

Start Your 2023 Year Strong with Enhanced Choice Solutions

UNDERWRITING PROGRAM THROUGH 12/1/2023

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 12/1/2023 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 1/1/2023 and 12/1/2023
- 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)	JPS
30/30% (\$3,500 / \$10,500)	JPW
40/40% (\$5,500 / \$11,000)	JQ1
50/1500d (\$7,500 / \$15,000)	JQ4
60/1500a (\$9,100 / \$18,200)	JQ5
ExcelCare EOA Plans	
	Plan Code
20/20% (\$2,500 / \$7,500)	JR9
30/30% (\$3,500 / \$10,500)	JRG
40/40% (\$5,500 / \$11,000)	JRO
50/1500d (\$7,500 / \$15,000)	JRS
60/1500a (\$9,100 / \$18,200)	JRT
ExcelCare EOA Facility Deductible Plans	
	Plan Code
20/500/10% (\$3,500 / \$10,500)	JRB
30/1000/20% (\$3,500 / \$10,500)	JRI
30/1500/30% (\$3,500 / \$10,500)	JRK
40/3000/40% (\$5,500 / \$11,000)	JRR
SmartCare Plans	
	Plan Code
30/250d (\$4,500 / \$9,000)	JLT
20/20% (\$2,500 / \$7,500)	JLO
40/500d (\$4,500 / \$9,000)	JLY
50/1500d (\$7,500 / \$15,000)	JMO
60/1500a (\$9,100 / \$18,200)	JM1
Salud HMO y Más / Salud San Diego Plans	
	Plan Code
10/250a (\$1,500 / \$3,000)	JOE / JOF
15/250a (\$2,500 / \$7,500)	JOH / JOI
30/20% (\$2,500 / \$7,500)	JOV / JOW
30/30% (\$3,500 / \$10,500)	JOX / JOY
40/40% (\$5,500 / \$11,000)	JPB / JPC
50/1500d (\$7,500 / \$15,000)	JPI / JPJ
60/1500a (\$9,100 / \$18,200)	JPK / JPL

Salud HMO y Más Facility Deductible Plans		
	Plan Code	
20/500/10% (\$3,500 / \$10,500)	JOP	
30/1000/20% (\$3,500 / \$10,500)	JP1	
30/1500/30% (\$3,500 / \$10,500)	JP4	
40/3000/40% (\$5,500 / \$11,000)	JPH	
CanopyCare HMO Plans		
	Plan Code	
20/20% (\$2,500 / \$7,500)	JMB	
30/20% (\$2,500 / \$7,500)	JMJ	
40/40% (\$5,500 / \$11,000)	JMP	
15/1500d (\$6,500 / \$13,000)	JM8	
50/1500d (\$7,500 / \$15,000)	JMT	
PPO Plans		
	Plan Code	
30/1000/20% (\$3,000 / \$9,000)	JQK	
30/1000/20% (\$4,000 / \$12,000)	JQL	
30/3000/30% (\$5,000 / \$10,000)	JQN	
30/4000/30% (\$6,000 / \$12,000)	JQP	
40/3500/30% (\$7,000 / \$14,000)	JQQ	
40/5000/30% (\$7,000 / \$14,000)	JQR	
60/5000/30% (\$9,100 / \$18,200)	JQS	
HSA-compatible PPO (including OOS) Plans		
	Plan Code	
3000/20% (\$4,000 / \$8,000)	JQU	
4000/0% (\$4,000 / \$8,000)	JQT	
3000/30% (\$5,000 / \$10,000)	JQW	
5000/20% (\$6,000 / \$12,000)	JQV	
Pharmacy Plans (HMO/EOA/PPO)		
Pharmacy Brand Deductible	Deductible Type	Retail Tier 1 / Tier 2 / Tier 3
\$0	Brand	\$10 / \$30 / \$55
\$100	Brand	\$15 / \$35 / \$60
\$300	Brand	\$15 / \$40 / \$65