for the first time.

Large Group HMO/EOA benefits

³Plan codes could differ by geography

⁴Facility Deductible plans are not available with Salud San Diego.

⁵Only one full network option can be chosen (HMO or EOA).

Large Group PPO benefits

⁶Plans are available in the PPO-Only Package. Choose up to 3 PPO plans: one PPO high option (JQK or JQN), one PPO low option (JQP, JQQ, JQR or JQS), and any HSA-Compatible PPO plan. Pair with a specified pharmacy plan. Contact your Health Net account executive for more details.

⁷PPO 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 or Summary of Benefits and Coverage* for all terms and conditions of coverage.

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