

Effective date 1/1/27

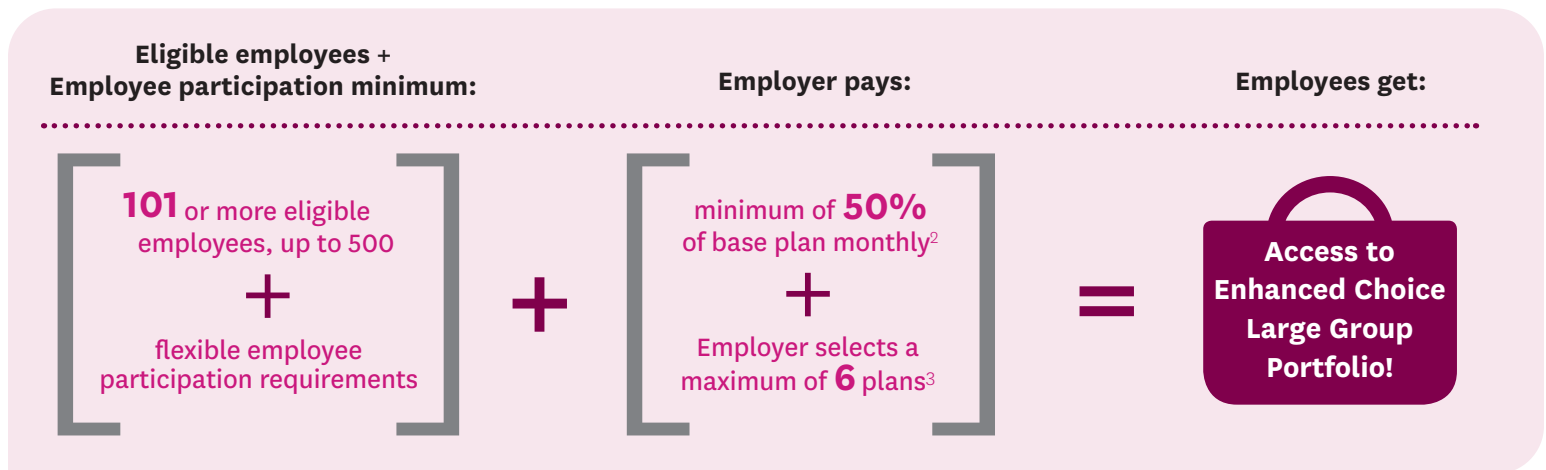
Health Net offers a defined contribution solution to give your new midsize clients the same advantage as large group businesses. Our Enhanced Choice portfolio for California groups 101–500 offers both choice and financial flexibility.



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 1/1/2027 through 3/1/2028.

How it works



Large Group HMO/EOA medical benefits

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Full Network HMO								
NMH	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$0	\$250 per admit	Hospital: \$250; ASC: \$250	\$1,500 / \$3,000	\$200
NMM	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$1,500 / \$3,000	\$200
NMK	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$0	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$200
NMJ	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$2,500 / \$5,000	\$200
NML	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$0	20%	Hospital: 20% ASC: 20%	\$2,500 / \$5,000	\$150
NMN	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NMT	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NMQ	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$0	20%	Hospital: 20% ASC: 20%	\$2,500 / \$5,000	\$200

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NMO	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NMS	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$3,500 / \$7,000	\$200
NMP	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$0	\$1,000 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NMV	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NMX	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$0	30%	Hospital: 30% ASC: 30%	\$3,500 / \$7,000	\$200
NMR	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$0	\$250 per day, \$750 max per admit	Hospital: \$250a ASC: \$250a	\$4,500 / \$9,000	\$200
NMZ	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$0	\$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$500	\$4,500 / \$9,000	\$200
NN0	40/750a (\$4,500 / \$9,000)	\$40	60	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$4,500 / \$9,000	\$200
NMU	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$0	30%	Hospital: 30% ASC: 30%	\$5,500 / \$11,000	\$200
NMY	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$0	40%	Hospital: 40% ASC: 40%	\$5,500 / \$11,000	\$200
NMI	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$6,500 / \$13,000	\$300
NMW	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$6,500 / \$13,000	\$200
NN1	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$7,500 / \$15,000	\$300
NN2	60/1500a (\$9,500 / \$19,000)	\$60	\$80	\$0	\$1,500 per admit + 40%	Hospital: 40% ASC: 40%	\$9,500 / \$19,000	\$300
ExcelCare HMO								
NO7	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$0	\$250 per admit	Hospital: \$250; ASC: \$250	\$1,500 / \$3,000	\$200
NOB	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$0	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$200
NO9	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$2,500 / \$5,000	\$200
NOE	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$1,500 / \$3,000	\$200
NOD	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$0	20%	Hospital: 20% ASC: 20%	\$2,500 / \$5,000	\$150
NOG	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NOO	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NOU	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NOK	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$0	20%	Hospital: 20% ASC: 20%	\$2,500 / \$5,000	\$200
NOH	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NOM	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$3,500 / \$7,000	\$200
NOJ	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$0	\$1,000 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NOW	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$0	30%	Hospital: 30% ASC: 30%	\$3,500 / \$7,000	\$200
NOL	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$0	\$250 per day, \$750 max per admit	Hospital: \$250a ASC: \$250a	\$4,500 / \$9,000	\$200
NPO	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$0	\$500 per day, \$1,500 max per admit	Hospital: \$500a ASC: \$500a	\$4,500 / \$9,000	\$200
NOS	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$0	30%	Hospital: 30% ASC: 30%	\$5,500 / \$11,000	\$200
NOY	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$0	40%	Hospital: 40% ASC: 40%	\$5,500 / \$11,000	\$200
NP1	40/750a (\$4,500 / \$9,000)	\$40	\$60	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$4,500 / \$9,000	\$200
NO8	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$6,500 / \$13,000	\$300
NOV	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$6,500 / \$13,000	\$200
NP2	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$7,500 / \$15,000	\$300
NP5	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$0	\$1,500 per admit + 40%	Hospital: 50% ASC: 50%	\$9,200 / \$18,400	\$300
ExcelCare HMO – Facility Deductible								
NOF	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NOC	20/1500/20% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200 DA
NOI	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NOP	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NOQ	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NOR	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NOX	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
NOZ	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	\$200
NP3	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
NP4	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies
Smartcare HMO								
NLK	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$0	\$250 per admit	Hospital: \$250; ASC: \$250	\$1,500 / \$3,000	\$200
NLN	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$0	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$200
NLM	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$2,500 / \$5,000	\$200
NLQ	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$1,500 / \$3,000	\$200
NLP	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$0	20%	Hospital: 20% ASC: 20%	\$2,500 / \$5,000	\$150
NLS	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NLZ	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NM4	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NLW	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$0	20%	Hospital: 20% ASC: 20%	\$2,500 / \$5,000	\$200
NLT	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NLY	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$3,500 / \$7,000	\$200
NLV	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$0	\$1,000 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NM6	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$0	30%	Hospital: 30% ASC: 30%	\$3,500 / \$7,000	\$200
NLX	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$0	\$250 per day, \$750 max per admit	Hospital: \$250a ASC: \$250a	\$4,500 / \$9,000	\$200
NMB	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$0	\$500 per day, \$1,500 max per admit	Hospital: \$500a ASC: \$500a	\$4,500 / \$9,000	\$200

(continued)

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NMC	40/750a (\$4,500 / \$9,000)	\$40	\$60	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$4,500 / \$9,000	\$200
NM3	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$0	30%	Hospital: 30% ASC: 30%	\$5,500 / \$11,000	\$200
NM8	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$0	40%	Hospital: 40% ASC: 40%	\$5,500 / \$11,000	\$200
NLL	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$6,500 / \$13,000	\$300
NM5	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$6,500 / \$13,000	\$200
NMD	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$0	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	\$7,500 / \$15,000	\$300
NMG	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$0	\$1,500 per admit + 40%	Hospital: 50% ASC: 50%	\$9,200 / \$18,400	\$300
SmartCare HMO – Facility Deductible								
NLR	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NLO	20/1500/20% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200 DA
NLU	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NM0	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NM1	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NM2	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NM7	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
NM9	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	\$200
NME	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
NMF	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Salud HMO y Más / Salud HMO y Más San Diego								
NO2 / NO3	10/250a (\$1,500 / \$3,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$0	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250; ASC: \$250	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$3,000	\$200
NR5 / NR6	20/0 (\$1,500 / \$3,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$0	SIMNSA: \$0; HN: \$0	Hospital: \$0 ASC: \$0	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$3,000	\$200
NO4 / NO5	15/250a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$0	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250a ASC: \$250a	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$200
NRC / NRD	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$1,500 / \$3,000	\$200
NR9 / NRB	20/20% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$0	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
NRG / NRH	20/500a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$0	SIMNSA: \$0; HN: \$500 per admit	Hospital: \$500a ASC: \$500a	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$200
NRW / NRX	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NRQ / NRR	30/20% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$200
NRI / NRJ	25/750a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$25	SIMNSA: \$5; HN: \$45	\$0	SIMNSA: \$0; HN: \$750 per admit	Hospital: \$500a ASC: \$500a	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$200
NRU / NRV	30/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NRM / NRN	30/1000a (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: \$1,000 per admit	Hospital: \$500a ASC: \$500a	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NS8 / NS9	40/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$0	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NRS / NRT	30/250d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: \$750 max per admit	Hospital: \$250a ASC: \$250a	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200
NS4 / NS5	35/750a (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN: \$55	\$0	SIMNSA: \$0; HN: \$750 max per admit	Hospital: \$500a ASC: \$500a	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NSH / NSI	40/500d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$0	SIMNSA: \$0; HN: \$1,500 max per admit	Hospital: \$500 a ASC: \$500a	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NSJ / NSK	40/750a (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$0	SIMNSA: \$0; HN: \$750 per admit	Hospital: \$500a ASC: \$500a	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200
NS2 / NS3	35/30% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN: \$55	\$0	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$200
NSD / NSE	40/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$0	SIMNSA: \$0; HN: 40%	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$200
NR3 / NR4	15/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$0	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 50%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300
NS6 / NS7	40/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$0	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 50%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$200
NSL / NSM	50/1500d (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 50%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300
NSR / NSS	60/1500a (\$9,200 / \$18,400)	SIMNSA: \$5; HN: \$60	SIMNSA: \$5; HN: \$80	\$0	SIMNSA: \$0; HN: \$1,500 per admit + 40%	Hospital: 50% ASC: 50%	SIMNSA: \$1,500 / \$4,500; HN: \$9,200 / \$18,400	\$300
Salud HMO y Más / Salud HMO y Más San Diego – Facility Deductible								
NR7 / NR8	20/1500/20% (\$3,500 / \$7,000)	HMO: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$0	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200 DA
NRE / NRF	20/500/10% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$0	SIMNSA: \$0; HN: 10% applies	Hospital: 10% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NRK / NRL	30/1000/20% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NRO / NRP	30/1500/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NRY / NRZ	30/2000/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
NSO / NS1	30/3000/30% (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$0	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200
NSB / NSC	40/3000/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$200 applies
NSF / NSG	40/4000/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$200 applies

(continued)

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NSN / NSO	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
NSP / NSQ	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies
Salud Mexico								
NO6	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								
NN3	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$0	HMO: \$250 per admit	Hospital: \$250; ASC: \$250	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$200
NN6	20/0 (\$1,500 / \$3,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: \$0	Hospital: \$0 ASC: \$0	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$200
NN5	15/250a (\$2,500 / \$5,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$0	HMO: \$250 per admit	Hospital: \$250a ASC: \$250a	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NN9	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$1,500 / \$3,000	\$200
NN8	20/20% (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
NNC	20/500a (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: \$500 per admit	Hospital: \$500a ASC: \$500a	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NNJ	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NNO	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NNG	30/20% (\$2,500 / \$5,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NND	25/750a (\$2,500 / \$5,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$0	HMO: \$750 per admit	Hospital: \$500a ASC: \$500a	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NNI	30/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NNF	30/1000a (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: \$1,000 per admit	Hospital: \$500a ASC: \$500a	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NNQ	40/30% (\$3,500 / \$7,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NNH	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: \$250 per day, \$750 max per admit	Hospital: \$250a ASC: \$250a	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NNU	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: \$500 per day, \$1,500 max per admit	Hospital: \$500a ASC: \$500a	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NNV	40/750a (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: \$750 per admit	Hospital: \$500a ASC: \$500a	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NNN	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NNS	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
NN4	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$0	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$300
NNP	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$200
NNW	50/1500d (\$7,500 / \$15,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$0	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	HMO: \$7,500 / \$15,000; PPO: \$9,100 / \$18,200	\$300
NNZ	60/1500a (\$9,200 / \$18,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$0	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 50%	HMO: \$9,200 / \$18,400; PPO: \$9,200 / \$18,400;	\$300
Full Network – Elect Open Access (EOA) Facility Deductible								
NNB	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NN7	20/1500/20% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200 DA
NNE	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NNK	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NNL	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NNM	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NNR	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$200
NNT	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$9,500 / \$19,000	\$200
NNX	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
NNY	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies
ExcelCare EOA								
NP6	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$0	HMO: \$250 per admit	Hospital: \$250; ASC: \$250	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$10,500	\$200
NP9	20/0 (\$1,500 / \$3,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: \$0	Hospital: \$0 ASC: \$0	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$10,500	\$200
NP8	15/250a (\$2,500 / \$5,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$0	HMO: \$250 per admit	Hospital: \$250a ASC: \$250a	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NPD	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$0	\$250 per admit	Hospital: \$250a ASC: \$250a	\$1,500 / \$3,000	\$200
NPC	20/20% (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 20%	Hospital: 20% ASC: 20%"	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NPF	20/500a (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: \$500 per admit	Hospital: \$500a ASC: \$500a	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NPM	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$0	\$500 per admit	Hospital: \$500a ASC: \$500a	\$2,500 / \$5,000	\$200
NPR	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$0	\$750 per admit	Hospital: \$500a ASC: \$500a	\$3,500 / \$7,000	\$200
NPJ	30/20% (\$2,500 / \$5,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NPG	25/750a (\$2,500 / \$5,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$0	HMO: \$750 per admit	Hospital: \$500a ASC: \$500a	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$200
NPL	30/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NPI	30/1000a (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: \$1,000 per admit	Hospital: \$500a ASC: \$500a	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NPT	40/30% (\$3,500 / \$7,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NPK	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: \$250 per day, \$750 max per admit	Hospital: \$250a ASC: \$250a	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NPX	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: \$500 per day, \$2,000 max per admit	Hospital: \$500a ASC: \$500a	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NPY	40/750a (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: \$750 per admit	Hospital: \$500a ASC: \$500a	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NPQ	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
NPV	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
NP7	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$0	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$300
NPS	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$200
NPZ	50/1500d (\$7,500 / \$15,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$0	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 50%	HMO: \$7,500 / \$15,000; PPO: \$9,100 / \$18,200	\$300
NQ2	60/1500a (\$9,200 / \$18,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$0	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 50%	HMO: \$9,200 / \$18,400; PPO: \$9,200 / \$18,400	\$300
ExcelCare EOA - Facility Deductible								
NPE	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NPB	20/1500/20% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200 DA
NPH	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁵	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁴	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NPN	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NPO	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
NPP	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
NPU	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
NPW	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	\$200
NQ0	50/4500/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300 applies
NQ1	50/5500/40% (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$0	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300 applies

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Large Group PPO medical benefits⁷

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁵	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
PPO								
NQ4	10/0/10% (\$2,000 / \$4,000)	\$10	\$30	\$0	10%	Hospital: 10% ASC: 10%	\$2,000 / \$6,000	\$150 + 10%
NQ5	10/250/10% (\$3,000 / \$6,000)	\$10	\$30	\$0	10%	Hospital: 10% ASC: 10%	\$3,000 / \$6,000	\$150 + 10%
NQ7	15/250/10% (\$2,000 / \$4,000)	\$15	\$35	\$0	10%	Hospital: 10% ASC: 10%	\$2,000 / \$4,000	\$150 + 10%
NQ8	15/500/20% (\$3,000 / \$6,000)	\$15	\$35	\$0	20%	Hospital / ASC: 20%	\$3,000 / \$6,000	\$150 + 20%
NQG	25/1000/10% (\$3,000 / \$6,000)	\$25	\$45	\$0	10%	Hospital: 10% ASC: 10%	\$3,000 / \$6,000	\$150 + 10%
NQB	20/250/10% (\$3,000 / \$6,000)	\$20	\$40	\$0	10%	Hospital: 10% ASC: 10%	\$3,000 / \$6,000	\$150 + 10%
NQE	20/500/20% (\$3,000 / \$6,000)	\$20	\$40	\$0	20%	Hospital / ASC: 20%	\$3,000 / \$6,000	\$150 + 20%
NQI	30/500/10% (\$3,000 / \$6,000)	\$30	\$50	\$0	10%	Hospital: 10% ASC: 10%	\$3,000 / \$6,000	\$150 + 10%
NQK	30/750/20% (\$5,000 / \$10,000)	\$30	\$50	\$0	20%	Hospital: 20% ASC: 20%	\$5,000 / \$10,000	\$150 + 20%
NQH	30/1000/20% (\$3,000 / \$6,000)	\$30	\$50	\$0	20%	Hospital: 20% ASC: 20%	\$3,000 / \$6,000	\$150 + 20%
NQ6	10/250/20% (\$4,000 / \$8,000)	\$10	\$30	\$0	20%	Hospital: 20% ASC: 20%	\$4,000 / \$8,000	\$150 + 20%
NQ9	15/500/20% (\$4,000 / \$8,000)	\$15	\$35	\$0	20%	Hospital: 20% ASC: 20%	\$4,000 / \$8,000	\$150 + 20%
NQC	20/250/20% (\$4,000 / \$8,000)	\$20	\$40	\$0	20%	Hospital: 20% ASC: 20%	\$4,000 / \$8,000	\$150 + 20%
NQF	20/500/20% (\$4,000 / \$8,000)	\$20	\$40	\$0	20%	Hospital: 20% ASC: 20%	\$4,000 / \$8,000	\$150 + 20%
NQD	20/2500/20% (\$5,000 / \$10,000)	\$20	\$40	\$0	20%	Hospital: 20% ASC: 20%	\$5,000 / \$10,000	\$150 + 20%
NQJ	30/500/30% (\$4,000 / \$8,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$4,000 / \$8,000	\$150 + 30%
NQL	30/1000/20% (\$4,000 / \$8,000)	\$30	\$50	\$0	20%	Hospital: 20% ASC: 20%	\$4,000 / \$8,000	\$150 + 20%
NQQ	35/1000/20% (\$5,000 / \$10,000)	\$35	\$55	\$0	20%	Hospital: 20% ASC: 20%	\$5,000 / \$10,000	\$150 + 20%
NQ3	0/1000/20% (\$5,000 / \$10,000)	\$0	\$20	\$0	20%	Hospital: 20% ASC: 20%	\$5,000 / \$10,000	\$150 + 20%
NQM	30/2000/30% (\$5,000 / \$10,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$5,000 / \$10,000	\$150 + 30%
NQN	30/3000/30% (\$5,000 / \$10,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$5,000 / \$10,000	\$150 + 30%
NQP	30/4000/30% (\$6,000 / \$12,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$6,000 / \$12,000	\$150 + 30%

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Large Group PPO medical benefits⁷ (continued)

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc ⁵	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NQO	30/3000/30% (\$6,000 / \$12,000)	\$30	\$50	\$0	30%	Hospital: 30% ASC: 30%	\$6,000 / \$12,000	\$150 + 30%
NQS	40/5000/30% (\$7,000 / \$14,000)	\$40	\$60	\$0	30%	Hospital: 30% ASC: 30%	\$7,000 / \$14,000	\$150 + 30%
NQR	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	\$0	30%	Hospital: 30% ASC: 30%	\$7,000 / \$14,000	\$150 + 30%
NQT	60/5000/30% (\$9,500 / \$19,000)	\$60	\$80	\$0	30%	Hospital: 30% ASC: 30%	(\$9,500 / \$19,000)	\$150 + 30%
PPO (HSA-compatible) Includes pre-set pharmacy plans								
NR1 (pair with NR0)	1750/0% I (\$1,750)	0%	0%	\$0	0%	Hospital: 0% ASC: 0%	\$1,750	0%
NR2 (pair with NQZ)	2000/0% I (\$2,000)	0%	0%	\$0	0%	Hospital: 0% ASC: 0%	\$2,000	0%
NQZ (pair with NR2)	3500/0% F (\$3,500 / \$7,000)	0%	0%	\$0	0%	Hospital: 0% ASC: 0%	\$3,500 / \$7,000	0%
NR0 (pair with NR1)	3500/0% F (\$3,500 / \$7,000)	0%	0%	\$0	0%	Hospital: 0% ASC: 0%	\$3,500 / \$7,000	0%
NQV	3500/20% (\$4,000 / \$8,000)	20%	20%	\$0	20%	Hospital: 20% ASC: 20%	\$4,000 / \$8,000	20%
NQW	3500/20% (\$5,000 / \$10,000)	20%	20%	\$0	20%	Hospital: 20% ASC: 20%	\$5,000 / \$10,000	20%
NQU	4000/0% (\$4,000 / \$8,000)	0%	0%	\$0	0%	Hospital: 0% ASC: 0%	\$4,000 / \$8,000	0%
NQY	3500/30% (\$5,000 / \$10,000)	30%	30%	\$0	30%	Hospital: 30% ASC: 30%	\$5,000 / \$10,000	30%
NQX	5000/20% (\$6,000 / \$12,000)	20%	20%	\$0	20%	Hospital: 20% ASC: 20%	\$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					
\$1,750	Combined with medical	\$0	\$0	\$0	Pairable with any EC PPO medical plan
\$2,000	Combined with medical	\$0	\$0	\$0	
\$3,500	Combined with medical	\$0	\$0	\$0	
\$3,500	Combined with medical	\$10	\$30	\$55	
\$3,500	Combined with medical	\$15	\$35	\$60	
\$4,000	Combined with medical	\$0	\$0	\$0	
\$5,000	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
F87	F8B	\$10 / 30 visits	\$2,500 / \$5,000
F89	F88	\$25 / 30 visits	\$2,500 / \$5,000
F8C	F8G	\$10 / 30 visits	\$3,500 / \$7,000
F8E	F8D	\$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
F82	F85	\$10 / 30 visits	\$9,500 / \$19,000
F84	F83	\$25 / 30 visits	\$9,500 / \$19,000
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)
F8K	\$10 / 30 visits		\$1,500 / \$3,000
F8A	\$10 / 30 visits		\$2,500 / \$5,000
F8F	\$10 / 30 visits		\$3,500 / \$7,000
F8J	\$10 / 30visits		\$4,500 / \$9,000
F8L	\$15 / 10 visits		\$5,500 / \$11,000
F8I	\$25 / 30 visits		\$6,500 / \$13,000
F8H	\$25 / 30 visits		\$7,500 / \$15,000
F86	\$25 / 30 visits		\$9,500 / \$19,000
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
F9K	\$10 / 30 visits		\$3,000 / \$6,000
F9L	\$25 / 30 visits		\$3,000 / \$6,000
F9M	\$10 / 30 visits		\$3,000 / \$6,000
F9N	\$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
EKN	\$10 / 30 visits	\$5,000 / \$10,000
EKO	\$25 / 30 visits	\$5,000 / \$10,000
ETF	\$10 / 30 visits	\$4,000 / \$8,000
ETG	\$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
F8M	\$10 / 30 visits	\$9,500 / \$19,000
F8N	\$25 / 30 visits	\$9,200 / \$18,400
E6I	0% / 30 visits	\$2,000
F9F	0% / 30 visits	\$3,500 / \$7,000

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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)
F9G	0% / 30 visits	\$1,750
F9I	0% / 30 visits	\$3,400 / \$6,800
F9H	20% / 30 visits	\$4,000 / \$8,000
EL9	20% / 30 visits	\$5,000 / \$10,000
E6N	0% / 30 visits	\$4,000 / \$8,000
F9J	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.

⁴Telemedicine visits with a member's PCP or other standard provider type follow the office visit cost share for the specified provider type.

Large Group HMO/EOA benefits

⁵Plan codes could differ by geography.

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. PPO plans can also be paired with an HRA. For the PPO HSA-compatible plans, the deductible applies to Teladoc and all other benefits, except for preventive services. 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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