

Effective date 1/1/26

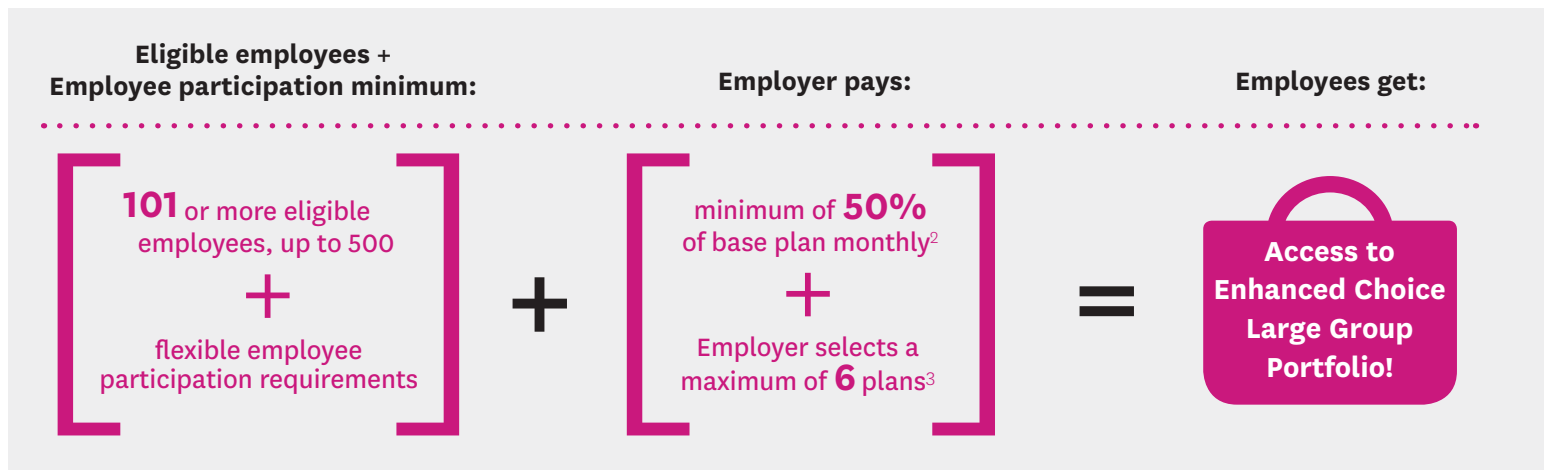
Health Net offers a defined contribution solution to give your new midsize clients the same advantage as large group businesses. Our Enhanced Choice portfolio for California groups 101–500 offers both choice and financial flexibility.



Our Enhanced Choice rate cap¹

We help you to keep selling strong with a second year rate cap option! Qualified new groups can take advantage of a second-year rate guarantee¹ on all Enhanced Choice plans for effective dates 1/1/2026 through 3/1/2027.

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								
MZI	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
MZN	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
MZL	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0; ASC: \$0	\$1,500 / \$3,000	\$150
MZK	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
MZM	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$5,000	\$150
MZO	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$2,500 / \$5,000	\$150
MZU	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500; ASC: \$200	\$2,500 / \$5,000	\$150
MZR	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$5,000	\$150

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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
MZP	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
MZT	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
MZQ	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
MZW	35/750a (\$3,500 / \$7,000)	\$35	\$55	35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150
MZY	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
MZS	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$150
N00	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	\$200
N01	40/750a (\$4,500 / \$9,000)	\$40	60	\$40	\$750 per admit	Hospital: \$750 ASC: \$300	\$4,500 / \$9,000	\$200
MZV	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
MZZ	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
MZJ	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	\$300
MZX	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	\$200
N02	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	\$300
N03	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
ExcelCare HMO								
N3Q	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
N3T	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
N3S	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
N3V	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
N3U	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
N3W	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
N42	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
N44	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150

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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
N3Z	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
N3X	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
N41	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
N3Y	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
N46	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
N40	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$150
N48	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	\$200
N43	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
N47	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
N49	40/750a (\$4,500 / \$9,000)	\$40	\$60	\$40	\$750 per admit	Hospital: \$750 ASC: \$300	\$4,500 / \$9,000	\$200
N3R	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	\$300
N45	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	\$200
N4B	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	\$300
N4C	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
SmartCare HMO								
MYV	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
MY Y	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
MYX	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
MZO	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
MYZ	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
MZI	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
MZ7	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
MZ9	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150

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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
MZ4	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
MZ2	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
MZ6	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
MZ3	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
MZC	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
MZ5	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$150
MZE	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	\$200
MZF	40/750a (\$4,500 / \$9,000)	40	60	40	\$750 per admit	Hospital: \$750 ASC: \$300	\$4,500 / \$9,000	\$200
MZ8	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
MZD	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
MYW	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	\$300
MZB	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	\$200
MZG	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	\$300
MZH	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
Salud HMO y Más / Salud HMO y Más San Diego								
NO5 / NO6	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	\$150
NOC / NOD	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	\$150
NO9 / NOB	15/250a (\$2,500 / \$5,000)	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 / \$5,000	\$150
NOH / NOJ	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
NOF / NOG	20/20% (\$2,500 / \$5,000)	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 / \$5,000	\$150
NOL / NOM	20/500a (\$2,500 / \$5,000)	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 / \$5,000	\$150

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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
N12 / N13	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
NOU / NOV	30/20% (\$2,500 / \$5,000)	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 / \$5,000	\$150
NON / NOP	25/750a (\$2,500 / \$5,000)	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: \$2,500 / \$5,000	\$150
NOZ / N10	30/30% (\$3,500 / \$7,000)	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 / \$7,000	\$150
NOR / NOS	30/1000a (\$3,500 / \$7,000)	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 / \$7,000	\$150
N1B / N1C	40/30% (\$3,500 / \$7,000)	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 / \$7,000	\$200
NOX / NOY	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	\$150
N16 / N17	35/750a (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN: \$55	\$35	SIMNSA: \$0; HN: \$750 max per admit	Hospital: \$750 ASC: \$300	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
N1H / N1J	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	\$200
N1K / N1L	40/750a (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$750 per admit	Hospital: \$750 ASC: \$300	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200
N14 / N15	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	\$150
N1E / N1F	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	\$200
N07 / N08	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	\$300
N18 / N19	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	\$200
N1M / N1N	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	\$300
N1R / N1S	60/1500a (\$9,200 / \$18,400)	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: \$9,200 / \$18,400	\$300

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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
Salud HMO y Más - Facility Deductible ⁵								
NOE	20/1500/20% (\$3,500 / \$7,000)	HMO: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
NOK	20/500/10% (\$3,500 / \$7,000)	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 / \$7,000	\$100 applies
NOQ	30/1000/20% (\$3,500 / \$7,000)	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 / \$7,000	\$150 applies
NOT	30/1500/30% (\$3,500 / \$7,000)	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 / \$7,000	\$150 applies
NOW	30/2000/30% (\$3,500 / \$7,000)	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 / \$7,000	\$150 applies
N1I	30/3000/30% (\$4,500 / \$9,000)	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: \$4,500 / \$9,000	\$150 applies
N1D	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	\$200 applies
N1G	40/4000/40% (\$6,500 / \$13,000)	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: \$6,500 / \$13,000	\$200 applies
N1P	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$50 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
N1Q	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$50 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies
Salud Mexico								
N04	5/0 (\$1,500 / \$4,500)	\$5	\$5	Not Covered	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$4,500	\$10
Full Network – Elect Open Access (EOA) ⁶								
N1T	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 / \$7,000	\$150
N1W	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 / \$7,000	\$150
N1V	15/250a (\$2,500 / \$5,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N1Y	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
N1X	20/20% (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150

(continued)

Effective date 1/1/26

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
N1Z	20/500a (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500 ASC: \$200	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N25	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
N27	35/750a (\$3,500 / \$7,000)	35	55	35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	150
N22	30/20% (\$2,500 / \$5,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N20	25/750a (\$2,500 / \$5,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N24	30/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N21	30/1000a (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N29	40/30% (\$3,500 / \$7,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
N23	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	\$150
N2C	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	\$200
N2D	40/750a (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
N26	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	\$150
N2B	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	\$200
N1U	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	\$300
N28	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	\$200
N2E	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	\$300
N2F	60/1500a (\$9,200 / \$18,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,200 / \$18,400; PPO: \$9,200 / \$18,400;	\$300
Full Network – Elect Open Access (EOA) Facility Deductible								
N2H	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N2G	20/1500/20% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N2I	30/1000/20% (\$3,500 / \$7,000)"	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N2J	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N2K	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150

(continued)

Effective date 1/1/26

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
N2L	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$150
N2M	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 / \$15,000	\$200
N2N	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$6,500 / \$13,000; PPO: \$9,500 / \$19,000	\$200
N2O	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$50 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
N2P	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$50 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies
ExcelCare EOA								
N4N	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	\$150
N4Q	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	\$150
N4P	15/250a (\$2,500 / \$5,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N4S	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
N4R	20/20% (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N4T	20/500a (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500 ASC: \$200	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N4Z	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
N5I	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150
N4W	30/20% (\$2,500 / \$5,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N4U	25/750a (\$2,500 / \$5,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
N4Y	30/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N4V	30/1000a (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N53	40/30% (\$3,500 / \$7,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
N4X	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	\$150
N55	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	\$200
N56	40/750a (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200

Effective date 1/1/26

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
N50	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	\$150
N54	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	\$200
N40	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	\$300
N52	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	\$200
N57	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	\$300
N58	60/1500a (\$9,200 / \$18,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,200 / \$18,400; PPO: \$9,200 / \$18,400;	\$300
ExcelCare EOA - Facility Deductible								
N5B	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N59	20/1500/20% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N5C	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N5D	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N5E	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
N5F	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$150
N5G	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	\$200
N5H	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	\$200
N5I	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$50 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
N5J	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$50 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies

Effective date 1/1/26

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
PPO ⁸								
N2R	10/0/10% (\$2,000 / \$4,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$2,000 / \$4,000	\$100 + 10%
N2S	10/250/10% (\$3,000 / \$6,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
N2U	15/250/10% (\$2,000 / \$4,000)	\$15	\$35	N/A	10%	Hospital: 10% ASC: 5%	\$2,000 / \$4,000	\$100 + 10%
N2V	15/500/10% (\$3,000 / \$6,000)	\$15	\$35	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
N32	25/1000/10% (\$3,000 / \$6,000)	\$25	\$45	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
N2X	20/250/10% (\$3,000 / \$6,000)	\$20	\$40	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
N30	20/500/10% (\$3,000 / \$6,000)	\$20	\$40	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
N39	30/500/10% (\$3,000 / \$6,000)	\$30	\$50	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
N3C	30/750/20% (\$5,000 / \$10,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
N33	30/1000/20% (\$3,000 / \$6,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$3,000 / \$6,000	\$100 + 20%
N2T	10/250/20% (\$4,000 / \$8,000)	\$10	\$30	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
N2W	15/500/20% (\$4,000 / \$8,000)	\$15	\$35	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
N2Y	20/250/20% (\$4,000 / \$8,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
N31	20/500/20% (\$4,000 / \$8,000)	\$20	\$40	N/A	20%	"Hospital: 20% ASC: 10%"	\$4,000 / \$8,000	\$100 + 20%
N2Z	20/2500/20% (\$5,000 / \$10,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
N3B	30/500/30% (\$4,000 / \$8,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$4,000 / \$8,000	\$100 + 30%
N34	30/1000/20% (\$4,000 / \$8,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
N3D	35/1000/20% (\$5,000 / \$10,000)	\$35	\$55	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
N2Q	0/1000/20% (\$5,000 / \$10,000)	\$0	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
N35	30/2000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
N36	30/3000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
N38	30/4000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%

Effective date 7/1/25

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
N37	30/3000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
N3F	40/5000/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
N3E	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
N3G	60/5000/30% (\$9,200 / \$18,400)	\$60	\$80	N/A	30%	Hospital: 30% ASC: 20%	(\$9,200 / \$18,400)	\$100 + 30%
PPO ⁸ (HSA-compatible) Includes pre-set pharmacy plans								
N3O	1700/0% I (\$1,700)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$1,700	0%
N3P	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$2,000	0%
N3M	3400/0% F (\$3,400 / \$6,800)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,400 / \$6,800	0%
N3N	3400/0% F (\$3,400 / \$6,800)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,400 / \$6,800	0%
N3I	3400/20% (\$4,000 / \$8,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	20%
N3J	3500/20% (\$5,000 / \$10,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	20%
N3H	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$4,000 / \$8,000	0%
N3L	3400/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	30%
N3K	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$6,000 / \$12,000	20%

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Large Group HMO/EOA pharmacy benefits

Pharmacy deductible	Deductible type (brand only, none)	Retail tier 1	Retail tier 2	Retail tier 3	Associated medical plan
Salud HMO y Más Rx choices					
\$0	None	\$5	\$25	\$50	Pairable with any EC Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$55	
\$100	Brand only	\$5	\$25	\$50	
\$100	Brand only	\$15	\$35	\$60	
\$300	Brand only	\$15	\$40	\$65	
EOA Rx choices					
\$0	None	\$5	\$25	\$50	Pairable with any EC Full Network or ExcelCare EOA medical plan
\$0	None	\$10	\$30	\$55	
\$0	None	\$15	\$35	\$60	
\$100	Brand only	\$5	\$25	\$50	
\$100	Brand only	\$10	\$30	\$55	
\$100	Brand only	\$15	\$35	\$60	
\$300	Brand only	\$15	\$40	\$65	
HMO Rx choices					
\$0	None	\$5	\$25	\$50	Pairable with any EC Full Network, ExcelCare, or SmartCare HMO medical plan
\$0	None	\$10	\$30	\$55	
\$0	None	\$15	\$35	\$60	
\$100	Brand only	\$5	\$25	\$50	
\$100	Brand only	\$10	\$30	\$55	
\$100	Brand only	\$15	\$35	\$60	
\$300	Brand only	\$15	\$40	\$65	

Large Group PPO pharmacy benefits

Pharmacy 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 EC PPO medical plan
\$0	None	\$10	\$30	\$55	
\$0	None	\$15	\$35	\$60	
\$100	Brand only	\$5	\$25	\$50	
\$100	Brand only	\$10	\$30	\$55	
\$100	Brand only	\$15	\$35	\$60	
\$300	Brand only	\$15	\$40	\$65	
PPO (HSA-compatible) Rx choices					
\$1,700	Combined with medical	\$0	\$0	\$0	Pairable with any EC PPO medical plan
\$2,000	Combined with medical	\$0	\$0	\$0	
\$3,400	Combined with medical	\$0	\$0	\$0	
\$3,400	Combined with medical	\$10	\$30	\$55	
\$3,400	Combined with medical	\$15	\$35	\$60	
\$4,000	Combined with medical	\$0	\$0	\$0	
\$5,000	Combined with medical	\$10	\$30	\$55	
\$3,500	Combined with medical	\$10	\$30	\$55	

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Large Group chiropractic and acupuncture benefits

HMO, EOA, EOA ExcelCare, HMO ExcelCare, Salud 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
EJM	EJQ	\$10 / 30 visits	\$2,500 / \$5,000
EJO	EJN	\$25 / 30 visits	\$2,500 / \$5,000
EJR	EJV	\$10 / 30 visits	\$3,500 / \$7,000
EJT	EJS	\$25 / 30 visits	\$3,500 / \$7,000
BWD	BWA	\$10 / 30 visits	\$4,500 / \$9,000
BWB	BWC	\$25 / 30 visits	\$4,500 / \$9,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHV	BHP	\$25 / 30 visits	\$5,500 / \$11,000
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
ET8	ETB	\$10 / 30 visits	\$9,200 / \$18,400
ETA	ET9	\$25 / 30 visits	\$9,200 / \$18,400
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
EJP	\$15 / 10 visits		\$2,500 / \$5,000
EJU	\$15 / 10 visits		\$3,500 / \$7,000
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
ETC	\$25 / 10 visits		\$9,200 / \$18,400
PPO			
Acupuncture and chiropractic plan code	Copayment / Visit limit		Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
EK1	\$10 / 30 visits		\$2,000 / \$4,000
EK2	\$25 / 30 visits		\$2,000 / \$4,000
EK5	\$10 / 30 visits		\$2,000 / \$4,000
EK6	\$25 / 30 visits		\$2,000 / \$4,000
EK3	\$10 / 30 visits		\$3,000 / \$6,000
EK4	\$25 / 30 visits		\$3,000 / \$6,000
EK7	\$10 / 30 visits		\$3,000 / \$6,000
EK8	\$25 / 30 visits		\$3,000 / \$6,000
EK9	\$10 / 30 visits		\$3,000 / \$6,000
EKA	\$25 / 30 visits		\$3,000 / \$6,000
ETD	\$10 / 30 visits		\$3,000 / \$6,000
ETE	\$25 / 30 visits		\$3,000 / \$6,000
EKB	\$10 / 30 visits		\$3,000 / \$6,000

(continued)

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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)
EKC	\$25 / 30 visits	\$3,000 / \$6,000
EKD	\$10 / 30 visits	\$3,000 / \$6,000
EKE	\$25 / 30 visits	\$3,000 / \$6,000
EKF	\$10 / 30 visits	\$3,000 / \$6,000
EKG	\$25 / 30 visits	\$3,000 / \$6,000
EKH	\$10 / 30 visits	\$4,000 / \$8,000
EKI	\$25 / 30 visits	\$4,000 / \$8,000
EKJ	\$10 / 30 visits	\$4,000 / \$8,000
EKK	\$25 / 30 visits	\$4,000 / \$8,000
EKL	\$10 / 30 visits	\$4,000 / \$8,000
EKM	\$25 / 30 visits	\$4,000 / \$8,000
ETF	\$10 / 30 visits	\$5,000 / \$10,000
ETG	\$25 / 30 visits	\$5,000 / \$10,000
EKN	\$10 / 30 visits	\$4,000 / \$8,000
EKO	\$25 / 30 visits	\$4,000 / \$8,000
EKP	\$10 / 30 visits	\$4,000 / \$8,000
EKQ	\$25 / 30 visits	\$4,000 / \$8,000
EKR	\$10 / 30 visits	\$4,000 / \$8,000
EKS	\$25 / 30 visits	\$4,000 / \$8,000
EKT	\$10 / 30 visits	\$5,000 / \$10,000
EKU	\$25 / 30 visits	\$5,000 / \$10,000
EKV	\$10 / 30 visits	\$5,000 / \$10,000
EKW	\$25 / 30 visits	\$5,000 / \$10,000
EKX	\$10 / 30 visits	\$5,000 / \$10,000
EKY	\$25 / 30 visits	\$5,000 / \$10,000
EKZ	\$10 / 30 visits	\$5,000 / \$10,000
ELO	\$25 / 30 visits	\$5,000 / \$10,000
EL1	\$10 / 30 visits	\$5,000 / \$10,000
EL2	\$25 / 30 visits	\$5,000 / \$10,000
EL3	\$10 / 30 visits	\$6,000 / \$12,000
EL4	\$25 / 30 visits	\$6,000 / \$12,000
EL5	\$10 / 30 visits	\$6,000 / \$12,000
EL6	\$25 / 30 visits	\$6,000 / \$12,000
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
ETH	\$10 / 30 visits	\$9,200 / \$18,400
ETI	\$25 / 30 visits	\$9,200 / \$18,400
E6I	0% / 30 visits	\$2,000
FOW	0% / 30 visits	\$3,400 / \$6,800

(continued)

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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)
FOX	0% / 30 visits	\$1,700
FOZ	0% / 30 visits	\$3,400 / \$6,800
FOY	20% / 30 visits	\$4,000 / \$8,000
EL9	20% / 30 visits	\$5,000 / \$10,000
E6N	0% / 30 visits	\$4,000 / \$8,000
F10	30% / 30 visits	\$5,000 / \$10,000
E6P	20% / 30 visits	\$6,000 / \$12,000

Our Enhanced Choice rate cap

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

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 4 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, subject to the portfolio plan maximum. 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* for all terms and conditions of coverage.

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