Health Net®

Health Net of California, Inc. and
Health Net Life Insurance Company (Health Net)

SMALL BUSINESS GROUP

Rate Guide

CHOICE MADE SIMPLE

New and renewing business, effective October 1, 2021, to December 31, 2021

Coverage for every stage of life™

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New and renewing business, effective October 1, 2021 to December 31, 2021

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ANCILLARY

Medical Rating Regions

New and renewing business, effective October 1, 2021 to December 31, 2021

How to receive a quote

Rates displayed are for Affordable Care Act (ACA) - compliant plans.

If you would like to receive a formal quote from Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) Small Business Plans, please contact your authorized Health Net broker or Health Net account executive at 1 -800-447 -8812, option 1.

For quotes for renewing groups or groups on grandfathered plans, please contact Account Management at 1 -800-447 -8812, option 2.

Rates subject to change. Rates cannot be changed based on prior claims experience. For Grandfathered Plan Rating Regions, please see page 98.

Region	County
1	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolomne, and Yuba
2	Marin, Napa, Solano, and Sonoma
3	El Dorado, Placer, Sacramento, and Yolo
4	San Francisco
5	Contra Costa
6	Alameda
7	Santa Clara
8	San Mateo
9	Monterey, San Benito and Santa Cruz
10	Mariposa, Merced, San Joaquin, Stanislaus, and Tulare
11	Fresno, Kings and Madera
12	San Luis Obispo, Santa Barbara and Ventura
13	Imperial, Inyo and Mono
14	Kern
15	Los Angeles. ZIP codes starting with 906–912, 915, 917–918, and 935
16	Los Angeles. ZIP codes not included in region 15
17	Riverside and San Bernardino
18	Orange
19	San Diego

Note: Not all zip codes may be available within these counties, please contact your Health Net sales associate for confirmation.

DENTAL HMO

Health Net Dental HMO plans are not available in Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, San Benito, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, and Yuba counties.

These are the rating regions by ZIP code for our dental PPO plans.

PPO rating area by ZIP codes

Area 1 contains the ZIP codes starting with 900–904 and 945–948.

Area 2 contains the ZIP codes starting with 905–930.

Area 3 contains the ZIP codes starting with 931, 940–941 and 943–944.

Area 4 contains the ZIP codes starting with 932–933 and 935–938.

Area 5 contains the ZIP codes starting with 934, 939 and 954–961.

Area 6 contains the ZIP codes starting with 942.

Area 7 contains the ZIP codes starting with 949–951.

Area 8 contains the ZIP codes starting with 952–953.

Note: Area is determined by the group's home-office ZIP code. Rates apply to new dental groups with an effective date of October 1, 2021 through December 31, 2021.

Choice Package: Combinations That Fit Small Businesses

The Health Net Small Business portfolio makes it easy to give your clients health care solutions that offer choices and fit their budget. We've put together combinations that make the selection process even simpler.

Enhanced Choice A

- Full Network HMO
- WholeCare HMO
- SmartCare HMO
- Salud HMO y Más
- CommunityCare HMO
- PureCare HSP
- Full Network PPO

Enhanced Choice B

- Full Network HMO
- WholeCare HMO
- SmartCare HMO
- Salud HMO y Más
- CommunityCare HMO
- PureCare HSP
- Full Network PPO Bronze plans
- Enhanced Care PPO

PPO Rates

New and renewing business, effective October 1, 2021 to December 31, 2021

Region 2 — Marin, Napa, Solano, and Sonoma counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	552.90	541.30	439.92	403.14	397.94	372.37	383.54	416.02	323.53	317.45	364.57	331.22	306.96	307.71
15	602.05	589.42	479.02	438.98	433.31	405.47	417.63	453.00	352.29	345.67	396.98	360.66	334.25	335.06
16	620.84	607.82	493.98	452.68	446.84	418.13	430.67	467.14	363.28	356.46	409.37	371.92	344.68	345.52
17	639.63	626.21	508.93	466.38	460.36	430.79	443.70	481.28	374.28	367.25	421.76	383.18	355.11	355.97
18	659.86	646.03	525.03	481.14	474.93	444.42	457.74	496.51	386.12	378.87	435.10	395.30	366.35	367.24
19	680.10	665.84	541.13	495.89	489.49	458.04	471.78	511.74	397.96	390.49	448.45	407.42	377.58	378.50
20	701.06	686.36	557.81	511.17	504.58	472.16	486.32	527.51	410.23	402.52	462.27	419.98	389.22	390.16
21	722.74	707.59	575.06	526.98	520.18	486.76	501.36	543.82	422.91	414.97	476.56	432.97	401.26	402.23

Find your rate

Finding the rate that applies to you is easy:

1. Find the chart for your region on the following pages;
2. Select your age: then
3. Select a plan.

PREMIUM PAYMENT OPTIONS

- Online billing
- Mail away billing

Calculate your rate

The medical premium rate for a family is calculated using the sum of premiums for each family member age 21 or older and for no more than the three oldest covered children who are under age 21.

For the purpose of rating, the member's age is determined at the time a policy is issued or renewed.

PPO Rates

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2021, TO DECEMBER 31, 2021

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 1

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolomne, and Yuba counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	490.78	480.51	385.67	346.38	341.91	310.15	328.87	326.44	300.33	281.10	324.85	300.56	278.53	271.39
15	534.40	523.23	419.95	377.17	372.30	337.72	358.10	355.46	327.03	306.09	353.72	327.27	303.29	295.51
16	551.08	539.56	433.06	388.94	383.92	348.26	369.28	366.56	337.23	315.65	364.76	337.49	312.75	304.73
17	567.76	555.89	446.17	400.71	395.54	358.80	380.45	377.65	347.44	325.20	375.80	347.70	322.22	313.96
18	585.73	573.48	460.29	413.39	408.06	370.15	392.49	389.60	358.43	335.49	387.69	358.70	332.41	323.89
19	603.69	591.06	474.40	426.07	420.57	381.51	404.53	401.55	369.43	345.78	399.58	369.71	342.61	333.82
20	622.29	609.28	489.02	439.20	433.53	393.26	416.99	413.92	380.81	356.43	411.90	381.10	353.17	344.11
21	641.54	628.12	504.15	452.78	446.94	405.43	429.89	426.72	392.59	367.46	424.64	392.89	364.09	354.75
22	641.54	628.12	504.15	452.78	446.94	405.43	429.89	426.72	392.59	367.46	424.64	392.89	364.09	354.75
23	641.54	628.12	504.15	452.78	446.94	405.43	429.89	426.72	392.59	367.46	424.64	392.89	364.09	354.75
24	641.54	628.12	504.15	452.78	446.94	405.43	429.89	426.72	392.59	367.46	424.64	392.89	364.09	354.75
25	644.11	630.63	506.16	454.60	448.73	407.05	431.61	428.43	394.16	368.93	426.34	394.46	365.55	356.17
26	656.94	643.20	516.25	463.65	457.67	415.16	440.21	436.97	402.01	376.28	434.83	402.32	372.83	363.27
27	672.33	658.27	528.35	474.52	468.39	424.89	450.53	447.21	411.43	385.09	445.02	411.74	381.57	371.78
28	697.35	682.77	548.01	492.18	485.83	440.70	467.29	463.85	426.74	399.43	461.58	427.07	395.77	385.62
29	717.88	702.87	564.14	506.67	500.13	453.67	481.05	477.51	439.31	411.18	475.17	439.64	407.42	396.97
30	728.15	712.92	572.21	513.91	507.28	460.16	487.93	484.33	445.59	417.06	481.96	445.93	413.24	402.65
31	743.54	727.99	584.31	524.78	518.01	469.89	498.24	494.57	455.01	425.88	492.15	455.35	421.98	411.16
32	758.94	743.07	596.41	535.64	528.73	479.62	508.56	504.82	464.43	434.70	502.35	464.78	430.72	419.67
33	768.56	752.49	603.97	542.44	535.44	485.70	515.01	511.22	470.32	440.21	508.71	470.68	436.18	424.99
34	778.83	762.54	612.03	549.68	542.59	492.19	521.89	518.04	476.60	446.09	515.51	476.96	442.01	430.67
35	783.96	767.57	616.07	553.30	546.16	495.43	525.33	521.46	479.74	449.03	518.91	480.11	444.92	433.51
36	789.09	772.59	620.10	556.92	549.74	498.67	528.77	524.87	482.88	451.97	522.30	483.25	447.83	436.35
37	794.23	777.61	624.13	560.55	553.31	501.92	532.21	528.29	486.02	454.91	525.70	486.39	450.74	439.18
38	799.36	782.64	628.17	564.17	556.89	505.16	535.64	531.70	489.16	457.85	529.10	489.54	453.66	442.02
39	809.62	792.69	636.23	571.41	564.04	511.65	542.52	538.53	495.45	463.73	535.89	495.82	459.48	447.70
40	819.89	802.74	644.30	578.66	571.19	518.13	549.40	545.35	501.73	469.61	542.69	502.11	465.31	453.38
41	835.28	817.81	656.40	589.52	581.92	527.86	559.72	555.60	511.15	478.43	552.88	511.54	474.05	461.89
42	850.04	832.26	667.99	599.94	592.20	537.19	569.61	565.41	520.18	486.88	562.64	520.57	482.42	470.05
43	870.57	852.36	684.13	614.43	606.50	550.16	583.36	579.07	532.74	498.64	576.23	533.15	494.07	481.40
44	896.23	877.49	704.29	632.54	624.38	566.38	600.56	596.13	548.45	513.34	593.22	548.86	508.63	495.59
45	926.38	907.01	727.99	653.82	645.38	585.43	620.76	616.19	566.90	530.61	613.18	567.33	525.75	512.26
46	962.31	942.18	756.22	679.18	670.41	608.14	644.84	640.09	588.88	551.19	636.96	589.33	546.14	532.13
47	1,002.73	981.75	787.98	707.70	698.57	633.68	671.92	666.97	613.61	574.34	663.71	614.08	569.07	554.48
48	1,048.92	1,026.98	824.28	740.30	730.75	662.87	702.87	697.70	641.88	600.79	694.28	642.37	595.29	580.02
49	1,094.47	1,071.58	860.07	772.45	762.48	691.66	733.39	727.99	669.75	626.88	724.43	670.26	621.14	605.21
50	1,145.79	1,121.83	900.41	808.67	798.24	724.09	767.79	762.13	701.16	656.28	758.40	701.69	650.27	633.59
51	1,196.47	1,171.45	940.23	844.44	833.55	756.12	801.75	795.84	732.18	685.31	791.95	732.73	679.03	661.62
52	1,252.29	1,226.09	984.09	883.83	872.43	791.39	839.15	832.97	766.33	717.28	828.89	766.91	710.71	692.48
53	1,308.74	1,281.37	1,028.46	923.68	911.76	827.07	876.98	870.52	800.88	749.61	866.26	801.49	742.75	723.70
54	1,369.69	1,341.04	1,076.35	966.69	954.22	865.58	917.82	911.06	838.18	784.52	906.60	838.81	777.33	757.40
55	1,430.63	1,400.71	1,124.25	1,009.71	996.68	904.10	958.66	951.60	875.47	819.43	946.94	876.14	811.92	791.10
56	1,496.71	1,465.41	1,176.17	1,056.35	1,042.71	945.86	1,002.94	995.55	915.91	857.28	990.68	916.60	849.42	827.64
57	1,563.43	1,530.73	1,228.61	1,103.44	1,089.20	988.02	1,047.65	1,039.93	956.74	895.49	1,034.84	957.46	887.29	864.53
58	1,634.64	1,600.45	1,284.57	1,153.69	1,138.81	1,033.02	1,095.36	1,087.30	1,000.31	936.28	1,081.97	1,001.07	927.70	903.91
59	1,669.93	1,635.00	1,312.29	1,178.60	1,163.39	1,055.32	1,119.01	1,110.76	1,021.91	956.49	1,105.33	1,022.68	947.73	923.42
60	1,741.14	1,704.72	1,368.25	1,228.86	1,213.00	1,100.32	1,166.73	1,158.13	1,065.48	997.28	1,152.46	1,066.29	988.14	962.80
61	1,802.73	1,765.02	1,416.65	1,272.32	1,255.91	1,139.25	1,207.99	1,199.10	1,103.17	1,032.55	1,193.23	1,104.01	1,023.10	996.86
62	1,843.14	1,804.59	1,448.41	1,300.85	1,284.06	1,164.79	1,235.08	1,225.98	1,127.90	1,055.70	1,219.98	1,128.76	1,046.03	1,019.21
63	1,893.83	1,854.22	1,488.24	1,336.62	1,319.37	1,196.82	1,269.04	1,259.69	1,158.92	1,084.73	1,253.53	1,159.80	1,074.80	1,047.23
64+	1,924.62	1,884.36	1,512.45	1,358.34	1,340.82	1,216.29	1,289.67	1,280.16	1,177.77	1,102.38	1,273.92	1,178.67	1,092.27	1,064.25

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 2

Marin, Napa, Solano, and Sonoma counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	548.38	536.91	430.94	387.03	382.04	346.55	367.46	364.76	335.58	314.10	362.97	335.83	311.22	303.24
15	597.12	584.63	469.24	421.44	416.00	377.36	400.13	397.18	365.41	342.02	395.24	365.68	338.88	330.19
16	615.76	602.88	483.89	434.59	428.98	389.13	412.62	409.58	376.81	352.69	407.57	377.10	349.46	340.50
17	634.40	621.13	498.53	447.74	441.97	400.91	425.11	421.97	388.22	363.37	419.91	388.51	360.04	350.80
18	654.47	640.78	514.31	461.91	455.95	413.60	438.56	435.32	400.50	374.86	433.19	400.80	371.43	361.90
19	674.54	660.43	530.08	476.08	469.93	426.28	452.00	448.68	412.78	386.36	446.48	413.10	382.82	373.00
20	695.33	680.79	546.42	490.75	484.41	439.42	465.93	462.50	425.50	398.27	460.24	425.83	394.62	384.50
21	716.83	701.84	563.32	505.92	499.40	453.01	480.35	476.81	438.66	410.58	474.47	439.00	406.82	396.39
22	716.83	701.84	563.32	505.92	499.40	453.01	480.35	476.81	438.66	410.58	474.47	439.00	406.82	396.39
23	716.83	701.84	563.32	505.92	499.40	453.01	480.35	476.81	438.66	410.58	474.47	439.00	406.82	396.39
24	716.83	701.84	563.32	505.92	499.40	453.01	480.35	476.81	438.66	410.58	474.47	439.00	406.82	396.39
25	719.70	704.65	565.57	507.95	501.39	454.82	482.27	478.71	440.42	412.23	476.37	440.75	408.45	397.97
26	734.04	718.68	576.83	518.07	511.38	463.88	491.87	488.25	449.19	420.44	485.86	449.53	416.59	405.90
27	751.24	735.53	590.35	530.21	523.37	474.75	503.40	499.69	459.72	430.29	497.25	460.07	426.35	415.42
28	779.20	762.90	612.32	549.94	542.84	492.42	522.14	518.29	476.83	446.30	515.75	477.19	442.22	430.87
29	802.14	785.36	630.35	566.13	558.82	506.92	537.51	533.55	490.86	459.44	530.94	491.24	455.23	443.56
30	813.61	796.59	639.36	574.22	566.81	514.16	545.19	541.18	497.88	466.01	538.53	498.26	461.74	449.90
31	830.81	813.43	652.88	586.37	578.80	525.04	556.72	552.62	508.41	475.87	549.92	508.80	471.51	459.41
32	848.01	830.28	666.40	598.51	590.79	535.91	568.25	564.06	518.94	485.72	561.30	519.33	481.27	468.93
33	858.77	840.81	674.85	606.10	598.28	542.70	575.45	571.21	525.52	491.88	568.42	525.92	487.37	474.87
34	870.24	852.03	683.86	614.19	606.27	549.95	583.14	578.84	532.54	498.45	576.01	532.94	493.88	481.22
35	875.97	857.65	688.37	618.24	610.26	553.58	586.98	582.66	536.05	501.73	579.81	536.45	497.14	484.39
36	881.71	863.26	692.88	622.29	614.26	557.20	590.82	586.47	539.56	505.02	583.60	539.97	500.39	487.56
37	887.44	868.88	697.38	626.33	618.25	560.82	594.67	590.29	543.07	508.30	587.40	543.48	503.65	490.73
38	893.17	874.49	701.89	630.38	622.25	564.45	598.51	594.10	546.57	511.59	591.19	546.99	506.90	493.90
39	904.64	885.72	710.90	638.48	630.24	571.70	606.20	601.73	553.59	518.16	598.79	554.01	513.41	500.24
40	916.11	896.95	719.92	646.57	638.23	578.94	613.88	609.36	560.61	524.73	606.38	561.04	519.92	506.58
41	933.32	913.80	733.44	658.71	650.21	589.82	625.41	620.80	571.14	534.58	617.76	571.57	529.68	516.10
42	949.80	929.94	746.39	670.35	661.70	600.24	636.46	631.77	581.23	544.02	628.68	581.67	539.04	525.22
43	972.74	952.40	764.42	686.54	677.68	614.73	651.83	647.03	595.27	557.16	643.86	595.72	552.06	537.90
44	1,001.42	980.47	786.95	706.78	697.66	632.85	671.04	666.10	612.81	573.58	662.84	613.28	568.33	553.76
45	1,035.11	1,013.46	813.43	730.56	721.13	654.14	693.62	688.51	633.43	592.88	685.14	633.91	587.45	572.39
46	1,075.25	1,052.76	844.97	758.89	749.09	679.51	720.52	715.21	658.00	615.87	711.71	658.49	610.23	594.58
47	1,120.41	1,096.98	880.46	790.76	780.56	708.05	750.78	745.25	685.63	641.74	741.60	686.15	635.86	619.56
48	1,172.02	1,147.51	921.02	827.19	816.51	740.67	785.36	779.58	717.21	671.30	775.76	717.76	665.15	648.10
49	1,222.92	1,197.34	961.02	863.11	851.97	772.83	819.47	813.43	748.36	700.45	809.45	748.93	694.04	676.24
50	1,280.26	1,253.49	1,006.08	903.58	891.92	809.07	857.90	851.58	783.45	733.30	847.41	784.05	726.58	707.95
51	1,336.89	1,308.93	1,050.58	943.55	931.37	844.86	895.84	889.25	818.11	765.74	884.89	818.73	758.72	739.27
52	1,399.26	1,369.99	1,099.59	987.56	974.82	884.27	937.63	930.73	856.27	801.46	926.17	856.92	794.12	773.75
53	1,462.34	1,431.76	1,149.16	1,032.09	1,018.77	924.14	979.90	972.69	894.87	837.59	967.93	895.55	829.92	808.63
54	1,530.44	1,498.43	1,202.68	1,080.15	1,066.21	967.17	1,025.54	1,017.98	936.55	876.59	1,013.00	937.26	868.56	846.29
55	1,598.54	1,565.10	1,256.19	1,128.21	1,113.65	1,010.21	1,071.17	1,063.28	978.22	915.60	1,058.08	978.96	907.21	883.95
56	1,672.37	1,637.39	1,314.21	1,180.32	1,165.09	1,056.87	1,120.65	1,112.39	1,023.40	957.89	1,106.95	1,024.18	949.12	924.78
57	1,746.92	1,710.39	1,372.80	1,232.94	1,217.03	1,103.98	1,170.60	1,161.98	1,069.02	1,000.59	1,156.29	1,069.83	991.43	966.00
58	1,826.49	1,788.29	1,435.33	1,289.10	1,272.46	1,154.26	1,223.92	1,214.90	1,117.71	1,046.17	1,208.96	1,118.56	1,036.58	1,010.00
59	1,865.92	1,826.89	1,466.31	1,316.92	1,299.93	1,179.18	1,250.34	1,241.13	1,141.84	1,068.75	1,235.06	1,142.71	1,058.96	1,031.80
60	1,945.49	1,904.80	1,528.84	1,373.08	1,355.36	1,229.46	1,303.66	1,294.05	1,190.53	1,114.32	1,287.72	1,191.44	1,104.11	1,075.80
61	2,014.30	1,972.17	1,582.92	1,421.65	1,403.30	1,272.95	1,349.77	1,339.83	1,232.64	1,153.74	1,333.27	1,233.58	1,143.17	1,113.85
62	2,059.46	2,016.39	1,618.40	1,453.52	1,434.77	1,301.49	1,380.03	1,369.87	1,260.28	1,179.61	1,363.16	1,261.24	1,168.80	1,138.83
63	2,116.09	2,071.83	1,662.91	1,493.49	1,474.22	1,337.28	1,417.98	1,407.53	1,294.93	1,212.04	1,400.65	1,295.92	1,200.94	1,170.14
64+	2,150.49	2,105.52	1,689.96	1,517.76	1,498.20	1,359.03	1,441.05	1,430.43	1,315.98	1,231.74	1,423.41	1,317.00	1,220.46	1,189.17

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

3 El Dorado, Placer, Sacramento, and Yolo counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	545.45	534.04	428.63	384.96	380.00	344.70	365.50	362.81	333.78	312.42	361.03	334.04	309.56	301.62
15	593.93	581.51	466.73	419.18	413.77	375.34	397.99	395.06	363.45	340.19	393.12	363.73	337.07	328.43
16	612.47	599.66	481.30	432.27	426.69	387.05	410.41	407.39	374.80	350.81	405.39	375.08	347.59	338.68
17	631.01	617.81	495.87	445.35	439.60	398.77	422.83	419.72	386.14	361.42	417.67	386.44	358.11	348.93
18	650.97	637.36	511.56	459.44	453.51	411.39	436.21	433.00	398.36	372.86	430.88	398.66	369.44	359.97
19	670.94	656.90	527.25	473.53	467.42	424.00	449.59	446.28	410.58	384.29	444.09	410.89	380.77	371.01
20	691.61	677.15	543.50	488.12	481.83	437.07	463.44	460.03	423.23	396.14	457.78	423.55	392.51	382.44
21	713.00	698.09	560.30	503.22	496.73	450.59	477.78	474.26	436.32	408.39	471.94	436.65	404.65	394.27
22	713.00	698.09	560.30	503.22	496.73	450.59	477.78	474.26	436.32	408.39	471.94	436.65	404.65	394.27
23	713.00	698.09	560.30	503.22	496.73	450.59	477.78	474.26	436.32	408.39	471.94	436.65	404.65	394.27
24	713.00	698.09	560.30	503.22	496.73	450.59	477.78	474.26	436.32	408.39	471.94	436.65	404.65	394.27
25	715.85	700.88	562.55	505.23	498.71	452.39	479.69	476.16	438.06	410.02	473.83	438.40	406.27	395.85
26	730.11	714.84	573.75	515.30	508.65	461.40	489.24	485.64	446.79	418.19	483.26	447.13	414.36	403.73
27	747.23	731.60	587.20	527.38	520.57	472.21	500.71	497.02	457.26	427.99	494.59	457.61	424.07	413.20
28	775.03	758.82	609.05	547.00	539.94	489.79	519.34	515.52	474.28	443.92	513.00	474.64	439.85	428.57
29	797.85	781.16	626.98	563.10	555.84	504.21	534.63	530.70	488.24	456.99	528.10	488.61	452.80	441.19
30	809.26	792.33	635.95	571.16	563.79	511.42	542.28	538.28	495.22	463.52	535.65	495.60	459.28	447.50
31	826.37	809.09	649.39	583.23	575.71	522.23	553.74	549.67	505.69	473.32	546.98	506.08	468.99	456.96
32	843.48	825.84	662.84	595.31	587.63	533.04	565.21	561.05	516.17	483.12	558.30	516.56	478.70	466.42
33	854.18	836.31	671.25	602.86	595.08	539.80	572.38	568.16	522.71	489.25	565.38	523.11	484.77	472.34
34	865.59	847.48	680.21	610.91	603.03	547.01	580.02	575.75	529.69	495.78	572.93	530.09	491.24	478.64
35	871.29	853.07	684.69	614.94	607.00	550.62	583.84	579.54	533.18	499.05	576.71	533.59	494.48	481.80
36	876.99	858.65	689.17	618.96	610.97	554.22	587.67	583.34	536.67	502.32	580.48	537.08	497.72	484.95
37	882.70	864.24	693.66	622.99	614.95	557.83	591.49	587.13	540.16	505.59	584.26	540.57	500.95	488.11
38	888.40	869.82	698.14	627.01	618.92	561.43	595.31	590.93	543.65	508.85	588.04	544.07	504.19	491.26
39	899.81	880.99	707.10	635.06	626.87	568.64	602.96	598.51	550.63	515.39	595.59	551.05	510.67	497.57
40	911.22	892.16	716.07	643.12	634.82	575.85	610.60	606.10	557.62	521.92	603.14	558.04	517.14	503.88
41	928.33	908.91	729.52	655.19	646.74	586.66	622.07	617.49	568.09	531.72	614.46	568.52	526.85	513.34
42	944.73	924.97	742.40	666.77	658.16	597.03	633.06	628.39	578.12	541.12	625.32	578.56	536.16	522.41
43	967.54	947.31	760.33	682.87	674.06	611.45	648.34	643.57	592.09	554.18	640.42	592.53	549.11	535.03
44	996.06	975.23	782.75	703.00	693.93	629.47	667.46	662.54	609.54	570.52	659.30	610.00	565.29	550.80
45	1,029.58	1,008.04	809.08	726.65	717.27	650.65	689.91	684.83	630.05	589.71	681.48	630.52	584.31	569.33
46	1,069.50	1,047.14	840.46	754.83	745.09	675.88	716.67	711.39	654.48	612.58	707.91	654.98	606.97	591.41
47	1,114.42	1,091.12	875.76	786.53	776.39	704.27	746.77	741.27	681.97	638.31	737.64	682.48	632.46	616.24
48	1,165.76	1,141.38	916.10	822.77	812.15	736.71	781.17	775.41	713.38	667.72	771.62	713.92	661.60	644.63
49	1,216.38	1,190.94	955.88	858.50	847.42	768.70	815.09	809.09	744.36	696.71	805.13	744.93	690.33	672.63
50	1,273.42	1,246.79	1,000.70	898.75	887.16	804.75	853.31	847.03	779.27	729.38	842.88	779.86	722.70	704.17
51	1,329.75	1,301.94	1,044.97	938.51	926.40	840.34	891.06	884.49	813.74	761.65	880.16	814.35	754.67	735.31
52	1,391.78	1,362.67	1,093.72	982.29	969.61	879.55	932.62	925.75	851.70	797.18	921.22	852.34	789.87	769.62
53	1,454.53	1,424.10	1,143.02	1,026.57	1,013.32	919.20	974.67	967.49	890.09	833.11	962.75	890.77	825.48	804.31
54	1,522.26	1,490.42	1,196.25	1,074.38	1,060.51	962.00	1,020.06	1,012.54	931.54	871.91	1,007.59	932.25	863.92	841.77
55	1,590.00	1,556.74	1,249.48	1,122.18	1,107.70	1,004.81	1,065.45	1,057.60	972.99	910.71	1,052.42	973.73	902.36	879.22
56	1,663.44	1,628.64	1,307.19	1,174.01	1,158.87	1,051.22	1,114.66	1,106.45	1,017.93	952.77	1,101.03	1,018.71	944.04	919.83
57	1,737.59	1,701.25	1,365.46	1,226.35	1,210.52	1,098.08	1,164.35	1,155.77	1,063.31	995.24	1,150.11	1,064.12	986.13	960.84
58	1,816.73	1,778.73	1,427.66	1,282.21	1,265.66	1,148.10	1,217.38	1,208.41	1,111.74	1,040.58	1,202.50	1,112.59	1,031.04	1,004.60
59	1,855.95	1,817.13	1,458.47	1,309.88	1,292.98	1,172.88	1,243.66	1,234.50	1,135.74	1,063.04	1,228.46	1,136.60	1,053.30	1,026.29
60	1,935.09	1,894.62	1,520.67	1,365.74	1,348.12	1,222.89	1,296.69	1,287.14	1,184.17	1,108.37	1,280.84	1,185.07	1,098.21	1,070.05
61	2,003.54	1,961.63	1,574.46	1,414.05	1,395.80	1,266.15	1,342.56	1,332.67	1,226.06	1,147.57	1,326.15	1,226.99	1,137.06	1,107.90
62	2,048.46	2,005.61	1,609.76	1,445.75	1,427.10	1,294.54	1,372.66	1,362.55	1,253.55	1,173.30	1,355.88	1,254.50	1,162.55	1,132.74
63	2,104.78	2,060.76	1,654.02	1,485.51	1,466.34	1,330.13	1,410.40	1,400.01	1,288.01	1,205.56	1,393.16	1,288.99	1,194.52	1,163.89
64+	2,139.00	2,094.27	1,680.90	1,509.66	1,490.19	1,351.77	1,433.34	1,422.78	1,308.96	1,225.17	1,415.82	1,309.95	1,213.95	1,182.81

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

4 San Francisco County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	587.01	574.74	461.30	414.30	408.95	370.97	393.35	390.46	359.22	336.23	388.55	359.49	333.15	324.60
15	639.19	625.82	502.30	451.13	445.31	403.94	428.32	425.16	391.15	366.11	423.08	391.45	362.76	353.46
16	659.14	645.36	517.98	465.21	459.21	416.55	441.69	438.43	403.36	377.54	436.29	403.67	374.08	364.49
17	679.09	664.89	533.66	479.29	473.10	429.16	455.06	451.70	415.57	388.97	449.49	415.88	385.40	375.52
18	700.58	685.93	550.54	494.45	488.07	442.74	469.45	466.00	428.72	401.27	463.72	429.04	397.60	387.40
19	722.06	706.96	567.43	509.62	503.04	456.31	483.85	480.29	441.86	413.58	477.94	442.20	409.79	399.28
20	744.32	728.75	584.91	525.32	518.54	470.38	498.76	495.09	455.48	426.33	492.67	455.83	422.42	411.59
21	767.34	751.29	603.00	541.57	534.58	484.92	514.19	510.40	469.57	439.51	507.90	469.93	435.48	424.32
22	767.34	751.29	603.00	541.57	534.58	484.92	514.19	510.40	469.57	439.51	507.90	469.93	435.48	424.32
23	767.34	751.29	603.00	541.57	534.58	484.92	514.19	510.40	469.57	439.51	507.90	469.93	435.48	424.32
24	767.34	751.29	603.00	541.57	534.58	484.92	514.19	510.40	469.57	439.51	507.90	469.93	435.48	424.32
25	770.41	754.29	605.42	543.74	536.72	486.86	516.24	512.44	471.45	441.27	509.93	471.81	437.23	426.01
26	785.75	769.32	617.48	554.57	547.41	496.56	526.53	522.65	480.84	450.06	520.09	481.20	445.94	434.50
27	804.17	787.35	631.95	567.56	560.24	508.20	538.87	534.90	492.11	460.61	532.28	492.48	456.39	444.68
28	834.10	816.65	655.46	588.69	581.09	527.11	558.92	554.81	510.42	477.75	552.09	510.81	473.37	461.23
29	858.65	840.69	674.76	606.02	598.20	542.63	575.38	571.14	525.45	491.81	568.34	525.85	487.31	474.81
30	870.93	852.71	684.41	614.68	606.75	550.39	583.60	579.30	532.96	498.84	576.47	533.37	494.27	481.60
31	889.34	870.74	698.88	627.68	619.58	562.03	595.94	591.55	544.23	509.39	588.66	544.64	504.73	491.78
32	907.76	888.77	713.35	640.68	632.41	573.67	608.28	603.80	555.50	519.94	600.85	555.92	515.18	501.97
33	919.27	900.04	722.40	648.80	640.43	580.94	616.00	611.46	562.54	526.53	608.47	562.97	521.71	508.33
34	931.55	912.06	732.05	657.47	648.98	588.70	624.22	619.63	570.06	533.57	616.59	570.49	528.68	515.12
35	937.69	918.07	736.87	661.80	653.26	592.58	628.34	623.71	573.81	537.08	620.66	574.25	532.16	518.51
36	943.83	924.09	741.69	666.13	657.53	596.46	632.45	627.79	577.57	540.60	624.72	578.01	535.65	521.91
37	949.96	930.10	746.52	670.46	661.81	600.34	636.56	631.88	581.33	544.11	628.78	581.77	539.13	525.30
38	956.10	936.11	751.34	674.80	666.09	604.22	640.68	635.96	585.08	547.63	632.85	585.53	542.61	528.70
39	968.38	948.13	760.99	683.46	674.64	611.97	648.90	644.13	592.60	554.66	640.97	593.05	549.58	535.49
40	980.66	960.15	770.64	692.13	683.19	619.73	657.13	652.29	600.11	561.69	649.10	600.57	556.55	542.28
41	999.07	978.18	785.11	705.12	696.02	631.37	669.47	664.54	611.38	572.24	661.29	611.84	567.00	552.46
42	1,016.72	995.46	798.98	717.58	708.32	642.52	681.30	676.28	622.18	582.35	672.97	622.65	577.02	562.22
43	1,041.28	1,019.50	818.28	734.91	725.43	658.04	697.75	692.61	637.21	596.42	689.22	637.69	590.95	575.80
44	1,071.97	1,049.55	842.40	756.57	746.81	677.44	718.32	713.03	655.99	614.00	709.54	656.49	608.37	592.77
45	1,108.04	1,084.86	870.74	782.03	771.93	700.23	742.49	737.02	678.06	634.65	733.41	678.57	628.84	612.71
46	1,151.01	1,126.93	904.50	812.35	801.87	727.39	771.28	765.60	704.35	659.27	761.85	704.89	653.23	636.47
47	1,199.35	1,174.26	942.49	846.47	835.55	757.94	803.68	797.76	733.94	686.95	793.85	734.49	680.66	663.21
48	1,254.60	1,228.36	985.91	885.47	874.04	792.85	840.70	834.50	767.75	718.60	830.42	768.33	712.02	693.76
49	1,309.08	1,281.70	1,028.72	923.92	912.00	827.28	877.20	870.74	801.09	749.80	866.48	801.69	742.94	723.88
50	1,370.47	1,341.80	1,076.96	967.24	954.76	866.07	918.34	911.57	838.65	784.97	907.11	839.29	777.78	757.83
51	1,431.08	1,401.15	1,124.60	1,010.03	996.99	904.38	958.96	951.90	875.75	819.69	947.24	876.41	812.18	791.35
52	1,497.84	1,466.52	1,177.06	1,057.14	1,043.50	946.57	1,003.69	996.30	916.60	857.92	991.43	917.30	850.07	828.27
53	1,565.37	1,532.63	1,230.13	1,104.80	1,090.55	989.25	1,048.94	1,041.22	957.92	896.60	1,036.12	958.65	888.39	865.61
54	1,638.27	1,604.00	1,287.41	1,156.25	1,141.33	1,035.31	1,097.79	1,089.70	1,002.53	938.36	1,084.37	1,003.29	929.76	905.92
55	1,711.16	1,675.37	1,344.70	1,207.70	1,192.12	1,081.38	1,146.64	1,138.19	1,047.14	980.11	1,132.62	1,047.93	971.13	946.23
56	1,790.20	1,752.76	1,406.81	1,263.48	1,247.18	1,131.33	1,199.60	1,190.76	1,095.51	1,025.38	1,184.94	1,096.34	1,015.99	989.93
57	1,870.00	1,830.89	1,469.52	1,319.80	1,302.77	1,181.76	1,253.08	1,243.85	1,144.34	1,071.09	1,237.76	1,145.21	1,061.28	1,034.06
58	1,955.18	1,914.28	1,536.45	1,379.92	1,362.11	1,235.59	1,310.15	1,300.50	1,196.46	1,119.87	1,294.14	1,197.37	1,109.61	1,081.16
59	1,997.38	1,955.60	1,569.62	1,409.71	1,391.51	1,262.26	1,338.43	1,328.57	1,222.29	1,144.05	1,322.07	1,223.22	1,133.57	1,104.50
60	2,082.55	2,039.00	1,636.55	1,469.82	1,450.85	1,316.08	1,395.51	1,385.23	1,274.41	1,192.83	1,378.45	1,275.38	1,181.90	1,151.59
61	2,156.22	2,111.12	1,694.44	1,521.81	1,502.17	1,362.64	1,444.87	1,434.22	1,319.49	1,235.02	1,427.21	1,320.49	1,223.71	1,192.33
62	2,204.56	2,158.45	1,732.43	1,555.93	1,535.85	1,393.19	1,477.26	1,466.38	1,349.07	1,262.71	1,459.20	1,350.10	1,251.15	1,219.06
63	2,265.18	2,217.80	1,780.07	1,598.71	1,578.08	1,431.50	1,517.88	1,506.70	1,386.17	1,297.44	1,499.33	1,387.22	1,285.55	1,252.58
64+	2,302.02	2,253.87	1,809.00	1,624.71	1,603.74	1,454.76	1,542.57	1,531.20	1,408.71	1,318.53	1,523.70	1,409.79	1,306.44	1,272.96

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 5

Contra Costa County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	537.59	526.34	422.46	379.42	374.52	339.73	360.23	357.58	328.98	307.92	355.83	329.23	305.10	297.27
15	585.37	573.13	460.01	413.14	407.81	369.93	392.26	389.37	358.22	335.29	387.46	358.49	332.22	323.70
16	603.65	591.02	474.37	426.04	420.54	381.48	404.50	401.52	369.40	345.75	399.55	369.68	342.58	333.80
17	621.92	608.91	488.73	438.93	433.27	393.02	416.74	413.67	380.58	356.22	411.65	380.87	352.95	343.90
18	641.59	628.17	504.19	452.82	446.98	405.46	429.93	426.76	392.62	367.49	424.67	392.92	364.12	354.78
19	661.27	647.44	519.65	466.71	460.69	417.89	443.11	439.85	404.66	378.76	437.70	404.97	375.29	365.66
20	681.65	667.39	535.67	481.09	474.88	430.77	456.77	453.40	417.13	390.43	451.18	417.45	386.85	376.93
21	702.73	688.03	552.23	495.97	489.57	444.10	470.89	467.43	430.03	402.51	465.14	430.36	398.82	388.59
22	702.73	688.03	552.23	495.97	489.57	444.10	470.89	467.43	430.03	402.51	465.14	430.36	398.82	388.59
23	702.73	688.03	552.23	495.97	489.57	444.10	470.89	467.43	430.03	402.51	465.14	430.36	398.82	388.59
24	702.73	688.03	552.23	495.97	489.57	444.10	470.89	467.43	430.03	402.51	465.14	430.36	398.82	388.59
25	705.54	690.78	554.44	497.95	491.53	445.87	472.78	469.30	431.75	404.12	467.00	432.08	400.41	390.14
26	719.60	704.55	565.49	507.87	501.32	454.75	482.20	478.64	440.35	412.17	476.30	440.69	408.39	397.92
27	736.46	721.06	578.74	519.78	513.07	465.41	493.50	489.86	450.67	421.83	487.47	451.02	417.96	407.24
28	763.87	747.89	600.28	539.12	532.16	482.73	511.86	508.09	467.45	437.52	505.61	467.80	433.52	422.40
29	786.36	769.91	617.95	554.99	547.83	496.94	526.93	523.05	481.21	450.40	520.49	481.57	446.28	434.83
30	797.60	780.92	626.78	562.93	555.66	504.05	534.47	530.53	488.09	456.84	527.93	488.46	452.66	441.05
31	814.46	797.43	640.04	574.83	567.41	514.71	545.77	541.75	498.41	466.50	539.10	498.79	462.23	450.38
32	831.33	813.94	653.29	586.73	579.16	525.36	557.07	552.97	508.73	476.16	550.26	509.12	471.80	459.70
33	841.87	824.26	661.57	594.17	586.51	532.03	564.13	559.98	515.18	482.20	557.24	515.57	477.78	465.53
34	853.11	835.27	670.41	602.11	594.34	539.13	571.67	567.46	522.06	488.64	564.68	522.46	484.17	471.75
35	858.74	840.78	674.83	606.08	598.26	542.68	575.43	571.19	525.50	491.86	568.40	525.90	487.36	474.86
36	864.36	846.28	679.25	610.04	602.17	546.24	579.20	574.93	528.94	495.08	572.12	529.34	490.55	477.97
37	869.98	851.78	683.66	614.01	606.09	549.79	582.97	578.67	532.38	498.30	575.84	532.79	493.74	481.07
38	875.60	857.29	688.08	617.98	610.01	553.34	586.73	582.41	535.82	501.52	579.56	536.23	496.93	484.18
39	886.85	868.30	696.92	625.92	617.84	560.45	594.27	589.89	542.70	507.96	587.01	543.11	503.31	490.40
40	898.09	879.31	705.75	633.85	625.67	567.55	601.80	597.37	549.58	514.40	594.45	550.00	509.69	496.62
41	914.95	895.82	719.01	645.75	637.42	578.21	613.10	608.59	559.90	524.06	605.61	560.33	519.26	505.94
42	931.12	911.64	731.71	657.16	648.68	588.43	623.94	619.34	569.79	533.32	616.31	570.23	528.43	514.88
43	953.61	933.66	749.38	673.03	664.35	602.64	639.00	634.30	583.55	546.20	631.19	584.00	541.20	527.32
44	981.71	961.18	771.47	692.87	683.93	620.40	657.84	652.99	600.76	562.30	649.80	601.21	557.15	542.86
45	1,014.74	993.52	797.42	716.18	706.94	641.27	679.97	674.96	620.97	581.22	671.66	621.44	575.89	561.12
46	1,054.10	1,032.05	828.35	743.96	734.36	666.14	706.34	701.14	645.05	603.76	697.71	645.54	598.23	582.89
47	1,098.37	1,075.40	863.14	775.20	765.20	694.12	736.01	730.59	672.14	629.12	727.01	672.65	623.35	607.37
48	1,148.96	1,124.93	902.90	810.91	800.45	726.10	769.91	764.24	703.10	658.10	760.50	703.64	652.07	635.34
49	1,198.86	1,173.78	942.11	846.13	835.21	757.63	803.35	797.43	733.64	686.67	793.53	734.19	680.38	662.93
50	1,255.08	1,228.83	986.29	885.80	874.37	793.15	841.02	834.82	768.04	718.87	830.74	768.62	712.29	694.02
51	1,310.59	1,283.18	1,029.91	924.99	913.05	828.24	878.22	871.75	802.01	750.67	867.48	802.62	743.80	724.72
52	1,371.73	1,343.04	1,077.96	968.14	955.64	866.87	919.19	912.42	839.42	785.69	907.95	840.06	778.49	758.53
53	1,433.57	1,403.59	1,126.55	1,011.78	998.72	905.95	960.63	953.55	877.27	821.11	948.88	877.93	813.59	792.72
54	1,500.33	1,468.95	1,179.02	1,058.90	1,045.23	948.14	1,005.36	997.95	918.12	859.35	993.07	918.82	851.48	829.64
55	1,567.09	1,534.31	1,231.48	1,106.02	1,091.74	990.33	1,050.10	1,042.36	958.97	897.59	1,037.26	959.70	889.36	866.56
56	1,639.47	1,605.18	1,288.36	1,157.10	1,142.17	1,036.07	1,098.60	1,090.51	1,003.27	939.04	1,085.17	1,004.03	930.44	906.58
57	1,712.55	1,676.74	1,345.79	1,208.68	1,193.08	1,082.26	1,147.57	1,139.12	1,047.99	980.91	1,133.54	1,048.79	971.92	946.99
58	1,790.56	1,753.11	1,407.09	1,263.73	1,247.43	1,131.55	1,199.84	1,191.00	1,095.72	1,025.58	1,185.17	1,096.56	1,016.19	990.13
59	1,829.21	1,790.95	1,437.46	1,291.01	1,274.35	1,155.98	1,225.74	1,216.71	1,119.38	1,047.72	1,210.76	1,120.23	1,038.12	1,011.50
60	1,907.21	1,867.32	1,498.76	1,346.07	1,328.70	1,205.27	1,278.01	1,268.59	1,167.11	1,092.40	1,262.39	1,168.00	1,082.39	1,054.63
61	1,974.67	1,933.37	1,551.77	1,393.68	1,375.69	1,247.91	1,323.21	1,313.47	1,208.39	1,131.04	1,307.04	1,209.31	1,120.68	1,091.94
62	2,018.94	1,976.72	1,586.56	1,424.92	1,406.54	1,275.89	1,352.88	1,342.92	1,235.49	1,156.40	1,336.34	1,236.42	1,145.80	1,116.42
63	2,074.46	2,031.07	1,630.19	1,464.11	1,445.21	1,310.97	1,390.08	1,379.84	1,269.46	1,188.20	1,373.09	1,270.42	1,177.31	1,147.12
64+	2,108.19	2,064.09	1,656.69	1,487.91	1,468.71	1,332.30	1,412.67	1,402.29	1,290.09	1,207.53	1,395.42	1,291.08	1,196.46	1,165.77

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

6 Alameda County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	532.32	521.19	418.32	375.70	370.85	336.40	356.70	354.08	325.75	304.90	352.34	326.00	302.11	294.36
15	579.64	567.52	455.50	409.10	403.82	366.31	388.41	385.55	354.71	332.00	383.66	354.98	328.96	320.52
16	597.73	585.23	469.72	421.86	416.42	377.74	400.53	397.58	365.78	342.36	395.64	366.06	339.23	330.53
17	615.82	602.94	483.94	434.63	429.02	389.17	412.66	409.62	376.85	352.73	407.61	377.14	349.50	340.53
18	635.31	622.02	499.25	448.38	442.60	401.49	425.71	422.58	388.77	363.89	420.51	389.07	360.55	351.31
19	654.79	641.09	514.56	462.14	456.17	413.80	438.77	435.54	400.70	375.05	433.41	401.00	371.61	362.08
20	674.97	660.85	530.42	476.38	470.23	426.55	452.29	448.96	413.04	386.60	446.76	413.36	383.06	373.24
21	695.84	681.29	546.82	491.11	484.77	439.74	466.28	462.85	425.82	398.56	460.58	426.14	394.91	384.78
22	695.84	681.29	546.82	491.11	484.77	439.74	466.28	462.85	425.82	398.56	460.58	426.14	394.91	384.78
23	695.84	681.29	546.82	491.11	484.77	439.74	466.28	462.85	425.82	398.56	460.58	426.14	394.91	384.78
24	695.84	681.29	546.82	491.11	484.77	439.74	466.28	462.85	425.82	398.56	460.58	426.14	394.91	384.78
25	698.63	684.02	549.01	493.08	486.71	441.50	468.15	464.70	427.52	400.16	462.42	427.85	396.49	386.32
26	712.54	697.64	559.94	502.90	496.41	450.30	477.47	473.95	436.04	408.13	471.63	436.37	404.39	394.02
27	729.24	713.99	573.07	514.68	508.04	460.85	488.66	485.06	446.26	417.69	482.69	446.60	413.87	403.25
28	756.38	740.56	594.39	533.84	526.95	478.00	506.85	503.11	462.87	433.24	500.65	463.22	429.27	418.26
29	778.65	762.36	611.89	549.55	542.46	492.07	521.77	517.92	476.49	445.99	515.39	476.85	441.90	430.57
30	789.78	773.26	620.64	557.41	550.22	499.11	529.23	525.33	483.30	452.37	522.76	483.67	448.22	436.73
31	806.48	789.62	633.77	569.20	561.85	509.66	540.42	536.44	493.52	461.93	533.81	493.90	457.70	445.96
32	823.18	805.97	646.89	580.98	573.49	520.22	551.61	547.55	503.74	471.50	544.87	504.13	467.18	455.20
33	833.62	816.19	655.09	588.35	580.76	526.81	558.60	554.49	510.13	477.48	551.78	510.52	473.10	460.97
34	844.76	827.09	663.84	596.21	588.52	533.85	566.06	561.89	516.94	483.85	559.15	517.34	479.42	467.13
35	850.32	832.54	668.22	600.14	592.39	537.37	569.79	565.60	520.35	487.04	562.83	520.75	482.58	470.20
36	855.89	837.99	672.59	604.07	596.27	540.88	573.52	569.30	523.76	490.23	566.51	524.16	485.74	473.28
37	861.46	843.44	676.96	608.00	600.15	544.40	577.26	573.00	527.16	493.42	570.20	527.56	488.90	476.36
38	867.02	848.89	681.34	611.92	604.03	547.92	580.99	576.71	530.57	496.61	573.88	530.97	492.06	479.44
39	878.16	859.79	690.09	619.78	611.78	554.96	588.45	584.11	537.38	502.98	581.25	537.79	498.38	485.60
40	889.29	870.69	698.84	627.64	619.54	561.99	595.91	591.52	544.20	509.36	588.62	544.61	504.70	491.75
41	905.99	887.04	711.96	639.43	631.18	572.55	607.10	602.63	554.42	518.93	599.68	554.84	514.17	500.99
42	921.99	902.71	724.54	650.72	642.33	582.66	617.82	613.27	564.21	528.09	610.27	564.64	523.26	509.84
43	944.26	924.51	742.04	666.44	657.84	596.73	632.74	628.08	577.84	540.85	625.01	578.28	535.89	522.15
44	972.09	951.76	763.91	686.08	677.23	614.32	651.39	646.60	594.87	556.79	643.43	595.32	551.69	537.54
45	1,004.80	983.78	789.61	709.16	700.01	634.99	673.31	668.35	614.88	575.52	665.08	615.35	570.25	555.63
46	1,043.77	1,021.94	820.23	736.67	727.16	659.62	699.42	694.27	638.73	597.84	690.87	639.21	592.37	577.17
47	1,087.60	1,064.86	854.68	767.61	757.70	687.32	728.80	723.43	665.56	622.95	719.89	666.06	617.24	601.41
48	1,137.71	1,113.91	894.05	802.97	792.60	718.98	762.37	756.75	696.21	651.65	753.05	696.74	645.68	629.12
49	1,187.11	1,162.28	932.88	837.84	827.02	750.20	795.47	789.62	726.45	679.95	785.75	727.00	673.72	656.44
50	1,242.78	1,216.79	976.62	877.12	865.81	785.38	832.78	826.64	760.51	711.83	822.60	761.09	705.31	687.22
51	1,297.75	1,270.61	1,019.82	915.92	904.10	820.12	869.61	863.21	794.15	743.32	858.98	794.76	736.51	717.62
52	1,358.29	1,329.88	1,067.39	958.65	946.28	858.38	910.18	903.48	831.20	777.99	899.05	831.83	770.86	751.10
53	1,419.52	1,389.83	1,115.51	1,001.87	988.94	897.08	951.21	944.21	868.67	813.06	939.59	869.33	805.62	784.96
54	1,485.63	1,454.56	1,167.46	1,048.52	1,034.99	938.85	995.51	988.18	909.12	850.93	983.34	909.81	843.13	821.51
55	1,551.73	1,519.28	1,219.41	1,095.18	1,081.05	980.63	1,039.81	1,032.15	949.58	888.79	1,027.10	950.30	880.65	858.06
56	1,623.40	1,589.45	1,275.73	1,145.76	1,130.98	1,025.92	1,087.83	1,079.82	993.44	929.84	1,074.54	994.19	921.33	897.70
57	1,695.77	1,660.31	1,332.60	1,196.84	1,181.39	1,071.65	1,136.33	1,127.96	1,037.72	971.29	1,122.44	1,038.51	962.40	937.71
58	1,773.01	1,735.93	1,393.30	1,251.35	1,235.20	1,120.47	1,188.08	1,179.33	1,084.99	1,015.53	1,173.56	1,085.81	1,006.23	980.43
59	1,811.28	1,773.40	1,423.38	1,278.36	1,261.87	1,144.65	1,213.73	1,204.79	1,108.41	1,037.45	1,198.89	1,109.25	1,027.95	1,001.59
60	1,888.52	1,849.02	1,484.07	1,332.88	1,315.68	1,193.46	1,265.48	1,256.16	1,155.67	1,081.69	1,250.02	1,156.55	1,071.79	1,044.30
61	1,955.32	1,914.43	1,536.57	1,380.02	1,362.21	1,235.68	1,310.25	1,300.60	1,196.55	1,119.96	1,294.23	1,197.46	1,109.70	1,081.24
62	1,999.16	1,957.35	1,571.02	1,410.96	1,392.75	1,263.38	1,339.62	1,329.76	1,223.38	1,145.07	1,323.25	1,224.31	1,134.58	1,105.48
63	2,054.13	2,011.17	1,614.22	1,449.76	1,431.05	1,298.12	1,376.46	1,366.32	1,257.02	1,176.55	1,359.64	1,257.97	1,165.77	1,135.88
64+	2,087.52	2,043.87	1,640.46	1,473.33	1,454.31	1,319.22	1,398.84	1,388.55	1,277.46	1,195.68	1,381.74	1,278.42	1,184.73	1,154.34

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 7

Santa Clara County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	545.03	533.63	428.30	384.67	379.70	344.43	365.22	362.53	333.53	312.18	360.76	333.78	309.32	301.39
15	593.47	581.06	466.38	418.86	413.46	375.05	397.68	394.75	363.17	339.93	392.82	363.45	336.81	328.17
16	612.00	599.20	480.93	431.93	426.36	386.76	410.10	407.08	374.51	350.54	405.08	374.79	347.33	338.42
17	630.52	617.34	495.49	445.01	439.27	398.46	422.51	419.40	385.85	361.15	417.34	386.14	357.84	348.66
18	650.47	636.87	511.17	459.09	453.16	411.07	435.88	432.67	398.05	372.57	430.55	398.36	369.16	359.69
19	670.42	656.40	526.84	473.17	467.06	423.68	449.24	445.93	410.26	384.00	443.75	410.57	380.48	370.72
20	691.08	676.63	543.08	487.75	481.46	436.73	463.09	459.68	422.90	395.83	457.43	423.23	392.21	382.15
21	712.45	697.55	559.87	502.83	496.35	450.24	477.41	473.89	435.98	408.08	471.58	436.31	404.34	393.97
22	712.45	697.55	559.87	502.83	496.35	450.24	477.41	473.89	435.98	408.08	471.58	436.31	404.34	393.97
23	712.45	697.55	559.87	502.83	496.35	450.24	477.41	473.89	435.98	408.08	471.58	436.31	404.34	393.97
24	712.45	697.55	559.87	502.83	496.35	450.24	477.41	473.89	435.98	408.08	471.58	436.31	404.34	393.97
25	715.30	700.34	562.11	504.85	498.33	452.04	479.32	475.79	437.73	409.71	473.46	438.06	405.95	395.54
26	729.55	714.29	573.31	514.90	508.26	461.05	488.87	485.27	446.45	417.87	482.89	446.79	414.04	403.42
27	746.65	731.04	586.75	526.97	520.17	471.85	500.33	496.64	456.91	427.66	494.21	457.26	423.75	412.88
28	774.44	758.24	608.58	546.58	539.53	489.41	518.95	515.12	473.91	443.58	512.60	474.27	439.51	428.24
29	797.24	780.56	626.50	562.67	555.41	503.82	534.22	530.29	487.87	456.64	527.69	488.24	452.45	440.85
30	808.64	791.72	635.46	570.72	563.35	511.02	541.86	537.87	494.84	463.17	535.24	495.22	458.92	447.15
31	825.74	808.46	648.89	582.78	575.26	521.83	553.32	549.24	505.31	472.96	546.56	505.69	468.63	456.61
32	842.83	825.21	662.33	594.85	587.18	532.63	564.78	560.62	515.77	482.75	557.87	516.16	478.33	466.06
33	853.52	835.67	670.73	602.40	594.62	539.39	571.94	567.73	522.31	488.87	564.95	522.71	484.40	471.97
34	864.92	846.83	679.69	610.44	602.56	546.59	579.58	575.31	529.28	495.40	572.49	529.69	490.87	478.28
35	870.62	852.41	684.17	614.46	606.53	550.19	583.40	579.10	532.77	498.67	576.27	533.18	494.10	481.43
36	876.32	857.99	688.65	618.49	610.51	553.80	587.22	582.89	536.26	501.93	580.04	536.67	497.33	484.58
37	882.02	863.57	693.12	622.51	614.48	557.40	591.03	586.68	539.75	505.20	583.81	540.16	500.57	487.73
38	887.72	869.15	697.60	626.53	618.45	561.00	594.85	590.47	543.24	508.46	587.58	543.65	503.80	490.88
39	899.12	880.31	706.56	634.58	626.39	568.20	602.49	598.05	550.21	514.99	595.13	550.63	510.27	497.19
40	910.52	891.47	715.52	642.62	634.33	575.41	610.13	605.64	557.19	521.52	602.67	557.61	516.74	503.49
41	927.62	908.21	728.96	654.69	646.24	586.21	621.59	617.01	567.65	531.31	613.99	568.08	526.45	512.95
42	944.00	924.26	741.83	666.26	657.66	596.57	632.57	627.91	577.68	540.70	624.84	578.12	535.75	522.01
43	966.80	946.58	759.75	682.35	673.54	610.98	647.85	643.07	591.63	553.76	639.93	592.08	548.69	534.61
44	995.30	974.48	782.14	702.46	693.39	628.99	666.94	662.03	609.07	570.08	658.79	609.53	564.86	550.37
45	1,028.78	1,007.27	808.46	726.09	716.72	650.15	689.38	684.30	629.56	589.26	680.96	630.04	583.86	568.89
46	1,068.68	1,046.33	839.81	754.25	744.52	675.36	716.12	710.84	653.98	612.11	707.36	654.47	606.51	590.95
47	1,113.57	1,090.28	875.08	785.93	775.79	703.73	746.19	740.70	681.44	637.82	737.07	681.96	631.98	615.77
48	1,164.86	1,140.50	915.39	822.13	811.53	736.14	780.57	774.82	712.83	667.20	771.03	713.37	661.09	644.14
49	1,215.45	1,190.03	955.15	857.84	846.77	768.11	814.46	808.46	743.79	696.18	804.51	744.35	689.80	672.11
50	1,272.44	1,245.83	999.94	898.06	886.47	804.13	852.66	846.38	778.67	728.82	842.23	779.26	722.15	703.63
51	1,328.73	1,300.94	1,044.17	937.79	925.68	839.70	890.37	883.81	813.11	761.06	879.49	813.73	754.09	734.75
52	1,390.71	1,361.62	1,092.87	981.53	968.87	878.87	931.91	925.04	851.04	796.56	920.52	851.69	789.27	769.02
53	1,453.41	1,423.01	1,142.14	1,025.78	1,012.55	918.49	973.92	966.74	889.41	832.47	962.01	890.08	824.85	803.69
54	1,521.09	1,489.28	1,195.33	1,073.55	1,059.70	961.26	1,019.27	1,011.76	930.83	871.24	1,006.81	931.53	863.26	841.12
55	1,588.77	1,555.54	1,248.52	1,121.32	1,106.85	1,004.04	1,064.63	1,056.78	972.24	910.01	1,051.61	972.98	901.67	878.55
56	1,662.16	1,627.39	1,306.19	1,173.11	1,157.97	1,050.41	1,113.80	1,105.60	1,017.15	952.04	1,100.19	1,017.92	943.32	919.13
57	1,736.25	1,699.94	1,364.41	1,225.41	1,209.59	1,097.24	1,163.45	1,154.88	1,062.49	994.48	1,149.23	1,063.30	985.37	960.10
58	1,815.33	1,777.37	1,426.56	1,281.22	1,264.69	1,147.21	1,216.44	1,207.48	1,110.89	1,039.78	1,201.57	1,111.73	1,030.25	1,003.83
59	1,854.52	1,815.73	1,457.35	1,308.88	1,291.99	1,171.98	1,242.70	1,233.55	1,134.87	1,062.22	1,227.51	1,135.73	1,052.49	1,025.50
60	1,933.60	1,893.16	1,519.50	1,364.69	1,347.08	1,221.95	1,295.69	1,286.15	1,183.26	1,107.52	1,279.86	1,184.16	1,097.37	1,069.23
61	2,002.00	1,960.13	1,573.25	1,412.96	1,394.73	1,265.18	1,341.52	1,331.64	1,225.11	1,146.69	1,325.13	1,226.05	1,136.19	1,107.05
62	2,046.88	2,004.07	1,608.52	1,444.64	1,426.00	1,293.54	1,371.60	1,361.50	1,252.58	1,172.40	1,354.84	1,253.53	1,161.66	1,131.87
63	2,103.17	2,059.18	1,652.75	1,484.37	1,465.21	1,329.11	1,409.32	1,398.94	1,287.02	1,204.64	1,392.09	1,288.00	1,193.60	1,162.99
64+	2,137.35	2,092.65	1,679.61	1,508.49	1,489.05	1,350.72	1,432.23	1,421.67	1,307.94	1,224.24	1,414.74	1,308.93	1,213.02	1,181.91

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

8 San Mateo County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	593.24	580.83	466.19	418.69	413.29	374.90	397.52	394.60	363.03	339.79	392.66	363.30	336.68	328.04
15	645.97	632.46	507.63	455.91	450.03	408.22	432.86	429.67	395.30	369.99	427.57	395.60	366.60	357.20
16	666.13	652.20	523.47	470.14	464.07	420.97	446.37	443.08	407.64	381.54	440.91	407.95	378.05	368.35
17	686.29	671.94	539.32	484.37	478.12	433.71	459.88	456.49	419.97	393.09	454.26	420.29	389.49	379.50
18	708.01	693.20	556.38	499.69	493.25	447.43	474.43	470.94	433.26	405.53	468.63	433.59	401.81	391.51
19	729.72	714.46	573.44	515.02	508.37	461.15	488.98	485.38	446.55	417.96	483.00	446.89	414.13	403.51
20	752.21	736.48	591.11	530.89	524.04	475.36	504.05	500.34	460.31	430.84	497.89	460.66	426.90	415.95
21	775.47	759.25	609.40	547.31	540.25	490.06	519.64	515.81	474.55	444.17	513.29	474.91	440.10	428.81
22	775.47	759.25	609.40	547.31	540.25	490.06	519.64	515.81	474.55	444.17	513.29	474.91	440.10	428.81
23	775.47	759.25	609.40	547.31	540.25	490.06	519.64	515.81	474.55	444.17	513.29	474.91	440.10	428.81
24	775.47	759.25	609.40	547.31	540.25	490.06	519.64	515.81	474.55	444.17	513.29	474.91	440.10	428.81
25	778.57	762.29	611.83	549.50	542.41	492.02	521.72	517.87	476.45	445.95	515.34	476.81	441.86	430.53
26	794.08	777.47	624.02	560.45	553.21	501.83	532.11	528.19	485.94	454.83	525.61	486.31	450.66	439.11
27	812.69	795.70	638.65	573.58	566.18	513.59	544.58	540.57	497.33	465.49	537.92	497.70	461.23	449.40
28	842.94	825.31	662.41	594.93	587.25	532.70	564.85	560.69	515.83	482.81	557.94	516.22	478.39	466.12
29	867.75	849.60	681.91	612.44	604.54	548.38	581.48	577.19	531.02	497.03	574.37	531.42	492.47	479.84
30	880.16	861.75	691.66	621.20	613.18	556.22	589.79	585.45	538.61	504.13	582.58	539.02	499.51	486.70
31	898.77	879.97	706.29	634.33	626.15	567.98	602.26	597.82	550.00	514.79	594.90	550.42	510.08	497.00
32	917.38	898.20	720.91	647.47	639.11	579.75	614.73	610.20	561.39	525.45	607.22	561.82	520.64	507.29
33	929.02	909.58	730.06	655.68	647.22	587.10	622.53	617.94	568.51	532.12	614.92	568.94	527.24	513.72
34	941.42	921.73	739.81	664.43	655.86	594.94	630.84	626.19	576.10	539.22	623.13	576.54	534.28	520.58
35	947.63	927.81	744.68	668.81	660.18	598.86	635.00	630.32	579.90	542.78	627.24	580.34	537.80	524.01
36	953.83	933.88	749.56	673.19	664.50	602.78	639.16	634.45	583.69	546.33	631.34	584.14	541.32	527.44
37	960.03	939.96	754.43	677.57	668.83	606.70	643.31	638.57	587.49	549.88	635.45	587.94	544.84	530.87
38	966.24	946.03	759.31	681.95	673.15	610.62	647.47	642.70	591.29	553.44	639.56	591.73	548.37	534.30
39	978.65	958.18	769.06	690.71	681.79	618.46	655.78	650.95	598.88	560.54	647.77	599.33	555.41	541.16
40	991.05	970.33	778.81	699.46	690.44	626.30	664.10	659.21	606.47	567.65	655.98	606.93	562.45	548.02
41	1,009.66	988.55	793.43	712.60	703.40	638.06	676.57	671.59	617.86	578.31	668.30	618.33	573.01	558.32
42	1,027.50	1,006.01	807.45	725.19	715.83	649.34	688.52	683.45	628.77	588.52	680.10	629.25	583.13	568.18
43	1,052.32	1,030.31	826.95	742.70	733.12	665.02	705.15	699.96	643.96	602.74	696.53	644.45	597.22	581.90
44	1,083.33	1,060.68	851.33	764.59	754.73	684.62	725.93	720.59	662.94	620.50	717.06	663.45	614.82	599.05
45	1,119.78	1,096.36	879.97	790.32	780.12	707.65	750.36	744.83	685.25	641.38	741.19	685.77	635.51	619.21
46	1,163.21	1,138.88	914.09	820.97	810.37	735.10	779.46	773.72	711.82	666.25	769.93	712.36	660.15	643.22
47	1,212.06	1,186.71	952.49	855.45	844.41	765.97	812.19	806.21	741.72	694.24	802.27	742.28	687.88	670.24
48	1,267.90	1,241.38	996.36	894.85	883.31	801.26	849.61	843.35	775.88	726.22	839.22	776.47	719.56	701.11
49	1,322.96	1,295.29	1,039.63	933.71	921.66	836.05	886.50	879.97	809.58	757.75	875.67	810.19	750.81	731.56
50	1,384.99	1,356.03	1,088.38	977.50	964.88	875.26	928.07	921.24	847.54	793.29	916.73	848.18	786.02	765.86
51	1,446.26	1,416.01	1,136.52	1,020.73	1,007.56	913.97	969.13	961.99	885.03	828.38	957.28	885.70	820.79	799.74
52	1,513.72	1,482.06	1,189.54	1,068.35	1,054.56	956.61	1,014.33	1,006.86	926.32	867.02	1,001.94	927.02	859.08	837.05
53	1,581.96	1,548.88	1,243.17	1,116.51	1,102.11	999.73	1,060.06	1,052.25	968.08	906.11	1,047.11	968.81	897.81	874.78
54	1,655.63	1,621.00	1,301.06	1,168.51	1,153.43	1,046.29	1,109.43	1,101.26	1,013.16	948.30	1,095.87	1,013.93	939.62	915.52
55	1,729.30	1,693.13	1,358.95	1,220.50	1,204.75	1,092.84	1,158.79	1,150.26	1,058.24	990.50	1,144.63	1,059.04	981.42	956.26
56	1,809.18	1,771.34	1,421.72	1,276.88	1,260.40	1,143.32	1,212.32	1,203.39	1,107.12	1,036.25	1,197.50	1,107.96	1,026.76	1,000.42
57	1,889.83	1,850.30	1,485.10	1,333.80	1,316.58	1,194.29	1,266.36	1,257.03	1,156.47	1,082.44	1,250.88	1,157.35	1,072.53	1,045.02
58	1,975.90	1,934.58	1,552.74	1,394.55	1,376.55	1,248.68	1,324.04	1,314.29	1,209.15	1,131.74	1,307.85	1,210.06	1,121.38	1,092.62
59	2,018.55	1,976.34	1,586.26	1,424.65	1,406.27	1,275.64	1,352.62	1,342.66	1,235.25	1,156.17	1,336.09	1,236.18	1,145.58	1,116.20
60	2,104.63	2,060.61	1,653.90	1,485.40	1,466.23	1,330.04	1,410.30	1,399.91	1,287.92	1,205.48	1,393.06	1,288.90	1,194.43	1,163.80
61	2,179.08	2,133.50	1,712.40	1,537.94	1,518.10	1,377.08	1,460.18	1,449.43	1,333.48	1,248.12	1,442.34	1,334.49	1,236.68	1,204.97
62	2,227.93	2,181.33	1,750.79	1,572.42	1,552.13	1,407.96	1,492.92	1,481.92	1,363.37	1,276.10	1,474.67	1,364.41	1,264.41	1,231.98
63	2,289.19	2,241.31	1,798.94	1,615.66	1,594.81	1,446.67	1,533.97	1,522.67	1,400.86	1,311.19	1,515.22	1,401.93	1,299.18	1,265.86
64+	2,326.41	2,277.75	1,828.20	1,641.93	1,620.75	1,470.18	1,558.92	1,547.43	1,423.65	1,332.51	1,539.87	1,424.73	1,320.30	1,286.43

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

9 Monterey, San Benito and Santa Cruz counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	607.56	594.86	477.45	428.81	423.27	383.95	407.12	404.13	371.80	348.00	402.15	372.08	344.81	335.97
15	661.57	647.73	519.89	466.92	460.90	418.08	443.31	440.05	404.85	378.93	437.90	405.15	375.46	365.83
16	682.22	667.95	536.11	481.50	475.28	431.13	457.15	453.78	417.48	390.76	451.56	417.80	387.18	377.25
17	702.87	688.17	552.34	496.07	489.67	444.18	470.99	467.52	430.12	402.58	465.23	430.44	398.90	388.67
18	725.11	709.94	569.82	511.76	505.16	458.24	485.89	482.31	443.73	415.32	479.95	444.06	411.52	400.96
19	747.34	731.71	587.29	527.46	520.65	472.29	500.79	497.10	457.33	428.06	494.67	457.68	424.14	413.26
20	770.38	754.26	605.39	543.71	536.70	486.84	516.22	512.42	471.43	441.25	509.91	471.79	437.21	426.00
21	794.20	777.59	624.11	560.53	553.30	501.90	532.19	528.27	486.01	454.90	525.68	486.38	450.73	439.17
22	794.20	777.59	624.11	560.53	553.30	501.90	532.19	528.27	486.01	454.90	525.68	486.38	450.73	439.17
23	794.20	777.59	624.11	560.53	553.30	501.90	532.19	528.27	486.01	454.90	525.68	486.38	450.73	439.17
24	794.20	777.59	624.11	560.53	553.30	501.90	532.19	528.27	486.01	454.90	525.68	486.38	450.73	439.17
25	797.38	780.70	626.61	562.77	555.51	503.91	534.32	530.38	487.95	456.72	527.79	488.32	452.53	440.93
26	813.26	796.25	639.09	573.98	566.58	513.95	544.96	540.95	497.67	465.82	538.30	498.05	461.55	449.71
27	832.32	814.92	654.07	587.44	579.86	525.99	557.73	553.63	509.34	476.73	550.92	509.72	472.37	460.25
28	863.30	845.24	678.41	609.30	601.43	545.57	578.49	574.23	528.29	494.47	571.42	528.69	489.94	477.38
29	888.71	870.12	698.38	627.23	619.14	561.63	595.52	591.13	543.84	509.03	588.24	544.26	504.37	491.43
30	901.42	882.57	708.37	636.20	627.99	569.66	604.03	599.59	551.62	516.31	596.65	552.04	511.58	498.46
31	920.48	901.23	723.35	649.65	641.27	581.70	616.81	612.26	563.28	527.23	609.27	563.71	522.40	509.00
32	939.54	919.89	738.33	663.11	654.55	593.75	629.58	624.94	574.95	538.14	621.88	575.39	533.21	519.54
33	951.45	931.55	747.69	671.51	662.85	601.28	637.56	632.87	582.24	544.97	629.77	582.68	539.98	526.13
34	964.16	944.00	757.68	680.48	671.70	609.31	646.08	641.32	590.02	552.25	638.18	590.46	547.19	533.15
35	970.52	950.22	762.67	684.97	676.13	613.32	650.34	645.55	593.90	555.89	642.39	594.35	550.79	536.67
36	976.87	956.44	767.66	689.45	680.56	617.34	654.59	649.77	597.79	559.52	646.59	598.24	554.40	540.18
37	983.22	962.66	772.65	693.94	684.98	621.35	658.85	654.00	601.68	563.16	650.80	602.14	558.00	543.69
38	989.58	968.88	777.65	698.42	689.41	625.37	663.11	658.22	605.57	566.80	655.00	606.03	561.61	547.21
39	1,002.28	981.32	787.63	707.39	698.26	633.40	671.62	666.68	613.34	574.08	663.41	613.81	568.82	554.23
40	1,014.99	993.76	797.62	716.36	707.11	641.43	680.14	675.13	621.12	581.36	671.82	621.59	576.03	561.26
41	1,034.05	1,012.42	812.60	729.81	720.39	653.48	692.91	687.81	632.78	592.28	684.44	633.26	586.85	571.80
42	1,052.32	1,030.31	826.95	742.70	733.12	665.02	705.15	699.96	643.96	602.74	696.53	644.45	597.22	581.90
43	1,077.73	1,055.19	846.92	760.64	750.82	681.08	722.18	716.86	659.51	617.30	713.35	660.01	611.64	595.96
44	1,109.50	1,086.30	871.89	783.06	772.96	701.16	743.47	737.99	678.95	635.49	734.38	679.47	629.67	613.52
45	1,146.83	1,122.84	901.22	809.41	798.96	724.75	768.48	762.82	701.80	656.87	759.09	702.33	650.86	634.16
46	1,191.30	1,166.39	936.17	840.79	829.95	752.85	798.28	792.40	729.01	682.35	788.53	729.57	676.10	658.76
47	1,241.34	1,215.38	975.49	876.11	864.80	784.47	831.81	825.69	759.63	711.01	821.64	760.21	704.49	686.43
48	1,298.52	1,271.36	1,020.43	916.47	904.64	820.61	870.13	863.72	794.62	743.76	859.49	795.23	736.94	718.05
49	1,354.91	1,326.57	1,064.74	956.26	943.92	856.24	907.92	901.23	829.13	776.06	896.82	829.76	768.95	749.23
50	1,418.45	1,388.78	1,114.67	1,001.11	988.19	896.40	950.49	943.49	868.01	812.45	938.87	868.67	805.01	784.36
51	1,481.19	1,450.21	1,163.97	1,045.39	1,031.90	936.05	992.53	985.22	906.41	848.38	980.40	907.09	840.61	819.06
52	1,550.28	1,517.86	1,218.27	1,094.15	1,080.04	979.71	1,038.83	1,031.18	948.69	887.96	1,026.14	949.41	879.83	857.26
53	1,620.17	1,586.29	1,273.19	1,143.48	1,128.73	1,023.88	1,085.67	1,077.67	991.46	927.99	1,072.40	992.21	919.49	895.91
54	1,695.62	1,660.16	1,332.48	1,196.73	1,181.29	1,071.56	1,136.22	1,127.86	1,037.63	971.21	1,122.34	1,038.42	962.31	937.63
55	1,771.07	1,734.03	1,391.78	1,249.98	1,233.85	1,119.24	1,186.78	1,178.04	1,083.80	1,014.42	1,172.28	1,084.62	1,005.13	979.35
56	1,852.87	1,814.12	1,456.06	1,307.72	1,290.84	1,170.94	1,241.60	1,232.45	1,133.86	1,061.28	1,226.42	1,134.72	1,051.55	1,024.59
57	1,935.47	1,894.99	1,520.97	1,366.01	1,348.38	1,223.13	1,296.95	1,287.39	1,184.40	1,108.59	1,281.09	1,185.30	1,098.43	1,070.26
58	2,023.63	1,981.30	1,590.24	1,428.23	1,409.80	1,278.84	1,356.02	1,346.03	1,238.35	1,159.08	1,339.44	1,239.29	1,148.46	1,119.01
59	2,067.31	2,024.07	1,624.57	1,459.06	1,440.23	1,306.45	1,385.29	1,375.09	1,265.08	1,184.10	1,368.36	1,266.04	1,173.25	1,143.16
60	2,155.47	2,110.38	1,693.85	1,521.28	1,501.65	1,362.16	1,444.36	1,433.72	1,319.03	1,234.59	1,426.71	1,320.03	1,223.28	1,191.91
61	2,231.71	2,185.03	1,753.76	1,575.09	1,554.76	1,410.34	1,495.45	1,484.44	1,365.69	1,278.26	1,477.17	1,366.72	1,266.55	1,234.07
62	2,281.74	2,234.02	1,793.08	1,610.40	1,589.62	1,441.96	1,528.98	1,517.72	1,396.30	1,306.92	1,510.29	1,397.36	1,294.95	1,261.74
63	2,344.49	2,295.45	1,842.39	1,654.68	1,633.33	1,481.61	1,571.02	1,559.45	1,434.70	1,342.86	1,551.82	1,435.79	1,330.56	1,296.43
64+	2,382.60	2,332.77	1,872.33	1,681.59	1,659.90	1,505.70	1,596.57	1,584.81	1,458.03	1,364.70	1,577.04	1,459.14	1,352.19	1,317.51

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 10

Mariposa, Merced, San Joaquin, Stanislaus, and Tulare counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	535.11	523.92	420.51	377.67	372.80	338.17	358.57	355.93	327.46	306.50	354.19	327.71	303.69	295.90
15	582.68	570.49	457.89	411.24	405.93	368.23	390.45	387.57	356.57	333.74	385.68	356.84	330.68	322.20
16	600.86	588.30	472.18	424.08	418.60	379.72	402.63	399.67	367.70	344.16	397.71	367.98	341.01	332.26
17	619.05	606.10	486.47	436.91	431.27	391.21	414.82	411.77	378.83	354.58	409.75	379.11	351.33	342.32
18	638.64	625.28	501.86	450.73	444.92	403.59	427.95	424.79	390.81	365.79	422.71	391.11	362.44	353.15
19	658.22	644.45	517.26	464.56	458.56	415.97	441.07	437.82	402.80	377.01	435.68	403.10	373.56	363.98
20	678.51	664.32	533.20	478.87	472.70	428.79	454.66	451.31	415.21	388.63	449.11	415.52	385.07	375.20
21	699.49	684.86	549.69	493.69	487.31	442.05	468.72	465.27	428.05	400.65	463.00	428.38	396.98	386.80
22	699.49	684.86	549.69	493.69	487.31	442.05	468.72	465.27	428.05	400.65	463.00	428.38	396.98	386.80
23	699.49	684.86	549.69	493.69	487.31	442.05	468.72	465.27	428.05	400.65	463.00	428.38	396.98	386.80
24	699.49	684.86	549.69	493.69	487.31	442.05	468.72	465.27	428.05	400.65	463.00	428.38	396.98	386.80
25	702.29	687.60	551.89	495.66	489.26	443.82	470.60	467.13	429.76	402.25	464.85	430.09	398.57	388.35
26	716.28	701.30	562.88	505.53	499.01	452.66	479.97	476.44	438.32	410.27	474.11	438.66	406.51	396.08
27	733.07	717.74	576.07	517.38	510.71	463.27	491.22	487.61	448.60	419.88	485.22	448.94	416.04	405.37
28	760.35	744.44	597.51	536.64	529.71	480.51	509.50	505.75	465.29	435.51	503.28	465.65	431.52	420.45
29	782.73	766.36	615.10	552.43	545.31	494.65	524.50	520.64	478.99	448.33	518.09	479.35	444.22	432.83
30	793.92	777.32	623.90	560.33	553.10	501.72	532.00	528.08	485.84	454.74	525.50	486.21	450.57	439.02
31	810.71	793.75	637.09	572.18	564.80	512.33	543.25	539.25	496.11	464.35	536.61	496.49	460.10	448.30
32	827.50	810.19	650.28	584.03	576.49	522.94	554.50	550.42	506.38	473.97	547.72	506.77	469.63	457.58
33	837.99	820.46	658.53	591.44	583.80	529.57	561.53	557.40	512.81	479.98	554.67	513.19	475.58	463.39
34	849.18	831.42	667.32	599.33	591.60	536.65	569.03	564.84	519.65	486.39	562.08	520.05	481.93	469.57
35	854.78	836.90	671.72	603.28	595.50	540.18	572.78	568.56	523.08	489.59	565.78	523.48	485.11	472.67
36	860.37	842.38	676.12	607.23	599.40	543.72	576.53	572.28	526.50	492.80	569.48	526.90	488.29	475.76
37	865.97	847.86	680.51	611.18	603.30	547.26	580.28	576.01	529.93	496.00	573.19	530.33	491.46	478.86
38	871.57	853.34	684.91	615.13	607.19	550.79	584.03	579.73	533.35	499.21	576.89	533.76	494.64	481.95
39	882.76	864.30	693.71	623.03	614.99	557.87	591.53	587.17	540.20	505.62	584.30	540.61	500.99	488.14
40	893.95	875.25	702.50	630.93	622.79	564.94	599.03	594.62	547.05	512.03	591.71	547.46	507.34	494.33
41	910.74	891.69	715.69	642.78	634.48	575.55	610.28	605.78	557.32	521.65	602.82	557.75	516.87	503.61
42	926.83	907.44	728.34	654.13	645.69	585.71	621.06	616.49	567.17	530.86	613.47	567.60	526.00	512.51
43	949.21	929.36	745.93	669.93	661.29	599.86	636.06	631.37	580.87	543.68	628.28	581.31	538.70	524.89
44	977.19	956.75	767.91	689.68	680.78	617.54	654.81	649.99	597.99	559.71	646.80	598.44	554.58	540.36
45	1,010.07	988.94	793.75	712.88	703.68	638.32	676.84	671.85	618.11	578.54	668.57	618.58	573.24	558.54
46	1,049.24	1,027.29	824.53	740.53	730.97	663.07	703.09	697.91	642.08	600.98	694.49	642.56	595.47	580.20
47	1,093.31	1,070.44	859.16	771.63	761.67	690.92	732.62	727.22	669.04	626.22	723.66	669.55	620.48	604.57
48	1,143.67	1,119.75	898.74	807.18	796.76	722.75	766.36	760.72	699.86	655.06	757.00	700.40	649.06	632.42
49	1,193.33	1,168.37	937.77	842.23	831.36	754.13	799.64	793.75	730.26	683.51	789.87	730.81	677.25	659.88
50	1,249.29	1,223.16	981.74	881.72	870.34	789.50	837.14	830.98	764.50	715.56	826.91	765.08	709.01	690.82
51	1,304.55	1,277.27	1,025.17	920.72	908.84	824.42	874.17	867.73	798.32	747.21	863.49	798.92	740.37	721.38
52	1,365.41	1,336.85	1,072.99	963.67	951.24	862.88	914.95	908.21	835.56	782.07	903.77	836.19	774.91	755.03
53	1,426.96	1,397.12	1,121.36	1,007.12	994.12	901.78	956.20	949.16	873.22	817.33	944.51	873.89	809.84	789.07
54	1,493.42	1,462.18	1,173.58	1,054.02	1,040.42	943.77	1,000.73	993.36	913.89	855.39	988.50	914.58	847.55	825.82
55	1,559.87	1,527.24	1,225.80	1,100.92	1,086.71	985.77	1,045.26	1,037.56	954.55	893.45	1,032.48	955.28	885.27	862.56
56	1,631.91	1,597.78	1,282.42	1,151.77	1,136.91	1,031.30	1,093.53	1,085.48	998.64	934.72	1,080.17	999.40	926.15	902.40
57	1,704.66	1,669.01	1,339.59	1,203.11	1,187.59	1,077.27	1,142.28	1,133.87	1,043.16	976.38	1,128.32	1,043.95	967.44	942.63
58	1,782.31	1,745.03	1,400.60	1,257.91	1,241.68	1,126.34	1,194.31	1,185.51	1,090.67	1,020.86	1,179.71	1,091.50	1,011.51	985.56
59	1,820.78	1,782.70	1,430.84	1,285.06	1,268.48	1,150.65	1,220.09	1,211.10	1,114.22	1,042.89	1,205.18	1,115.06	1,033.34	1,006.84
60	1,898.42	1,858.71	1,491.85	1,339.86	1,322.57	1,199.72	1,272.12	1,262.75	1,161.73	1,087.36	1,256.57	1,162.61	1,077.40	1,049.77
61	1,965.57	1,924.46	1,544.62	1,387.26	1,369.35	1,242.16	1,317.12	1,307.41	1,202.82	1,125.83	1,301.02	1,203.74	1,115.51	1,086.91
62	2,009.64	1,967.61	1,579.25	1,418.36	1,400.06	1,270.01	1,346.65	1,336.73	1,229.79	1,151.07	1,330.19	1,230.73	1,140.52	1,111.27
63	2,064.90	2,021.71	1,622.68	1,457.36	1,438.55	1,304.93	1,383.67	1,373.48	1,263.61	1,182.72	1,366.76	1,264.57	1,171.89	1,141.83
64+	2,098.47	2,054.58	1,649.07	1,481.07	1,461.93	1,326.15	1,406.16	1,395.81	1,284.15	1,201.95	1,389.00	1,285.14	1,190.94	1,160.40

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 11

Fresno, Kings and Madera counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	406.28	397.78	319.27	286.74	283.04	256.75	272.24	270.24	248.62	232.70	268.92	248.81	230.57	224.66
15	442.39	433.14	347.65	312.23	308.20	279.57	296.44	294.26	270.72	253.39	292.82	270.92	251.07	244.63
16	456.20	446.66	358.50	321.97	317.82	288.30	305.70	303.44	279.17	261.30	301.96	279.38	258.90	252.26
17	470.01	460.18	369.35	331.72	327.44	297.02	314.95	312.63	287.62	269.21	311.10	287.84	266.74	259.90
18	484.88	474.74	381.03	342.22	337.80	306.42	324.91	322.52	296.72	277.72	320.94	296.94	275.18	268.12
19	499.75	489.29	392.72	352.71	348.16	315.82	334.88	332.41	305.82	286.24	330.78	306.05	283.62	276.35
20	515.15	504.37	404.82	363.58	358.89	325.55	345.20	342.65	315.24	295.06	340.98	315.48	292.36	284.86
21	531.08	519.97	417.34	374.82	369.99	335.62	355.87	353.25	324.99	304.19	351.52	325.24	301.40	293.67
22	531.08	519.97	417.34	374.82	369.99	335.62	355.87	353.25	324.99	304.19	351.52	325.24	301.40	293.67
23	531.08	519.97	417.34	374.82	369.99	335.62	355.87	353.25	324.99	304.19	351.52	325.24	301.40	293.67
24	531.08	519.97	417.34	374.82	369.99	335.62	355.87	353.25	324.99	304.19	351.52	325.24	301.40	293.67
25	533.21	522.05	419.01	376.32	371.47	336.96	357.30	354.67	326.29	305.41	352.93	326.54	302.61	294.85
26	543.83	532.45	427.36	383.82	378.87	343.67	364.41	361.73	332.79	311.49	359.96	333.05	308.64	300.72
27	556.57	544.93	437.38	392.82	387.75	351.73	372.96	370.21	340.59	318.79	368.40	340.85	315.87	307.77
28	577.28	565.21	453.65	407.43	402.18	364.82	386.83	383.99	353.27	330.65	382.11	353.54	327.62	319.22
29	594.28	581.85	467.01	419.43	414.02	375.56	398.22	395.29	363.67	340.39	393.36	363.94	337.27	328.62
30	602.78	590.17	473.69	425.43	419.94	380.93	403.92	400.94	368.87	345.25	398.98	369.15	342.09	333.32
31	615.52	602.65	483.70	434.42	428.82	388.98	412.46	409.42	376.67	352.56	407.42	376.95	349.33	340.37
32	628.27	615.13	493.72	443.42	437.70	397.04	421.00	417.90	384.47	359.86	415.85	384.76	356.56	347.42
33	636.23	622.93	499.98	449.04	443.25	402.07	426.34	423.20	389.34	364.42	421.13	389.64	361.08	351.82
34	644.73	631.25	506.66	455.04	449.17	407.44	432.03	428.85	394.54	369.29	426.75	394.84	365.90	356.52
35	648.98	635.41	509.99	458.04	452.13	410.13	434.88	431.67	397.14	371.72	429.56	397.44	368.31	358.87
36	653.23	639.57	513.33	461.03	455.09	412.81	437.72	434.50	399.74	374.15	432.37	400.04	370.73	361.22
37	657.48	643.73	516.67	464.03	458.05	415.50	440.57	437.33	402.34	376.59	435.19	402.65	373.14	363.57
38	661.73	647.89	520.01	467.03	461.01	418.18	443.42	440.15	404.94	379.02	438.00	405.25	375.55	365.92
39	670.22	656.21	526.69	473.03	466.92	423.55	449.11	445.80	410.14	383.89	443.62	410.45	380.37	370.62
40	678.72	664.53	533.37	479.03	472.84	428.92	454.81	451.46	415.34	388.75	449.25	415.66	385.19	375.31
41	691.47	677.01	543.38	488.02	481.72	436.98	463.35	459.93	423.14	396.05	457.68	423.46	392.43	382.36
42	703.68	688.96	552.98	496.64	490.23	444.70	471.53	468.06	430.62	403.05	465.77	430.94	399.36	389.12
43	720.68	705.60	566.34	508.64	502.07	455.44	482.92	479.36	441.02	412.78	477.02	441.35	409.00	398.51
44	741.92	726.40	583.03	523.63	516.87	468.86	497.16	493.49	454.02	424.95	491.08	454.36	421.06	410.26
45	766.88	750.84	602.64	541.25	534.26	484.64	513.88	510.10	469.29	439.25	507.60	469.65	435.23	424.06
46	796.62	779.96	626.02	562.24	554.98	503.43	533.81	529.88	487.49	456.28	527.29	487.86	452.10	440.51
47	830.08	812.72	652.31	585.85	578.29	524.57	556.23	552.13	507.96	475.45	549.43	508.35	471.09	459.01
48	868.32	850.16	682.36	612.84	604.93	548.74	581.85	577.57	531.36	497.35	574.74	531.77	492.79	480.16
49	906.02	887.07	711.99	639.45	631.20	572.57	607.12	602.65	554.44	518.95	599.70	554.86	514.19	501.01
50	948.51	928.67	745.38	669.44	660.80	599.42	635.59	630.91	580.44	543.28	627.82	580.88	538.30	524.50
51	990.47	969.75	778.35	699.05	690.03	625.93	663.70	658.82	606.11	567.31	655.59	606.57	562.12	547.70
52	1,036.67	1,014.99	814.65	731.66	722.22	655.13	694.67	689.55	634.39	593.78	686.17	634.87	588.34	573.25
53	1,083.41	1,060.75	851.38	764.64	754.78	684.66	725.98	720.63	662.99	620.55	717.11	663.49	614.86	599.09
54	1,133.86	1,110.14	891.03	800.25	789.92	716.55	759.79	754.19	693.86	649.44	750.50	694.39	643.49	626.99
55	1,184.31	1,159.54	930.68	835.86	825.07	748.43	793.60	787.75	724.73	678.34	783.90	725.28	672.13	654.89
56	1,239.01	1,213.10	973.66	874.47	863.18	783.00	830.25	824.14	758.21	709.67	820.10	758.78	703.17	685.14
57	1,294.24	1,267.17	1,017.07	913.45	901.66	817.91	867.26	860.88	792.01	741.31	856.66	792.61	734.52	715.68
58	1,353.19	1,324.89	1,063.39	955.05	942.73	855.16	906.77	900.09	828.08	775.07	895.68	828.71	767.97	748.28
59	1,382.40	1,353.49	1,086.35	975.67	963.08	873.62	926.34	919.52	845.96	791.80	915.02	846.60	784.55	764.43
60	1,441.35	1,411.21	1,132.67	1,017.27	1,004.15	910.87	965.84	958.73	882.03	825.57	954.04	882.70	818.01	797.03
61	1,492.34	1,461.12	1,172.74	1,053.26	1,039.67	943.09	1,000.00	992.64	913.23	854.77	987.78	913.92	846.94	825.22
62	1,525.80	1,493.88	1,199.03	1,076.87	1,062.98	964.24	1,022.42	1,014.89	933.70	873.93	1,009.93	934.41	865.93	843.72
63	1,567.75	1,534.96	1,232.00	1,106.48	1,092.20	990.75	1,050.54	1,042.80	959.38	897.97	1,037.70	960.11	889.74	866.92
64+	1,593.24	1,559.91	1,252.02	1,124.46	1,109.97	1,006.86	1,067.61	1,059.75	974.97	912.57	1,054.56	975.72	904.20	881.01

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 12

San Luis Obispo, Santa Barbara and Ventura counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	464.71	454.99	365.19	327.98	323.75	293.68	311.40	309.11	284.38	266.18	307.60	284.60	263.74	256.97
15	506.02	495.44	397.65	357.14	352.53	319.78	339.08	336.58	309.66	289.84	334.94	309.89	287.18	279.82
16	521.82	510.90	410.06	368.29	363.53	329.77	349.67	347.09	319.32	298.88	345.39	319.57	296.14	288.55
17	537.61	526.37	422.47	379.43	374.54	339.75	360.25	357.60	328.99	307.93	355.85	329.24	305.11	297.28
18	554.62	543.02	435.84	391.44	386.39	350.50	371.65	368.91	339.40	317.67	367.10	339.65	314.76	306.69
19	571.63	559.67	449.21	403.44	398.24	361.24	383.04	380.22	349.81	327.41	378.36	350.07	324.41	316.09
20	589.25	576.92	463.05	415.88	410.51	372.38	394.85	391.94	360.59	337.50	390.02	360.86	334.41	325.84
21	607.47	594.76	477.37	428.74	423.21	383.89	407.06	404.06	371.74	347.94	402.09	372.02	344.75	335.91
22	607.47	594.76	477.37	428.74	423.21	383.89	407.06	404.06	371.74	347.94	402.09	372.02	344.75	335.91
23	607.47	594.76	477.37	428.74	423.21	383.89	407.06	404.06	371.74	347.94	402.09	372.02	344.75	335.91
24	607.47	594.76	477.37	428.74	423.21	383.89	407.06	404.06	371.74	347.94	402.09	372.02	344.75	335.91
25	609.90	597.14	479.28	430.45	424.90	385.43	408.69	405.68	373.23	349.33	403.69	373.51	346.13	337.26
26	622.05	609.04	488.83	439.03	433.36	393.11	416.83	413.76	380.66	356.29	411.74	380.95	353.03	343.98
27	636.63	623.31	500.29	449.32	443.52	402.32	426.60	423.46	389.58	364.64	421.39	389.88	361.30	352.04
28	660.32	646.51	518.90	466.04	460.02	417.29	442.48	439.22	404.08	378.21	437.07	404.39	374.75	365.14
29	679.76	665.54	534.18	479.76	473.57	429.58	455.50	452.15	415.98	389.35	449.93	416.29	385.78	375.89
30	689.48	675.06	541.82	486.62	480.34	435.72	462.01	458.61	421.92	394.91	456.37	422.24	391.30	381.26
31	704.06	689.33	553.27	496.91	490.50	444.93	471.78	468.31	430.84	403.26	466.02	431.17	399.57	389.32
32	718.64	703.61	564.73	507.20	500.65	454.15	481.55	478.01	439.77	411.62	475.67	440.10	407.84	397.39
33	727.75	712.53	571.89	513.63	507.00	459.91	487.66	484.07	445.34	416.83	481.70	445.68	413.02	402.42
34	737.47	722.04	579.53	520.49	513.77	466.05	494.17	490.53	451.29	422.40	488.13	451.63	418.53	407.80
35	742.33	726.80	583.35	523.92	517.16	469.12	497.43	493.76	454.26	425.19	491.35	454.61	421.29	410.49
36	747.19	731.56	587.17	527.35	520.54	472.19	500.68	497.00	457.24	427.97	494.56	457.59	424.05	413.17
37	752.05	736.32	590.99	530.78	523.93	475.26	503.94	500.23	460.21	430.75	497.78	460.56	426.81	415.86
38	756.91	741.08	594.81	534.21	527.31	478.33	507.20	503.46	463.19	433.54	501.00	463.54	429.56	418.55
39	766.63	750.59	602.44	541.07	534.09	484.47	513.71	509.93	469.13	439.10	507.43	469.49	435.08	423.92
40	776.35	760.11	610.08	547.93	540.86	490.62	520.22	516.39	475.08	444.67	513.87	475.44	440.60	429.30
41	790.92	774.38	621.54	558.22	551.01	499.83	529.99	526.09	484.00	453.02	523.52	484.37	448.87	437.36
42	804.90	788.06	632.52	568.08	560.75	508.66	539.36	535.38	492.55	461.02	532.76	492.93	456.80	445.09
43	824.34	807.09	647.79	581.80	574.29	520.94	552.38	548.31	504.45	472.16	545.63	504.83	467.83	455.83
44	848.63	830.89	666.89	598.95	591.22	536.30	568.66	564.48	519.32	486.08	561.71	519.71	481.62	469.27
45	877.19	858.84	689.33	619.10	611.11	554.34	587.80	583.47	536.79	502.43	580.61	537.20	497.83	485.06
46	911.20	892.15	716.06	643.11	634.81	575.84	610.59	606.09	557.61	521.91	603.13	558.03	517.13	503.87
47	949.47	929.62	746.13	670.12	661.47	600.03	636.24	631.55	581.03	543.83	628.46	581.47	538.85	525.03
48	993.21	972.44	780.50	700.99	691.94	627.67	665.54	660.64	607.79	568.89	657.41	608.25	563.67	549.22
49	1,036.34	1,014.67	814.40	731.43	721.99	654.92	694.45	689.33	634.19	593.59	685.96	634.67	588.15	573.07
50	1,084.94	1,062.25	852.59	765.73	755.84	685.63	727.01	721.66	663.92	621.42	718.12	664.43	615.73	599.94
51	1,132.93	1,109.23	890.30	799.60	789.28	715.96	759.17	753.58	693.29	648.91	749.89	693.82	642.97	626.48
52	1,185.78	1,160.98	931.83	836.90	826.10	749.36	794.58	788.73	725.63	679.18	784.87	726.18	672.96	655.70
53	1,239.24	1,213.32	973.84	874.63	863.34	783.14	830.40	824.29	758.35	709.80	820.25	758.92	703.30	685.26
54	1,296.95	1,269.82	1,019.19	915.36	903.54	819.61	869.07	862.67	793.66	742.86	858.45	794.26	736.05	717.18
55	1,354.66	1,326.32	1,064.54	956.09	943.75	856.08	907.75	901.06	828.98	775.91	896.65	829.61	768.80	749.09
56	1,417.23	1,387.58	1,113.71	1,000.25	987.34	895.62	949.67	942.68	867.27	811.75	938.07	867.92	804.31	783.69
57	1,480.40	1,449.44	1,163.36	1,044.83	1,031.35	935.55	992.01	984.70	905.93	847.93	979.88	906.61	840.17	818.62
58	1,547.83	1,515.46	1,216.35	1,092.42	1,078.33	978.16	1,037.19	1,029.55	947.19	886.56	1,024.51	947.91	878.44	855.91
59	1,581.24	1,548.17	1,242.60	1,116.00	1,101.60	999.28	1,059.58	1,051.77	967.64	905.69	1,046.63	968.37	897.40	874.38
60	1,648.67	1,614.19	1,295.59	1,163.59	1,148.58	1,041.89	1,104.76	1,096.63	1,008.90	944.31	1,091.26	1,009.66	935.66	911.67
61	1,706.99	1,671.29	1,341.42	1,204.75	1,189.21	1,078.74	1,143.84	1,135.42	1,044.58	977.72	1,129.86	1,045.38	968.76	943.92
62	1,745.26	1,708.76	1,371.49	1,231.76	1,215.87	1,102.93	1,169.49	1,160.87	1,068.00	999.64	1,155.19	1,068.82	990.48	965.08
63	1,793.25	1,755.74	1,409.20	1,265.63	1,249.30	1,133.26	1,201.64	1,192.79	1,097.37	1,027.13	1,186.96	1,098.20	1,017.72	991.62
64+	1,822.41	1,784.28	1,432.11	1,286.22	1,269.63	1,151.67	1,221.18	1,212.18	1,115.22	1,043.82	1,206.27	1,116.06	1,034.25	1,007.73

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 13

Imperial, Inyo and Mono counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	550.99	539.47	432.99	388.88	383.86	348.20	369.22	366.50	337.18	315.59	364.70	337.43	312.70	304.68
15	599.97	587.42	471.48	423.44	417.98	379.15	402.04	399.07	367.15	343.65	397.12	367.43	340.50	331.77
16	618.70	605.76	486.19	436.66	431.03	390.99	414.58	411.53	378.61	354.37	409.52	378.90	351.13	342.12
17	637.42	624.09	500.91	449.88	444.07	402.82	427.13	423.99	390.07	365.10	421.91	390.36	361.75	352.48
18	657.59	643.84	516.76	464.11	458.12	415.57	440.65	437.40	402.41	376.65	435.26	402.71	373.20	363.63
19	677.76	663.58	532.61	478.35	472.17	428.31	454.16	450.81	414.75	388.20	448.61	415.07	384.64	374.78
20	698.64	684.03	549.02	493.09	486.72	441.51	468.16	464.71	427.53	400.16	462.43	427.86	396.50	386.33
21	720.25	705.19	566.00	508.34	501.78	455.17	482.64	479.08	440.76	412.54	476.74	441.09	408.76	398.28
22	720.25	705.19	566.00	508.34	501.78	455.17	482.64	479.08	440.76	412.54	476.74	441.09	408.76	398.28
23	720.25	705.19	566.00	508.34	501.78	455.17	482.64	479.08	440.76	412.54	476.74	441.09	408.76	398.28
24	720.25	705.19	566.00	508.34	501.78	455.17	482.64	479.08	440.76	412.54	476.74	441.09	408.76	398.28
25	723.13	708.01	568.27	510.37	503.78	456.99	484.57	481.00	442.52	414.19	478.64	442.85	410.40	399.87
26	737.54	722.11	579.59	520.54	513.82	466.09	494.22	490.58	451.33	422.44	488.18	451.68	418.57	407.84
27	754.82	739.04	593.17	532.74	525.86	477.02	505.80	502.08	461.91	432.34	499.62	462.26	428.38	417.40
28	782.91	766.54	615.24	552.56	545.43	494.77	524.62	520.76	479.10	448.43	518.21	479.46	444.32	432.93
29	805.96	789.10	633.36	568.83	561.49	509.33	540.07	536.09	493.20	461.63	533.47	493.58	457.40	445.67
30	817.49	800.39	642.41	576.96	569.52	516.62	547.79	543.76	500.26	468.23	541.10	500.64	463.94	452.05
31	834.77	817.31	656.00	589.16	581.56	527.54	559.37	555.25	510.84	478.13	552.54	511.22	473.75	461.61
32	852.06	834.24	669.58	601.36	593.60	538.46	570.96	566.75	521.41	488.04	563.98	521.81	483.57	471.16
33	862.86	844.81	678.07	608.99	601.13	545.29	578.20	573.94	528.02	494.22	571.13	528.43	489.70	477.14
34	874.39	856.10	687.13	617.12	609.16	552.57	585.92	581.60	535.08	500.82	578.76	535.48	496.24	483.51
35	880.15	861.74	691.65	621.19	613.17	556.21	589.78	585.44	538.60	504.12	582.57	539.01	499.51	486.70
36	885.91	867.38	696.18	625.25	617.19	559.86	593.64	589.27	542.13	507.43	586.39	542.54	502.78	489.88
37	891.67	873.02	700.71	629.32	621.20	563.50	597.50	593.10	545.65	510.73	590.20	546.07	506.05	493.07
38	897.43	878.66	705.24	633.39	625.21	567.14	601.36	596.93	549.18	514.03	594.01	549.60	509.32	496.26
39	908.96	889.95	714.29	641.52	633.24	574.42	609.09	604.60	556.23	520.63	601.64	556.66	515.86	502.63
40	920.48	901.23	723.35	649.65	641.27	581.70	616.81	612.26	563.28	527.23	609.27	563.71	522.40	509.00
41	937.77	918.15	736.93	661.85	653.31	592.63	628.39	623.76	573.86	537.13	620.71	574.30	532.21	518.56
42	954.33	934.37	749.95	673.55	664.85	603.10	639.49	634.78	584.00	546.62	631.68	584.44	541.61	527.72
43	977.38	956.94	768.06	689.81	680.91	617.66	654.94	650.11	598.10	559.82	646.93	598.56	554.69	540.46
44	1,006.19	985.15	790.70	710.15	700.98	635.87	674.24	669.28	615.73	576.32	666.00	616.20	571.04	556.40
45	1,040.04	1,018.29	817.31	734.04	724.57	657.26	696.93	691.79	636.45	595.71	688.41	636.93	590.25	575.11
46	1,080.38	1,057.78	849.00	762.51	752.67	682.75	723.95	718.62	661.13	618.81	715.10	661.63	613.14	597.42
47	1,125.75	1,102.21	884.66	794.53	784.28	711.43	754.36	748.80	688.90	644.80	745.14	689.42	638.89	622.51
48	1,177.61	1,152.98	925.41	831.13	820.41	744.20	789.11	783.30	720.63	674.50	779.46	721.18	668.33	651.19
49	1,228.75	1,203.05	965.60	867.22	856.03	776.52	823.38	817.31	751.93	703.79	813.31	752.50	697.35	679.46
50	1,286.37	1,259.46	1,010.88	907.89	896.17	812.93	861.99	855.64	787.19	736.80	851.45	787.79	730.05	711.33
51	1,343.27	1,315.17	1,055.59	948.05	935.81	848.89	900.11	893.49	822.01	769.39	889.11	822.63	762.34	742.79
52	1,405.93	1,376.53	1,104.83	992.27	979.47	888.49	942.10	935.17	860.35	805.28	930.59	861.01	797.90	777.44
53	1,469.31	1,438.58	1,154.64	1,037.01	1,023.63	928.54	984.58	977.32	899.14	841.58	972.54	899.82	833.87	812.49
54	1,537.74	1,505.57	1,208.41	1,085.30	1,071.29	971.78	1,030.43	1,022.84	941.01	880.77	1,017.83	941.73	872.71	850.33
55	1,606.16	1,572.57	1,262.18	1,133.59	1,118.96	1,015.02	1,076.28	1,068.35	982.88	919.97	1,063.12	983.63	911.54	888.16
56	1,680.35	1,645.20	1,320.48	1,185.95	1,170.65	1,061.91	1,125.99	1,117.69	1,028.28	962.46	1,112.23	1,029.06	953.64	929.18
57	1,755.25	1,718.54	1,379.34	1,238.82	1,222.83	1,109.24	1,176.18	1,167.52	1,074.12	1,005.36	1,161.81	1,074.94	996.15	970.61
58	1,835.20	1,796.82	1,442.17	1,295.24	1,278.53	1,159.77	1,229.75	1,220.70	1,123.04	1,051.15	1,214.72	1,123.90	1,041.52	1,014.81
59	1,874.81	1,835.60	1,473.30	1,323.20	1,306.13	1,184.80	1,256.30	1,247.05	1,147.29	1,073.84	1,240.94	1,148.16	1,064.01	1,036.72
60	1,954.76	1,913.88	1,536.13	1,379.63	1,361.82	1,235.32	1,309.87	1,300.22	1,196.21	1,119.64	1,293.86	1,197.12	1,109.38	1,080.93
61	2,023.91	1,981.58	1,590.46	1,428.43	1,409.99	1,279.02	1,356.21	1,346.22	1,238.52	1,159.24	1,339.63	1,239.46	1,148.62	1,119.16
62	2,069.28	2,026.00	1,626.12	1,460.45	1,441.61	1,307.70	1,386.61	1,376.40	1,266.29	1,185.23	1,369.66	1,267.25	1,174.37	1,144.26
63	2,126.18	2,081.71	1,670.84	1,500.61	1,481.25	1,343.65	1,424.74	1,414.25	1,301.11	1,217.82	1,407.33	1,302.10	1,206.66	1,175.72
64+	2,160.75	2,115.57	1,698.00	1,525.02	1,505.34	1,365.51	1,447.92	1,437.24	1,322.28	1,237.62	1,430.22	1,323.27	1,226.28	1,194.84

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 14

Kern County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	406.96	398.45	319.81	287.22	283.52	257.18	272.70	270.69	249.04	233.10	269.37	249.23	230.96	225.04
15	443.14	433.87	348.23	312.75	308.72	280.04	296.94	294.75	271.17	253.82	293.31	271.38	251.49	245.04
16	456.97	447.41	359.10	322.52	318.35	288.78	306.21	303.95	279.64	261.74	302.47	279.85	259.34	252.69
17	470.80	460.95	369.97	332.28	327.99	297.52	315.48	313.15	288.10	269.66	311.62	288.32	267.19	260.34
18	485.69	475.53	381.68	342.79	338.37	306.94	325.46	323.06	297.22	278.19	321.48	297.44	275.64	268.57
19	500.59	490.12	393.38	353.30	348.74	316.35	335.44	332.97	306.33	286.72	331.34	306.57	284.10	276.81
20	516.02	505.22	405.50	364.19	359.49	326.10	345.78	343.23	315.77	295.56	341.55	316.01	292.85	285.34
21	531.97	520.85	418.05	375.46	370.61	336.18	356.47	353.85	325.54	304.70	352.12	325.79	301.91	294.17
22	531.97	520.85	418.05	375.46	370.61	336.18	356.47	353.85	325.54	304.70	352.12	325.79	301.91	294.17
23	531.97	520.85	418.05	375.46	370.61	336.18	356.47	353.85	325.54	304.70	352.12	325.79	301.91	294.17
24	531.97	520.85	418.05	375.46	370.61	336.18	356.47	353.85	325.54	304.70	352.12	325.79	301.91	294.17
25	534.10	522.93	419.72	376.96	372.09	337.53	357.90	355.26	326.84	305.92	353.52	327.09	303.12	295.34
26	544.74	533.35	428.08	384.47	379.51	344.25	365.03	362.34	333.35	312.01	360.57	333.61	309.16	301.23
27	557.51	545.85	438.11	393.48	388.40	352.32	373.58	370.83	341.17	319.33	369.02	341.42	316.40	308.29
28	578.26	566.16	454.42	408.12	402.85	365.43	387.49	384.63	353.86	331.21	382.75	354.13	328.18	319.76
29	595.28	582.83	467.79	420.13	414.71	376.19	398.89	395.95	364.28	340.96	394.02	364.56	337.84	329.17
30	603.79	591.16	474.48	426.14	420.64	381.57	404.60	401.62	369.49	345.84	399.65	369.77	342.67	333.88
31	616.56	603.66	484.52	435.15	429.54	389.64	413.15	410.11	377.30	353.15	408.10	377.59	349.91	340.94
32	629.33	616.16	494.55	444.16	438.43	397.71	421.71	418.60	385.11	360.46	416.55	385.41	357.16	348.00
33	637.31	623.98	500.82	449.80	443.99	402.75	427.05	423.91	390.00	365.03	421.83	390.29	361.69	352.41
34	645.82	632.31	507.51	455.80	449.92	408.13	432.76	429.57	395.21	369.91	427.47	395.51	366.52	357.12
35	650.07	636.48	510.85	458.81	452.89	410.82	435.61	432.40	397.81	372.34	430.29	398.11	368.93	359.47
36	654.33	640.64	514.20	461.81	455.85	413.51	438.46	435.23	400.41	374.78	433.10	400.72	371.35	361.83
37	658.58	644.81	517.54	464.81	458.82	416.20	441.31	438.06	403.02	377.22	435.92	403.32	373.76	364.18
38	662.84	648.98	520.89	467.82	461.78	418.89	444.16	440.89	405.62	379.66	438.74	405.93	376.18	366.53
39	671.35	657.31	527.57	473.83	467.71	424.27	449.87	446.55	410.83	384.53	444.37	411.14	381.01	371.24
40	679.86	665.64	534.26	479.83	473.64	429.64	455.57	452.22	416.04	389.41	450.00	416.36	385.84	375.95
41	692.63	678.14	544.30	488.84	482.54	437.71	464.13	460.71	423.85	396.72	458.45	424.17	393.09	383.01
42	704.87	690.12	553.91	497.48	491.06	445.45	472.33	468.85	431.34	403.73	466.55	431.67	400.03	389.77
43	721.89	706.79	567.29	509.49	502.92	456.20	483.73	480.17	441.76	413.48	477.82	442.09	409.69	399.18
44	743.17	727.63	584.01	524.51	517.74	469.65	497.99	494.32	454.78	425.67	491.91	455.12	421.77	410.95
45	768.17	752.11	603.66	542.16	535.16	485.45	514.75	510.95	470.08	439.99	508.45	470.44	435.96	424.78
46	797.96	781.27	627.07	563.18	555.92	504.28	534.71	530.77	488.31	457.05	528.17	488.68	452.86	441.25
47	831.48	814.09	653.41	586.84	579.26	525.46	557.17	553.06	508.82	476.25	550.36	509.21	471.88	459.78
48	869.78	851.59	683.51	613.87	605.95	549.66	582.83	578.54	532.26	498.19	575.71	532.66	493.62	480.96
49	907.55	888.57	713.19	640.53	632.26	573.53	608.14	603.66	555.37	519.82	600.71	555.79	515.06	501.85
50	950.11	930.24	746.63	670.56	661.91	600.43	636.66	631.97	581.41	544.20	628.88	581.86	539.21	525.38
51	992.13	971.38	779.66	700.22	691.19	626.98	664.82	659.92	607.13	568.27	656.70	607.59	563.06	548.62
52	1,038.41	1,016.70	816.03	732.89	723.43	656.23	695.83	690.71	635.45	594.78	687.33	635.94	589.33	574.21
53	1,085.23	1,062.53	852.81	765.93	756.05	685.82	727.20	721.85	664.10	621.59	718.32	664.61	615.90	600.10
54	1,135.77	1,112.01	892.53	801.60	791.25	717.75	761.07	755.46	695.03	650.54	751.77	695.56	644.58	628.05
55	1,186.30	1,161.49	932.24	837.27	826.46	749.69	794.93	789.08	725.95	679.48	785.22	726.51	673.26	655.99
56	1,241.10	1,215.14	975.30	875.94	864.63	784.32	831.65	825.52	759.48	710.87	821.49	760.06	704.36	686.29
57	1,296.42	1,269.31	1,018.78	914.99	903.18	819.28	868.72	862.32	793.34	742.56	858.11	793.94	735.75	716.89
58	1,355.47	1,327.12	1,065.18	956.66	944.32	856.60	908.29	901.60	829.48	776.38	897.19	830.11	769.27	749.54
59	1,384.73	1,355.77	1,088.17	977.31	964.70	875.09	927.90	921.06	847.38	793.14	916.56	848.02	785.87	765.72
60	1,443.78	1,413.58	1,134.58	1,018.99	1,005.84	912.41	967.47	960.34	883.52	826.96	955.64	884.19	819.38	798.37
61	1,494.85	1,463.58	1,174.71	1,055.03	1,041.42	944.68	1,001.69	994.31	914.77	856.21	989.44	915.46	848.37	826.61
62	1,528.36	1,496.40	1,201.05	1,078.68	1,064.76	965.86	1,024.15	1,016.60	935.28	875.41	1,011.63	935.99	867.39	845.14
63	1,570.39	1,537.54	1,234.07	1,108.35	1,094.04	992.42	1,052.31	1,044.56	960.99	899.48	1,039.44	961.72	891.24	868.38
64+	1,595.91	1,562.55	1,254.15	1,126.38	1,111.83	1,008.54	1,069.41	1,061.55	976.62	914.10	1,056.36	977.37	905.73	882.51

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	427.89	418.94	336.25	302.00	298.10	270.41	286.73	284.62	261.85	245.09	283.22	262.05	242.84	236.61
15	465.93	456.18	366.14	328.84	324.60	294.45	312.21	309.92	285.12	266.87	308.40	285.34	264.43	257.65
16	480.47	470.42	377.57	339.11	334.73	303.64	321.96	319.59	294.02	275.20	318.02	294.25	272.68	265.69
17	495.01	484.66	389.00	349.37	344.86	312.83	331.70	329.26	302.92	283.53	327.65	303.15	280.93	273.73
18	510.67	499.99	401.31	360.42	355.77	322.72	342.20	339.68	312.51	292.50	338.02	312.74	289.82	282.39
19	526.34	515.33	413.62	371.48	366.68	332.62	352.69	350.10	322.09	301.47	348.38	322.33	298.71	291.05
20	542.56	531.21	426.36	382.92	377.98	342.87	363.56	360.89	332.02	310.76	359.12	332.27	307.92	300.02
21	559.34	547.64	439.55	394.77	389.67	353.48	374.81	372.05	342.28	320.37	370.23	342.54	317.44	309.30
22	559.34	547.64	439.55	394.77	389.67	353.48	374.81	372.05	342.28	320.37	370.23	342.54	317.44	309.30
23	559.34	547.64	439.55	394.77	389.67	353.48	374.81	372.05	342.28	320.37	370.23	342.54	317.44	309.30
24	559.34	547.64	439.55	394.77	389.67	353.48	374.81	372.05	342.28	320.37	370.23	342.54	317.44	309.30
25	561.57	549.83	441.31	396.35	391.23	354.89	376.31	373.54	343.65	321.65	371.71	343.91	318.71	310.53
26	572.76	560.78	450.10	404.24	399.03	361.96	383.80	380.98	350.50	328.06	379.11	350.77	325.06	316.72
27	586.19	573.93	460.65	413.72	408.38	370.44	392.80	389.91	358.71	335.75	388.00	358.99	332.68	324.14
28	608.00	595.28	477.79	429.11	423.57	384.23	407.42	404.42	372.06	348.25	402.44	372.35	345.06	336.21
29	625.90	612.81	491.85	441.74	436.04	395.54	419.41	416.32	383.02	358.50	414.28	383.31	355.21	346.10
30	634.85	621.57	498.89	448.06	442.28	401.20	425.41	422.27	388.49	363.62	420.21	388.79	360.29	351.05
31	648.27	634.71	509.44	457.54	451.63	409.68	434.40	431.20	396.71	371.31	429.09	397.01	367.91	358.48
32	661.70	647.86	519.99	467.01	460.98	418.16	443.40	440.13	404.92	379.00	437.98	405.23	375.53	365.90
33	670.09	656.07	526.58	472.93	466.83	423.47	449.02	445.71	410.06	383.81	443.53	410.37	380.29	370.54
34	679.04	664.83	533.61	479.25	473.06	429.12	455.02	451.67	415.53	388.93	449.46	415.85	385.37	375.49
35	683.51	669.21	537.13	482.41	476.18	431.95	458.02	454.64	418.27	391.50	452.42	418.59	387.91	377.96
36	687.98	673.60	540.64	485.56	479.30	434.78	461.01	457.62	421.01	394.06	455.38	421.33	390.45	380.44
37	692.46	677.98	544.16	488.72	482.42	437.60	464.01	460.59	423.75	396.62	458.34	424.07	392.99	382.91
38	696.93	682.36	547.68	491.88	485.53	440.43	467.01	463.57	426.49	399.19	461.30	426.81	395.53	385.38
39	705.88	691.12	554.71	498.20	491.77	446.09	473.01	469.52	431.96	404.31	467.23	432.29	400.61	390.33
40	714.83	699.88	561.74	504.51	498.00	451.74	479.00	475.48	437.44	409.44	473.15	437.77	405.69	395.28
41	728.26	713.03	572.29	513.99	507.35	460.23	488.00	484.41	445.65	417.13	482.03	445.99	413.31	402.71
42	741.12	725.62	582.40	523.07	516.32	468.36	496.62	492.96	453.53	424.49	490.55	453.87	420.61	409.82
43	759.02	743.15	596.47	535.70	528.79	479.67	508.61	504.87	464.48	434.75	502.40	464.83	430.76	419.72
44	781.39	765.05	614.05	551.49	544.37	493.81	523.61	519.75	478.17	447.56	517.21	478.53	443.46	432.09
45	807.68	790.79	634.71	570.04	562.69	510.42	541.22	537.24	494.26	462.62	534.61	494.63	458.38	446.63
46	839.01	821.46	659.32	592.15	584.51	530.22	562.21	558.07	513.43	480.56	555.34	513.82	476.16	463.95
47	874.24	855.96	687.01	617.02	609.06	552.48	585.82	581.51	534.99	500.74	578.66	535.40	496.16	483.43
48	914.52	895.39	718.66	645.44	637.12	577.93	612.81	608.30	559.63	523.81	605.32	560.06	519.01	505.70
49	954.23	934.27	749.87	673.47	664.78	603.03	639.42	634.71	583.94	546.56	631.61	584.38	541.55	527.66
50	998.98	978.08	785.03	705.05	695.96	631.31	669.41	664.48	611.32	572.19	661.22	611.78	566.95	552.41
51	1,043.16	1,021.35	819.76	736.24	726.74	659.23	699.02	693.87	638.36	597.50	690.47	638.84	592.02	576.84
52	1,091.83	1,068.99	858.00	770.59	760.64	689.99	731.62	726.24	668.14	625.37	722.68	668.65	619.64	603.75
53	1,141.05	1,117.18	896.68	805.33	794.93	721.09	764.61	758.98	698.26	653.56	755.26	698.79	647.57	630.97
54	1,194.18	1,169.21	938.44	842.83	831.95	754.67	800.21	794.32	730.78	684.00	790.43	731.33	677.73	660.35
55	1,247.32	1,221.23	980.19	880.33	868.97	788.25	835.82	829.67	763.29	714.43	825.61	763.87	707.89	689.73
56	1,304.93	1,277.64	1,025.47	920.99	909.11	824.66	874.43	867.99	798.55	747.43	863.74	799.16	740.58	721.59
57	1,363.10	1,334.59	1,071.18	962.05	949.63	861.42	913.41	906.68	834.15	780.75	902.24	834.78	773.60	753.76
58	1,425.19	1,395.38	1,119.97	1,005.87	992.89	900.66	955.01	947.98	872.14	816.31	943.34	872.80	808.83	788.09
59	1,455.95	1,425.50	1,144.14	1,027.58	1,014.32	920.10	975.62	968.44	890.97	833.93	963.70	891.64	826.29	805.10
60	1,518.04	1,486.29	1,192.93	1,071.40	1,057.57	959.34	1,017.23	1,009.74	928.96	869.49	1,004.79	929.66	861.53	839.43
61	1,571.74	1,538.86	1,235.13	1,109.30	1,094.98	993.27	1,053.21	1,045.45	961.82	900.25	1,040.34	962.55	892.00	869.13
62	1,606.98	1,573.37	1,262.82	1,134.17	1,119.53	1,015.54	1,076.82	1,068.89	983.38	920.43	1,063.66	984.13	912.00	888.61
63	1,651.16	1,616.63	1,297.55	1,165.35	1,150.32	1,043.46	1,106.43	1,098.28	1,010.42	945.74	1,092.91	1,011.19	937.08	913.05
64+	1,678.02	1,642.92	1,318.65	1,184.31	1,169.01	1,060.44	1,124.43	1,116.15	1,026.84	961.11	1,110.69	1,027.62	952.32	927.90

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

EnhancedCare PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (Continued)

Age	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 0/30 + Child Dental Alt	EnhancedCare Gold 80 PPO 500/20 + Child Dental Alt	EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	EnhancedCare Gold 80 PPO 1500/0 + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt	EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt
0-14	292.39	243.84	240.70	218.34	231.52	229.81	211.43	197.89	211.59
15	318.37	265.52	262.09	237.75	252.09	250.24	230.22	215.48	230.39
16	328.31	273.81	270.27	245.17	259.96	258.05	237.40	222.21	237.59
17	338.25	282.09	278.45	252.59	267.83	265.86	244.59	228.93	244.78
18	348.95	291.02	287.26	260.58	276.31	274.27	252.33	236.18	252.52
19	359.65	299.94	296.07	268.57	284.78	282.68	260.07	243.42	260.26
20	370.74	309.19	305.20	276.85	293.56	291.39	268.08	250.92	268.29
21	382.20	318.75	314.64	285.41	302.63	300.41	276.37	258.68	276.58
22	382.20	318.75	314.64	285.41	302.63	300.41	276.37	258.68	276.58
23	382.20	318.75	314.64	285.41	302.63	300.41	276.37	258.68	276.58
24	382.20	318.75	314.64	285.41	302.63	300.41	276.37	258.68	276.58
25	383.73	320.03	315.90	286.55	303.84	301.61	277.48	259.72	277.69
26	391.38	326.40	322.19	292.26	309.90	307.62	283.01	264.89	283.22
27	400.55	334.05	329.74	299.11	317.16	314.82	289.64	271.10	289.86
28	415.45	346.48	342.01	310.24	328.96	326.54	300.42	281.19	300.65
29	427.68	356.68	352.08	319.37	338.65	336.15	309.26	289.47	309.50
30	433.80	361.78	357.11	323.94	343.49	340.96	313.68	293.60	313.92
31	442.97	369.43	364.66	330.79	350.75	348.17	320.32	299.81	320.56
32	452.15	377.08	372.22	337.64	358.02	355.38	326.95	306.02	327.20
33	457.88	381.86	376.94	341.92	362.56	359.89	331.10	309.90	331.35
34	463.99	386.96	381.97	346.49	367.40	364.69	335.52	314.04	335.77
35	467.05	389.51	384.49	348.77	369.82	367.10	337.73	316.11	337.98
36	470.11	392.06	387.00	351.06	372.24	369.50	339.94	318.18	340.20
37	473.17	394.61	389.52	353.34	374.66	371.90	342.15	320.25	342.41
38	476.22	397.16	392.04	355.62	377.08	374.31	344.36	322.32	344.62
39	482.34	402.26	397.07	360.19	381.92	379.11	348.78	326.46	349.05
40	488.46	407.36	402.11	364.76	386.77	383.92	353.21	330.60	353.47
41	497.63	415.01	409.66	371.60	394.03	391.13	359.84	336.80	360.11
42	506.42	422.34	416.89	378.17	400.99	398.04	366.19	342.75	366.47
43	518.65	432.54	426.96	387.30	410.67	407.65	375.04	351.03	375.32
44	533.94	445.29	439.55	398.72	422.78	419.67	386.09	361.38	386.39
45	551.90	460.28	454.34	412.13	437.00	433.79	399.08	373.54	399.39
46	573.30	478.13	471.96	428.12	453.95	450.61	414.56	388.02	414.88
47	597.38	498.21	491.78	446.10	473.02	469.53	431.97	404.32	432.30
48	624.90	521.16	514.43	466.65	494.81	491.16	451.87	422.94	452.21
49	652.04	543.79	536.77	486.91	516.29	512.49	471.49	441.31	471.85
50	682.61	569.29	561.94	509.74	540.51	536.52	493.60	462.01	493.98
51	712.81	594.47	586.80	532.29	564.41	560.26	515.44	482.44	515.83
52	746.06	622.20	614.17	557.12	590.74	586.39	539.48	504.95	539.89
53	779.69	650.25	641.86	582.24	617.37	612.83	563.80	527.71	564.23
54	816.00	680.53	671.75	609.35	646.12	641.37	590.06	552.29	590.51
55	852.31	710.81	701.64	636.47	674.87	669.90	616.31	576.86	616.78
56	891.68	743.64	734.05	665.86	706.05	700.85	644.78	603.50	645.27
57	931.43	776.79	766.77	695.55	737.52	732.09	673.52	630.41	674.03
58	973.85	812.18	801.70	727.23	771.11	765.43	704.20	659.12	704.73
59	994.87	829.71	819.00	742.92	787.76	781.96	719.40	673.35	719.95
60	1,037.30	865.09	853.93	774.61	821.35	815.30	750.08	702.06	750.65
61	1,073.99	895.69	884.13	802.00	850.40	844.14	776.61	726.90	777.20
62	1,098.07	915.77	903.95	819.99	869.47	863.06	794.02	743.19	794.62
63	1,128.26	940.95	928.81	842.53	893.38	886.80	815.85	763.63	816.47
64+	1,146.60	956.25	943.92	856.23	907.89	901.23	829.11	776.04	829.74

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 16

Los Angeles County. ZIP codes not included in region 15

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	500.47	490.00	393.29	353.22	348.66	316.28	335.36	332.89	306.26	286.66	331.26	306.49	284.03	276.75
15	544.96	533.56	428.25	384.62	379.66	344.39	365.17	362.48	333.48	312.14	360.71	333.74	309.28	301.35
16	561.97	550.21	441.61	396.62	391.51	355.14	376.57	373.80	343.89	321.88	371.97	344.15	318.93	310.75
17	578.98	566.87	454.98	408.63	403.36	365.89	387.97	385.11	354.30	331.62	383.23	354.57	328.58	320.16
18	597.29	584.80	469.38	421.56	416.12	377.46	400.24	397.29	365.51	342.11	395.35	365.79	338.98	330.29
19	615.61	602.74	483.77	434.48	428.88	389.04	412.52	409.48	376.72	352.61	407.47	377.01	349.38	340.42
20	634.58	621.31	498.68	447.87	442.10	401.03	425.23	422.10	388.33	363.47	420.03	388.63	360.14	350.91
21	654.21	640.53	514.10	461.73	455.77	413.43	438.38	435.15	400.34	374.71	433.02	400.65	371.28	361.76
22	654.21	640.53	514.10	461.73	455.77	413.43	438.38	435.15	400.34	374.71	433.02	400.65	371.28	361.76
23	654.21	640.53	514.10	461.73	455.77	413.43	438.38	435.15	400.34	374.71	433.02	400.65	371.28	361.76
24	654.21	640.53	514.10	461.73	455.77	413.43	438.38	435.15	400.34	374.71	433.02	400.65	371.28	361.76
25	656.83	643.09	516.16	463.57	457.59	415.09	440.14	436.89	401.94	376.21	434.76	402.25	372.77	363.21
26	669.91	655.90	526.44	472.81	466.71	423.35	448.90	445.60	409.95	383.71	443.42	410.26	380.19	370.44
27	685.61	671.27	538.78	483.89	477.65	433.28	459.42	456.04	419.56	392.70	453.81	419.88	389.10	379.12
28	711.13	696.25	558.83	501.90	495.42	449.40	476.52	473.01	435.17	407.31	470.70	435.50	403.58	393.23
29	732.06	716.75	575.28	516.67	510.00	462.63	490.55	486.94	447.98	419.31	484.55	448.32	415.46	404.81
30	742.53	727.00	583.51	524.06	517.30	469.25	497.56	493.90	454.39	425.30	491.48	454.73	421.40	410.60
31	758.23	742.37	595.85	535.14	528.24	479.17	508.08	504.34	464.00	434.29	501.87	464.35	430.32	419.28
32	773.93	757.74	608.18	546.22	539.17	489.09	518.61	514.79	473.60	443.29	512.27	473.96	439.23	427.96
33	783.74	767.35	615.90	553.15	546.01	495.29	525.18	521.31	479.61	448.91	518.76	479.97	444.80	433.39
34	794.21	777.60	624.12	560.54	553.30	501.91	532.20	528.28	486.01	454.90	525.69	486.38	450.74	439.18
35	799.44	782.72	628.23	564.23	556.95	505.21	535.70	531.76	489.22	457.90	529.15	489.59	453.71	442.07
36	804.68	787.85	632.35	567.92	560.60	508.52	539.21	535.24	492.42	460.90	532.62	492.79	456.68	444.96
37	809.91	792.97	636.46	571.62	564.24	511.83	542.72	538.72	495.62	463.90	536.08	496.00	459.65	447.86
38	815.15	798.10	640.57	575.31	567.89	515.14	546.22	542.20	498.83	466.89	539.55	499.20	462.62	450.75
39	825.61	808.35	648.80	582.70	575.18	521.75	553.24	549.16	505.23	472.89	546.48	505.61	468.56	456.54
40	836.08	818.59	657.02	590.09	582.47	528.37	560.25	556.13	511.64	478.88	553.40	512.02	474.50	462.33
41	851.78	833.97	669.36	601.17	593.41	538.29	570.77	566.57	521.24	487.88	563.80	521.64	483.41	471.01
42	866.83	848.70	681.19	611.79	603.89	547.80	580.86	576.58	530.45	496.50	573.76	530.86	491.95	479.33
43	887.76	869.20	697.64	626.56	618.48	561.03	594.88	590.50	543.26	508.49	587.61	543.68	503.83	490.91
44	913.93	894.82	718.20	645.03	636.71	577.57	612.42	607.91	559.28	523.48	604.93	559.70	518.68	505.38
45	944.68	924.92	742.37	666.73	658.13	597.00	633.02	628.36	578.09	541.09	625.29	578.53	536.13	522.38
46	981.32	960.79	771.15	692.59	683.65	620.15	657.57	652.73	600.51	562.07	649.53	600.97	556.92	542.64
47	1,022.53	1,001.14	803.54	721.68	712.37	646.19	685.19	680.14	625.73	585.68	676.82	626.21	580.31	565.43
48	1,069.63	1,047.26	840.56	754.92	745.18	675.96	716.75	711.47	654.56	612.66	707.99	655.06	607.05	591.48
49	1,116.08	1,092.74	877.06	787.71	777.54	705.32	747.88	742.37	682.98	639.26	738.74	683.50	633.41	617.16
50	1,168.42	1,143.98	918.19	824.64	814.00	738.39	782.95	777.18	715.01	669.24	773.38	715.55	663.11	646.10
51	1,220.10	1,194.58	958.80	861.12	850.01	771.05	817.58	811.56	746.64	698.84	807.59	747.20	692.44	674.68
52	1,277.02	1,250.31	1,003.53	901.29	889.66	807.02	855.72	849.42	781.47	731.44	845.26	782.06	724.74	706.16
53	1,334.59	1,306.68	1,048.77	941.92	929.77	843.40	894.30	887.71	816.70	764.42	883.37	817.32	757.41	737.99
54	1,396.74	1,367.53	1,097.61	985.79	973.07	882.68	935.94	929.05	854.73	800.01	924.50	855.38	792.69	772.36
55	1,458.89	1,428.38	1,146.45	1,029.65	1,016.36	921.95	977.59	970.39	892.76	835.61	965.64	893.44	827.96	806.72
56	1,526.27	1,494.35	1,199.40	1,077.21	1,063.31	964.54	1,022.74	1,015.21	934.00	874.21	1,010.24	934.71	866.20	843.99
57	1,594.31	1,560.96	1,252.87	1,125.23	1,110.71	1,007.53	1,068.34	1,060.47	975.63	913.18	1,055.28	976.37	904.81	881.61
58	1,666.93	1,632.06	1,309.94	1,176.48	1,161.30	1,053.43	1,117.00	1,108.77	1,020.07	954.77	1,103.34	1,020.84	946.03	921.76
59	1,702.91	1,667.29	1,338.21	1,201.87	1,186.37	1,076.16	1,141.11	1,132.70	1,042.09	975.38	1,127.16	1,042.88	966.45	941.66
60	1,775.53	1,738.39	1,395.28	1,253.13	1,236.96	1,122.06	1,189.77	1,181.00	1,086.53	1,016.97	1,175.23	1,087.35	1,007.66	981.82
61	1,838.33	1,799.88	1,444.63	1,297.45	1,280.71	1,161.74	1,231.85	1,222.78	1,124.96	1,052.95	1,216.80	1,125.81	1,043.30	1,016.55
62	1,879.55	1,840.23	1,477.02	1,326.54	1,309.42	1,187.79	1,259.47	1,250.19	1,150.18	1,076.55	1,244.08	1,151.05	1,066.69	1,039.34
63	1,931.23	1,890.84	1,517.63	1,363.02	1,345.43	1,220.45	1,294.10	1,284.57	1,181.81	1,106.16	1,278.28	1,182.70	1,096.02	1,067.92
64+	1,962.63	1,921.59	1,542.30	1,385.19	1,367.31	1,240.29	1,315.14	1,305.45	1,201.02	1,124.13	1,299.06	1,201.95	1,113.84	1,085.28

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

EnhancedCare PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 16

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (Continued)

Age	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 0/30 + Child Dental Alt	EnhancedCare Gold 80 PPO 500/20 + Child Dental Alt	EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	EnhancedCare Gold 80 PPO 1500/0 + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt	EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt
0-14	343.39	286.38	282.68	256.43	271.90	269.90	248.31	232.41	248.49
15	373.91	311.84	307.81	279.22	296.07	293.89	270.38	253.07	270.58
16	385.58	321.57	317.42	287.93	305.31	303.06	278.82	260.97	279.03
17	397.25	331.30	327.03	296.65	314.55	312.23	287.26	268.87	287.47
18	409.82	341.78	337.37	306.03	324.50	322.11	296.34	277.37	296.57
19	422.39	352.27	347.72	315.42	334.46	331.99	305.43	285.88	305.66
20	435.41	363.12	358.44	325.14	344.76	342.22	314.85	294.69	315.08
21	448.87	374.35	369.52	335.20	355.43	352.81	324.58	303.81	324.83
22	448.87	374.35	369.52	335.20	355.43	352.81	324.58	303.81	324.83
23	448.87	374.35	369.52	335.20	355.43	352.81	324.58	303.81	324.83
24	448.87	374.35	369.52	335.20	355.43	352.81	324.58	303.81	324.83
25	450.67	375.85	371.00	336.54	356.85	354.22	325.88	305.02	326.13
26	459.65	383.34	378.39	343.24	363.96	361.27	332.37	311.10	332.63
27	470.42	392.32	387.26	351.29	372.49	369.74	340.16	318.39	340.42
28	487.93	406.92	401.67	364.36	386.35	383.50	352.82	330.24	353.09
29	502.29	418.90	413.49	375.09	397.72	394.79	363.21	339.96	363.48
30	509.47	424.89	419.41	380.45	403.41	400.44	368.40	344.82	368.68
31	520.24	433.87	428.28	388.49	411.94	408.90	376.19	352.11	376.48
32	531.02	442.86	437.14	396.54	420.47	417.37	383.98	359.40	384.27
33	537.75	448.47	442.69	401.57	425.80	422.66	388.85	363.96	389.15
34	544.93	454.46	448.60	406.93	431.49	428.31	394.04	368.82	394.34
35	548.52	457.46	451.56	409.61	434.33	431.13	396.64	371.25	396.94
36	552.11	460.45	454.51	412.29	437.17	433.95	399.24	373.68	399.54
37	555.70	463.45	457.47	414.97	440.02	436.78	401.83	376.11	402.14
38	559.30	466.44	460.42	417.66	442.86	439.60	404.43	378.54	404.74
39	566.48	472.43	466.34	423.02	448.55	445.24	409.62	383.40	409.94
40	573.66	478.42	472.25	428.38	454.23	450.89	414.82	388.26	415.13
41	584.43	487.41	481.12	436.43	462.76	459.35	422.61	395.55	422.93
42	594.76	496.02	489.62	444.14	470.94	467.47	430.07	402.54	430.40
43	609.12	508.00	501.44	454.86	482.31	478.76	440.46	412.26	440.79
44	627.08	522.97	516.22	468.27	496.53	492.87	453.44	424.42	453.79
45	648.17	540.56	533.59	484.02	513.23	509.45	468.70	438.70	469.05
46	673.31	561.53	554.28	502.80	533.14	529.21	486.88	455.71	487.24
47	701.59	585.11	577.56	523.91	555.53	551.44	507.32	474.85	507.71
48	733.91	612.07	604.17	548.05	581.12	576.84	530.69	496.72	531.10
49	765.78	638.65	630.40	571.85	606.36	601.89	553.74	518.29	554.16
50	801.69	668.59	659.97	598.66	634.79	630.11	579.71	542.60	580.15
51	837.15	698.17	689.16	625.14	662.87	657.99	605.35	566.60	605.81
52	876.20	730.74	721.31	654.30	693.79	688.68	633.59	593.03	634.07
53	915.70	763.68	753.82	683.80	725.07	719.73	662.15	619.76	662.65
54	958.34	799.24	788.93	715.65	758.83	753.24	692.99	648.63	693.51
55	1,000.99	834.81	824.03	747.49	792.60	786.76	723.82	677.49	724.37
56	1,047.22	873.36	862.09	782.01	829.21	823.10	757.25	708.78	757.83
57	1,093.90	912.30	900.52	816.88	866.17	859.79	791.01	740.37	791.61
58	1,143.73	953.85	941.54	854.08	905.62	898.95	827.04	774.10	827.67
59	1,168.42	974.44	961.87	872.52	925.17	918.36	844.89	790.81	845.53
60	1,218.24	1,015.99	1,002.88	909.72	964.62	957.52	880.92	824.53	881.59
61	1,261.33	1,051.93	1,038.36	941.90	998.74	991.39	912.08	853.69	912.77
62	1,289.61	1,075.51	1,061.64	963.02	1,021.14	1,013.61	932.53	872.83	933.24
63	1,325.07	1,105.09	1,090.83	989.50	1,049.21	1,041.49	958.17	896.83	958.90
64+	1,346.61	1,123.05	1,108.56	1,005.60	1,066.29	1,058.43	973.74	911.43	974.49

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 17

Riverside and San Bernardino counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	437.91	428.75	344.13	309.07	305.08	276.74	293.44	291.28	267.98	250.82	289.86	268.18	248.53	242.15
15	476.84	466.87	374.72	336.54	332.20	301.34	319.53	317.17	291.80	273.12	315.62	292.02	270.62	263.68
16	491.72	481.44	386.41	347.05	342.57	310.75	329.50	327.07	300.91	281.65	325.47	301.14	279.07	271.91
17	506.61	496.01	398.11	357.55	352.94	320.15	339.47	336.97	310.02	290.17	335.32	310.25	287.51	280.14
18	522.63	511.70	410.71	368.86	364.10	330.28	350.21	347.63	319.82	299.35	345.93	320.07	296.61	289.00
19	538.66	527.40	423.30	380.18	375.27	340.41	360.95	358.29	329.63	308.53	356.54	329.88	305.70	297.86
20	555.26	543.65	436.35	391.89	386.83	350.90	372.08	369.34	339.79	318.04	367.53	340.05	315.13	307.04
21	572.44	560.46	449.84	404.01	398.80	361.75	383.58	380.76	350.30	327.88	378.90	350.57	324.87	316.54
22	572.44	560.46	449.84	404.01	398.80	361.75	383.58	380.76	350.30	327.88	378.90	350.57	324.87	316.54
23	572.44	560.46	449.84	404.01	398.80	361.75	383.58	380.76	350.30	327.88	378.90	350.57	324.87	316.54
24	572.44	560.46	449.84	404.01	398.80	361.75	383.58	380.76	350.30	327.88	378.90	350.57	324.87	316.54
25	574.73	562.70	451.64	405.63	400.39	363.20	385.12	382.28	351.70	329.19	380.41	351.97	326.17	317.81
26	586.17	573.91	460.64	413.71	408.37	370.44	392.79	389.90	358.71	335.74	387.99	358.98	332.67	324.14
27	599.91	587.37	471.43	423.40	417.94	379.12	402.00	399.04	367.11	343.61	397.08	367.39	340.47	331.73
28	622.24	609.22	488.98	439.16	433.49	393.23	416.96	413.89	380.78	356.40	411.86	381.06	353.14	344.08
29	640.56	627.16	503.37	452.09	446.26	404.80	429.23	426.07	391.99	366.89	423.99	392.28	363.53	354.21
30	649.71	636.13	510.57	458.55	452.64	410.59	435.37	432.16	397.59	372.14	430.05	397.89	368.73	359.27
31	663.45	649.58	521.37	468.25	462.21	419.27	444.57	441.30	406.00	380.01	439.14	406.31	376.53	366.87
32	677.19	663.03	532.16	477.95	471.78	427.96	453.78	450.44	414.40	387.88	448.23	414.72	384.32	374.47
33	685.78	671.43	538.91	484.01	477.76	433.38	459.53	456.15	419.66	392.80	453.92	419.98	389.20	379.22
34	694.94	680.40	546.11	490.47	484.14	439.17	465.67	462.24	425.26	398.04	459.98	425.59	394.39	384.28
35	699.52	684.89	549.71	493.70	487.33	442.06	468.74	465.29	428.07	400.66	463.01	428.39	396.99	386.81
36	704.10	689.37	553.31	496.93	490.52	444.96	471.81	468.33	430.87	403.29	466.04	431.20	399.59	389.35
37	708.68	693.85	556.90	500.17	493.71	447.85	474.88	471.38	433.67	405.91	469.07	434.00	402.19	391.88
38	713.25	698.34	560.50	503.40	496.90	450.75	477.95	474.43	436.47	408.53	472.10	436.80	404.79	394.41
39	722.41	707.30	567.70	509.86	503.28	456.53	484.08	480.52	442.08	413.78	478.17	442.41	409.99	399.47
40	731.57	716.27	574.90	516.33	509.66	462.32	490.22	486.61	447.68	419.03	484.23	448.02	415.19	404.54
41	745.31	729.72	585.69	526.02	519.24	471.00	499.43	495.75	456.09	426.89	493.32	456.44	422.98	412.14
42	758.48	742.61	596.04	535.32	528.41	479.32	508.25	504.51	464.15	434.44	502.04	464.50	430.46	419.42
43	776.79	760.55	610.44	548.24	541.17	490.90	520.52	516.69	475.36	444.93	514.16	475.72	440.85	429.55
44	799.69	782.97	628.43	564.40	557.12	505.37	535.87	531.92	489.37	458.04	529.32	489.74	453.85	442.21
45	826.60	809.31	649.57	583.39	575.86	522.37	553.90	549.82	505.83	473.45	547.13	506.22	469.12	457.08
46	858.65	840.69	674.76	606.02	598.20	542.63	575.38	571.14	525.45	491.81	568.34	525.85	487.31	474.81
47	894.72	876.00	703.10	631.47	623.32	565.42	599.54	595.13	547.52	512.47	592.22	547.93	507.78	494.75
48	935.93	916.36	735.49	660.56	652.04	591.47	627.16	622.54	572.74	536.08	619.50	573.17	531.17	517.54
49	976.57	956.15	767.43	689.24	680.35	617.15	654.40	649.58	597.61	559.36	646.40	598.06	554.23	540.02
50	1,022.37	1,000.99	803.42	721.57	712.25	646.09	685.08	680.04	625.64	585.59	676.71	626.11	580.22	565.34
51	1,067.59	1,045.26	838.95	753.48	743.76	674.67	715.39	710.12	653.31	611.49	706.64	653.80	605.89	590.35
52	1,117.39	1,094.02	878.09	788.63	778.45	706.14	748.76	743.24	683.78	640.01	739.61	684.30	634.15	617.89
53	1,167.77	1,143.34	917.68	824.18	813.55	737.98	782.51	776.75	714.61	668.87	772.95	715.15	662.74	645.74
54	1,222.15	1,196.59	960.41	862.57	851.43	772.35	818.95	812.92	747.89	700.01	808.94	748.46	693.60	675.81
55	1,276.53	1,249.83	1,003.15	900.95	889.32	806.71	855.39	849.09	781.17	731.16	844.94	781.76	724.47	705.89
56	1,335.49	1,307.56	1,049.48	942.56	930.40	843.97	894.90	888.31	817.25	764.93	883.97	817.87	757.93	738.49
57	1,395.03	1,365.85	1,096.26	984.58	971.87	881.60	934.80	927.91	853.68	799.03	923.37	854.33	791.71	771.41
58	1,458.57	1,428.06	1,146.20	1,029.42	1,016.14	921.75	977.37	970.18	892.56	835.43	965.43	893.24	827.77	806.55
59	1,490.05	1,458.88	1,170.94	1,051.64	1,038.07	941.65	998.47	991.12	911.83	853.46	986.27	912.52	845.64	823.96
60	1,553.59	1,521.10	1,220.87	1,096.49	1,082.34	981.80	1,041.05	1,033.38	950.71	889.85	1,028.32	951.43	881.70	859.09
61	1,608.54	1,574.90	1,264.05	1,135.27	1,120.62	1,016.53	1,077.87	1,069.93	984.34	921.33	1,064.70	985.09	912.89	889.48
62	1,644.61	1,610.21	1,292.39	1,160.73	1,145.75	1,039.32	1,102.04	1,093.92	1,006.41	941.99	1,088.57	1,007.17	933.36	909.42
63	1,689.83	1,654.49	1,327.93	1,192.64	1,177.25	1,067.90	1,132.34	1,124.00	1,034.08	967.89	1,118.50	1,034.87	959.02	934.43
64+	1,717.32	1,681.38	1,349.52	1,212.03	1,196.40	1,085.25	1,150.74	1,142.28	1,050.90	983.64	1,136.70	1,051.71	974.61	949.62

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 18

Orange County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	441.31	432.08	346.80	311.47	307.45	278.89	295.72	293.54	270.06	252.77	292.10	270.26	250.46	244.03
15	480.54	470.49	377.63	339.15	334.78	303.68	322.01	319.63	294.06	275.24	318.07	294.29	272.72	265.72
16	495.54	485.17	389.41	349.74	345.23	313.16	332.06	329.61	303.24	283.83	328.00	303.47	281.23	274.02
17	510.54	499.86	401.20	360.32	355.68	322.64	342.11	339.59	312.42	292.42	337.93	312.66	289.74	282.31
18	526.69	515.67	413.89	371.72	366.93	332.84	352.93	350.33	322.31	301.67	348.62	322.55	298.91	291.24
19	542.84	531.49	426.59	383.12	378.18	343.05	363.75	361.07	332.19	310.92	359.31	332.44	308.08	300.18
20	559.57	547.87	439.73	394.93	389.84	353.62	374.96	372.20	342.43	320.51	370.38	342.69	317.57	309.43
21	576.88	564.81	453.33	407.15	401.89	364.56	386.56	383.71	353.02	330.42	381.84	353.29	327.39	319.00
22	576.88	564.81	453.33	407.15	401.89	364.56	386.56	383.71	353.02	330.42	381.84	353.29	327.39	319.00
23	576.88	564.81	453.33	407.15	401.89	364.56	386.56	383.71	353.02	330.42	381.84	353.29	327.39	319.00
24	576.88	564.81	453.33	407.15	401.89	364.56	386.56	383.71	353.02	330.42	381.84	353.29	327.39	319.00
25	579.18	567.07	455.15	408.78	403.50	366.02	388.11	385.25	354.43	331.74	383.36	354.70	328.70	320.27
26	590.72	578.37	464.21	416.92	411.54	373.31	395.84	392.92	361.49	338.35	391.00	361.76	335.25	326.65
27	604.57	591.92	475.09	426.69	421.18	382.06	405.12	402.13	369.96	346.28	400.16	370.24	343.11	334.31
28	627.07	613.95	492.77	442.57	436.86	396.28	420.19	417.10	383.73	359.17	415.06	384.02	355.88	346.75
29	645.53	632.02	507.28	455.60	449.72	407.94	432.56	429.38	395.03	369.74	427.27	395.33	366.35	356.96
30	654.76	641.06	514.53	462.11	456.15	413.78	438.75	435.52	400.67	375.03	433.38	400.98	371.59	362.06
31	668.60	654.62	525.41	471.88	465.79	422.53	448.02	444.72	409.15	382.96	442.55	409.46	379.45	369.72
32	682.45	668.17	536.29	481.65	475.44	431.28	457.30	453.93	417.62	390.89	451.71	417.94	387.31	377.37
33	691.10	676.64	543.09	487.76	481.47	436.74	463.10	459.69	422.92	395.84	457.44	423.24	392.22	382.16
34	700.33	685.68	550.34	494.28	487.90	442.58	469.29	465.83	428.56	401.13	463.55	428.89	397.45	387.26
35	704.94	690.20	553.97	497.53	491.11	445.49	472.38	468.90	431.39	403.77	466.60	431.71	400.07	389.81
36	709.56	694.72	557.60	500.79	494.33	448.41	475.47	471.97	434.21	406.42	469.66	434.54	402.69	392.37
37	714.17	699.24	561.22	504.05	497.54	451.33	478.56	475.04	437.04	409.06	472.71	437.37	405.31	394.92
38	718.79	703.76	564.85	507.30	500.76	454.24	481.66	478.11	439.86	411.70	475.77	440.19	407.93	397.47
39	728.02	712.79	572.10	513.82	507.19	460.08	487.84	484.25	445.51	416.99	481.88	445.85	413.17	402.57
40	737.25	721.83	579.36	520.33	513.62	465.91	494.03	490.39	451.16	422.28	487.99	451.50	418.41	407.68
41	751.09	735.38	590.24	530.10	523.26	474.66	503.30	499.60	459.63	430.21	497.15	459.98	426.27	415.33
42	764.36	748.38	600.66	539.47	532.51	483.04	512.19	508.42	467.75	437.81	505.93	468.10	433.80	422.67
43	782.82	766.45	615.17	552.50	545.37	494.71	524.56	520.70	479.04	448.38	518.15	479.41	444.27	432.88
44	805.90	789.04	633.30	568.78	561.44	509.29	540.03	536.05	493.17	461.60	533.43	493.54	457.37	445.64
45	833.01	815.59	654.61	587.92	580.33	526.43	558.19	554.08	509.76	477.13	551.37	510.14	472.76	460.63
46	865.32	847.22	680.00	610.72	602.84	546.84	579.84	575.57	529.53	495.63	572.75	529.93	491.09	478.50
47	901.66	882.80	708.56	636.37	628.16	569.81	604.20	599.74	551.77	516.45	596.81	552.19	511.72	498.59
48	943.19	923.47	741.20	665.68	657.09	596.06	632.03	627.37	577.18	540.24	624.30	577.62	535.29	521.56
49	984.15	963.57	773.38	694.59	685.63	621.94	659.47	654.62	602.25	563.70	651.41	602.71	558.53	544.21
50	1,030.30	1,008.75	809.65	727.16	717.78	651.11	690.40	685.31	630.49	590.13	681.96	630.97	584.72	569.73
51	1,075.88	1,053.37	845.46	759.33	749.53	679.91	720.94	715.63	658.38	616.23	712.12	658.88	610.59	594.93
52	1,126.06	1,102.51	884.90	794.75	784.49	711.62	754.57	749.01	689.09	644.98	745.34	689.61	639.07	622.68
53	1,176.83	1,152.22	924.80	830.58	819.86	743.70	788.58	782.78	720.16	674.06	778.95	720.70	667.88	650.75
54	1,231.63	1,205.87	967.86	869.26	858.04	778.34	825.31	819.23	753.69	705.45	815.22	754.26	698.98	681.06
55	1,286.44	1,259.53	1,010.93	907.94	896.22	812.97	862.03	855.68	787.23	736.84	851.49	787.83	730.09	711.36
56	1,345.85	1,317.71	1,057.62	949.87	937.62	850.52	901.85	895.20	823.59	770.87	890.82	824.22	763.81	744.22
57	1,405.85	1,376.45	1,104.77	992.22	979.41	888.44	942.05	935.11	860.30	805.23	930.53	860.96	797.86	777.40
58	1,469.88	1,439.14	1,155.09	1,037.41	1,024.02	928.90	984.96	977.70	899.49	841.91	972.92	900.17	834.20	812.80
59	1,501.61	1,470.20	1,180.02	1,059.80	1,046.13	948.95	1,006.22	998.81	918.90	860.08	993.92	919.60	852.20	830.35
60	1,565.64	1,532.90	1,230.34	1,105.00	1,090.74	989.42	1,049.13	1,041.40	958.09	896.76	1,036.30	958.82	888.54	865.76
61	1,621.02	1,587.12	1,273.86	1,144.08	1,129.32	1,024.42	1,086.24	1,078.24	991.98	928.48	1,072.96	992.73	919.97	896.38
62	1,657.37	1,622.70	1,302.42	1,169.73	1,154.64	1,047.38	1,110.59	1,102.41	1,014.22	949.30	1,097.02	1,014.99	940.60	916.48
63	1,702.94	1,667.32	1,338.24	1,201.90	1,186.39	1,076.18	1,141.13	1,132.72	1,042.11	975.40	1,127.18	1,042.90	966.46	941.68
64+	1,730.64	1,694.43	1,359.99	1,221.45	1,205.67	1,093.68	1,159.68	1,151.13	1,059.06	991.26	1,145.52	1,059.87	982.17	957.00

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 19

San Diego County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 350/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Gold 80 PPO 1500/0 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 7000/0% + Child Dental
0-14	477.15	467.17	374.96	336.76	332.42	301.54	319.74	317.38	291.99	273.30	315.83	292.21	270.80	263.85
15	519.56	508.70	408.29	366.70	361.96	328.34	348.16	345.59	317.95	297.59	343.90	318.19	294.87	287.30
16	535.78	524.58	421.04	378.14	373.26	338.59	359.02	356.38	327.87	306.88	354.63	328.12	304.07	296.27
17	552.00	540.45	433.78	389.59	384.56	348.84	369.89	367.17	337.79	316.17	365.37	338.05	313.27	305.24
18	569.46	557.55	447.51	401.91	396.73	359.88	381.59	378.78	348.48	326.17	376.93	348.74	323.18	314.90
19	586.93	574.65	461.23	414.24	408.89	370.91	393.30	390.40	359.17	336.18	388.49	359.44	333.10	324.55
20	605.01	592.36	475.44	427.01	421.50	382.34	405.42	402.43	370.24	346.54	400.46	370.52	343.36	334.56
21	623.73	610.68	490.15	440.21	434.53	394.17	417.95	414.88	381.69	357.25	412.85	381.98	353.98	344.90
22	623.73	610.68	490.15	440.21	434.53	394.17	417.95	414.88	381.69	357.25	412.85	381.98	353.98	344.90
23	623.73	610.68	490.15	440.21	434.53	394.17	417.95	414.88	381.69	357.25	412.85	381.98	353.98	344.90
24	623.73	610.68	490.15	440.21	434.53	394.17	417.95	414.88	381.69	357.25	412.85	381.98	353.98	344.90
25	626.22	613.12	492.11	441.97	436.27	395.74	419.63	416.54	383.21	358.68	414.50	383.50	355.40	346.28
26	638.70	625.34	501.91	450.78	444.96	403.63	427.99	424.83	390.85	365.83	422.75	391.14	362.48	353.18
27	653.67	639.99	513.68	461.34	455.39	413.09	438.02	434.79	400.01	374.40	432.66	400.31	370.97	361.46
28	677.99	663.81	532.79	478.51	472.34	428.46	454.32	450.97	414.89	388.34	448.76	415.21	384.78	374.91
29	697.95	683.35	548.48	492.60	486.24	441.07	467.69	464.25	427.11	399.77	461.97	427.43	396.11	385.95
30	707.93	693.12	556.32	499.64	493.19	447.38	474.38	470.88	433.21	405.48	468.58	433.54	401.77	391.47
31	722.90	707.78	568.08	510.21	503.62	456.84	484.41	480.84	442.38	414.06	478.49	442.71	410.26	399.74
32	737.87	722.44	579.85	520.77	514.05	466.30	494.44	490.80	451.54	422.63	488.40	451.88	418.76	408.02
33	747.22	731.60	587.20	527.37	520.57	472.21	500.71	497.02	457.26	427.99	494.59	457.61	424.07	413.19
34	757.20	741.37	595.04	534.42	527.52	478.52	507.40	503.66	463.37	433.71	501.20	463.72	429.73	418.71
35	762.19	746.25	598.96	537.94	531.00	481.67	510.74	506.98	466.42	436.56	504.50	466.78	432.57	421.47
36	767.18	751.14	602.88	541.46	534.47	484.83	514.08	510.30	469.48	439.42	507.80	469.83	435.40	424.23
37	772.17	756.02	606.80	544.98	537.95	487.98	517.43	513.62	472.53	442.28	511.10	472.89	438.23	426.99
38	777.16	760.91	610.72	548.50	541.43	491.13	520.77	516.94	475.58	445.14	514.41	475.94	441.06	429.75
39	787.14	770.68	618.57	555.55	548.38	497.44	527.46	523.57	481.69	450.85	521.01	482.05	446.72	435.27
40	797.12	780.45	626.41	562.59	555.33	503.75	534.15	530.21	487.80	456.57	527.62	488.17	452.39	440.79
41	812.09	795.11	638.17	573.16	565.76	513.21	544.18	540.17	496.96	465.14	537.53	497.33	460.88	449.06
42	826.44	809.15	649.45	583.28	575.75	522.27	553.79	549.71	505.74	473.36	547.02	506.12	469.03	457.00
43	846.40	828.69	665.13	597.37	589.66	534.89	567.16	562.99	517.95	484.79	560.23	518.34	480.35	468.03
44	871.35	853.12	684.74	614.98	607.04	550.65	583.88	579.58	533.22	499.08	576.75	533.62	494.51	481.83
45	900.66	881.82	707.77	635.67	627.46	569.18	603.53	599.08	551.16	515.87	596.15	551.57	511.15	498.04
46	935.59	916.02	735.22	660.32	651.80	591.25	626.93	622.31	572.53	535.88	619.27	572.97	530.97	517.35
47	974.88	954.49	766.10	688.05	679.17	616.08	653.26	648.45	596.58	558.39	645.28	597.03	553.27	539.08
48	1,019.79	998.46	801.39	719.75	710.46	644.46	683.36	678.32	624.06	584.11	675.00	624.53	578.76	563.92
49	1,064.08	1,041.82	836.19	751.00	741.31	672.45	713.03	707.78	651.16	609.48	704.32	651.65	603.89	588.41
50	1,113.98	1,090.68	875.40	786.22	776.07	703.98	746.47	740.97	681.69	638.06	737.34	682.21	632.21	616.00
51	1,163.25	1,138.92	914.13	821.00	810.40	735.12	779.49	773.74	711.85	666.28	769.96	712.39	660.18	643.24
52	1,217.51	1,192.05	956.77	859.29	848.21	769.42	815.85	809.84	745.05	697.36	805.88	745.62	690.97	673.25
53	1,272.40	1,245.79	999.90	898.03	886.44	804.10	852.63	846.35	778.64	728.80	842.21	779.23	722.12	703.60
54	1,331.66	1,303.80	1,046.47	939.85	927.72	841.55	892.33	885.76	814.90	762.74	881.43	815.52	755.75	736.37
55	1,390.91	1,361.82	1,093.03	981.67	969.01	878.99	932.04	925.17	851.16	796.68	920.65	851.81	789.38	769.13
56	1,455.15	1,424.72	1,143.52	1,027.01	1,013.76	919.59	975.09	967.91	890.48	833.47	963.17	891.15	825.84	804.66
57	1,520.02	1,488.23	1,194.49	1,072.80	1,058.95	960.59	1,018.56	1,011.05	930.17	870.63	1,006.11	930.88	862.65	840.53
58	1,589.26	1,556.02	1,248.90	1,121.66	1,107.19	1,004.34	1,064.95	1,057.10	972.54	910.28	1,051.93	973.28	901.94	878.81
59	1,623.56	1,589.60	1,275.86	1,145.87	1,131.09	1,026.02	1,087.94	1,079.92	993.53	929.93	1,074.64	994.29	921.41	897.78
60	1,692.79	1,657.39	1,330.26	1,194.74	1,179.32	1,069.77	1,134.33	1,125.97	1,035.90	969.59	1,120.46	1,036.69	960.71	936.07
61	1,752.67	1,716.01	1,377.32	1,237.00	1,221.03	1,107.61	1,174.45	1,165.80	1,072.54	1,003.88	1,160.10	1,073.35	994.69	969.18
62	1,791.97	1,754.49	1,408.20	1,264.73	1,248.41	1,132.44	1,200.78	1,191.94	1,096.59	1,026.39	1,186.11	1,097.42	1,016.99	990.91
63	1,841.24	1,802.73	1,446.92	1,299.51	1,282.74	1,163.58	1,233.80	1,224.71	1,126.74	1,054.61	1,218.72	1,127.60	1,044.95	1,018.15
64+	1,871.19	1,832.04	1,470.45	1,320.63	1,303.59	1,182.51	1,253.85	1,244.64	1,145.07	1,071.75	1,238.55	1,145.94	1,061.94	1,034.70

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of $3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2021, TO DECEMBER 31, 2021

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 1

Nevada County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	415.78	426.27	406.79	398.68	394.09	385.00	379.24	373.38	338.29
15	452.73	464.16	442.95	434.12	429.12	419.22	412.95	406.57	368.36
16	466.87	478.65	456.78	447.67	442.51	432.30	425.83	419.26	379.86
17	481.00	493.14	470.60	461.22	455.90	445.39	438.72	431.95	391.36
18	496.21	508.74	485.49	475.81	470.33	459.48	452.60	445.62	403.74
19	511.43	524.34	500.38	490.40	484.75	473.57	466.48	459.29	416.12
20	527.19	540.50	515.80	505.52	499.69	488.16	480.86	473.44	428.94
21	543.50	557.21	531.75	521.15	515.14	503.26	495.73	488.08	442.21
22	543.50	557.21	531.75	521.15	515.14	503.26	495.73	488.08	442.21
23	543.50	557.21	531.75	521.15	515.14	503.26	495.73	488.08	442.21
24	543.50	557.21	531.75	521.15	515.14	503.26	495.73	488.08	442.21
25	545.67	559.44	533.88	523.24	517.20	505.28	497.72	490.03	443.98
26	556.54	570.59	544.51	533.66	527.51	515.34	507.63	499.80	452.82
27	569.59	583.96	557.28	546.17	539.87	527.42	519.53	511.51	463.44
28	590.78	605.69	578.02	566.49	559.96	547.05	538.86	530.55	480.68
29	608.17	623.52	595.03	583.17	576.45	563.15	554.72	546.16	494.83
30	616.87	632.44	603.54	591.51	584.69	571.20	562.66	553.97	501.91
31	629.91	645.81	616.30	604.01	597.05	583.28	574.55	565.69	512.52
32	642.96	659.19	629.06	616.52	609.42	595.36	586.45	577.40	523.14
33	651.11	667.54	637.04	624.34	617.14	602.91	593.89	584.72	529.77
34	659.81	676.46	645.55	632.68	625.39	610.96	601.82	592.53	536.84
35	664.15	680.92	649.80	636.85	629.51	614.99	605.79	596.44	540.38
36	668.50	685.37	654.06	641.02	633.63	619.01	609.75	600.34	543.92
37	672.85	689.83	658.31	645.18	637.75	623.04	613.72	604.25	547.46
38	677.20	694.29	662.56	649.35	641.87	627.07	617.68	608.15	551.00
39	685.89	703.21	671.07	657.69	650.11	635.12	625.61	615.96	558.07
40	694.59	712.12	679.58	666.03	658.35	643.17	633.55	623.77	565.15
41	707.63	725.49	692.34	678.54	670.72	655.25	645.44	635.48	575.76
42	720.14	738.31	704.57	690.52	682.57	666.82	656.85	646.71	585.93
43	737.53	756.14	721.59	707.20	699.05	682.93	672.71	662.33	600.08
44	759.27	778.43	742.86	728.05	719.66	703.06	692.54	681.85	617.77
45	784.81	804.62	767.85	752.54	743.87	726.71	715.84	704.79	638.55
46	815.25	835.82	797.63	781.73	772.72	754.89	743.60	732.12	663.32
47	849.49	870.93	831.13	814.56	805.17	786.60	774.83	762.87	691.18
48	888.62	911.05	869.42	852.08	842.26	822.83	810.52	798.02	723.02
49	927.21	950.61	907.17	889.08	878.84	858.57	845.72	832.67	754.41
50	970.69	995.19	949.71	930.78	920.05	898.83	885.38	871.72	789.79
51	1,013.62	1,039.21	991.72	971.95	960.74	938.58	924.54	910.27	824.72
52	1,060.91	1,087.68	1,037.98	1,017.29	1,005.56	982.37	967.67	952.74	863.20
53	1,108.74	1,136.72	1,084.78	1,063.15	1,050.89	1,026.66	1,011.29	995.69	902.11
54	1,160.37	1,189.65	1,135.29	1,112.66	1,099.83	1,074.47	1,058.39	1,042.06	944.12
55	1,212.00	1,242.59	1,185.81	1,162.17	1,148.77	1,122.28	1,105.48	1,088.42	986.13
56	1,267.98	1,299.98	1,240.58	1,215.84	1,201.83	1,174.11	1,156.54	1,138.70	1,031.68
57	1,324.51	1,357.93	1,295.88	1,270.04	1,255.41	1,226.45	1,208.10	1,189.46	1,077.67
58	1,384.83	1,419.78	1,354.91	1,327.89	1,312.59	1,282.31	1,263.13	1,243.63	1,126.75
59	1,414.73	1,450.43	1,384.15	1,356.56	1,340.92	1,309.99	1,290.39	1,270.48	1,151.08
60	1,475.05	1,512.28	1,443.18	1,414.40	1,398.10	1,365.85	1,345.42	1,324.66	1,200.16
61	1,527.23	1,565.77	1,494.23	1,464.43	1,447.56	1,414.17	1,393.01	1,371.51	1,242.61
62	1,561.47	1,600.88	1,527.73	1,497.27	1,480.01	1,445.87	1,424.24	1,402.26	1,270.47
63	1,604.41	1,644.90	1,569.73	1,538.44	1,520.71	1,485.63	1,463.40	1,440.82	1,305.41
64+	1,630.50	1,671.63	1,595.25	1,563.45	1,545.42	1,509.78	1,487.19	1,464.24	1,326.63

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 1

Nevada County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	461.45	473.09	451.47	442.47	437.37	418.74	404.06	385.39	349.92
15	502.46	515.14	491.60	481.80	476.25	455.96	439.97	419.64	381.02
16	518.15	531.22	506.95	496.84	491.11	470.19	453.70	432.74	392.92
17	533.83	547.30	522.29	511.88	505.98	484.42	467.44	445.84	404.81
18	550.72	564.62	538.82	528.07	521.99	499.75	482.23	459.95	417.62
19	567.61	581.93	555.34	544.27	538.00	515.08	497.01	474.05	430.42
20	585.10	599.87	572.46	561.04	554.58	530.95	512.33	488.66	443.69
21	603.20	618.42	590.16	578.39	571.73	547.37	528.18	503.78	457.41
22	603.20	618.42	590.16	578.39	571.73	547.37	528.18	503.78	457.41
23	603.20	618.42	590.16	578.39	571.73	547.37	528.18	503.78	457.41
24	603.20	618.42	590.16	578.39	571.73	547.37	528.18	503.78	457.41
25	605.61	620.89	592.52	580.71	574.01	549.56	530.29	505.79	459.24
26	617.67	633.26	604.32	592.28	585.45	560.51	540.85	515.87	468.39
27	632.15	648.10	618.49	606.16	599.17	573.64	553.53	527.96	479.37
28	655.67	672.22	641.50	628.71	621.47	594.99	574.13	547.60	497.21
29	674.98	692.01	660.39	647.22	639.76	612.51	591.03	563.72	511.84
30	684.63	701.91	669.83	656.48	648.91	621.27	599.48	571.78	519.16
31	699.10	716.75	684.00	670.36	662.63	634.40	612.16	583.88	530.14
32	713.58	731.59	698.16	684.24	676.35	647.54	624.83	595.97	541.12
33	722.63	740.87	707.01	692.92	684.93	655.75	632.76	603.52	547.98
34	732.28	750.76	716.46	702.17	694.08	664.51	641.21	611.58	555.30
35	737.11	755.71	721.18	706.80	698.65	668.89	645.43	615.61	558.96
36	741.93	760.66	725.90	711.42	703.23	673.27	649.66	619.64	562.62
37	746.76	765.60	730.62	716.05	707.80	677.64	653.88	623.67	566.27
38	751.58	770.55	735.34	720.68	712.37	682.02	658.11	627.70	569.93
39	761.23	780.45	744.78	729.93	721.52	690.78	666.56	635.76	577.25
40	770.89	790.34	754.23	739.19	730.67	699.54	675.01	643.82	584.57
41	785.36	805.18	768.39	753.07	744.39	712.68	687.69	655.92	595.55
42	799.24	819.41	781.96	766.37	757.54	725.27	699.83	667.50	606.07
43	818.54	839.20	800.85	784.88	775.83	742.78	716.74	683.62	620.71
44	842.67	863.93	824.45	808.02	798.70	764.68	737.86	703.77	639.00
45	871.02	893.00	852.19	835.20	825.57	790.40	762.69	727.45	660.50
46	904.79	927.63	885.24	867.59	857.59	821.06	792.27	755.66	686.12
47	942.80	966.59	922.42	904.03	893.61	855.54	825.54	787.40	714.93
48	986.23	1,011.12	964.91	945.67	934.77	894.95	863.57	823.67	747.87
49	1,029.05	1,055.02	1,006.81	986.74	975.37	933.81	901.07	859.44	780.34
50	1,077.31	1,104.50	1,054.03	1,033.01	1,021.11	977.60	943.32	899.74	816.94
51	1,124.96	1,153.35	1,100.65	1,078.71	1,066.27	1,020.85	985.05	939.54	853.07
52	1,177.44	1,207.15	1,151.99	1,129.03	1,116.01	1,068.47	1,031.00	983.37	892.87
53	1,230.52	1,261.58	1,203.93	1,179.92	1,166.32	1,116.64	1,077.48	1,027.70	933.12
54	1,287.82	1,320.33	1,259.99	1,234.87	1,220.64	1,168.64	1,127.66	1,075.56	976.57
55	1,345.13	1,379.08	1,316.06	1,289.82	1,274.95	1,220.64	1,177.83	1,123.42	1,020.03
56	1,407.26	1,442.77	1,376.84	1,349.39	1,333.84	1,277.01	1,232.24	1,175.31	1,067.14
57	1,469.99	1,507.09	1,438.22	1,409.55	1,393.30	1,333.94	1,287.17	1,227.70	1,114.71
58	1,536.94	1,575.73	1,503.73	1,473.75	1,456.76	1,394.70	1,345.79	1,283.62	1,165.48
59	1,570.12	1,609.75	1,536.19	1,505.56	1,488.21	1,424.80	1,374.84	1,311.33	1,190.64
60	1,637.08	1,678.39	1,601.70	1,569.76	1,551.67	1,485.56	1,433.47	1,367.25	1,241.41
61	1,694.98	1,737.76	1,658.35	1,625.29	1,606.56	1,538.11	1,484.18	1,415.61	1,285.32
62	1,732.98	1,776.72	1,695.53	1,661.73	1,642.57	1,572.59	1,517.45	1,447.35	1,314.14
63	1,780.64	1,825.57	1,742.15	1,707.42	1,687.74	1,615.84	1,559.18	1,487.14	1,350.28
64+	1,809.60	1,855.26	1,770.48	1,735.17	1,715.19	1,642.11	1,584.54	1,511.34	1,372.23

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 2

Marin, Napa, Solano, and Sonoma counties

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	499.12	511.72	488.33	478.60	473.08	462.17	455.25	448.23	406.10
15	543.49	557.20	531.74	521.14	515.13	503.25	495.72	488.07	442.20
16	560.45	574.59	548.34	537.40	531.21	518.96	511.19	503.30	456.00
17	577.41	591.98	564.93	553.67	547.29	534.67	526.67	518.54	469.80
18	595.68	610.71	582.81	571.19	564.60	551.58	543.33	534.94	484.67
19	613.95	629.44	600.68	588.70	581.92	568.50	559.99	551.35	499.53
20	632.87	648.84	619.19	606.85	599.85	586.02	577.25	568.34	514.93
21	652.44	668.91	638.34	625.62	618.41	604.14	595.10	585.92	530.85
22	652.44	668.91	638.34	625.62	618.41	604.14	595.10	585.92	530.85
23	652.44	668.91	638.34	625.62	618.41	604.14	595.10	585.92	530.85
24	652.44	668.91	638.34	625.62	618.41	604.14	595.10	585.92	530.85
25	655.05	671.58	640.90	628.12	620.88	606.56	597.48	588.26	532.98
26	668.10	684.96	653.66	640.63	633.25	618.64	609.39	599.98	543.59
27	683.76	701.02	668.98	655.65	648.09	633.14	623.67	614.04	556.33
28	709.21	727.10	693.88	680.04	672.21	656.70	646.88	636.89	577.04
29	730.08	748.51	714.31	700.06	692.00	676.04	665.92	655.64	594.02
30	740.52	759.21	724.52	710.07	701.89	685.70	675.44	665.02	602.52
31	756.18	775.27	739.84	725.09	716.73	700.20	689.72	679.08	615.26
32	771.84	791.32	755.16	740.10	731.57	714.70	704.01	693.14	628.00
33	781.63	801.35	764.74	749.49	740.85	723.76	712.93	701.93	635.96
34	792.07	812.06	774.95	759.50	750.74	733.43	722.45	711.31	644.46
35	797.29	817.41	780.06	764.50	755.69	738.26	727.22	715.99	648.70
36	802.51	822.76	785.16	769.51	760.64	743.09	731.98	720.68	652.95
37	807.72	828.11	790.27	774.51	765.59	747.93	736.74	725.37	657.20
38	812.94	833.46	795.38	779.52	770.53	752.76	741.50	730.06	661.44
39	823.38	844.16	805.59	789.53	780.43	762.43	751.02	739.43	669.94
40	833.82	854.87	815.80	799.54	790.32	772.09	760.54	748.80	678.43
41	849.48	870.92	831.12	814.55	805.16	786.59	774.82	762.87	691.17
42	864.49	886.30	845.80	828.94	819.39	800.49	788.51	776.34	703.38
43	885.37	907.71	866.23	848.96	839.18	819.82	807.55	795.09	720.37
44	911.46	934.47	891.77	873.99	863.91	843.99	831.36	818.53	741.60
45	942.13	965.90	921.77	903.39	892.98	872.38	859.33	846.07	766.55
46	978.66	1,003.36	957.51	938.42	927.61	906.21	892.65	878.88	796.28
47	1,019.77	1,045.50	997.73	977.84	966.57	944.27	930.15	915.79	829.72
48	1,066.74	1,093.67	1,043.69	1,022.88	1,011.09	987.77	972.99	957.98	867.94
49	1,113.07	1,141.16	1,089.01	1,067.30	1,055.00	1,030.67	1,015.25	999.58	905.64
50	1,165.26	1,194.67	1,140.08	1,117.35	1,104.47	1,079.00	1,062.85	1,046.45	948.10
51	1,216.81	1,247.52	1,190.51	1,166.77	1,153.33	1,126.73	1,109.87	1,092.74	990.04
52	1,273.57	1,305.71	1,246.05	1,221.20	1,207.13	1,179.29	1,161.64	1,143.71	1,036.23
53	1,330.98	1,364.57	1,302.22	1,276.26	1,261.55	1,232.45	1,214.01	1,195.28	1,082.94
54	1,392.97	1,428.12	1,362.86	1,335.69	1,320.30	1,289.84	1,270.54	1,250.94	1,133.37
55	1,454.95	1,491.67	1,423.51	1,395.12	1,379.04	1,347.24	1,327.08	1,306.60	1,183.80
56	1,522.15	1,560.57	1,489.25	1,459.56	1,442.74	1,409.46	1,388.37	1,366.95	1,238.48
57	1,590.00	1,630.13	1,555.64	1,524.63	1,507.05	1,472.29	1,450.27	1,427.89	1,293.69
58	1,662.43	1,704.38	1,626.50	1,594.07	1,575.70	1,539.35	1,516.32	1,492.92	1,352.61
59	1,698.31	1,741.17	1,661.61	1,628.48	1,609.71	1,572.58	1,549.05	1,525.15	1,381.81
60	1,770.73	1,815.42	1,732.46	1,697.92	1,678.35	1,639.64	1,615.11	1,590.19	1,440.74
61	1,833.37	1,879.63	1,793.74	1,757.98	1,737.72	1,697.64	1,672.24	1,646.43	1,491.70
62	1,874.47	1,921.78	1,833.96	1,797.39	1,776.68	1,735.70	1,709.73	1,683.35	1,525.14
63	1,926.01	1,974.62	1,884.39	1,846.82	1,825.53	1,783.43	1,756.74	1,729.63	1,567.08
64+	1,957.32	2,006.73	1,915.02	1,876.86	1,855.23	1,812.42	1,785.30	1,757.76	1,592.55

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 2

Marin, Napa, Solano, and Sonoma counties (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	553.94	567.92	541.97	531.17	525.04	502.67	485.05	462.64	420.06
15	603.18	618.40	590.15	578.38	571.71	547.36	528.16	503.76	457.40
16	622.01	637.71	608.57	596.43	589.56	564.44	544.65	519.49	471.68
17	640.84	657.01	626.99	614.49	607.40	581.53	561.13	535.21	485.95
18	661.11	677.80	646.82	633.93	626.62	599.92	578.89	552.14	501.33
19	681.39	698.58	666.66	653.37	645.84	618.32	596.64	569.08	516.70
20	702.38	720.11	687.21	673.50	665.74	637.38	615.03	586.61	532.63
21	724.11	742.38	708.46	694.33	686.33	657.09	634.05	604.76	549.10
22	724.11	742.38	708.46	694.33	686.33	657.09	634.05	604.76	549.10
23	724.11	742.38	708.46	694.33	686.33	657.09	634.05	604.76	549.10
24	724.11	742.38	708.46	694.33	686.33	657.09	634.05	604.76	549.10
25	727.00	745.35	711.29	697.11	689.08	659.72	636.59	607.18	551.30
26	741.49	760.20	725.46	711.00	702.80	672.86	649.27	619.27	562.28
27	758.87	778.02	742.47	727.66	719.28	688.63	664.48	633.79	575.46
28	787.11	806.97	770.10	754.74	746.04	714.26	689.21	657.37	596.87
29	810.28	830.73	792.77	776.96	768.00	735.29	709.50	676.72	614.44
30	821.86	842.60	804.10	788.07	778.99	745.80	719.65	686.40	623.23
31	839.24	860.42	821.10	804.73	795.46	761.57	734.86	700.91	636.41
32	856.62	878.24	838.11	821.40	811.93	777.34	750.08	715.43	649.58
33	867.48	889.37	848.73	831.81	822.22	787.20	759.59	724.50	657.82
34	879.07	901.25	860.07	842.92	833.21	797.71	769.74	734.18	666.61
35	884.86	907.19	865.74	848.48	838.70	802.97	774.81	739.01	671.00
36	890.65	913.13	871.40	854.03	844.19	808.22	779.88	743.85	675.39
37	896.45	919.07	877.07	859.59	849.68	813.48	784.95	748.69	679.78
38	902.24	925.01	882.74	865.14	855.17	818.74	790.03	753.53	684.18
39	913.82	936.89	894.08	876.25	866.15	829.25	800.17	763.20	692.96
40	925.41	948.76	905.41	887.36	877.13	839.76	810.32	772.88	701.75
41	942.79	966.58	922.41	904.02	893.60	855.53	825.53	787.39	714.93
42	959.44	983.66	938.71	919.99	909.39	870.65	840.12	801.30	727.56
43	982.61	1,007.41	961.38	942.21	931.35	891.67	860.41	820.66	745.13
44	1,011.58	1,037.11	989.72	969.98	958.80	917.96	885.77	844.85	767.09
45	1,045.61	1,072.00	1,023.02	1,002.62	991.06	948.84	915.57	873.27	792.90
46	1,086.16	1,113.57	1,062.69	1,041.50	1,029.50	985.64	951.08	907.14	823.65
47	1,131.78	1,160.34	1,107.32	1,085.24	1,072.74	1,027.03	991.02	945.24	858.24
48	1,183.92	1,213.80	1,158.33	1,135.24	1,122.15	1,074.34	1,036.67	988.78	897.78
49	1,235.33	1,266.50	1,208.63	1,184.53	1,170.88	1,121.00	1,081.69	1,031.72	936.76
50	1,293.26	1,325.90	1,265.31	1,240.08	1,225.79	1,173.57	1,132.41	1,080.10	980.69
51	1,350.46	1,384.54	1,321.28	1,294.93	1,280.01	1,225.48	1,182.50	1,127.87	1,024.07
52	1,413.46	1,449.13	1,382.91	1,355.34	1,339.72	1,282.64	1,237.67	1,180.49	1,071.84
53	1,477.18	1,514.46	1,445.26	1,416.44	1,400.12	1,340.47	1,293.46	1,233.71	1,120.16
54	1,545.97	1,584.99	1,512.56	1,482.40	1,465.32	1,402.89	1,353.70	1,291.16	1,172.33
55	1,614.76	1,655.51	1,579.86	1,548.36	1,530.52	1,465.31	1,413.93	1,348.61	1,224.49
56	1,689.34	1,731.98	1,652.84	1,619.88	1,601.21	1,532.99	1,479.24	1,410.90	1,281.05
57	1,764.65	1,809.19	1,726.51	1,692.09	1,672.59	1,601.33	1,545.18	1,473.79	1,338.15
58	1,845.03	1,891.59	1,805.15	1,769.16	1,748.77	1,674.27	1,615.56	1,540.92	1,399.10
59	1,884.85	1,932.42	1,844.12	1,807.35	1,786.52	1,710.41	1,650.43	1,574.18	1,429.31
60	1,965.23	2,014.83	1,922.76	1,884.42	1,862.70	1,783.35	1,720.81	1,641.31	1,490.26
61	2,034.74	2,086.09	1,990.77	1,951.08	1,928.59	1,846.43	1,781.68	1,699.37	1,542.97
62	2,080.36	2,132.86	2,035.40	1,994.82	1,971.83	1,887.82	1,821.63	1,737.47	1,577.56
63	2,137.57	2,191.51	2,091.37	2,049.67	2,026.05	1,939.73	1,871.72	1,785.24	1,620.94
64+	2,172.33	2,227.14	2,125.38	2,082.99	2,058.99	1,971.27	1,902.15	1,814.28	1,647.30

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 3

El Dorado, Placer, Sacramento, and Yolo counties

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	297.41	304.91	290.98	285.18	281.89	275.39	271.27	267.08	241.98
15	323.85	332.02	316.85	310.53	306.95	299.87	295.38	290.83	263.49
16	333.95	342.38	326.74	320.22	316.53	309.23	304.60	299.90	271.72
17	344.06	352.74	336.63	329.91	326.11	318.59	313.82	308.98	279.94
18	354.95	363.91	347.28	340.35	336.43	328.67	323.75	318.76	288.80
19	365.83	375.07	357.93	350.79	346.75	338.75	333.68	328.53	297.66
20	377.11	386.62	368.96	361.60	357.43	349.19	343.96	338.66	306.83
21	388.77	398.58	380.37	372.78	368.49	359.99	354.60	349.13	316.32
22	388.77	398.58	380.37	372.78	368.49	359.99	354.60	349.13	316.32
23	388.77	398.58	380.37	372.78	368.49	359.99	354.60	349.13	316.32
24	388.77	398.58	380.37	372.78	368.49	359.99	354.60	349.13	316.32
25	390.33	400.18	381.89	374.28	369.96	361.43	356.02	350.53	317.58
26	398.10	408.15	389.50	381.73	377.33	368.63	363.11	357.51	323.91
27	407.43	417.71	398.63	390.68	386.18	377.27	371.62	365.89	331.50
28	422.59	433.26	413.46	405.22	400.55	391.31	385.45	379.51	343.84
29	435.03	446.01	425.63	417.15	412.34	402.83	396.80	390.68	353.96
30	441.25	452.39	431.72	423.11	418.23	408.59	402.47	396.26	359.02
31	450.58	461.96	440.85	432.06	427.08	417.23	410.98	404.64	366.61
32	459.92	471.52	449.98	441.00	435.92	425.87	419.50	413.02	374.20
33	465.75	477.50	455.68	446.60	441.45	431.27	424.81	418.26	378.95
34	471.97	483.88	461.77	452.56	447.34	437.03	430.49	423.84	384.01
35	475.08	487.07	464.81	455.54	450.29	439.91	433.32	426.64	386.54
36	478.19	490.26	467.85	458.53	453.24	442.79	436.16	429.43	389.07
37	481.30	493.44	470.90	461.51	456.19	445.67	439.00	432.22	391.60
38	484.41	496.63	473.94	464.49	459.14	448.55	441.84	435.02	394.13
39	490.63	503.01	480.02	470.45	465.03	454.31	447.51	440.60	399.19
40	496.85	509.39	486.11	476.42	470.93	460.07	453.18	446.19	404.25
41	506.18	518.95	495.24	485.37	479.77	468.71	461.69	454.57	411.85
42	515.12	528.12	503.99	493.94	488.25	476.99	469.85	462.60	419.12
43	527.56	540.88	516.16	505.87	500.04	488.51	481.20	473.77	429.24
44	543.11	556.82	531.37	520.78	514.78	502.90	495.38	487.74	441.90
45	561.38	575.55	549.25	538.30	532.10	519.82	512.05	504.14	456.76
46	583.16	597.87	570.55	559.18	552.73	539.98	531.90	523.70	474.48
47	607.65	622.98	594.52	582.66	575.95	562.66	554.24	545.69	494.41
48	635.64	651.68	621.90	609.50	602.48	588.58	579.78	570.83	517.18
49	663.24	679.98	648.91	635.97	628.64	614.14	604.95	595.62	539.64
50	694.34	711.87	679.34	665.79	658.12	642.94	633.32	623.55	564.94
51	725.06	743.35	709.39	695.24	687.23	671.38	661.33	651.13	589.93
52	758.88	778.03	742.48	727.68	719.29	702.70	692.18	681.50	617.45
53	793.09	813.11	775.95	760.48	751.72	734.38	723.39	712.23	645.29
54	830.02	850.97	812.09	795.90	786.72	768.58	757.08	745.39	675.34
55	866.96	888.84	848.22	831.31	821.73	802.78	790.76	778.56	705.39
56	907.00	929.89	887.40	869.71	859.68	839.85	827.29	814.52	737.97
57	947.43	971.34	926.96	908.48	898.01	877.29	864.17	850.83	770.87
58	990.59	1,015.59	969.18	949.86	938.91	917.25	903.53	889.58	805.98
59	1,011.97	1,037.51	990.10	970.36	959.17	937.05	923.03	908.79	823.38
60	1,055.12	1,081.75	1,032.32	1,011.74	1,000.08	977.01	962.39	947.54	858.49
61	1,092.44	1,120.01	1,068.84	1,047.52	1,035.45	1,011.57	996.43	981.06	888.85
62	1,116.94	1,145.13	1,092.80	1,071.01	1,058.67	1,034.25	1,018.77	1,003.05	908.78
63	1,147.65	1,176.61	1,122.85	1,100.46	1,087.78	1,062.69	1,046.79	1,030.63	933.77
64+	1,166.31	1,195.74	1,141.11	1,118.34	1,105.47	1,079.97	1,063.80	1,047.39	948.96

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 3

El Dorado, Placer, Sacramento, and Yolo counties (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	330.08	338.41	322.94	316.50	312.86	299.53	289.03	275.67	250.30
15	359.42	368.49	351.65	344.64	340.67	326.15	314.72	300.18	272.55
16	370.64	379.99	362.63	355.40	351.30	336.33	324.54	309.55	281.06
17	381.85	391.49	373.60	366.15	361.93	346.51	334.36	318.91	289.56
18	393.93	403.88	385.42	377.74	373.38	357.48	344.94	329.00	298.73
19	406.02	416.26	397.24	389.32	384.83	368.44	355.52	339.09	307.89
20	418.53	429.09	409.48	401.32	396.69	379.79	366.48	349.55	317.37
21	431.47	442.36	422.15	413.73	408.96	391.54	377.81	360.36	327.19
22	431.47	442.36	422.15	413.73	408.96	391.54	377.81	360.36	327.19
23	431.47	442.36	422.15	413.73	408.96	391.54	377.81	360.36	327.19
24	431.47	442.36	422.15	413.73	408.96	391.54	377.81	360.36	327.19
25	433.20	444.13	423.84	415.39	410.60	393.11	379.32	361.80	328.50
26	441.83	452.98	432.28	423.66	418.78	400.94	386.88	369.00	335.04
27	452.18	463.60	442.41	433.59	428.59	410.33	395.95	377.65	342.90
28	469.01	480.85	458.88	449.73	444.54	425.60	410.68	391.71	355.66
29	482.82	495.00	472.38	462.97	457.63	438.13	422.77	403.24	366.13
30	489.72	502.08	479.14	469.59	464.17	444.40	428.81	409.00	371.36
31	500.08	512.70	489.27	479.51	473.99	453.79	437.88	417.65	379.21
32	510.43	523.31	499.40	489.44	483.80	463.19	446.95	426.30	387.07
33	516.90	529.95	505.73	495.65	489.94	469.06	452.62	431.71	391.97
34	523.81	537.03	512.49	502.27	496.48	475.33	458.66	437.47	397.21
35	527.26	540.57	515.87	505.58	499.75	478.46	461.68	440.35	399.83
36	530.71	544.11	519.24	508.89	503.02	481.59	464.71	443.24	402.44
37	534.16	547.64	522.62	512.20	506.30	484.73	467.73	446.12	405.06
38	537.62	551.18	526.00	515.51	509.57	487.86	470.75	449.00	407.68
39	544.52	558.26	532.75	522.13	516.11	494.12	476.80	454.77	412.91
40	551.42	565.34	539.51	528.75	522.65	500.39	482.84	460.53	418.15
41	561.78	575.96	549.64	538.68	532.47	509.78	491.91	469.18	426.00
42	571.70	586.13	559.35	548.19	541.88	518.79	500.60	477.47	433.53
43	585.51	600.29	572.86	561.43	554.96	531.32	512.69	489.00	444.00
44	602.77	617.98	589.74	577.98	571.32	546.98	527.80	503.42	457.09
45	623.05	638.77	609.58	597.43	590.54	565.38	545.56	520.35	472.46
46	647.21	663.54	633.22	620.60	613.44	587.31	566.72	540.53	490.79
47	674.39	691.41	659.82	646.66	639.21	611.98	590.52	563.24	511.40
48	705.46	723.26	690.21	676.45	668.65	640.17	617.72	589.18	534.96
49	736.09	754.67	720.18	705.83	697.69	667.97	644.54	614.77	558.19
50	770.61	790.06	753.96	738.92	730.41	699.29	674.77	643.60	584.36
51	804.70	825.01	787.31	771.61	762.72	730.22	704.62	672.06	610.21
52	842.23	863.49	824.03	807.60	798.30	764.29	737.49	703.41	638.68
53	880.20	902.42	861.18	844.01	834.28	798.74	770.73	735.13	667.47
54	921.19	944.44	901.29	883.32	873.14	835.94	806.63	769.36	698.55
55	962.18	986.47	941.39	922.62	911.99	873.13	842.52	803.59	729.64
56	1,006.63	1,032.03	984.87	965.24	954.11	913.46	881.43	840.71	763.34
57	1,051.50	1,078.04	1,028.78	1,008.26	996.64	954.18	920.72	878.19	797.36
58	1,099.39	1,127.14	1,075.63	1,054.19	1,042.04	997.64	962.66	918.19	833.68
59	1,123.12	1,151.47	1,098.85	1,076.94	1,064.53	1,019.18	983.44	938.01	851.68
60	1,171.02	1,200.57	1,145.71	1,122.87	1,109.93	1,062.64	1,025.38	978.01	888.00
61	1,212.44	1,243.04	1,186.24	1,162.59	1,149.19	1,100.23	1,061.65	1,012.60	919.41
62	1,239.62	1,270.91	1,212.83	1,188.65	1,174.95	1,124.89	1,085.45	1,035.30	940.02
63	1,273.71	1,305.85	1,246.18	1,221.34	1,207.26	1,155.83	1,115.30	1,063.77	965.87
64+	1,294.41	1,327.08	1,266.45	1,241.19	1,226.88	1,174.62	1,133.43	1,081.08	981.57

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 4

San Francisco County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	328.88	337.18	321.78	315.36	311.73	304.54	299.98	295.35	267.59
15	358.12	367.16	350.38	343.39	339.43	331.61	326.64	321.60	291.38
16	369.29	378.62	361.31	354.11	350.03	341.96	336.84	331.64	300.47
17	380.47	390.07	372.25	364.83	360.62	352.31	347.03	341.68	309.57
18	392.51	402.42	384.03	376.37	372.03	363.45	358.01	352.49	319.36
19	404.55	414.76	395.81	387.91	383.44	374.60	368.99	363.30	329.16
20	417.02	427.54	408.00	399.87	395.26	386.14	380.37	374.50	339.30
21	429.91	440.76	420.62	412.24	407.48	398.09	392.13	386.08	349.79
22	429.91	440.76	420.62	412.24	407.48	398.09	392.13	386.08	349.79
23	429.91	440.76	420.62	412.24	407.48	398.09	392.13	386.08	349.79
24	429.91	440.76	420.62	412.24	407.48	398.09	392.13	386.08	349.79
25	431.63	442.53	422.30	413.88	409.11	399.68	393.70	387.62	351.19
26	440.23	451.34	430.72	422.13	417.26	407.64	401.54	395.34	358.19
27	450.55	461.92	440.81	432.02	427.04	417.19	410.95	404.61	366.58
28	467.32	479.11	457.22	448.10	442.94	432.72	426.24	419.67	380.23
29	481.07	493.21	470.68	461.29	455.97	445.46	438.79	432.02	391.42
30	487.95	500.27	477.41	467.89	462.49	451.83	445.07	438.20	397.02
31	498.27	510.84	487.50	477.78	472.27	461.38	454.48	447.46	405.41
32	508.59	521.42	497.60	487.67	482.05	470.94	463.89	456.73	413.81
33	515.04	528.03	503.90	493.86	488.17	476.91	469.77	462.52	419.05
34	521.91	535.09	510.63	500.45	494.69	483.28	476.05	468.70	424.65
35	525.35	538.61	514.00	503.75	497.95	486.46	479.18	471.79	427.45
36	528.79	542.14	517.36	507.05	501.21	489.65	482.32	474.88	430.25
37	532.23	545.66	520.73	510.35	504.47	492.83	485.46	477.96	433.04
38	535.67	549.19	524.09	513.65	507.73	496.01	488.59	481.05	435.84
39	542.55	556.24	530.82	520.24	514.25	502.38	494.87	487.23	441.44
40	549.43	563.29	537.55	526.84	520.76	508.75	501.14	493.41	447.04
41	559.75	573.87	547.65	536.73	530.54	518.31	510.55	502.67	455.43
42	569.63	584.01	557.32	546.21	539.92	527.46	519.57	511.55	463.48
43	583.39	598.11	570.78	559.40	552.96	540.20	532.12	523.91	474.67
44	600.59	615.75	587.61	575.89	569.26	556.13	547.80	539.35	488.66
45	620.79	636.46	607.38	595.27	588.41	574.84	566.24	557.50	505.10
46	644.87	661.14	630.93	618.35	611.23	597.13	588.19	579.12	524.69
47	671.95	688.91	657.43	644.32	636.90	622.21	612.90	603.44	546.73
48	702.91	720.65	687.72	674.00	666.24	650.87	641.13	631.24	571.91
49	733.43	751.94	717.58	703.27	695.17	679.13	668.97	658.65	596.75
50	767.82	787.20	751.23	736.25	727.77	710.98	700.34	689.54	624.73
51	801.79	822.02	784.46	768.82	759.96	742.43	731.32	720.04	652.37
52	839.19	860.37	821.05	804.68	795.41	777.06	765.44	753.62	682.80
53	877.02	899.16	858.07	840.96	831.27	812.09	799.94	787.60	713.58
54	917.86	941.03	898.03	880.12	869.98	849.91	837.20	824.28	746.81
55	958.71	982.90	937.99	919.29	908.69	887.73	874.45	860.95	780.04
56	1,002.99	1,028.30	981.31	961.75	950.66	928.73	914.84	900.72	816.07
57	1,047.70	1,074.14	1,025.06	1,004.62	993.04	970.13	955.62	940.87	852.45
58	1,095.42	1,123.06	1,071.74	1,050.38	1,038.27	1,014.32	999.15	983.73	891.27
59	1,119.06	1,147.30	1,094.88	1,073.05	1,060.68	1,036.22	1,020.71	1,004.96	910.51
60	1,166.78	1,196.23	1,141.57	1,118.81	1,105.91	1,080.40	1,064.24	1,047.82	949.34
61	1,208.05	1,238.54	1,181.95	1,158.38	1,145.03	1,118.62	1,101.88	1,084.88	982.92
62	1,235.14	1,266.31	1,208.45	1,184.35	1,170.70	1,143.70	1,126.59	1,109.20	1,004.96
63	1,269.10	1,301.13	1,241.68	1,216.92	1,202.89	1,175.15	1,157.57	1,139.70	1,032.59
64+	1,289.73	1,322.28	1,261.86	1,236.72	1,222.44	1,194.27	1,176.39	1,158.24	1,049.37

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 4

San Francisco County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	365.01	374.22	357.12	350.00	345.97	331.23	319.61	304.85	276.79
15	397.45	407.48	388.86	381.11	376.72	360.67	348.02	331.94	301.39
16	409.86	420.20	401.00	393.01	388.48	371.93	358.88	342.30	310.80
17	422.26	432.92	413.14	404.90	400.23	383.18	369.75	352.66	320.21
18	435.62	446.62	426.21	417.71	412.90	395.31	381.45	363.82	330.34
19	448.98	460.31	439.28	430.52	425.56	407.43	393.14	374.98	340.47
20	462.82	474.50	452.82	443.79	438.68	419.99	405.26	386.54	350.96
21	477.13	489.18	466.82	457.52	452.24	432.98	417.79	398.49	361.82
22	477.13	489.18	466.82	457.52	452.24	432.98	417.79	398.49	361.82
23	477.13	489.18	466.82	457.52	452.24	432.98	417.79	398.49	361.82
24	477.13	489.18	466.82	457.52	452.24	432.98	417.79	398.49	361.82
25	479.04	491.13	468.69	459.35	454.05	434.71	419.46	400.09	363.26
26	488.59	500.92	478.03	468.50	463.10	443.37	427.82	408.06	370.50
27	500.04	512.66	489.23	479.48	473.95	453.76	437.85	417.62	379.18
28	518.65	531.73	507.44	497.32	491.59	470.64	454.14	433.16	393.29
29	533.91	547.39	522.38	511.96	506.06	484.50	467.51	445.91	404.87
30	541.55	555.21	529.84	519.28	513.30	491.43	474.20	452.29	410.66
31	553.00	566.96	541.05	530.26	524.15	501.82	484.22	461.85	419.35
32	564.45	578.70	552.25	541.24	535.00	512.21	494.25	471.42	428.03
33	571.61	586.03	559.25	548.10	541.79	518.70	500.52	477.39	433.46
34	579.24	593.86	566.72	555.42	549.02	525.63	507.20	483.77	439.25
35	583.06	597.77	570.46	559.08	552.64	529.10	510.54	486.96	442.14
36	586.88	601.69	574.19	562.74	556.26	532.56	513.89	490.14	445.03
37	590.69	605.60	577.93	566.40	559.88	536.02	517.23	493.33	447.93
38	594.51	609.51	581.66	570.06	563.49	539.49	520.57	496.52	450.82
39	602.14	617.34	589.13	577.38	570.73	546.42	527.26	502.90	456.61
40	609.78	625.17	596.60	584.70	577.97	553.34	533.94	509.27	462.40
41	621.23	636.91	607.80	595.69	588.82	563.73	543.97	518.84	471.09
42	632.20	648.16	618.54	606.21	599.22	573.69	553.58	528.00	479.41
43	647.47	663.81	633.48	620.85	613.69	587.55	566.95	540.75	490.98
44	666.56	683.38	652.15	639.15	631.78	604.87	583.66	556.69	505.46
45	688.98	706.37	674.09	660.65	653.04	625.22	603.29	575.42	522.46
46	715.70	733.76	700.23	686.27	678.36	649.46	626.69	597.74	542.72
47	745.76	764.58	729.64	715.10	706.86	676.74	653.01	622.84	565.52
48	780.11	799.80	763.26	748.04	739.42	707.91	683.09	651.53	591.57
49	813.99	834.53	796.40	780.52	771.53	738.66	712.76	679.83	617.26
50	852.16	873.67	833.75	817.12	807.71	773.29	746.18	711.71	646.20
51	889.86	912.31	870.63	853.27	843.43	807.50	779.18	743.19	674.79
52	931.37	954.87	911.24	893.07	882.78	845.17	815.53	777.86	706.27
53	973.35	997.92	952.32	933.33	922.57	883.27	852.30	812.92	738.11
54	1,018.68	1,044.39	996.67	976.80	965.54	924.40	891.99	850.78	772.48
55	1,064.01	1,090.86	1,041.02	1,020.26	1,008.50	965.54	931.68	888.64	806.85
56	1,113.15	1,141.25	1,089.10	1,067.38	1,055.08	1,010.13	974.71	929.68	844.12
57	1,162.78	1,192.12	1,137.65	1,114.97	1,102.11	1,055.16	1,018.16	971.12	881.75
58	1,215.74	1,246.42	1,189.47	1,165.75	1,152.31	1,103.22	1,064.54	1,015.36	921.91
59	1,241.98	1,273.33	1,215.14	1,190.91	1,177.19	1,127.04	1,087.52	1,037.27	941.81
60	1,294.94	1,327.62	1,266.96	1,241.70	1,227.39	1,175.10	1,133.89	1,081.51	981.97
61	1,340.75	1,374.58	1,311.77	1,285.62	1,270.80	1,216.66	1,174.00	1,119.76	1,016.70
62	1,370.81	1,405.40	1,341.18	1,314.44	1,299.29	1,243.94	1,200.32	1,144.87	1,039.50
63	1,408.50	1,444.05	1,378.06	1,350.59	1,335.02	1,278.14	1,233.33	1,176.35	1,068.08
64+	1,431.39	1,467.54	1,400.46	1,372.56	1,356.72	1,298.94	1,253.37	1,195.47	1,085.46

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 5

Contra Costa County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	471.32	483.22	461.14	451.94	446.74	436.43	429.90	423.27	383.49
15	513.22	526.17	502.13	492.12	486.45	475.23	468.12	460.89	417.58
16	529.24	542.60	517.80	507.48	501.63	490.06	482.73	475.28	430.61
17	545.26	559.02	533.47	522.84	516.81	504.89	497.34	489.66	443.64
18	562.51	576.70	550.35	539.38	533.16	520.87	513.07	505.15	457.68
19	579.76	594.39	567.23	555.92	549.51	536.84	528.81	520.65	471.71
20	597.63	612.71	584.71	573.05	566.45	553.38	545.10	536.69	486.25
21	616.11	631.66	602.80	590.78	583.97	570.50	561.96	553.29	501.29
22	616.11	631.66	602.80	590.78	583.97	570.50	561.96	553.29	501.29
23	616.11	631.66	602.80	590.78	583.97	570.50	561.96	553.29	501.29
24	616.11	631.66	602.80	590.78	583.97	570.50	561.96	553.29	501.29
25	618.57	634.19	605.21	593.14	586.30	572.78	564.21	555.50	503.30
26	630.90	646.82	617.26	604.96	597.98	584.19	575.45	566.57	513.32
27	645.68	661.98	631.73	619.13	612.00	597.88	588.94	579.85	525.35
28	669.71	686.61	655.24	642.17	634.77	620.13	610.85	601.43	544.90
29	689.43	706.83	674.53	661.08	653.46	638.39	628.84	619.13	560.94
30	699.28	716.93	684.17	670.53	662.80	647.52	637.83	627.98	568.97
31	714.07	732.09	698.64	684.71	676.82	661.21	651.31	641.26	581.00
32	728.86	747.25	713.11	698.89	690.83	674.90	664.80	654.54	593.03
33	738.10	756.73	722.15	707.75	699.59	683.46	673.23	662.84	600.55
34	747.96	766.83	731.79	717.20	708.94	692.59	682.22	671.69	608.57
35	752.89	771.89	736.62	721.93	713.61	697.15	686.72	676.12	612.58
36	757.82	776.94	741.44	726.66	718.28	701.71	691.21	680.55	616.59
37	762.74	781.99	746.26	731.38	722.95	706.28	695.71	684.97	620.60
38	767.67	787.05	751.08	736.11	727.62	710.84	700.21	689.40	624.61
39	777.53	797.15	760.73	745.56	736.97	719.97	709.20	698.25	632.63
40	787.39	807.26	770.37	755.01	746.31	729.10	718.19	707.11	640.65
41	802.18	822.42	784.84	769.19	760.33	742.79	731.68	720.38	652.68
42	816.35	836.95	798.70	782.78	773.76	755.91	744.60	733.11	664.21
43	836.06	857.16	817.99	801.68	792.44	774.17	762.58	750.82	680.25
44	860.71	882.43	842.10	825.32	815.80	796.99	785.06	772.95	700.30
45	889.66	912.12	870.44	853.08	843.25	823.80	811.47	798.95	723.86
46	924.16	947.49	904.19	886.17	875.95	855.75	842.94	829.94	751.94
47	962.98	987.28	942.17	923.38	912.74	891.69	878.35	864.79	783.52
48	1,007.34	1,032.76	985.57	965.92	954.79	932.77	918.81	904.63	819.61
49	1,051.08	1,077.61	1,028.37	1,007.87	996.25	973.27	958.71	943.91	855.20
50	1,100.37	1,128.14	1,076.59	1,055.13	1,042.97	1,018.91	1,003.67	988.18	895.31
51	1,149.05	1,178.04	1,124.21	1,101.80	1,089.10	1,063.98	1,048.06	1,031.89	934.91
52	1,202.65	1,233.00	1,176.66	1,153.20	1,139.90	1,113.61	1,096.95	1,080.02	978.52
53	1,256.86	1,288.58	1,229.70	1,205.18	1,191.29	1,163.82	1,146.40	1,128.71	1,022.63
54	1,315.39	1,348.59	1,286.97	1,261.31	1,246.77	1,218.01	1,199.79	1,181.28	1,070.26
55	1,373.93	1,408.60	1,344.23	1,317.43	1,302.25	1,272.21	1,253.18	1,233.84	1,117.88
56	1,437.38	1,473.66	1,406.32	1,378.28	1,362.40	1,330.97	1,311.06	1,290.83	1,169.51
57	1,501.46	1,539.35	1,469.01	1,439.72	1,423.13	1,390.31	1,369.50	1,348.37	1,221.65
58	1,569.85	1,609.47	1,535.92	1,505.30	1,487.95	1,453.63	1,431.88	1,409.78	1,277.29
59	1,603.73	1,644.21	1,569.08	1,537.79	1,520.07	1,485.01	1,462.79	1,440.22	1,304.86
60	1,672.12	1,714.32	1,635.99	1,603.37	1,584.89	1,548.33	1,525.17	1,501.63	1,360.50
61	1,731.27	1,774.96	1,693.85	1,660.08	1,640.95	1,603.10	1,579.12	1,554.75	1,408.63
62	1,770.08	1,814.76	1,731.83	1,697.30	1,677.74	1,639.04	1,614.52	1,589.60	1,440.21
63	1,818.76	1,864.66	1,779.45	1,743.97	1,723.87	1,684.11	1,658.91	1,633.31	1,479.81
64+	1,848.33	1,894.98	1,808.40	1,772.34	1,751.91	1,711.50	1,685.88	1,659.87	1,503.87

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 5

Contra Costa County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	523.09	536.30	511.79	501.59	495.80	474.68	458.04	436.88	396.67
15	569.59	583.97	557.28	546.17	539.88	516.88	498.75	475.71	431.93
16	587.37	602.19	574.68	563.22	556.73	533.01	514.32	490.56	445.41
17	605.15	620.42	592.07	580.27	573.58	549.14	529.89	505.41	458.89
18	624.29	640.05	610.80	598.62	591.73	566.52	546.65	521.40	473.41
19	643.44	659.68	629.54	616.98	609.87	583.89	563.42	537.39	487.93
20	663.27	680.01	648.94	636.00	628.67	601.88	580.78	553.95	502.97
21	683.78	701.04	669.01	655.67	648.11	620.50	598.74	571.08	518.52
22	683.78	701.04	669.01	655.67	648.11	620.50	598.74	571.08	518.52
23	683.78	701.04	669.01	655.67	648.11	620.50	598.74	571.08	518.52
24	683.78	701.04	669.01	655.67	648.11	620.50	598.74	571.08	518.52
25	686.52	703.84	671.68	658.29	650.70	622.98	601.14	573.36	520.60
26	700.19	717.87	685.06	671.40	663.67	635.39	613.11	584.79	530.97
27	716.61	734.69	701.12	687.14	679.22	650.28	627.48	598.49	543.41
28	743.27	762.03	727.21	712.71	704.50	674.48	650.83	620.76	563.63
29	765.15	784.46	748.62	733.69	725.24	694.34	669.99	639.04	580.22
30	776.09	795.68	759.32	744.18	735.61	704.27	679.57	648.18	588.52
31	792.51	812.51	775.38	759.92	751.16	719.16	693.94	661.88	600.97
32	808.92	829.33	791.43	775.66	766.72	734.05	708.31	675.59	613.41
33	819.17	839.85	801.47	785.49	776.44	743.36	717.29	684.15	621.19
34	830.11	851.06	812.17	795.98	786.81	753.29	726.87	693.29	629.48
35	835.58	856.67	817.53	801.23	791.99	758.25	731.66	697.86	633.63
36	841.05	862.28	822.88	806.47	797.18	763.21	736.45	702.43	637.78
37	846.52	867.89	828.23	811.72	802.36	768.18	741.24	707.00	641.93
38	851.99	873.50	833.58	816.96	807.55	773.14	746.03	711.57	646.08
39	862.94	884.71	844.29	827.45	817.92	783.07	755.61	720.70	654.37
40	873.88	895.93	854.99	837.94	828.29	793.00	765.19	729.84	662.67
41	890.29	912.75	871.05	853.68	843.84	807.89	779.56	743.55	675.11
42	906.01	928.88	886.43	868.76	858.75	822.16	793.33	756.68	687.04
43	927.89	951.31	907.84	889.74	879.49	842.02	812.49	774.96	703.63
44	955.25	979.35	934.60	915.97	905.41	866.84	836.44	797.80	724.37
45	987.38	1,012.30	966.05	946.78	935.87	896.00	864.58	824.64	748.74
46	1,025.68	1,051.56	1,003.51	983.50	972.17	930.75	898.11	856.62	777.78
47	1,068.75	1,095.73	1,045.66	1,024.81	1,013.00	969.84	935.83	892.60	810.45
48	1,117.99	1,146.20	1,093.83	1,072.02	1,059.66	1,014.52	978.94	933.72	847.78
49	1,166.54	1,195.98	1,141.33	1,118.57	1,105.68	1,058.57	1,021.45	974.26	884.60
50	1,221.24	1,252.06	1,194.85	1,171.02	1,157.53	1,108.21	1,069.35	1,019.95	926.08
51	1,275.26	1,307.44	1,247.70	1,222.82	1,208.73	1,157.23	1,116.65	1,065.06	967.04
52	1,334.75	1,368.43	1,305.90	1,279.86	1,265.11	1,211.21	1,168.74	1,114.75	1,012.15
53	1,394.92	1,430.12	1,364.77	1,337.56	1,322.15	1,265.82	1,221.43	1,165.00	1,057.78
54	1,459.88	1,496.72	1,428.33	1,399.85	1,383.72	1,324.77	1,278.31	1,219.26	1,107.04
55	1,524.84	1,563.32	1,491.88	1,462.14	1,445.29	1,383.71	1,335.19	1,273.51	1,156.30
56	1,595.27	1,635.53	1,560.79	1,529.67	1,512.04	1,447.62	1,396.86	1,332.33	1,209.71
57	1,666.38	1,708.44	1,630.37	1,597.86	1,579.45	1,512.16	1,459.13	1,391.72	1,263.64
58	1,742.28	1,786.25	1,704.63	1,670.64	1,651.39	1,581.03	1,525.59	1,455.11	1,321.19
59	1,779.89	1,824.81	1,741.42	1,706.70	1,687.03	1,615.16	1,558.52	1,486.52	1,349.71
60	1,855.79	1,902.62	1,815.68	1,779.48	1,758.97	1,684.03	1,624.98	1,549.91	1,407.27
61	1,921.43	1,969.92	1,879.91	1,842.43	1,821.19	1,743.60	1,682.46	1,604.73	1,457.04
62	1,964.51	2,014.09	1,922.06	1,883.73	1,862.02	1,782.69	1,720.18	1,640.71	1,489.71
63	2,018.53	2,069.47	1,974.91	1,935.53	1,913.22	1,831.71	1,767.48	1,685.83	1,530.67
64+	2,051.34	2,103.12	2,007.03	1,967.01	1,944.33	1,861.50	1,796.22	1,713.24	1,555.56

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 6

Alameda County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	313.43	321.34	306.65	300.54	297.08	290.23	285.88	281.47	255.02
15	341.29	349.90	333.91	327.26	323.48	316.02	311.29	306.49	277.69
16	351.94	360.82	344.34	337.47	333.58	325.89	321.01	316.06	286.35
17	362.59	371.74	354.76	347.68	343.68	335.75	330.73	325.62	295.02
18	374.07	383.51	365.98	358.68	354.55	346.37	341.19	335.93	304.35
19	385.54	395.27	377.21	369.68	365.42	357.00	351.65	346.23	313.69
20	397.42	407.45	388.83	381.08	376.69	368.00	362.49	356.90	323.36
21	409.71	420.05	400.86	392.86	388.34	379.38	373.70	367.94	333.36
22	409.71	420.05	400.86	392.86	388.34	379.38	373.70	367.94	333.36
23	409.71	420.05	400.86	392.86	388.34	379.38	373.70	367.94	333.36
24	409.71	420.05	400.86	392.86	388.34	379.38	373.70	367.94	333.36
25	411.35	421.73	402.46	394.44	389.89	380.90	375.20	369.41	334.69
26	419.54	430.13	410.48	402.29	397.66	388.48	382.67	376.77	341.36
27	429.38	440.21	420.10	411.72	406.98	397.59	391.64	385.60	349.36
28	445.36	456.59	435.73	427.04	422.12	412.39	406.21	399.95	362.36
29	458.47	470.04	448.56	439.61	434.55	424.53	418.17	411.72	373.03
30	465.02	476.76	454.97	445.90	440.76	430.60	424.15	417.61	378.36
31	474.85	486.84	464.59	455.33	450.08	439.70	433.12	426.44	386.36
32	484.69	496.92	474.21	464.76	459.40	448.81	442.09	435.27	394.36
33	490.83	503.22	480.23	470.65	465.23	454.50	447.70	440.79	399.36
34	497.39	509.94	486.64	476.94	471.44	460.57	453.68	446.67	404.69
35	500.67	513.30	489.85	480.08	474.55	463.60	456.66	449.62	407.36
36	503.94	516.66	493.05	483.22	477.65	466.64	459.65	452.56	410.03
37	507.22	520.02	496.26	486.37	480.76	469.67	462.64	455.50	412.70
38	510.50	523.38	499.47	489.51	483.87	472.71	465.63	458.45	415.36
39	517.05	530.10	505.88	495.79	490.08	478.78	471.61	464.34	420.70
40	523.61	536.82	512.29	502.08	496.29	484.85	477.59	470.22	426.03
41	533.44	546.91	521.91	511.51	505.61	493.95	486.56	479.05	434.03
42	542.87	556.57	531.13	520.54	514.55	502.68	495.16	487.52	441.70
43	555.98	570.01	543.96	533.12	526.97	514.82	507.11	499.29	452.36
44	572.37	586.81	560.00	548.83	542.51	529.99	522.06	514.01	465.70
45	591.62	606.55	578.84	567.30	560.76	547.82	539.63	531.30	481.37
46	614.57	630.08	601.28	589.30	582.50	569.07	560.55	551.90	500.03
47	640.38	656.54	626.54	614.05	606.97	592.97	584.10	575.08	521.04
48	669.88	686.78	655.40	642.33	634.93	620.28	611.00	601.58	545.04
49	698.97	716.61	683.86	670.23	662.50	647.22	637.54	627.70	568.71
50	731.74	750.21	715.93	701.65	693.57	677.57	667.43	657.13	595.37
51	764.11	783.39	747.60	732.69	724.25	707.54	696.96	686.20	621.71
52	799.75	819.94	782.47	766.87	758.03	740.55	729.47	718.21	650.71
53	835.81	856.90	817.75	801.44	792.21	773.93	762.35	750.59	680.05
54	874.73	896.81	855.83	838.76	829.10	809.97	797.86	785.54	711.72
55	913.65	936.71	893.91	876.09	865.99	846.02	833.36	820.50	743.38
56	955.85	979.98	935.20	916.55	905.99	885.09	871.85	858.39	777.72
57	998.46	1,023.66	976.89	957.41	946.37	924.55	910.71	896.66	812.39
58	1,043.94	1,070.29	1,021.38	1,001.02	989.48	966.66	952.19	937.50	849.39
59	1,066.48	1,093.39	1,043.43	1,022.62	1,010.84	987.52	972.75	957.74	867.73
60	1,111.95	1,140.02	1,087.92	1,066.23	1,053.94	1,029.63	1,014.23	998.58	904.73
61	1,151.29	1,180.34	1,126.41	1,103.95	1,091.22	1,066.06	1,050.10	1,033.90	936.73
62	1,177.10	1,206.80	1,151.66	1,128.70	1,115.69	1,089.96	1,073.65	1,057.08	957.73
63	1,209.47	1,239.99	1,183.33	1,159.73	1,146.37	1,119.93	1,103.17	1,086.15	984.07
64+	1,229.13	1,260.15	1,202.58	1,178.58	1,165.02	1,138.14	1,121.10	1,103.82	1,000.08

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 6

Alameda County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	347.86	356.63	340.34	333.55	329.71	315.66	304.59	290.52	263.78
15	378.78	388.34	370.59	363.20	359.02	343.72	331.67	316.34	287.23
16	390.60	400.46	382.16	374.54	370.22	354.45	342.02	326.22	296.20
17	402.42	412.58	393.72	385.87	381.43	365.18	352.37	336.09	305.16
18	415.15	425.63	406.18	398.08	393.49	376.73	363.52	346.73	314.82
19	427.89	438.68	418.64	410.29	405.56	388.28	374.67	357.36	324.47
20	441.07	452.20	431.54	422.94	418.06	400.25	386.22	368.37	334.47
21	454.71	466.19	444.89	436.02	430.99	412.63	398.16	379.77	344.81
22	454.71	466.19	444.89	436.02	430.99	412.63	398.16	379.77	344.81
23	454.71	466.19	444.89	436.02	430.99	412.63	398.16	379.77	344.81
24	454.71	466.19	444.89	436.02	430.99	412.63	398.16	379.77	344.81
25	456.53	468.05	446.67	437.76	432.71	414.28	399.75	381.28	346.19
26	465.63	477.38	455.56	446.48	441.33	422.53	407.72	388.88	353.09
27	476.54	488.57	466.24	456.95	451.68	432.44	417.27	397.99	361.37
28	494.27	506.75	483.59	473.95	468.49	448.53	432.80	412.81	374.81
29	508.82	521.67	497.83	487.90	482.28	461.73	445.54	424.96	385.85
30	516.10	529.12	504.95	494.88	489.17	468.33	451.91	431.03	391.36
31	527.01	540.31	515.62	505.34	499.52	478.24	461.47	440.15	399.64
32	537.93	551.50	526.30	515.81	509.86	488.14	471.02	449.26	407.92
33	544.75	558.49	532.97	522.35	516.33	494.33	477.00	454.96	413.09
34	552.02	565.95	540.09	529.32	523.22	500.93	483.37	461.04	418.60
35	555.66	569.68	543.65	532.81	526.67	504.23	486.55	464.07	421.36
36	559.30	573.41	547.21	536.30	530.12	507.53	489.74	467.11	424.12
37	562.93	577.14	550.77	539.79	533.57	510.84	492.92	470.15	426.88
38	566.57	580.87	554.33	543.28	537.01	514.14	496.11	473.19	429.64
39	573.85	588.33	561.45	550.25	543.91	520.74	502.48	479.26	435.16
40	581.12	595.79	568.56	557.23	550.81	527.34	508.85	485.34	440.67
41	592.04	606.98	579.24	567.69	561.15	537.24	518.40	494.45	448.95
42	602.50	617.70	589.47	577.72	571.06	546.73	527.56	503.19	456.88
43	617.05	632.62	603.71	591.67	584.85	559.94	540.30	515.34	467.91
44	635.23	651.27	621.51	609.11	602.09	576.44	556.23	530.53	481.71
45	656.61	673.18	642.42	629.61	622.35	595.84	574.94	548.38	497.91
46	682.07	699.28	667.33	654.02	646.49	618.94	597.24	569.65	517.22
47	710.72	728.65	695.36	681.49	673.64	644.94	622.32	593.57	538.94
48	743.46	762.22	727.39	712.89	704.67	674.65	650.99	620.92	563.77
49	775.74	795.32	758.98	743.84	735.27	703.95	679.26	647.88	588.25
50	812.12	832.61	794.57	778.73	769.75	736.96	711.11	678.26	615.84
51	848.04	869.44	829.71	813.17	803.80	769.55	742.57	708.26	643.08
52	887.60	910.00	868.42	851.10	841.29	805.45	777.21	741.30	673.08
53	927.61	951.03	907.57	889.47	879.22	841.76	812.25	774.72	703.42
54	970.81	995.31	949.83	930.89	920.17	880.96	850.07	810.80	736.18
55	1,014.01	1,039.60	992.10	972.32	961.11	920.16	887.90	846.88	768.94
56	1,060.85	1,087.62	1,037.92	1,017.23	1,005.50	962.66	928.91	885.99	804.45
57	1,108.14	1,136.10	1,084.19	1,062.57	1,050.32	1,005.58	970.32	925.49	840.31
58	1,158.61	1,187.85	1,133.57	1,110.97	1,098.16	1,051.38	1,014.51	967.64	878.59
59	1,183.62	1,213.49	1,158.04	1,134.95	1,121.87	1,074.07	1,036.41	988.53	897.55
60	1,234.09	1,265.24	1,207.42	1,183.35	1,169.71	1,119.88	1,080.61	1,030.68	935.83
61	1,277.74	1,309.99	1,250.13	1,225.21	1,211.08	1,159.49	1,118.83	1,067.14	968.93
62	1,306.39	1,339.36	1,278.16	1,252.67	1,238.24	1,185.48	1,143.92	1,091.07	990.65
63	1,342.31	1,376.19	1,313.30	1,287.12	1,272.29	1,218.08	1,175.37	1,121.07	1,017.89
64+	1,364.13	1,398.57	1,334.67	1,308.06	1,292.97	1,237.89	1,194.48	1,139.31	1,034.43

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 7

Santa Clara County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	322.73	330.87	315.75	309.46	305.89	298.84	294.37	289.82	262.58
15	351.42	360.28	343.82	336.97	333.08	325.40	320.53	315.58	285.92
16	362.38	371.53	354.55	347.48	343.48	335.56	330.54	325.43	294.85
17	373.35	382.77	365.28	358.00	353.87	345.71	340.54	335.28	303.77
18	385.16	394.89	376.84	369.33	365.07	356.65	351.31	345.89	313.38
19	396.98	407.00	388.40	380.65	376.27	367.59	362.09	356.50	323.00
20	409.21	419.54	400.37	392.38	387.86	378.92	373.25	367.49	332.95
21	421.87	432.51	412.75	404.52	399.86	390.64	384.79	378.85	343.25
22	421.87	432.51	412.75	404.52	399.86	390.64	384.79	378.85	343.25
23	421.87	432.51	412.75	404.52	399.86	390.64	384.79	378.85	343.25
24	421.87	432.51	412.75	404.52	399.86	390.64	384.79	378.85	343.25
25	423.55	434.24	414.40	406.14	401.46	392.20	386.33	380.37	344.62
26	431.99	442.89	422.66	414.23	409.45	400.01	394.03	387.95	351.49
27	442.12	453.27	432.56	423.94	419.05	409.39	403.26	397.04	359.72
28	458.57	470.14	448.66	439.71	434.65	424.62	418.27	411.81	373.11
29	472.07	483.98	461.87	452.66	447.44	437.12	430.58	423.94	384.09
30	478.82	490.90	468.47	459.13	453.84	443.37	436.74	430.00	389.59
31	488.94	501.28	478.38	468.84	463.44	452.75	445.97	439.09	397.82
32	499.07	511.66	488.28	478.55	473.03	462.12	455.21	448.18	406.06
33	505.40	518.15	494.47	484.62	479.03	467.98	460.98	453.87	411.21
34	512.15	525.07	501.08	491.09	485.43	474.23	467.14	459.93	416.70
35	515.52	528.53	504.38	494.32	488.63	477.36	470.21	462.96	419.45
36	518.90	531.99	507.68	497.56	491.83	480.48	473.29	465.99	422.19
37	522.27	535.45	510.98	500.80	495.02	483.61	476.37	469.02	424.94
38	525.65	538.91	514.29	504.03	498.22	486.73	479.45	472.05	427.69
39	532.40	545.83	520.89	510.50	504.62	492.98	485.61	478.11	433.18
40	539.15	552.75	527.49	516.98	511.02	499.23	491.76	484.17	438.67
41	549.27	563.13	537.40	526.69	520.62	508.61	501.00	493.27	446.91
42	558.97	573.08	546.89	535.99	529.81	517.59	509.85	501.98	454.80
43	572.47	586.92	560.10	548.93	542.61	530.09	522.16	514.10	465.79
44	589.35	604.22	576.61	565.12	558.60	545.72	537.55	529.26	479.52
45	609.18	624.55	596.01	584.13	577.40	564.08	555.64	547.06	495.65
46	632.80	648.77	619.12	606.78	599.79	585.95	577.19	568.28	514.87
47	659.38	676.02	645.13	632.27	624.98	610.56	601.43	592.15	536.50
48	689.75	707.16	674.85	661.39	653.77	638.69	629.13	619.42	561.21
49	719.70	737.87	704.15	690.11	682.16	666.42	656.45	646.32	585.58
50	753.45	772.47	737.17	722.47	714.15	697.68	687.24	676.63	613.04
51	786.78	806.64	769.78	754.43	745.74	728.54	717.64	706.56	640.16
52	823.48	844.27	805.69	789.62	780.52	762.52	751.11	739.52	670.02
53	860.61	882.33	842.01	825.22	815.71	796.90	784.97	772.86	700.22
54	900.69	923.42	881.22	863.65	853.70	834.01	821.53	808.85	732.83
55	940.76	964.51	920.43	902.08	891.68	871.12	858.08	844.84	765.44
56	984.22	1,009.05	962.95	943.75	932.87	911.35	897.72	883.86	800.80
57	1,028.09	1,054.04	1,005.87	985.82	974.45	951.98	937.74	923.26	836.49
58	1,074.92	1,102.04	1,051.69	1,030.72	1,018.84	995.34	980.45	965.32	874.59
59	1,098.12	1,125.83	1,074.39	1,052.97	1,040.83	1,016.82	1,001.61	986.15	893.47
60	1,144.95	1,173.84	1,120.20	1,097.87	1,085.22	1,060.19	1,044.32	1,028.21	931.57
61	1,185.45	1,215.36	1,159.83	1,136.70	1,123.60	1,097.69	1,081.26	1,064.58	964.52
62	1,212.02	1,242.61	1,185.83	1,162.19	1,148.79	1,122.30	1,105.50	1,088.44	986.15
63	1,245.35	1,276.78	1,218.44	1,194.14	1,180.38	1,153.16	1,135.90	1,118.37	1,013.27
64+	1,265.61	1,297.53	1,238.25	1,213.56	1,199.58	1,171.92	1,154.37	1,136.55	1,029.75

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 7

Santa Clara County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	358.18	367.22	350.44	343.45	339.49	325.03	313.63	299.14	271.61
15	390.01	399.86	381.59	373.98	369.67	353.92	341.51	325.73	295.75
16	402.19	412.34	393.50	385.65	381.21	364.97	352.17	335.90	304.98
17	414.36	424.82	405.41	397.32	392.74	376.01	362.83	346.06	314.21
18	427.47	438.26	418.23	409.89	405.17	387.91	374.31	357.01	324.16
19	440.58	451.70	431.06	422.47	417.60	399.80	385.79	367.96	334.10
20	454.16	465.62	444.34	435.48	430.47	412.13	397.68	379.30	344.39
21	468.20	480.02	458.09	448.95	443.78	424.87	409.97	391.03	355.05
22	468.20	480.02	458.09	448.95	443.78	424.87	409.97	391.03	355.05
23	468.20	480.02	458.09	448.95	443.78	424.87	409.97	391.03	355.05
24	468.20	480.02	458.09	448.95	443.78	424.87	409.97	391.03	355.05
25	470.08	481.94	459.92	450.75	445.55	426.57	411.61	392.60	356.47
26	479.44	491.54	469.08	459.73	454.43	435.07	419.81	400.42	363.57
27	490.68	503.06	480.07	470.50	465.08	445.27	429.65	409.80	372.09
28	508.94	521.78	497.94	488.01	482.39	461.84	445.64	425.05	385.93
29	523.92	537.14	512.60	502.38	496.59	475.43	458.76	437.57	397.30
30	531.41	544.82	519.93	509.56	503.69	482.23	465.32	443.82	402.98
31	542.65	556.34	530.92	520.34	514.34	492.43	475.16	453.21	411.50
32	553.89	567.87	541.92	531.11	524.99	502.62	485.00	462.59	420.02
33	560.91	575.07	548.79	537.85	531.65	509.00	491.15	468.46	425.34
34	568.40	582.75	556.12	545.03	538.75	515.80	497.71	474.71	431.02
35	572.15	586.59	559.78	548.62	542.30	519.19	500.99	477.84	433.87
36	575.89	590.43	563.45	552.21	545.85	522.59	504.27	480.97	436.71
37	579.64	594.27	567.11	555.80	549.40	525.99	507.55	484.10	439.55
38	583.38	598.11	570.78	559.40	552.95	529.39	510.83	487.23	442.39
39	590.87	605.79	578.11	566.58	560.05	536.19	517.39	493.48	448.07
40	598.37	613.47	585.43	573.76	567.15	542.99	523.95	499.74	453.75
41	609.60	624.99	596.43	584.54	577.80	553.18	533.79	509.13	462.27
42	620.37	636.03	606.96	594.86	588.01	562.96	543.22	518.12	470.43
43	635.35	651.39	621.62	609.23	602.21	576.55	556.34	530.63	481.80
44	654.08	670.59	639.95	627.19	619.96	593.55	572.73	546.27	496.00
45	676.09	693.15	661.48	648.29	640.82	613.52	592.00	564.65	512.69
46	702.31	720.03	687.13	673.43	665.67	637.31	614.96	586.55	532.57
47	731.80	750.27	715.99	701.71	693.63	664.08	640.79	611.19	554.94
48	765.52	784.83	748.97	734.04	725.58	694.67	670.31	639.34	580.50
49	798.76	818.92	781.50	765.91	757.09	724.83	699.42	667.10	605.71
50	836.21	857.32	818.14	801.83	792.59	758.82	732.21	698.39	634.11
51	873.20	895.24	854.33	837.30	827.65	792.39	764.60	729.28	662.16
52	913.94	937.00	894.18	876.36	866.26	829.35	800.27	763.30	693.05
53	955.14	979.24	934.50	915.86	905.31	866.74	836.35	797.71	724.29
54	999.62	1,024.85	978.01	958.52	947.47	907.10	875.30	834.86	758.02
55	1,044.10	1,070.45	1,021.53	1,001.17	989.63	947.47	914.24	872.00	791.75
56	1,092.32	1,119.89	1,068.72	1,047.41	1,035.34	991.23	956.47	912.28	828.32
57	1,141.02	1,169.81	1,116.36	1,094.10	1,081.49	1,035.41	999.11	952.95	865.24
58	1,192.99	1,223.09	1,167.20	1,143.93	1,130.75	1,082.57	1,044.61	996.35	904.65
59	1,218.74	1,249.50	1,192.40	1,168.63	1,155.16	1,105.94	1,067.16	1,017.86	924.18
60	1,270.71	1,302.78	1,243.25	1,218.46	1,204.42	1,153.10	1,112.67	1,061.27	963.59
61	1,315.66	1,348.86	1,287.22	1,261.56	1,247.02	1,193.89	1,152.03	1,098.80	997.68
62	1,345.15	1,379.10	1,316.08	1,289.84	1,274.98	1,220.66	1,177.86	1,123.44	1,020.04
63	1,382.14	1,417.02	1,352.27	1,325.31	1,310.04	1,254.22	1,210.24	1,154.33	1,048.09
64+	1,404.60	1,440.06	1,374.27	1,346.85	1,331.34	1,274.61	1,229.91	1,173.09	1,065.15

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 7

Santa Clara County (continued)

Age	SmartCare HMO Platinum $0	SmartCare HMO Platinum $10	SmartCare HMO Platinum $20	SmartCare HMO Platinum $30	SmartCare HMO Gold $30	SmartCare HMO Gold $35	SmartCare HMO Gold $40	SmartCare HMO Gold $50	SmartCare HMO Silver $50
0-14	309.57	317.38	302.88	295.65	293.42	286.65	282.36	276.89	250.87
15	337.08	345.59	329.80	321.93	319.50	312.13	307.46	301.50	273.17
16	347.61	356.38	340.09	331.98	329.47	321.87	317.06	310.91	281.69
17	358.13	367.16	350.39	342.03	339.44	331.61	326.65	320.33	290.22
18	369.46	378.78	361.47	352.85	350.18	342.11	336.99	330.46	299.40
19	380.79	390.40	372.56	363.67	360.92	352.60	347.32	340.59	308.59
20	392.52	402.43	384.04	374.88	372.05	363.46	358.03	351.09	318.10
21	404.66	414.88	395.92	386.47	383.55	374.71	369.10	361.95	327.93
22	404.66	414.88	395.92	386.47	383.55	374.71	369.10	361.95	327.93
23	404.66	414.88	395.92	386.47	383.55	374.71	369.10	361.95	327.93
24	404.66	414.88	395.92	386.47	383.55	374.71	369.10	361.95	327.93
25	406.28	416.53	397.50	388.02	385.09	376.20	370.58	363.40	329.25
26	414.37	424.83	405.42	395.75	392.76	383.70	377.96	370.64	335.80
27	424.09	434.79	414.92	405.02	401.96	392.69	386.82	379.32	343.67
28	439.87	450.97	430.36	420.09	416.92	407.30	401.21	393.44	356.46
29	452.82	464.25	443.03	432.46	429.19	419.30	413.02	405.02	366.96
30	459.29	470.88	449.37	438.65	435.33	425.29	418.93	410.81	372.20
31	469.00	480.84	458.87	447.92	444.54	434.28	427.79	419.50	380.07
32	478.72	490.80	468.37	457.20	453.74	443.28	436.64	428.19	387.95
33	484.79	497.02	474.31	462.99	459.49	448.90	442.18	433.62	392.86
34	491.26	503.66	480.64	469.18	465.63	454.89	448.09	439.41	398.11
35	494.50	506.98	483.81	472.27	468.70	457.89	451.04	442.30	400.73
36	497.74	510.30	486.98	475.36	471.77	460.89	453.99	445.20	403.36
37	500.97	513.62	490.15	478.45	474.84	463.89	456.94	448.09	405.98
38	504.21	516.93	493.31	481.54	477.91	466.88	459.90	450.99	408.60
39	510.68	523.57	499.65	487.73	484.04	472.88	465.80	456.78	413.85
40	517.16	530.21	505.98	493.91	490.18	478.87	471.71	462.57	419.10
41	526.87	540.17	515.48	503.19	499.38	487.87	480.57	471.26	426.97
42	536.18	549.71	524.59	512.08	508.21	496.48	489.06	479.58	434.51
43	549.13	562.99	537.26	524.44	520.48	508.47	500.87	491.17	445.01
44	565.31	579.58	553.10	539.90	535.82	523.46	515.63	505.64	458.12
45	584.33	599.08	571.71	558.07	553.85	541.07	532.98	522.65	473.54
46	606.99	622.31	593.88	579.71	575.33	562.06	553.65	542.92	491.90
47	632.49	648.45	618.82	604.06	599.49	585.66	576.90	565.73	512.56
48	661.62	678.32	647.33	631.88	627.11	612.64	603.48	591.79	536.17
49	690.35	707.78	675.44	659.32	654.34	639.25	629.68	617.49	559.45
50	722.73	740.97	707.11	690.24	685.02	669.22	659.21	646.44	585.69
51	754.70	773.74	738.39	720.77	715.32	698.83	688.37	675.04	611.60
52	789.90	809.84	772.83	754.39	748.69	731.42	720.48	706.53	640.13
53	825.51	846.35	807.67	788.40	782.45	764.40	752.96	738.38	668.98
54	863.96	885.76	845.28	825.12	818.88	800.00	788.03	772.76	700.14
55	902.40	925.17	882.90	861.83	855.32	835.59	823.09	807.15	731.29
56	944.08	967.90	923.68	901.64	894.83	874.19	861.11	844.43	765.07
57	986.16	1,011.05	964.85	941.83	934.72	913.16	899.49	882.07	799.17
58	1,031.08	1,057.10	1,008.80	984.73	977.29	954.75	940.46	922.25	835.57
59	1,053.34	1,079.92	1,030.57	1,005.99	998.39	975.36	960.76	942.15	853.61
60	1,098.26	1,125.97	1,074.52	1,048.88	1,040.96	1,016.95	1,001.73	982.33	890.01
61	1,137.10	1,165.80	1,112.53	1,085.99	1,077.78	1,052.92	1,037.17	1,017.08	921.49
62	1,162.60	1,191.94	1,137.47	1,110.33	1,101.94	1,076.53	1,060.42	1,039.88	942.15
63	1,194.56	1,224.71	1,168.75	1,140.86	1,132.24	1,106.13	1,089.58	1,068.47	968.06
64+	1,213.98	1,244.64	1,187.76	1,159.41	1,150.65	1,124.13	1,107.30	1,085.85	983.79

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 8

San Mateo County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	340.72	349.32	333.36	326.71	322.95	315.50	310.78	305.98	277.23
15	371.01	380.37	362.99	355.76	351.66	343.55	338.40	333.18	301.87
16	382.59	392.25	374.32	366.86	362.63	354.27	348.97	343.58	311.29
17	394.17	404.12	385.65	377.96	373.61	364.99	359.53	353.98	320.71
18	406.64	416.91	397.85	389.92	385.43	376.54	370.90	365.18	330.86
19	419.11	429.69	410.06	401.88	397.25	388.09	382.28	376.38	341.01
20	432.03	442.93	422.69	414.27	409.49	400.05	394.06	387.98	351.52
21	445.39	456.63	435.77	427.08	422.16	412.42	406.25	399.98	362.39
22	445.39	456.63	435.77	427.08	422.16	412.42	406.25	399.98	362.39
23	445.39	456.63	435.77	427.08	422.16	412.42	406.25	399.98	362.39
24	445.39	456.63	435.77	427.08	422.16	412.42	406.25	399.98	362.39
25	447.17	458.46	437.51	428.79	423.84	414.07	407.87	401.58	363.84
26	456.08	467.59	446.22	437.33	432.29	422.32	416.00	409.58	371.09
27	466.77	478.55	456.68	447.58	442.42	432.22	425.75	419.18	379.78
28	484.14	496.36	473.68	464.23	458.88	448.30	441.59	434.78	393.92
29	498.39	510.97	487.62	477.90	472.39	461.50	454.59	447.58	405.51
30	505.52	518.28	494.59	484.73	479.15	468.10	461.09	453.98	411.31
31	516.21	529.24	505.05	494.98	489.28	477.99	470.84	463.58	420.01
32	526.90	540.20	515.51	505.23	499.41	487.89	480.59	473.18	428.71
33	533.58	547.05	522.05	511.64	505.74	494.08	486.69	479.18	434.14
34	540.71	554.35	529.02	518.47	512.50	500.68	493.19	485.57	439.94
35	544.27	558.00	532.51	521.89	515.87	503.98	496.44	488.77	442.84
36	547.83	561.66	535.99	525.31	519.25	507.28	499.69	491.97	445.74
37	551.40	565.31	539.48	528.72	522.63	510.57	502.94	495.17	448.64
38	554.96	568.96	542.97	532.14	526.01	513.87	506.19	498.37	451.54
39	562.08	576.27	549.94	538.97	532.76	520.47	512.69	504.77	457.33
40	569.21	583.58	556.91	545.81	539.52	527.07	519.19	511.17	463.13
41	579.90	594.54	567.37	556.06	549.65	536.97	528.94	520.77	471.83
42	590.14	605.04	577.39	565.88	559.36	546.46	538.28	529.97	480.16
43	604.40	619.65	591.34	579.55	572.87	559.65	551.28	542.77	491.76
44	622.21	637.92	608.77	596.63	589.75	576.15	567.53	558.77	506.26
45	643.15	659.38	629.25	616.70	609.59	595.53	586.62	577.57	523.29
46	668.09	684.95	653.65	640.62	633.23	618.63	609.37	599.97	543.58
47	696.15	713.72	681.10	667.52	659.83	644.61	634.97	625.17	566.41
48	728.22	746.59	712.48	698.27	690.22	674.31	664.22	653.97	592.50
49	759.84	779.01	743.42	728.60	720.20	703.59	693.06	682.36	618.23
50	795.47	815.55	778.28	762.76	753.97	736.58	725.56	714.36	647.23
51	830.66	851.62	812.70	796.50	787.32	769.16	757.65	745.96	675.85
52	869.40	891.35	850.62	833.66	824.05	805.04	793.00	780.76	707.38
53	908.60	931.53	888.96	871.24	861.20	841.33	828.75	815.96	739.27
54	950.91	974.91	930.36	911.81	901.30	880.51	867.34	853.96	773.70
55	993.22	1,018.29	971.76	952.38	941.41	919.69	905.93	891.95	808.13
56	1,039.10	1,065.32	1,016.64	996.37	984.89	962.17	947.78	933.15	845.45
57	1,085.42	1,112.81	1,061.96	1,040.79	1,028.79	1,005.07	990.03	974.75	883.14
58	1,134.86	1,163.50	1,110.33	1,088.20	1,075.65	1,050.84	1,035.12	1,019.15	923.36
59	1,159.35	1,188.61	1,134.30	1,111.68	1,098.87	1,073.53	1,057.46	1,041.15	943.30
60	1,208.79	1,239.30	1,182.67	1,159.09	1,145.73	1,119.31	1,102.56	1,085.54	983.52
61	1,251.55	1,283.14	1,224.50	1,200.09	1,186.26	1,158.90	1,141.56	1,123.94	1,018.31
62	1,279.61	1,311.90	1,251.96	1,227.00	1,212.85	1,184.88	1,167.15	1,149.14	1,041.14
63	1,314.80	1,347.98	1,286.38	1,260.73	1,246.20	1,217.46	1,199.25	1,180.74	1,069.77
64+	1,336.17	1,369.89	1,307.31	1,281.24	1,266.48	1,237.26	1,218.75	1,199.94	1,087.17

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 8

San Mateo County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	366.66	375.92	358.74	351.59	347.53	332.73	321.06	306.23	278.04
15	399.25	409.33	390.63	382.84	378.43	362.30	349.60	333.45	302.76
16	411.72	422.11	402.82	394.79	390.24	373.61	360.51	343.86	312.21
17	424.18	434.88	415.01	406.74	402.05	384.92	371.42	354.26	321.66
18	437.60	448.64	428.14	419.61	414.77	397.10	383.17	365.47	331.84
19	451.02	462.40	441.27	432.47	427.49	409.28	394.93	376.68	342.01
20	464.92	476.65	454.87	445.80	440.66	421.89	407.10	388.29	352.55
21	479.30	491.39	468.94	459.59	454.29	434.94	419.69	400.30	363.46
22	479.30	491.39	468.94	459.59	454.29	434.94	419.69	400.30	363.46
23	479.30	491.39	468.94	459.59	454.29	434.94	419.69	400.30	363.46
24	479.30	491.39	468.94	459.59	454.29	434.94	419.69	400.30	363.46
25	481.21	493.36	470.82	461.43	456.11	436.68	421.37	401.90	364.91
26	490.80	503.19	480.19	470.62	465.20	445.38	429.76	409.90	372.18
27	502.30	514.98	491.45	481.65	476.10	455.82	439.83	419.51	380.90
28	521.00	534.14	509.74	499.57	493.82	472.78	456.20	435.12	395.08
29	536.33	549.87	524.74	514.28	508.35	486.70	469.63	447.93	406.71
30	544.00	557.73	532.25	521.63	515.62	493.65	476.34	454.34	412.52
31	555.51	569.53	543.50	532.66	526.53	504.09	486.42	463.95	421.25
32	567.01	581.32	554.76	543.69	537.43	514.53	496.49	473.55	429.97
33	574.20	588.69	561.79	550.59	544.24	521.06	502.79	479.56	435.42
34	581.87	596.55	569.29	557.94	551.51	528.02	509.50	485.96	441.24
35	585.70	600.48	573.04	561.62	555.15	531.49	512.86	489.16	444.14
36	589.54	604.41	576.80	565.30	558.78	534.97	516.22	492.37	447.05
37	593.37	608.35	580.55	568.97	562.41	538.45	519.57	495.57	449.96
38	597.20	612.28	584.30	572.65	566.05	541.93	522.93	498.77	452.87
39	604.87	620.14	591.80	580.00	573.32	548.89	529.65	505.18	458.68
40	612.54	628.00	599.30	587.36	580.59	555.85	536.36	511.58	464.50
41	624.05	639.79	610.56	598.39	591.49	566.29	546.43	521.19	473.22
42	635.07	651.10	621.34	608.96	601.94	576.29	556.09	530.39	481.58
43	650.41	666.82	636.35	623.66	616.48	590.21	569.52	543.20	493.21
44	669.58	686.48	655.11	642.05	634.65	607.61	586.30	559.22	507.75
45	692.11	709.57	677.15	663.65	656.00	628.05	606.03	578.03	524.83
46	718.95	737.09	703.41	689.38	681.44	652.41	629.53	600.45	545.19
47	749.14	768.05	732.95	718.34	710.06	679.81	655.97	625.67	568.08
48	783.65	803.43	766.72	751.43	742.77	711.12	686.19	654.49	594.25
49	817.68	838.32	800.01	784.06	775.02	742.00	715.99	682.91	620.06
50	856.03	877.63	837.53	820.83	811.37	776.80	749.56	714.93	649.13
51	893.89	916.45	874.57	857.13	847.26	811.16	782.72	746.56	677.85
52	935.59	959.20	915.37	897.12	886.78	849.00	819.23	781.38	709.47
53	977.77	1,002.44	956.64	937.56	926.76	887.27	856.16	816.61	741.45
54	1,023.30	1,049.13	1,001.19	981.22	969.91	928.59	896.03	854.64	775.98
55	1,068.83	1,095.81	1,045.73	1,024.88	1,013.07	969.91	935.90	892.66	810.51
56	1,118.20	1,146.42	1,094.04	1,072.22	1,059.86	1,014.71	979.13	933.89	847.94
57	1,168.05	1,197.53	1,142.81	1,120.02	1,107.11	1,059.94	1,022.78	975.53	885.74
58	1,221.25	1,252.07	1,194.86	1,171.03	1,157.54	1,108.22	1,069.36	1,019.96	926.09
59	1,247.61	1,279.10	1,220.65	1,196.31	1,182.52	1,132.14	1,092.45	1,041.98	946.08
60	1,300.81	1,333.64	1,272.70	1,247.33	1,232.95	1,180.42	1,139.03	1,086.41	986.42
61	1,346.83	1,380.82	1,317.72	1,291.45	1,276.56	1,222.18	1,179.32	1,124.84	1,021.31
62	1,377.02	1,411.77	1,347.26	1,320.40	1,305.18	1,249.58	1,205.76	1,150.06	1,044.21
63	1,414.89	1,450.59	1,384.31	1,356.71	1,341.07	1,283.94	1,238.92	1,181.68	1,072.92
64+	1,437.90	1,474.17	1,406.82	1,378.77	1,362.87	1,304.82	1,259.07	1,200.90	1,090.38

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 9

Santa Cruz County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	322.51	330.65	315.54	309.25	305.68	298.63	294.16	289.62	262.40
15	351.17	360.04	343.59	336.74	332.85	325.18	320.31	315.37	285.73
16	362.14	371.28	354.31	347.25	343.24	335.33	330.31	325.21	294.65
17	373.10	382.51	365.03	357.76	353.63	345.48	340.31	335.06	303.57
18	384.90	394.61	376.58	369.07	364.82	356.41	351.07	345.66	313.17
19	396.71	406.72	388.13	380.39	376.01	367.34	361.84	356.26	322.77
20	408.93	419.25	400.09	392.12	387.60	378.66	372.99	367.24	332.72
21	421.58	432.22	412.47	404.24	399.58	390.37	384.53	378.59	343.01
22	421.58	432.22	412.47	404.24	399.58	390.37	384.53	378.59	343.01
23	421.58	432.22	412.47	404.24	399.58	390.37	384.53	378.59	343.01
24	421.58	432.22	412.47	404.24	399.58	390.37	384.53	378.59	343.01
25	423.26	433.95	414.12	405.86	401.18	391.93	386.07	380.11	344.38
26	431.70	442.59	422.37	413.95	409.17	399.74	393.76	387.68	351.24
27	441.81	452.96	432.27	423.65	418.76	409.11	402.99	396.77	359.48
28	458.26	469.82	448.35	439.41	434.35	424.33	417.98	411.53	372.85
29	471.75	483.65	461.55	452.35	447.14	436.82	430.29	423.65	383.83
30	478.49	490.57	468.15	458.82	453.53	443.07	436.44	429.70	389.32
31	488.61	500.94	478.05	468.52	463.12	452.44	445.67	438.79	397.55
32	498.73	511.31	487.95	478.22	472.71	461.81	454.90	447.88	405.78
33	505.05	517.80	494.14	484.28	478.70	467.66	460.66	453.56	410.93
34	511.80	524.71	500.74	490.75	485.10	473.91	466.82	459.61	416.42
35	515.17	528.17	504.04	493.99	488.29	477.03	469.89	462.64	419.16
36	518.54	531.63	507.34	497.22	491.49	480.15	472.97	465.67	421.91
37	521.91	535.09	510.63	500.45	494.69	483.28	476.05	468.70	424.65
38	525.29	538.54	513.93	503.69	497.88	486.40	479.12	471.73	427.39
39	532.03	545.46	520.53	510.16	504.28	492.64	485.27	477.79	432.88
40	538.78	552.37	527.13	516.62	510.67	498.89	491.43	483.84	438.37
41	548.90	562.75	537.03	526.33	520.26	508.26	500.66	492.93	446.60
42	558.59	572.69	546.52	535.62	529.45	517.24	509.50	501.64	454.49
43	572.08	586.52	559.72	548.56	542.24	529.73	521.80	513.75	465.47
44	588.94	603.81	576.22	564.73	558.22	545.34	537.19	528.90	479.19
45	608.76	624.12	595.60	583.73	577.00	563.69	555.26	546.69	495.31
46	632.37	648.33	618.70	606.37	599.38	585.55	576.79	567.89	514.52
47	658.93	675.56	644.69	631.83	624.55	610.15	601.02	591.74	536.13
48	689.28	706.68	674.38	660.94	653.32	638.25	628.70	619.00	560.83
49	719.21	737.36	703.67	689.64	681.69	665.97	656.00	645.88	585.18
50	752.94	771.94	736.67	721.98	713.66	697.20	686.77	676.17	612.62
51	786.24	806.09	769.25	753.91	745.23	728.04	717.14	706.08	639.72
52	822.92	843.69	805.14	789.08	779.99	762.00	750.60	739.02	669.56
53	860.02	881.72	841.43	824.66	815.15	796.35	784.44	772.33	699.75
54	900.07	922.79	880.62	863.06	853.11	833.44	820.97	808.30	732.33
55	940.12	963.85	919.80	901.46	891.07	870.52	857.50	844.26	764.92
56	983.54	1,008.36	962.29	943.10	932.23	910.73	897.10	883.26	800.25
57	1,027.39	1,053.32	1,005.18	985.14	973.79	951.33	937.09	922.63	835.92
58	1,074.18	1,101.29	1,050.97	1,030.01	1,018.14	994.66	979.78	964.66	874.00
59	1,097.37	1,125.06	1,073.65	1,052.25	1,040.12	1,016.13	1,000.93	985.48	892.86
60	1,144.16	1,173.04	1,119.44	1,097.12	1,084.47	1,059.46	1,043.61	1,027.50	930.94
61	1,184.64	1,214.53	1,159.03	1,135.93	1,122.83	1,096.94	1,080.52	1,063.85	963.87
62	1,211.19	1,241.76	1,185.02	1,161.39	1,148.01	1,121.53	1,104.75	1,087.70	985.47
63	1,244.50	1,275.91	1,217.60	1,193.33	1,179.57	1,152.37	1,135.13	1,117.61	1,012.57
64+	1,264.74	1,296.66	1,237.41	1,212.72	1,198.74	1,171.11	1,153.59	1,135.77	1,029.03

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 9

Santa Cruz County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	357.93	366.97	350.20	343.21	339.26	324.81	313.42	298.94	271.42
15	389.75	399.58	381.33	373.72	369.41	353.68	341.27	325.51	295.55
16	401.91	412.06	393.23	385.39	380.95	364.72	351.93	335.67	304.78
17	414.08	424.53	405.13	397.05	392.48	375.75	362.58	345.83	314.00
18	427.18	437.96	417.95	409.61	404.89	387.64	374.05	356.77	323.93
19	440.28	451.39	430.76	422.18	417.31	399.53	385.52	367.71	333.87
20	453.85	465.30	444.04	435.19	430.17	411.84	397.40	379.04	344.16
21	467.88	479.69	457.77	448.65	443.48	424.58	409.69	390.77	354.80
22	467.88	479.69	457.77	448.65	443.48	424.58	409.69	390.77	354.80
23	467.88	479.69	457.77	448.65	443.48	424.58	409.69	390.77	354.80
24	467.88	479.69	457.77	448.65	443.48	424.58	409.69	390.77	354.80
25	469.76	481.61	459.60	450.44	445.25	426.28	411.33	392.33	356.22
26	479.11	491.21	468.76	459.41	454.12	434.77	419.53	400.14	363.32
27	490.34	502.72	479.75	470.18	464.76	444.96	429.36	409.52	371.83
28	508.59	521.43	497.60	487.68	482.06	461.52	445.34	424.76	385.67
29	523.56	536.78	512.25	502.04	496.25	475.11	458.45	437.27	397.02
30	531.05	544.45	519.57	509.21	503.34	481.90	465.00	443.52	402.70
31	542.28	555.96	530.56	519.98	513.99	492.09	474.84	452.90	411.22
32	553.51	567.48	541.55	530.75	524.63	502.28	484.67	462.28	419.73
33	560.53	574.67	548.41	537.48	531.28	508.65	490.81	468.14	425.05
34	568.01	582.35	555.74	544.66	538.38	515.44	497.37	474.39	430.73
35	571.76	586.18	559.40	548.25	541.93	518.84	500.65	477.52	433.57
36	575.50	590.02	563.06	551.83	545.47	522.24	503.92	480.64	436.41
37	579.24	593.86	566.72	555.42	549.02	525.63	507.20	483.77	439.25
38	582.98	597.70	570.39	559.01	552.57	529.03	510.48	486.89	442.08
39	590.47	605.37	577.71	566.19	559.67	535.82	517.03	493.15	447.76
40	597.96	613.05	585.03	573.37	566.76	542.62	523.59	499.40	453.44
41	609.19	624.56	596.02	584.14	577.40	552.81	533.42	508.78	461.95
42	619.95	635.59	606.55	594.46	587.60	562.57	542.84	517.77	470.11
43	634.92	650.94	621.20	608.81	601.80	576.16	555.95	530.27	481.47
44	653.63	670.13	639.51	626.76	619.54	593.14	572.34	545.90	495.66
45	675.63	692.68	661.02	647.85	640.38	613.10	591.60	564.27	512.33
46	701.83	719.54	686.66	672.97	665.21	636.87	614.54	586.15	532.20
47	731.30	749.76	715.50	701.23	693.15	663.62	640.35	610.77	554.56
48	764.99	784.30	748.46	733.54	725.08	694.19	669.85	638.90	580.10
49	798.21	818.36	780.96	765.39	756.57	724.34	698.94	666.65	605.29
50	835.64	856.73	817.58	801.28	792.05	758.30	731.71	697.91	633.68
51	872.61	894.63	853.75	836.73	827.08	791.85	764.08	728.78	661.71
52	913.31	936.36	893.57	875.76	865.66	828.78	799.72	762.78	692.57
53	954.48	978.57	933.86	915.24	904.69	866.15	835.78	797.16	723.80
54	998.93	1,024.14	977.35	957.86	946.82	906.48	874.70	834.29	757.50
55	1,043.38	1,069.72	1,020.83	1,000.48	988.95	946.82	913.62	871.41	791.21
56	1,091.58	1,119.12	1,067.99	1,046.69	1,034.63	990.55	955.82	911.66	827.75
57	1,140.24	1,169.01	1,115.59	1,093.35	1,080.75	1,034.71	998.42	952.30	864.65
58	1,192.17	1,222.26	1,166.41	1,143.15	1,129.98	1,081.83	1,043.90	995.67	904.04
59	1,217.90	1,248.64	1,191.58	1,167.83	1,154.37	1,105.19	1,066.43	1,017.16	923.55
60	1,269.84	1,301.89	1,242.40	1,217.63	1,203.59	1,152.31	1,111.91	1,060.54	962.93
61	1,314.76	1,347.94	1,286.34	1,260.70	1,246.17	1,193.07	1,151.24	1,098.05	996.99
62	1,344.23	1,378.16	1,315.18	1,288.96	1,274.10	1,219.82	1,177.05	1,122.67	1,019.35
63	1,381.20	1,416.05	1,351.35	1,324.40	1,309.14	1,253.37	1,209.42	1,153.54	1,047.38
64+	1,403.64	1,439.07	1,373.31	1,345.95	1,330.44	1,273.74	1,229.07	1,172.31	1,064.40

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 9

Santa Cruz County (continued)

Age	SmartCare HMO Platinum $0	SmartCare HMO Platinum $10	SmartCare HMO Platinum $20	SmartCare HMO Platinum $30	SmartCare HMO Gold $30	SmartCare HMO Gold $35	SmartCare HMO Gold $40	SmartCare HMO Gold $50	SmartCare HMO Silver $50
0-14	309.36	317.16	302.67	295.45	293.22	286.45	282.17	276.70	250.70
15	336.85	345.35	329.57	321.71	319.28	311.92	307.25	301.30	272.98
16	347.37	356.13	339.86	331.75	329.25	321.65	316.84	310.70	281.50
17	357.88	366.91	350.15	341.79	339.21	331.39	326.43	320.11	290.02
18	369.20	378.52	361.23	352.61	349.94	341.87	336.76	330.23	299.20
19	380.53	390.13	372.30	363.42	360.68	352.36	347.08	340.36	308.37
20	392.25	402.15	383.78	374.62	371.79	363.22	357.78	350.85	317.88
21	404.39	414.59	395.65	386.21	383.29	374.45	368.85	361.70	327.71
22	404.39	414.59	395.65	386.21	383.29	374.45	368.85	361.70	327.71
23	404.39	414.59	395.65	386.21	383.29	374.45	368.85	361.70	327.71
24	404.39	414.59	395.65	386.21	383.29	374.45	368.85	361.70	327.71
25	406.00	416.25	397.23	387.75	384.82	375.95	370.32	363.15	329.02
26	414.09	424.54	405.14	395.48	392.49	383.44	377.70	370.38	335.57
27	423.80	434.49	414.64	404.75	401.69	392.42	386.55	379.06	343.44
28	439.57	450.66	430.07	419.81	416.64	407.03	400.94	393.17	356.22
29	452.51	463.93	442.73	432.17	428.90	419.01	412.74	404.74	366.71
30	458.98	470.56	449.06	438.35	435.03	425.00	418.64	410.53	371.95
31	468.68	480.51	458.55	447.61	444.23	433.99	427.49	419.21	379.81
32	478.39	490.46	468.05	456.88	453.43	442.97	436.35	427.89	387.68
33	484.45	496.68	473.98	462.68	459.18	448.59	441.88	433.32	392.60
34	490.92	503.31	480.32	468.86	465.31	454.58	447.78	439.11	397.84
35	494.16	506.63	483.48	471.95	468.38	457.58	450.73	442.00	400.46
36	497.39	509.95	486.65	475.04	471.45	460.57	453.68	444.89	403.08
37	500.63	513.26	489.81	478.12	474.51	463.57	456.63	447.79	405.70
38	503.87	516.58	492.98	481.21	477.58	466.56	459.58	450.68	408.33
39	510.34	523.21	499.31	487.39	483.71	472.55	465.48	456.47	413.57
40	516.81	529.85	505.64	493.57	489.84	478.55	471.39	462.25	418.81
41	526.51	539.80	515.13	502.84	499.04	487.53	480.24	470.94	426.68
42	535.81	549.33	524.23	511.72	507.86	496.14	488.72	479.25	434.21
43	548.75	562.60	536.89	524.08	520.12	508.13	500.52	490.83	444.70
44	564.93	579.18	552.72	539.53	535.46	523.11	515.28	505.30	457.81
45	583.93	598.67	571.31	557.68	553.47	540.70	532.61	522.30	473.21
46	606.58	621.89	593.47	579.31	574.93	561.67	553.27	542.55	491.56
47	632.06	648.01	618.40	603.64	599.08	585.26	576.51	565.34	512.21
48	661.17	677.86	646.88	631.45	626.68	612.22	603.06	591.38	535.80
49	689.88	707.29	674.97	658.87	653.89	638.81	629.25	617.06	559.07
50	722.23	740.46	706.63	689.77	684.55	668.77	658.76	646.00	585.29
51	754.18	773.21	737.88	720.28	714.83	698.35	687.90	674.57	611.18
52	789.36	809.28	772.30	753.88	748.18	730.92	719.99	706.04	639.69
53	824.95	845.77	807.12	787.86	781.91	763.88	752.45	737.87	668.53
54	863.36	885.15	844.71	824.55	818.32	799.45	787.49	772.23	699.66
55	901.78	924.54	882.29	861.24	854.74	835.02	822.53	806.60	730.79
56	943.43	967.24	923.04	901.02	894.21	873.59	860.52	843.85	764.55
57	985.49	1,010.36	964.19	941.19	934.08	912.53	898.88	881.47	798.63
58	1,030.38	1,056.38	1,008.11	984.06	976.62	954.10	939.82	921.62	835.00
59	1,052.62	1,079.18	1,029.87	1,005.30	997.70	974.69	960.11	941.51	853.03
60	1,097.50	1,125.20	1,073.79	1,048.17	1,040.25	1,016.25	1,001.05	981.66	889.40
61	1,136.32	1,165.00	1,111.77	1,085.24	1,077.04	1,052.20	1,036.46	1,016.38	920.86
62	1,161.80	1,191.12	1,136.69	1,109.57	1,101.19	1,075.79	1,059.70	1,039.17	941.51
63	1,193.75	1,223.87	1,167.95	1,140.08	1,131.47	1,105.37	1,088.83	1,067.74	967.40
64+	1,213.17	1,243.77	1,186.95	1,158.63	1,149.87	1,123.35	1,106.55	1,085.10	983.13

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 10

Merced, San Joaquin, Stanislaus, and Tulare counties

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	282.09	289.21	275.99	270.49	267.37	261.20	257.29	253.32	229.52
15	307.16	314.91	300.52	294.53	291.14	284.42	280.17	275.84	249.92
16	316.75	324.74	309.90	303.72	300.22	293.30	288.91	284.45	257.72
17	326.33	334.57	319.28	312.92	309.31	302.18	297.65	293.06	265.52
18	336.66	345.16	329.38	322.82	319.10	311.74	307.07	302.33	273.92
19	346.98	355.74	339.49	332.72	328.88	321.30	316.49	311.61	282.32
20	357.68	366.70	349.95	342.97	339.02	331.20	326.24	321.21	291.02
21	368.74	378.05	360.77	353.58	349.50	341.44	336.33	331.14	300.02
22	368.74	378.05	360.77	353.58	349.50	341.44	336.33	331.14	300.02
23	368.74	378.05	360.77	353.58	349.50	341.44	336.33	331.14	300.02
24	368.74	378.05	360.77	353.58	349.50	341.44	336.33	331.14	300.02
25	370.22	379.56	362.21	354.99	350.90	342.81	337.68	332.47	301.22
26	377.59	387.12	369.43	362.06	357.89	349.64	344.41	339.09	307.22
27	386.44	396.19	378.09	370.55	366.28	357.83	352.48	347.04	314.42
28	400.82	410.94	392.16	384.34	379.91	371.15	365.59	359.95	326.12
29	412.62	423.03	403.70	395.65	391.09	382.07	376.36	370.55	335.72
30	418.52	429.08	409.48	401.31	396.69	387.54	381.74	375.85	340.52
31	427.37	438.16	418.13	409.80	405.07	395.73	389.81	383.79	347.72
32	436.22	447.23	426.79	418.28	413.46	403.93	397.88	391.74	354.93
33	441.75	452.90	432.20	423.59	418.70	409.05	402.93	396.71	359.43
34	447.65	458.95	437.98	429.24	424.30	414.51	408.31	402.01	364.23
35	450.60	461.97	440.86	432.07	427.09	417.24	411.00	404.66	366.63
36	453.55	465.00	443.75	434.90	429.89	419.97	413.69	407.31	369.03
37	456.50	468.02	446.63	437.73	432.68	422.70	416.38	409.95	371.43
38	459.45	471.05	449.52	440.56	435.48	425.44	419.07	412.60	373.83
39	465.35	477.09	455.29	446.22	441.07	430.90	424.45	417.90	378.63
40	471.25	483.14	461.07	451.87	446.66	436.36	429.83	423.20	383.43
41	480.10	492.22	469.72	460.36	455.05	444.56	437.91	431.15	390.63
42	488.58	500.91	478.02	468.49	463.09	452.41	445.64	438.76	397.53
43	500.38	513.01	489.57	479.81	474.28	463.34	456.40	449.36	407.13
44	515.13	528.13	504.00	493.95	488.26	476.99	469.86	462.61	419.13
45	532.46	545.90	520.95	510.57	504.68	493.04	485.67	478.17	433.23
46	553.11	567.07	541.16	530.37	524.25	512.16	504.50	496.71	450.03
47	576.34	590.89	563.89	552.64	546.27	533.67	525.69	517.58	468.93
48	602.89	618.11	589.86	578.10	571.44	558.26	549.90	541.42	490.53
49	629.07	644.95	615.48	603.20	596.25	582.50	573.78	564.93	511.84
50	658.57	675.19	644.34	631.49	624.21	609.82	600.69	591.42	535.84
51	687.70	705.06	672.84	659.42	651.82	636.79	627.26	617.58	559.54
52	719.78	737.95	704.23	690.18	682.23	666.49	656.52	646.39	585.64
53	752.23	771.21	735.97	721.30	712.99	696.54	686.12	675.53	612.04
54	787.26	807.13	770.25	754.89	746.19	728.98	718.07	706.99	640.55
55	822.29	843.04	804.52	788.48	779.39	761.42	750.02	738.45	669.05
56	860.27	881.98	841.68	824.90	815.39	796.58	784.67	772.56	699.95
57	898.62	921.30	879.20	861.67	851.74	832.09	819.64	807.00	731.15
58	939.55	963.26	919.25	900.92	890.53	869.99	856.98	843.75	764.45
59	959.83	984.05	939.09	920.36	909.76	888.77	875.48	861.97	780.96
60	1,000.76	1,026.02	979.13	959.61	948.55	926.67	912.81	898.72	814.26
61	1,036.16	1,062.31	1,013.77	993.55	982.10	959.45	945.10	930.51	843.06
62	1,059.39	1,086.13	1,036.50	1,015.83	1,004.12	980.96	966.29	951.37	861.96
63	1,088.52	1,115.99	1,065.00	1,043.76	1,031.73	1,007.94	992.86	977.53	885.66
64+	1,106.22	1,134.15	1,082.31	1,060.74	1,048.50	1,024.32	1,008.99	993.42	900.06

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 10

Merced, San Joaquin, Stanislaus, and Tulare counties (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	313.07	320.97	306.30	300.20	296.74	284.10	274.13	261.47	237.40
15	340.90	349.50	333.53	326.88	323.11	309.35	298.50	284.71	258.51
16	351.54	360.41	343.94	337.08	333.20	319.00	307.82	293.60	266.58
17	362.18	371.32	354.35	347.29	343.28	328.66	317.14	302.48	274.64
18	373.64	383.07	365.56	358.28	354.15	339.06	327.17	312.05	283.33
19	385.10	394.82	376.77	369.26	365.01	349.46	337.20	321.62	292.02
20	396.97	406.98	388.39	380.64	376.26	360.23	347.59	331.54	301.02
21	409.24	419.57	400.40	392.42	387.89	371.37	358.35	341.79	310.33
22	409.24	419.57	400.40	392.42	387.89	371.37	358.35	341.79	310.33
23	409.24	419.57	400.40	392.42	387.89	371.37	358.35	341.79	310.33
24	409.24	419.57	400.40	392.42	387.89	371.37	358.35	341.79	310.33
25	410.88	421.25	402.00	393.99	389.44	372.85	359.78	343.16	311.57
26	419.06	429.64	410.01	401.83	397.20	380.28	366.95	349.99	317.78
27	428.89	439.71	419.62	411.25	406.51	389.19	375.55	358.20	325.23
28	444.85	456.07	435.23	426.56	421.64	403.68	389.52	371.53	337.33
29	457.94	469.50	448.05	439.11	434.05	415.56	400.99	382.46	347.26
30	464.49	476.21	454.45	445.39	440.26	421.50	406.72	387.93	352.23
31	474.31	486.28	464.06	454.81	449.57	430.41	415.32	396.13	359.68
32	484.13	496.35	473.67	464.23	458.88	439.33	423.92	404.34	367.12
33	490.27	502.65	479.68	470.11	464.70	444.90	429.30	409.46	371.78
34	496.82	509.36	486.08	476.39	470.90	450.84	435.03	414.93	376.74
35	500.09	512.72	489.29	479.53	474.00	453.81	437.90	417.67	379.23
36	503.37	516.07	492.49	482.67	477.11	456.78	440.76	420.40	381.71
37	506.64	519.43	495.69	485.81	480.21	459.75	443.63	423.14	384.19
38	509.92	522.79	498.90	488.95	483.31	462.72	446.50	425.87	386.68
39	516.46	529.50	505.30	495.23	489.52	468.67	452.23	431.34	391.64
40	523.01	536.21	511.71	501.51	495.73	474.61	457.97	436.81	396.61
41	532.83	546.28	521.32	510.92	505.04	483.52	466.57	445.01	404.05
42	542.25	555.93	530.53	519.95	513.96	492.06	474.81	452.87	411.19
43	555.34	569.36	543.34	532.51	526.37	503.95	486.27	463.81	421.12
44	571.71	586.14	559.36	548.20	541.89	518.80	500.61	477.48	433.54
45	590.95	605.86	578.18	566.65	560.12	536.25	517.45	493.54	448.12
46	613.86	629.36	600.60	588.62	581.84	557.05	537.52	512.68	465.50
47	639.65	655.79	625.82	613.35	606.28	580.45	560.09	534.22	485.05
48	669.11	686.00	654.65	641.60	634.20	607.19	585.89	558.83	507.39
49	698.17	715.79	683.08	669.46	661.74	633.55	611.34	583.09	529.43
50	730.91	749.35	715.11	700.85	692.78	663.26	640.00	610.44	554.26
51	763.24	782.50	746.74	731.85	723.42	692.60	668.31	637.44	578.77
52	798.84	819.00	781.58	765.99	757.17	724.91	699.49	667.17	605.77
53	834.86	855.92	816.81	800.53	791.30	757.59	731.02	697.25	633.08
54	873.73	895.78	854.85	837.81	828.15	792.87	765.07	729.72	662.56
55	912.61	935.64	892.89	875.09	865.00	828.15	799.11	762.19	692.04
56	954.76	978.86	934.13	915.51	904.95	866.40	836.02	797.40	724.01
57	997.32	1,022.49	975.77	956.32	945.29	905.02	873.29	832.94	756.28
58	1,042.75	1,069.07	1,020.22	999.87	988.35	946.24	913.06	870.88	790.73
59	1,065.26	1,092.14	1,042.24	1,021.46	1,009.68	966.67	932.77	889.68	807.80
60	1,110.68	1,138.72	1,086.68	1,065.02	1,052.74	1,007.89	972.55	927.62	842.24
61	1,149.97	1,178.99	1,125.12	1,102.69	1,089.98	1,043.54	1,006.95	960.43	872.04
62	1,175.75	1,205.43	1,150.34	1,127.41	1,114.42	1,066.94	1,029.53	981.96	891.59
63	1,208.08	1,238.57	1,181.98	1,158.41	1,145.06	1,096.28	1,057.83	1,008.96	916.10
64+	1,227.72	1,258.71	1,201.20	1,177.26	1,163.67	1,114.11	1,075.05	1,025.37	930.99

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 11

Fresno, Kings and Madera counties

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	368.23	377.53	360.28	353.09	349.02	340.97	335.87	330.69	299.61
15	400.97	411.09	392.30	384.48	380.05	371.28	365.73	360.08	326.24
16	413.48	423.92	404.55	396.48	391.91	382.87	377.14	371.32	336.42
17	426.00	436.75	416.79	408.48	403.77	394.46	388.56	382.56	346.61
18	439.47	450.57	429.98	421.40	416.55	406.94	400.85	394.66	357.57
19	452.95	464.38	443.16	434.33	429.32	419.42	413.14	406.77	368.54
20	466.91	478.69	456.82	447.71	442.55	432.35	425.88	419.30	379.90
21	481.35	493.50	470.95	461.56	456.24	445.72	439.05	432.27	391.65
22	481.35	493.50	470.95	461.56	456.24	445.72	439.05	432.27	391.65
23	481.35	493.50	470.95	461.56	456.24	445.72	439.05	432.27	391.65
24	481.35	493.50	470.95	461.56	456.24	445.72	439.05	432.27	391.65
25	483.28	495.47	472.83	463.41	458.06	447.50	440.80	434.00	393.21
26	492.90	505.34	482.25	472.64	467.19	456.41	449.58	442.65	401.05
27	504.46	517.19	493.55	483.71	478.14	467.11	460.12	453.02	410.45
28	523.23	536.43	511.92	501.72	495.93	484.49	477.25	469.88	425.72
29	538.63	552.23	526.99	516.48	510.53	498.76	491.29	483.71	438.25
30	546.33	560.12	534.53	523.87	517.83	505.89	498.32	490.63	444.52
31	557.89	571.97	545.83	534.95	528.78	516.59	508.86	501.00	453.92
32	569.44	583.81	557.13	546.02	539.73	527.28	519.39	511.38	463.32
33	576.66	591.21	564.20	552.95	546.58	533.97	525.98	517.86	469.19
34	584.36	599.11	571.73	560.33	553.88	541.10	533.00	524.78	475.46
35	588.21	603.06	575.50	564.03	557.52	544.67	536.52	528.24	478.59
36	592.06	607.00	579.27	567.72	561.17	548.23	540.03	531.70	481.73
37	595.91	610.95	583.04	571.41	564.82	551.80	543.54	535.15	484.86
38	599.76	614.90	586.80	575.10	568.47	555.36	547.05	538.61	487.99
39	607.47	622.80	594.34	582.49	575.77	562.49	554.08	545.53	494.26
40	615.17	630.69	601.87	589.87	583.07	569.63	561.10	552.44	500.52
41	626.72	642.54	613.18	600.95	594.02	580.32	571.64	562.82	509.92
42	637.79	653.89	624.01	611.57	604.52	590.57	581.74	572.76	518.93
43	653.19	669.68	639.08	626.34	619.12	604.84	595.79	586.59	531.46
44	672.45	689.42	657.92	644.80	637.37	622.67	613.35	603.88	547.13
45	695.07	712.61	680.05	666.49	658.81	643.61	633.99	624.20	565.54
46	722.03	740.25	706.42	692.34	684.36	668.58	658.57	648.41	587.47
47	752.35	771.34	736.09	721.42	713.10	696.66	686.23	675.64	612.14
48	787.01	806.87	770.00	754.65	745.95	728.75	717.84	706.77	640.34
49	821.19	841.91	803.44	787.42	778.34	760.39	749.02	737.46	668.15
50	859.69	881.39	841.12	824.35	814.84	796.05	784.14	772.04	699.48
51	897.72	920.38	878.32	860.81	850.89	831.26	818.82	806.19	730.42
52	939.60	963.31	919.29	900.96	890.58	870.04	857.02	843.80	764.49
53	981.96	1,006.74	960.74	941.58	930.73	909.26	895.66	881.84	798.96
54	1,027.69	1,053.62	1,005.48	985.43	974.07	951.61	937.37	922.90	836.17
55	1,073.41	1,100.50	1,050.22	1,029.28	1,017.41	993.95	979.08	963.97	873.37
56	1,122.99	1,151.33	1,098.72	1,076.82	1,064.41	1,039.86	1,024.30	1,008.49	913.71
57	1,173.05	1,202.66	1,147.70	1,124.82	1,111.86	1,086.21	1,069.96	1,053.45	954.44
58	1,226.48	1,257.44	1,199.98	1,176.05	1,162.50	1,135.69	1,118.69	1,101.43	997.92
59	1,252.96	1,284.58	1,225.88	1,201.44	1,187.59	1,160.20	1,142.84	1,125.21	1,019.46
60	1,306.39	1,339.36	1,278.16	1,252.67	1,238.23	1,209.68	1,191.58	1,173.19	1,062.93
61	1,352.60	1,386.73	1,323.37	1,296.98	1,282.03	1,252.46	1,233.72	1,214.69	1,100.53
62	1,382.92	1,417.82	1,353.04	1,326.06	1,310.78	1,280.54	1,261.38	1,241.92	1,125.20
63	1,420.95	1,456.81	1,390.24	1,362.52	1,346.82	1,315.76	1,296.07	1,276.07	1,156.14
64+	1,444.05	1,480.50	1,412.85	1,384.68	1,368.72	1,337.16	1,317.15	1,296.81	1,174.95

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 11

Fresno, Kings and Madera counties (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	408.68	419.00	399.85	391.88	387.36	370.86	357.85	341.32	309.91
15	445.01	456.24	435.39	426.71	421.79	403.82	389.66	371.66	337.45
16	458.90	470.48	448.98	440.03	434.96	416.43	401.82	383.26	347.99
17	472.79	484.72	462.57	453.35	448.12	429.03	413.99	394.86	358.52
18	487.75	500.06	477.21	467.69	462.30	442.60	427.09	407.35	369.86
19	502.70	515.39	491.84	482.03	476.48	456.18	440.18	419.85	381.21
20	518.20	531.27	507.00	496.89	491.16	470.24	453.75	432.79	392.95
21	534.22	547.71	522.68	512.26	506.35	484.78	467.78	446.17	405.11
22	534.22	547.71	522.68	512.26	506.35	484.78	467.78	446.17	405.11
23	534.22	547.71	522.68	512.26	506.35	484.78	467.78	446.17	405.11
24	534.22	547.71	522.68	512.26	506.35	484.78	467.78	446.17	405.11
25	536.36	549.90	524.77	514.31	508.38	486.72	469.65	447.96	406.73
26	547.04	560.85	535.22	524.55	518.51	496.42	479.01	456.88	414.83
27	559.87	574.00	547.77	536.85	530.66	508.05	490.24	467.59	424.55
28	580.70	595.36	568.15	556.82	550.41	526.96	508.48	484.99	440.35
29	597.80	612.88	584.88	573.22	566.61	542.47	523.45	499.27	453.32
30	606.34	621.65	593.24	581.41	574.71	550.23	530.93	506.40	459.80
31	619.17	634.79	605.78	593.71	586.86	561.86	542.16	517.11	469.52
32	631.99	647.94	618.33	606.00	599.02	573.50	553.39	527.82	479.24
33	640.00	656.15	626.17	613.68	606.61	580.77	560.40	534.51	485.32
34	648.55	664.92	634.53	621.88	614.71	588.52	567.89	541.65	491.80
35	652.82	669.30	638.71	625.98	618.76	592.40	571.63	545.22	495.04
36	657.10	673.68	642.89	630.08	622.81	596.28	575.37	548.79	498.28
37	661.37	678.06	647.08	634.17	626.87	600.16	579.11	552.36	501.52
38	665.64	682.44	651.26	638.27	630.92	604.04	582.86	555.93	504.76
39	674.19	691.20	659.62	646.47	639.02	611.79	590.34	563.07	511.25
40	682.74	699.97	667.98	654.66	647.12	619.55	597.83	570.21	517.73
41	695.56	713.11	680.53	666.96	659.27	631.18	609.05	580.91	527.45
42	707.85	725.71	692.55	678.74	670.92	642.33	619.81	591.18	536.77
43	724.94	743.24	709.27	695.13	687.12	657.85	634.78	605.45	549.73
44	746.31	765.15	730.18	715.62	707.38	677.24	653.49	623.30	565.94
45	771.42	790.89	754.75	739.70	731.17	700.02	675.48	644.27	584.98
46	801.34	821.56	784.02	768.39	759.53	727.17	701.67	669.26	607.66
47	834.99	856.06	816.95	800.66	791.43	757.71	731.14	697.36	633.18
48	873.46	895.50	854.58	837.54	827.89	792.62	764.82	729.49	662.35
49	911.39	934.39	891.69	873.91	863.84	827.04	798.04	761.17	691.11
50	954.12	978.20	933.50	914.89	904.35	865.82	835.46	796.86	723.52
51	996.33	1,021.47	974.80	955.36	944.35	904.12	872.41	832.11	755.53
52	1,042.80	1,069.12	1,020.27	999.93	988.40	946.29	913.11	870.93	790.77
53	1,089.82	1,117.32	1,066.26	1,045.00	1,032.96	988.95	954.28	910.19	826.42
54	1,140.57	1,169.35	1,115.92	1,093.67	1,081.06	1,035.01	998.71	952.57	864.91
55	1,191.32	1,221.38	1,165.57	1,142.33	1,129.17	1,081.06	1,043.15	994.96	903.39
56	1,246.34	1,277.80	1,219.41	1,195.10	1,181.32	1,130.99	1,091.34	1,040.92	945.12
57	1,301.90	1,334.76	1,273.77	1,248.37	1,233.98	1,181.41	1,139.99	1,087.32	987.25
58	1,361.20	1,395.55	1,331.78	1,305.23	1,290.19	1,235.22	1,191.91	1,136.84	1,032.21
59	1,390.58	1,425.68	1,360.53	1,333.41	1,318.04	1,261.88	1,217.64	1,161.38	1,054.50
60	1,449.88	1,486.47	1,418.55	1,390.27	1,374.24	1,315.70	1,269.56	1,210.91	1,099.46
61	1,501.17	1,539.05	1,468.73	1,439.44	1,422.85	1,362.23	1,314.47	1,253.74	1,138.35
62	1,534.82	1,573.56	1,501.66	1,471.72	1,454.75	1,392.78	1,343.94	1,281.85	1,163.87
63	1,577.03	1,616.83	1,542.95	1,512.18	1,494.75	1,431.07	1,380.89	1,317.10	1,195.88
64+	1,602.66	1,643.13	1,568.04	1,536.78	1,519.05	1,454.34	1,403.34	1,338.51	1,215.33

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 12

Santa Barbara and Ventura counties

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	287.99	295.26	281.76	276.15	272.96	266.67	262.68	258.62	234.32
15	313.59	321.50	306.81	300.69	297.23	290.37	286.03	281.61	255.15
16	323.37	331.54	316.39	310.08	306.50	299.43	294.95	290.40	263.11
17	333.16	341.57	325.96	319.46	315.78	308.50	303.88	299.19	271.07
18	343.70	352.38	336.27	329.57	325.77	318.26	313.50	308.66	279.65
19	354.24	363.18	346.59	339.68	335.76	328.02	323.11	318.12	288.23
20	365.16	374.38	357.27	350.15	346.11	338.13	333.07	327.93	297.11
21	376.45	385.95	368.32	360.97	356.81	348.58	343.37	338.07	306.30
22	376.45	385.95	368.32	360.97	356.81	348.58	343.37	338.07	306.30
23	376.45	385.95	368.32	360.97	356.81	348.58	343.37	338.07	306.30
24	376.45	385.95	368.32	360.97	356.81	348.58	343.37	338.07	306.30
25	377.96	387.50	369.79	362.42	358.24	349.98	344.74	339.42	307.52
26	385.49	395.22	377.16	369.64	365.38	356.95	351.61	346.18	313.65
27	394.52	404.48	386.00	378.30	373.94	365.32	359.85	354.30	321.00
28	409.21	419.53	400.36	392.38	387.86	378.91	373.24	367.48	332.95
29	421.25	431.88	412.15	403.93	399.28	390.07	384.23	378.30	342.75
30	427.28	438.06	418.04	409.71	404.98	395.64	389.72	383.71	347.65
31	436.31	447.32	426.88	418.37	413.55	404.01	397.96	391.82	355.00
32	445.35	456.58	435.72	427.03	422.11	412.38	406.21	399.94	362.35
33	450.99	462.37	441.25	432.45	427.46	417.60	411.36	405.01	366.94
34	457.02	468.55	447.14	438.22	433.17	423.18	416.85	410.42	371.85
35	460.03	471.64	450.09	441.11	436.03	425.97	419.60	413.12	374.30
36	463.04	474.72	453.03	444.00	438.88	428.76	422.34	415.83	376.75
37	466.05	477.81	455.98	446.89	441.74	431.55	425.09	418.53	379.20
38	469.06	480.90	458.92	449.77	444.59	434.34	427.84	421.24	381.65
39	475.09	487.07	464.82	455.55	450.30	439.91	433.33	426.64	386.55
40	481.11	493.25	470.71	461.33	456.01	445.49	438.83	432.05	391.45
41	490.14	502.51	479.55	469.99	464.57	453.86	447.07	440.17	398.80
42	498.80	511.39	488.02	478.29	472.78	461.87	454.96	447.94	405.84
43	510.85	523.74	499.81	489.84	484.20	473.03	465.95	458.76	415.65
44	525.91	539.18	514.54	504.28	498.47	486.97	479.69	472.28	427.90
45	543.60	557.32	531.85	521.25	515.24	503.36	495.83	488.17	442.29
46	564.68	578.93	552.48	541.46	535.22	522.88	515.05	507.11	459.45
47	588.40	603.25	575.68	564.20	557.70	544.84	536.69	528.40	478.74
48	615.50	631.04	602.20	590.19	583.39	569.94	561.41	552.75	500.80
49	642.23	658.44	628.35	615.82	608.73	594.69	585.79	576.75	522.54
50	672.35	689.32	657.82	644.70	637.27	622.57	613.26	603.79	547.05
51	702.09	719.81	686.91	673.22	665.46	650.11	640.38	630.50	571.25
52	734.84	753.38	718.96	704.62	696.50	680.44	670.26	659.91	597.89
53	767.97	787.35	751.37	736.39	727.90	711.11	700.47	689.66	624.85
54	803.73	824.01	786.36	770.68	761.80	744.23	733.09	721.78	653.95
55	839.49	860.68	821.35	804.97	795.70	777.34	765.71	753.90	683.04
56	878.27	900.43	859.29	842.15	832.45	813.25	801.08	788.72	714.59
57	917.42	940.57	897.59	879.70	869.56	849.50	836.79	823.88	746.45
58	959.20	983.41	938.48	919.76	909.16	888.19	874.90	861.40	780.45
59	979.91	1,004.64	958.73	939.62	928.79	907.37	893.79	880.00	797.29
60	1,021.70	1,047.48	999.62	979.69	968.39	946.06	931.90	917.52	831.29
61	1,057.84	1,084.53	1,034.97	1,014.34	1,002.65	979.52	964.87	949.98	860.70
62	1,081.55	1,108.85	1,058.18	1,037.08	1,025.13	1,001.48	986.50	971.28	879.99
63	1,111.29	1,139.34	1,087.28	1,065.60	1,053.32	1,029.02	1,013.63	997.98	904.19
64+	1,129.35	1,157.85	1,104.96	1,082.91	1,070.43	1,045.74	1,030.11	1,014.21	918.90

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 12

Santa Barbara and Ventura counties (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	319.62	327.69	312.71	306.48	302.95	290.04	279.87	266.94	242.37
15	348.03	356.81	340.51	333.72	329.87	315.82	304.75	290.67	263.92
16	358.89	367.95	351.14	344.14	340.17	325.68	314.26	299.74	272.15
17	369.76	379.09	361.77	354.55	350.47	335.54	323.77	308.81	280.39
18	381.46	391.08	373.21	365.77	361.55	346.15	334.01	318.58	289.26
19	393.15	403.08	384.66	376.99	372.64	356.77	344.26	328.35	298.13
20	405.27	415.50	396.51	388.61	384.13	367.76	354.87	338.47	307.32
21	417.80	428.35	408.77	400.62	396.01	379.14	365.84	348.94	316.83
22	417.80	428.35	408.77	400.62	396.01	379.14	365.84	348.94	316.83
23	417.80	428.35	408.77	400.62	396.01	379.14	365.84	348.94	316.83
24	417.80	428.35	408.77	400.62	396.01	379.14	365.84	348.94	316.83
25	419.48	430.06	410.41	402.23	397.59	380.65	367.30	350.34	318.09
26	427.83	438.63	418.59	410.24	405.51	388.24	374.62	357.31	324.43
27	437.86	448.91	428.40	419.85	415.02	397.33	383.40	365.69	332.03
28	454.15	465.61	444.34	435.48	430.46	412.12	397.67	379.30	344.39
29	467.52	479.32	457.42	448.30	443.13	424.25	409.38	390.46	354.53
30	474.21	486.18	463.96	454.71	449.47	430.32	415.23	396.05	359.60
31	484.23	496.46	473.77	464.32	458.97	439.42	424.01	404.42	367.20
32	494.26	506.74	483.58	473.94	468.48	448.52	432.79	412.80	374.80
33	500.53	513.16	489.71	479.95	474.42	454.20	438.28	418.03	379.56
34	507.21	520.01	496.25	486.36	480.75	460.27	444.13	423.61	384.63
35	510.56	523.44	499.52	489.56	483.92	463.30	447.06	426.40	387.16
36	513.90	526.87	502.79	492.77	487.09	466.34	449.99	429.20	389.70
37	517.24	530.30	506.06	495.97	490.26	469.37	452.91	431.99	392.23
38	520.58	533.72	509.33	499.18	493.42	472.40	455.84	434.78	394.76
39	527.27	540.58	515.87	505.59	499.76	478.47	461.69	440.36	399.83
40	533.95	547.43	522.41	512.00	506.10	484.54	467.55	445.95	404.90
41	543.98	557.71	532.22	521.61	515.60	493.64	476.33	454.32	412.51
42	553.59	567.56	541.63	530.83	524.71	502.36	484.74	462.35	419.79
43	566.96	581.27	554.71	543.65	537.38	514.49	496.45	473.51	429.93
44	583.67	598.40	571.06	559.67	553.22	529.65	511.08	487.47	442.61
45	603.31	618.53	590.27	578.50	571.83	547.47	528.28	503.87	457.50
46	626.71	642.52	613.16	600.94	594.01	568.70	548.76	523.41	475.24
47	653.03	669.51	638.91	626.18	618.96	592.59	571.81	545.39	495.20
48	683.11	700.35	668.35	655.02	647.47	619.89	598.15	570.52	518.01
49	712.77	730.76	697.37	683.47	675.59	646.81	624.13	595.29	540.50
50	746.20	765.03	730.07	715.52	707.27	677.14	653.39	623.21	565.85
51	779.20	798.87	762.36	747.16	738.55	707.09	682.29	650.77	590.88
52	815.55	836.14	797.93	782.02	773.01	740.07	714.12	681.13	618.44
53	852.32	873.83	833.90	817.27	807.85	773.44	746.32	711.84	646.32
54	892.01	914.52	872.73	855.33	845.48	809.46	781.07	744.99	676.42
55	931.70	955.22	911.57	893.39	883.10	845.47	815.83	778.14	706.52
56	974.74	999.34	953.67	934.66	923.88	884.52	853.51	814.08	739.15
57	1,018.19	1,043.88	996.18	976.32	965.07	923.95	891.56	850.37	772.10
58	1,064.56	1,091.43	1,041.56	1,020.79	1,009.03	966.04	932.16	889.10	807.27
59	1,087.54	1,114.99	1,064.04	1,042.83	1,030.81	986.89	952.29	908.29	824.70
60	1,133.92	1,162.54	1,109.41	1,087.30	1,074.76	1,028.98	992.89	947.02	859.86
61	1,174.03	1,203.66	1,148.66	1,125.76	1,112.78	1,065.37	1,028.01	980.52	890.28
62	1,200.35	1,230.64	1,174.41	1,150.99	1,137.73	1,089.26	1,051.06	1,002.50	910.24
63	1,233.36	1,264.48	1,206.70	1,182.64	1,169.01	1,119.21	1,079.96	1,030.07	935.27
64+	1,253.40	1,285.05	1,226.31	1,201.86	1,188.03	1,137.42	1,097.52	1,046.82	950.49

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 14

Kern County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	322.79	330.93	315.81	309.52	305.95	298.89	294.42	289.88	262.63
15	351.48	360.35	343.88	337.03	333.14	325.46	320.59	315.64	285.98
16	362.45	371.60	354.62	347.55	343.54	335.62	330.60	325.49	294.90
17	373.42	382.85	365.35	358.07	353.94	345.78	340.60	335.35	303.83
18	385.24	394.96	376.91	369.40	365.14	356.72	351.38	345.96	313.44
19	397.05	407.07	388.47	380.72	376.34	367.66	362.15	356.57	323.06
20	409.29	419.62	400.44	392.46	387.93	378.99	373.32	367.55	333.01
21	421.94	432.59	412.83	404.59	399.93	390.71	384.86	378.92	343.31
22	421.94	432.59	412.83	404.59	399.93	390.71	384.86	378.92	343.31
23	421.94	432.59	412.83	404.59	399.93	390.71	384.86	378.92	343.31
24	421.94	432.59	412.83	404.59	399.93	390.71	384.86	378.92	343.31
25	423.63	434.32	414.48	406.21	401.53	392.27	386.40	380.44	344.68
26	432.07	442.98	422.73	414.31	409.53	400.08	394.10	388.02	351.55
27	442.20	453.36	432.64	424.02	419.13	409.46	403.34	397.11	359.79
28	458.65	470.23	448.74	439.79	434.73	424.70	418.34	411.89	373.18
29	472.16	484.07	461.95	452.74	447.52	437.20	430.66	424.01	384.16
30	478.91	490.99	468.56	459.22	453.92	443.45	436.82	430.08	389.66
31	489.03	501.38	478.47	468.93	463.52	452.83	446.05	439.17	397.90
32	499.16	511.76	488.37	478.64	473.12	462.21	455.29	448.27	406.14
33	505.49	518.25	494.57	484.70	479.12	468.07	461.06	453.95	411.29
34	512.24	525.17	501.17	491.18	485.52	474.32	467.22	460.01	416.78
35	515.62	528.63	504.47	494.41	488.72	477.44	470.30	463.04	419.53
36	518.99	532.09	507.78	497.65	491.92	480.57	473.38	466.07	422.27
37	522.37	535.55	511.08	500.89	495.12	483.70	476.46	469.11	425.02
38	525.74	539.01	514.38	504.13	498.31	486.82	479.54	472.14	427.76
39	532.49	545.93	520.99	510.60	504.71	493.07	485.70	478.20	433.26
40	539.25	552.85	527.59	517.07	511.11	499.32	491.85	484.26	438.75
41	549.37	563.24	537.50	526.78	520.71	508.70	501.09	493.36	446.99
42	559.08	573.19	546.99	536.09	529.91	517.69	509.94	502.07	454.89
43	572.58	587.03	560.20	549.04	542.71	530.19	522.26	514.20	465.87
44	589.46	604.33	576.72	565.22	558.70	545.82	537.65	529.35	479.60
45	609.29	624.66	596.12	584.24	577.50	564.18	555.74	547.16	495.74
46	632.92	648.89	619.24	606.89	599.90	586.06	577.29	568.38	514.97
47	659.50	676.14	645.25	632.38	625.09	610.68	601.54	592.26	536.59
48	689.88	707.29	674.97	661.51	653.89	638.81	629.25	619.54	561.31
49	719.84	738.00	704.28	690.24	682.28	666.55	656.57	646.44	585.69
50	753.59	772.61	737.31	722.61	714.28	697.80	687.36	676.76	613.15
51	786.93	806.79	769.92	754.57	745.87	728.67	717.77	706.69	640.27
52	823.64	844.42	805.84	789.77	780.67	762.66	751.25	739.66	670.14
53	860.77	882.49	842.16	825.37	815.86	797.04	785.12	773.00	700.35
54	900.85	923.59	881.38	863.81	853.85	834.16	821.68	809.00	732.97
55	940.94	964.68	920.60	902.25	891.85	871.28	858.24	845.00	765.58
56	984.40	1,009.24	963.12	943.92	933.04	911.52	897.88	884.03	800.94
57	1,028.28	1,054.23	1,006.06	986.00	974.63	952.15	937.91	923.43	836.65
58	1,075.11	1,102.25	1,051.88	1,030.91	1,019.03	995.52	980.63	965.49	874.75
59	1,098.32	1,126.04	1,074.59	1,053.16	1,041.02	1,017.01	1,001.79	986.34	893.64
60	1,145.16	1,174.06	1,120.41	1,098.07	1,085.41	1,060.38	1,044.51	1,028.40	931.74
61	1,185.66	1,215.59	1,160.04	1,136.91	1,123.81	1,097.89	1,081.46	1,064.77	964.70
62	1,212.25	1,242.84	1,186.05	1,162.40	1,149.00	1,122.50	1,105.71	1,088.64	986.33
63	1,245.58	1,277.02	1,218.66	1,194.36	1,180.60	1,153.37	1,136.11	1,118.58	1,013.45
64+	1,265.82	1,297.77	1,238.49	1,213.77	1,199.79	1,172.13	1,154.58	1,136.76	1,029.93

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 14

Kern County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	358.24	367.28	350.50	343.51	339.55	325.09	313.69	299.20	271.66
15	390.09	399.93	381.66	374.05	369.74	353.98	341.57	325.79	295.81
16	402.26	412.41	393.57	385.72	381.28	365.03	352.23	335.96	305.04
17	414.44	424.90	405.48	397.40	392.82	376.08	362.89	346.13	314.27
18	427.55	438.34	418.31	409.97	405.24	387.98	374.38	357.08	324.22
19	440.66	451.78	431.14	422.54	417.67	399.88	385.86	368.03	334.16
20	454.24	465.71	444.43	435.56	430.54	412.20	397.75	379.37	344.46
21	468.29	480.11	458.17	449.04	443.86	424.95	410.05	391.11	355.11
22	468.29	480.11	458.17	449.04	443.86	424.95	410.05	391.11	355.11
23	468.29	480.11	458.17	449.04	443.86	424.95	410.05	391.11	355.11
24	468.29	480.11	458.17	449.04	443.86	424.95	410.05	391.11	355.11
25	470.16	482.03	460.00	450.83	445.64	426.65	411.69	392.67	356.53
26	479.53	491.63	469.17	459.81	454.51	435.15	419.89	400.49	363.63
27	490.77	503.15	480.16	470.59	465.17	445.35	429.73	409.88	372.16
28	509.03	521.88	498.03	488.10	482.48	461.92	445.72	425.13	386.01
29	524.02	537.24	512.69	502.47	496.68	475.52	458.85	437.65	397.37
30	531.51	544.92	520.02	509.66	503.78	482.32	465.41	443.90	403.05
31	542.75	556.45	531.02	520.43	514.43	492.52	475.25	453.29	411.57
32	553.99	567.97	542.02	531.21	525.09	502.72	485.09	462.68	420.10
33	561.01	575.17	548.89	537.94	531.74	509.09	491.24	468.54	425.42
34	568.51	582.85	556.22	545.13	538.85	515.89	497.80	474.80	431.10
35	572.25	586.69	559.88	548.72	542.40	519.29	501.08	477.93	433.94
36	576.00	590.53	563.55	552.31	545.95	522.69	504.36	481.06	436.79
37	579.74	594.38	567.22	555.91	549.50	526.09	507.64	484.19	439.63
38	583.49	598.22	570.88	559.50	553.05	529.49	510.92	487.32	442.47
39	590.98	605.90	578.21	566.68	560.15	536.29	517.48	493.58	448.15
40	598.48	613.58	585.54	573.87	567.25	543.09	524.04	499.83	453.83
41	609.71	625.10	596.54	584.64	577.91	553.29	533.88	509.22	462.35
42	620.49	636.15	607.08	594.97	588.12	563.06	543.32	518.21	470.52
43	635.47	651.51	621.74	609.34	602.32	576.66	556.44	530.73	481.88
44	654.20	670.71	640.06	627.30	620.07	593.66	572.84	546.37	496.09
45	676.21	693.28	661.60	648.41	640.93	613.63	592.11	564.76	512.78
46	702.44	720.16	687.26	673.55	665.79	637.43	615.07	586.66	532.67
47	731.94	750.41	716.12	701.84	693.75	664.20	640.91	611.30	555.04
48	765.66	784.98	749.11	734.17	725.71	694.79	670.43	639.46	580.61
49	798.90	819.07	781.64	766.06	757.23	724.97	699.54	667.23	605.82
50	836.37	857.48	818.29	801.98	792.73	758.96	732.35	698.51	634.23
51	873.36	895.40	854.49	837.45	827.80	792.53	764.74	729.41	662.28
52	914.10	937.17	894.35	876.52	866.42	829.50	800.42	763.44	693.18
53	955.31	979.42	934.67	916.03	905.48	866.90	836.50	797.86	724.43
54	999.80	1,025.03	978.19	958.69	947.64	907.27	875.46	835.01	758.16
55	1,044.29	1,070.64	1,021.72	1,001.35	989.81	947.64	914.41	872.17	791.90
56	1,092.52	1,120.10	1,068.91	1,047.60	1,035.53	991.41	956.65	912.45	828.47
57	1,141.23	1,170.03	1,116.56	1,094.30	1,081.69	1,035.60	999.29	953.12	865.40
58	1,193.21	1,223.32	1,167.42	1,144.14	1,130.96	1,082.77	1,044.81	996.54	904.82
59	1,218.96	1,249.73	1,192.62	1,168.84	1,155.37	1,106.15	1,067.36	1,018.05	924.35
60	1,270.94	1,303.02	1,243.48	1,218.68	1,204.64	1,153.32	1,112.87	1,061.46	963.77
61	1,315.90	1,349.11	1,287.46	1,261.79	1,247.25	1,194.11	1,152.24	1,099.01	997.86
62	1,345.40	1,379.35	1,316.32	1,290.08	1,275.21	1,220.88	1,178.07	1,123.65	1,020.23
63	1,382.40	1,417.28	1,352.52	1,325.55	1,310.28	1,254.45	1,210.47	1,154.54	1,048.29
64+	1,404.87	1,440.33	1,374.51	1,347.12	1,331.58	1,274.85	1,230.15	1,173.33	1,065.33

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	249.18	255.47	243.80	238.94	236.18	230.74	227.29	223.78	202.75
15	271.33	278.18	265.47	260.18	257.18	251.25	247.49	243.67	220.77
16	279.80	286.87	273.76	268.30	265.21	259.09	255.21	251.27	227.66
17	288.27	295.55	282.04	276.42	273.23	266.93	262.94	258.88	234.55
18	297.39	304.90	290.97	285.16	281.88	275.38	271.26	267.07	241.97
19	306.51	314.25	299.89	293.91	290.52	283.82	279.58	275.26	249.39
20	315.96	323.93	309.13	302.97	299.48	292.57	288.19	283.74	257.08
21	325.73	333.95	318.69	312.34	308.74	301.62	297.10	292.52	265.03
22	325.73	333.95	318.69	312.34	308.74	301.62	297.10	292.52	265.03
23	325.73	333.95	318.69	312.34	308.74	301.62	297.10	292.52	265.03
24	325.73	333.95	318.69	312.34	308.74	301.62	297.10	292.52	265.03
25	327.03	335.29	319.97	313.59	309.97	302.82	298.29	293.69	266.09
26	333.55	341.97	326.34	319.83	316.15	308.86	304.24	299.54	271.39
27	341.37	349.98	333.99	327.33	323.56	316.10	311.37	306.56	277.75
28	354.07	363.01	346.42	339.51	335.60	327.86	322.95	317.97	288.09
29	364.49	373.69	356.62	349.51	345.48	337.51	332.46	327.33	296.57
30	369.71	379.04	361.72	354.50	350.42	342.34	337.21	332.01	300.81
31	377.52	387.05	369.36	362.00	357.83	349.57	344.34	339.03	307.17
32	385.34	395.07	377.01	369.50	365.24	356.81	351.47	346.05	313.53
33	390.23	400.07	381.79	374.18	369.87	361.34	355.93	350.44	317.50
34	395.44	405.42	386.89	379.18	374.81	366.16	360.68	355.12	321.74
35	398.04	408.09	389.44	381.68	377.28	368.58	363.06	357.46	323.86
36	400.65	410.76	391.99	384.18	379.75	370.99	365.44	359.80	325.98
37	403.26	413.43	394.54	386.67	382.22	373.40	367.82	362.14	328.10
38	405.86	416.10	397.09	389.17	384.69	375.82	370.19	364.48	330.22
39	411.07	421.45	402.19	394.17	389.63	380.64	374.95	369.16	334.47
40	416.29	426.79	407.29	399.17	394.57	385.47	379.70	373.84	338.71
41	424.10	434.81	414.94	406.66	401.98	392.71	386.83	380.86	345.07
42	431.59	442.49	422.27	413.85	409.08	399.64	393.66	387.59	351.16
43	442.02	453.17	432.47	423.84	418.96	409.29	403.17	396.95	359.64
44	455.05	466.53	445.21	436.34	431.31	421.36	415.06	408.65	370.24
45	470.36	482.23	460.19	451.02	445.82	435.54	429.02	422.40	382.70
46	488.60	500.93	478.04	468.51	463.11	452.43	445.66	438.78	397.54
47	509.12	521.97	498.12	488.18	482.56	471.43	464.37	457.21	414.24
48	532.57	546.01	521.06	510.67	504.79	493.14	485.77	478.27	433.32
49	555.70	569.72	543.69	532.85	526.71	514.56	506.86	499.04	452.14
50	581.76	596.44	569.18	557.84	551.41	538.69	530.63	522.44	473.34
51	607.49	622.82	594.36	582.51	575.80	562.52	554.10	545.55	494.28
52	635.83	651.87	622.09	609.68	602.66	588.76	579.95	571.00	517.33
53	664.49	681.26	650.13	637.17	629.83	615.30	606.09	596.74	540.66
54	695.44	712.99	680.41	666.84	659.16	643.95	634.32	624.53	565.83
55	726.38	744.71	710.68	696.51	688.49	672.61	662.54	652.32	591.01
56	759.93	779.11	743.51	728.69	720.29	703.67	693.15	682.45	618.31
57	793.81	813.84	776.65	761.17	752.40	735.04	724.04	712.87	645.87
58	829.96	850.91	812.03	795.84	786.67	768.52	757.02	745.34	675.29
59	847.88	869.28	829.56	813.02	803.65	785.11	773.36	761.43	689.87
60	884.04	906.35	864.93	847.69	837.92	818.59	806.34	793.90	719.29
61	915.31	938.41	895.53	877.67	867.55	847.54	834.86	821.98	744.73
62	935.83	959.45	915.60	897.35	887.01	866.55	853.58	840.41	761.43
63	961.56	985.83	940.78	922.02	911.40	890.37	877.05	863.52	782.36
64+	977.19	1,001.85	956.07	937.02	926.22	904.86	891.30	877.56	795.09

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	283.25	290.39	277.12	271.60	268.47	257.03	248.02	236.56	214.79
15	308.42	316.21	301.76	295.74	292.33	279.88	270.06	257.59	233.88
16	318.05	326.08	311.18	304.97	301.46	288.61	278.49	265.63	241.18
17	327.68	335.95	320.59	314.20	310.58	297.35	286.92	273.67	248.48
18	338.04	346.57	330.74	324.14	320.41	306.76	296.00	282.33	256.34
19	348.41	357.20	340.88	334.08	330.23	316.16	305.08	290.98	264.20
20	359.15	368.21	351.39	344.38	340.41	325.91	314.48	299.95	272.35
21	370.26	379.60	362.25	355.03	350.94	335.99	324.21	309.23	280.77
22	370.26	379.60	362.25	355.03	350.94	335.99	324.21	309.23	280.77
23	370.26	379.60	362.25	355.03	350.94	335.99	324.21	309.23	280.77
24	370.26	379.60	362.25	355.03	350.94	335.99	324.21	309.23	280.77
25	371.74	381.12	363.70	356.45	352.34	337.33	325.50	310.47	281.89
26	379.14	388.71	370.95	363.55	359.36	344.05	331.99	316.65	287.51
27	388.03	397.82	379.64	372.07	367.78	352.12	339.77	324.07	294.25
28	402.47	412.62	393.77	385.92	381.47	365.22	352.41	336.13	305.20
29	414.32	424.77	405.36	397.28	392.70	375.97	362.79	346.03	314.18
30	420.24	430.85	411.16	402.96	398.32	381.35	367.97	350.97	318.67
31	429.13	439.96	419.85	411.48	406.74	389.41	375.76	358.40	325.41
32	438.01	449.07	428.55	420.00	415.16	397.47	383.54	365.82	332.15
33	443.57	454.76	433.98	425.33	420.43	402.51	388.40	370.46	336.36
34	449.49	460.83	439.78	431.01	426.04	407.89	393.59	375.40	340.85
35	452.45	463.87	442.67	433.85	428.85	410.58	396.18	377.88	343.10
36	455.41	466.91	445.57	436.69	431.66	413.27	398.77	380.35	345.35
37	458.38	469.94	448.47	439.53	434.46	415.95	401.37	382.82	347.59
38	461.34	472.98	451.37	442.37	437.27	418.64	403.96	385.30	349.84
39	467.26	479.05	457.16	448.05	442.89	424.02	409.15	390.25	354.33
40	473.19	485.13	462.96	453.73	448.50	429.39	414.34	395.19	358.82
41	482.07	494.24	471.65	462.25	456.92	437.46	422.12	402.62	365.56
42	490.59	502.97	479.99	470.42	464.99	445.18	429.57	409.73	372.02
43	502.44	515.12	491.58	481.78	476.22	455.94	439.95	419.62	381.00
44	517.25	530.30	506.07	495.98	490.26	469.38	452.92	431.99	392.23
45	534.65	548.14	523.09	512.67	506.76	485.17	468.15	446.53	405.43
46	555.38	569.40	543.38	532.55	526.41	503.98	486.31	463.84	421.15
47	578.71	593.31	566.20	554.91	548.52	525.15	506.74	483.32	438.84
48	605.37	620.65	592.29	580.48	573.79	549.34	530.08	505.59	459.06
49	631.66	647.60	618.01	605.68	598.70	573.20	553.10	527.54	478.99
50	661.28	677.97	646.99	634.09	626.78	600.07	579.03	552.28	501.45
51	690.53	707.95	675.60	662.13	654.50	626.62	604.65	576.71	523.63
52	722.74	740.98	707.12	693.02	685.03	655.85	632.85	603.61	548.06
53	755.32	774.38	739.00	724.26	715.92	685.42	661.38	630.83	572.77
54	790.50	810.45	773.41	757.99	749.26	717.33	692.18	660.20	599.44
55	825.67	846.51	807.83	791.72	782.59	749.25	722.98	689.58	626.11
56	863.81	885.61	845.14	828.29	818.74	783.86	756.37	721.43	655.03
57	902.31	925.08	882.81	865.21	855.24	818.80	790.09	753.59	684.23
58	943.41	967.22	923.02	904.62	894.19	856.10	826.08	787.91	715.40
59	963.78	988.10	942.95	924.15	913.50	874.58	843.91	804.92	730.84
60	1,004.87	1,030.23	983.16	963.55	952.45	911.87	879.90	839.25	762.01
61	1,040.42	1,066.68	1,017.93	997.64	986.14	944.13	911.02	868.93	788.96
62	1,063.74	1,090.59	1,040.76	1,020.00	1,008.25	965.29	931.45	888.41	806.65
63	1,092.99	1,120.58	1,069.37	1,048.05	1,035.97	991.84	957.06	912.84	828.83
64+	1,110.78	1,138.80	1,086.75	1,065.09	1,052.82	1,007.97	972.63	927.69	842.31

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (continued)

Age	SmartCare HMO Platinum $0	SmartCare HMO Platinum $10	SmartCare HMO Platinum $20	SmartCare HMO Platinum $30	SmartCare HMO Gold $30	SmartCare HMO Gold $35	SmartCare HMO Gold $40	SmartCare HMO Gold $50	SmartCare HMO Silver $50
0-14	241.25	247.33	236.03	230.40	228.66	223.39	220.04	215.78	195.50
15	262.69	269.32	257.01	250.88	248.98	243.24	239.60	234.96	212.88
16	270.89	277.72	265.03	258.71	256.76	250.83	247.08	242.30	219.52
17	279.09	286.13	273.06	266.54	264.53	258.43	254.56	249.63	226.17
18	287.92	295.18	281.70	274.97	272.90	266.60	262.61	257.53	233.32
19	296.75	304.24	290.33	283.41	281.27	274.78	270.67	265.42	240.48
20	305.89	313.61	299.28	292.14	289.93	283.25	279.01	273.60	247.89
21	315.35	323.31	308.54	301.18	298.90	292.01	287.64	282.07	255.56
22	315.35	323.31	308.54	301.18	298.90	292.01	287.64	282.07	255.56
23	315.35	323.31	308.54	301.18	298.90	292.01	287.64	282.07	255.56
24	315.35	323.31	308.54	301.18	298.90	292.01	287.64	282.07	255.56
25	316.61	324.61	309.77	302.38	300.10	293.18	288.79	283.19	256.58
26	322.92	331.07	315.94	308.41	306.07	299.02	294.54	288.84	261.69
27	330.49	338.83	323.35	315.63	313.25	306.02	301.44	295.61	267.82
28	342.79	351.44	335.38	327.38	324.91	317.41	312.66	306.61	277.79
29	352.88	361.79	345.25	337.02	334.47	326.76	321.87	315.63	285.97
30	357.93	366.96	350.19	341.84	339.25	331.43	326.47	320.15	290.06
31	365.49	374.72	357.60	349.06	346.43	338.44	333.37	326.92	296.19
32	373.06	382.48	365.00	356.29	353.60	345.44	340.28	333.68	302.33
33	377.79	387.33	369.63	360.81	358.08	349.82	344.59	337.92	306.16
34	382.84	392.50	374.57	365.63	362.87	354.50	349.19	342.43	310.25
35	385.36	395.09	377.03	368.04	365.26	356.83	351.49	344.69	312.29
36	387.88	397.67	379.50	370.45	367.65	359.17	353.79	346.94	314.34
37	390.41	400.26	381.97	372.86	370.04	361.50	356.10	349.20	316.38
38	392.93	402.85	384.44	375.27	372.43	363.84	358.40	351.45	318.43
39	397.98	408.02	389.37	380.09	377.21	368.51	363.00	355.97	322.51
40	403.02	413.19	394.31	384.90	382.00	373.19	367.60	360.48	326.60
41	410.59	420.95	401.72	392.13	389.17	380.19	374.50	367.25	332.74
42	417.84	428.39	408.81	399.06	396.04	386.91	381.12	373.74	338.61
43	427.93	438.73	418.69	408.70	405.61	396.25	390.32	382.76	346.79
44	440.55	451.67	431.03	420.74	417.57	407.93	401.83	394.05	357.01
45	455.37	466.86	445.53	434.90	431.61	421.66	415.35	407.30	369.03
46	473.03	484.97	462.81	451.77	448.35	438.01	431.46	423.10	383.34
47	492.90	505.34	482.24	470.74	467.18	456.41	449.58	440.87	399.44
48	515.60	528.61	504.46	492.42	488.70	477.43	470.29	461.18	417.84
49	537.99	551.57	526.37	513.81	509.93	498.16	490.71	481.21	435.98
50	563.22	577.43	551.05	537.90	533.84	521.52	513.72	503.77	456.43
51	588.13	602.98	575.42	561.69	557.45	544.59	536.45	526.05	476.62
52	615.57	631.10	602.27	587.90	583.46	570.00	561.47	550.59	498.85
53	643.32	659.56	629.42	614.40	609.76	595.69	586.78	575.42	521.34
54	673.28	690.27	658.73	643.01	638.15	623.44	614.11	602.21	545.62
55	703.24	720.99	688.04	671.62	666.55	651.18	641.43	629.01	569.89
56	735.72	754.29	719.82	702.65	697.34	681.25	671.06	658.06	596.22
57	768.52	787.91	751.91	733.97	728.42	711.62	700.97	687.40	622.79
58	803.52	823.80	786.15	767.40	761.60	744.03	732.90	718.71	651.16
59	820.86	841.58	803.12	783.96	778.04	760.09	748.72	734.22	665.22
60	855.87	877.47	837.37	817.39	811.22	792.51	780.65	765.53	693.58
61	886.14	908.51	866.99	846.31	839.91	820.54	808.26	792.61	718.12
62	906.01	928.87	886.43	865.28	858.74	838.94	826.38	810.38	734.22
63	930.92	954.42	910.80	889.07	882.36	862.01	849.11	832.66	754.41
64+	946.05	969.93	925.62	903.54	896.70	876.03	862.92	846.21	766.68

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (continued)

Age	CommunityCare HMO Silver $1750/$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	195.16	178.24
15	212.51	194.08
16	219.14	200.14
17	225.77	206.20
18	232.92	212.72
19	240.06	219.25
20	247.46	226.00
21	255.11	232.99
22	255.11	232.99
23	255.11	232.99
24	255.11	232.99
25	256.13	233.93
26	261.23	238.59
27	267.36	244.18
28	277.31	253.27
29	285.47	260.72
30	289.55	264.45
31	295.67	270.04
32	301.80	275.63
33	305.62	279.13
34	309.70	282.86
35	311.75	284.72
36	313.79	286.58
37	315.83	288.45
38	317.87	290.31
39	321.95	294.04
40	326.03	297.77
41	332.15	303.36
42	338.02	308.72
43	346.19	316.17
44	356.39	325.49
45	368.38	336.44
46	382.67	349.49
47	398.74	364.17
48	417.11	380.95
49	435.22	397.49
50	455.63	416.13
51	475.78	434.54
52	497.98	454.81
53	520.43	475.31
54	544.66	497.44
55	568.90	519.58
56	595.17	543.58
57	621.70	567.81
58	650.02	593.67
59	664.05	606.49
60	692.37	632.35
61	716.86	654.72
62	732.93	669.39
63	753.09	687.80
64+	765.33	698.97

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 16

Los Angeles County. ZIP codes not included in region 15

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	255.00	261.44	249.49	244.52	241.70	236.13	232.59	229.00	207.48
15	277.67	284.68	271.67	266.25	263.19	257.11	253.27	249.36	225.92
16	286.34	293.56	280.15	274.56	271.40	265.14	261.17	257.14	232.98
17	295.00	302.45	288.63	282.87	279.61	273.17	269.08	264.93	240.03
18	304.34	312.02	297.76	291.82	288.46	281.81	277.59	273.31	247.62
19	313.67	321.59	306.89	300.77	297.31	290.45	286.10	281.69	255.22
20	323.34	331.50	316.35	310.04	306.47	299.40	294.92	290.37	263.08
21	333.34	341.75	326.13	319.63	315.95	308.66	304.04	299.35	271.22
22	333.34	341.75	326.13	319.63	315.95	308.66	304.04	299.35	271.22
23	333.34	341.75	326.13	319.63	315.95	308.66	304.04	299.35	271.22
24	333.34	341.75	326.13	319.63	315.95	308.66	304.04	299.35	271.22
25	334.67	343.12	327.44	320.91	317.21	309.90	305.26	300.55	272.30
26	341.34	349.95	333.96	327.30	323.53	316.07	311.34	306.54	277.73
27	349.34	358.16	341.79	334.97	331.11	323.48	318.64	313.72	284.24
28	362.34	371.48	354.51	347.44	343.44	335.51	330.49	325.39	294.81
29	373.01	382.42	364.95	357.67	353.55	345.39	340.22	334.97	303.49
30	378.34	387.89	370.16	362.78	358.60	350.33	345.09	339.76	307.83
31	386.34	396.09	377.99	370.45	366.18	357.74	352.39	346.95	314.34
32	394.34	404.29	385.82	378.13	373.77	365.15	359.68	354.13	320.85
33	399.34	409.42	390.71	382.92	378.51	369.78	364.24	358.62	324.92
34	404.67	414.89	395.93	388.03	383.56	374.71	369.11	363.41	329.26
35	407.34	417.62	398.54	390.59	386.09	377.18	371.54	365.81	331.43
36	410.01	420.35	401.15	393.15	388.62	379.65	373.97	368.20	333.60
37	412.67	423.09	403.76	395.71	391.14	382.12	376.41	370.60	335.77
38	415.34	425.82	406.36	398.26	393.67	384.59	378.84	372.99	337.94
39	420.67	431.29	411.58	403.38	398.73	389.53	383.70	377.78	342.28
40	426.01	436.76	416.80	408.49	403.78	394.47	388.57	382.57	346.62
41	434.01	444.96	424.63	416.16	411.37	401.88	395.86	389.76	353.12
42	441.67	452.82	432.13	423.51	418.63	408.98	402.86	396.64	359.36
43	452.34	463.76	442.57	433.74	428.74	418.85	412.59	406.22	368.04
44	465.67	477.43	455.61	446.53	441.38	431.20	424.75	418.19	378.89
45	481.34	493.49	470.94	461.55	456.23	445.71	439.04	432.26	391.64
46	500.01	512.63	489.20	479.45	473.92	462.99	456.06	449.03	406.83
47	521.01	534.16	509.75	499.59	493.83	482.44	475.22	467.89	423.91
48	545.01	558.76	533.23	522.60	516.58	504.66	497.11	489.44	443.44
49	568.68	583.03	556.39	545.29	539.01	526.58	518.70	510.69	462.70
50	595.34	610.37	582.48	570.86	564.28	551.27	543.02	534.64	484.39
51	621.68	637.37	608.24	596.11	589.24	575.65	567.04	558.29	505.82
52	650.68	667.10	636.62	623.92	616.73	602.51	593.49	584.33	529.42
53	680.01	697.17	665.32	652.05	644.54	629.67	620.25	610.68	553.28
54	711.68	729.64	696.30	682.42	674.55	658.99	649.13	639.11	579.05
55	743.35	762.11	727.28	712.78	704.57	688.31	678.02	667.55	604.81
56	777.68	797.31	760.87	745.70	737.11	720.11	709.33	698.39	632.75
57	812.35	832.85	794.79	778.94	769.97	752.21	740.95	729.52	660.96
58	849.35	870.78	830.99	814.42	805.04	786.47	774.70	762.75	691.06
59	867.68	889.58	848.93	832.00	822.41	803.45	791.42	779.21	705.98
60	904.68	927.51	885.13	867.48	857.48	837.71	825.17	812.44	736.08
61	936.68	960.32	916.44	898.17	887.82	867.34	854.36	841.18	762.12
62	957.68	981.85	936.99	918.30	907.72	886.78	873.52	860.04	779.21
63	984.02	1,008.85	962.75	943.56	932.68	911.17	897.54	883.68	800.63
64+	1,000.02	1,025.25	978.39	958.89	947.85	925.98	912.12	898.05	813.66

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 16

Los Angeles County. ZIP codes not included in region 15 (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	300.70	308.29	294.20	288.34	285.01	272.87	263.30	251.14	228.03
15	327.43	335.69	320.36	313.97	310.35	297.13	286.71	273.46	248.29
16	337.65	346.17	330.35	323.77	320.04	306.40	295.66	282.00	256.04
17	347.87	356.65	340.35	333.57	329.72	315.68	304.61	290.53	263.79
18	358.88	367.93	351.12	344.12	340.15	325.66	314.24	299.73	272.14
19	369.88	379.22	361.89	354.67	350.59	335.65	323.88	308.92	280.49
20	381.28	390.91	373.04	365.61	361.39	345.99	333.86	318.44	289.13
21	393.07	403.00	384.58	376.91	372.57	356.70	344.19	328.29	298.07
22	393.07	403.00	384.58	376.91	372.57	356.70	344.19	328.29	298.07
23	393.07	403.00	384.58	376.91	372.57	356.70	344.19	328.29	298.07
24	393.07	403.00	384.58	376.91	372.57	356.70	344.19	328.29	298.07
25	394.65	404.61	386.12	378.42	374.06	358.12	345.56	329.60	299.27
26	402.51	412.67	393.81	385.96	381.51	365.26	352.45	336.17	305.23
27	411.94	422.34	403.04	395.00	390.45	373.82	360.71	344.04	312.38
28	427.27	438.06	418.04	409.70	404.98	387.73	374.13	356.85	324.01
29	439.85	450.95	430.35	421.76	416.90	399.14	385.15	367.35	333.54
30	446.14	457.40	436.50	427.80	422.86	404.85	390.65	372.61	338.31
31	455.57	467.07	445.73	436.84	431.81	413.41	398.91	380.48	345.47
32	465.01	476.74	454.96	445.89	440.75	421.97	407.17	388.36	352.62
33	470.90	482.79	460.73	451.54	446.34	427.32	412.34	393.29	357.09
34	477.19	489.24	466.88	457.57	452.30	433.03	417.84	398.54	361.86
35	480.34	492.46	469.96	460.59	455.28	435.88	420.60	401.17	364.25
36	483.48	495.68	473.03	463.60	458.26	438.74	423.35	403.79	366.63
37	486.63	498.91	476.11	466.62	461.24	441.59	426.10	406.42	369.01
38	489.77	502.13	479.19	469.63	464.22	444.44	428.86	409.05	371.40
39	496.06	508.58	485.34	475.66	470.18	450.15	434.37	414.30	376.17
40	502.35	515.03	491.49	481.69	476.14	455.86	439.87	419.55	380.94
41	511.78	524.70	500.72	490.74	485.08	464.42	448.13	427.43	388.09
42	520.82	533.97	509.57	499.41	493.65	472.62	456.05	434.98	394.95
43	533.40	546.86	521.88	511.47	505.58	484.04	467.06	445.49	404.49
44	549.13	562.98	537.26	526.55	520.48	498.30	480.83	458.62	416.41
45	567.60	581.92	555.33	544.26	537.99	515.07	497.01	474.05	430.42
46	589.61	604.49	576.87	565.37	558.85	535.04	516.28	492.43	447.11
47	614.38	629.88	601.10	589.11	582.32	557.52	537.97	513.11	465.89
48	642.68	658.90	628.79	616.25	609.15	583.20	562.75	536.75	487.35
49	670.59	687.51	656.09	643.01	635.60	608.52	587.18	560.06	508.51
50	702.03	719.75	686.86	673.17	665.41	637.06	614.72	586.32	532.36
51	733.08	751.59	717.24	702.94	694.84	665.24	641.91	612.25	555.91
52	767.28	786.65	750.70	735.73	727.25	696.27	671.86	640.82	581.84
53	801.87	822.11	784.54	768.90	760.04	727.66	702.14	669.71	608.07
54	839.21	860.39	821.08	804.71	795.43	761.55	734.84	700.89	636.39
55	876.56	898.68	857.61	840.51	830.83	795.43	767.54	732.08	664.70
56	917.04	940.19	897.23	879.34	869.20	832.17	802.99	765.89	695.40
57	957.92	982.10	937.22	918.54	907.95	869.27	838.79	800.03	726.40
58	1,001.55	1,026.83	979.91	960.37	949.30	908.86	876.99	836.47	759.49
59	1,023.17	1,049.00	1,001.06	981.10	969.80	928.48	895.92	854.53	775.88
60	1,066.81	1,093.73	1,043.75	1,022.94	1,011.15	968.07	934.13	890.97	808.97
61	1,104.54	1,132.42	1,080.67	1,059.12	1,046.92	1,002.31	967.17	922.49	837.59
62	1,129.30	1,157.80	1,104.90	1,082.87	1,070.39	1,024.79	988.85	943.17	856.36
63	1,160.36	1,189.64	1,135.28	1,112.65	1,099.82	1,052.97	1,016.04	969.10	879.91
64+	1,179.21	1,209.00	1,153.74	1,130.73	1,117.71	1,070.10	1,032.57	984.87	894.21

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 16

Los Angeles County. ZIP codes not included in region 15 (continued)

Age	SmartCare HMO Platinum $0	SmartCare HMO Platinum $10	SmartCare HMO Platinum $20	SmartCare HMO Platinum $30	SmartCare HMO Gold $30	SmartCare HMO Gold $35	SmartCare HMO Gold $40	SmartCare HMO Gold $50	SmartCare HMO Silver $50
0-14	249.66	255.96	244.26	238.44	236.63	231.18	227.72	223.31	202.32
15	271.85	278.71	265.98	259.63	257.67	251.73	247.96	243.16	220.30
16	280.34	287.41	274.28	267.73	265.71	259.58	255.70	250.75	227.18
17	288.82	296.11	282.58	275.84	273.75	267.44	263.44	258.33	234.06
18	297.96	305.48	291.52	284.56	282.41	275.90	271.77	266.51	241.46
19	307.10	314.85	300.46	293.29	291.08	284.36	280.11	274.68	248.87
20	316.56	324.55	309.72	302.33	300.05	293.13	288.74	283.15	256.54
21	326.35	334.59	319.30	311.68	309.33	302.19	297.67	291.90	264.47
22	326.35	334.59	319.30	311.68	309.33	302.19	297.67	291.90	264.47
23	326.35	334.59	319.30	311.68	309.33	302.19	297.67	291.90	264.47
24	326.35	334.59	319.30	311.68	309.33	302.19	297.67	291.90	264.47
25	327.66	335.93	320.58	312.93	310.56	303.40	298.86	293.07	265.53
26	334.18	342.62	326.96	319.16	316.75	309.44	304.81	298.91	270.82
27	342.02	350.65	334.62	326.64	324.17	316.70	311.96	305.92	277.17
28	354.74	363.70	347.08	338.80	336.24	328.48	323.57	317.30	287.48
29	365.19	374.40	357.29	348.77	346.14	338.15	333.09	326.64	295.94
30	370.41	379.76	362.40	353.76	351.08	342.99	337.86	331.31	300.17
31	378.24	387.79	370.07	361.24	358.51	350.24	345.00	338.32	306.52
32	386.07	395.82	377.73	368.72	365.93	357.49	352.14	345.32	312.87
33	390.97	400.84	382.52	373.39	370.57	362.02	356.61	349.70	316.84
34	396.19	406.19	387.63	378.38	375.52	366.86	361.37	354.37	321.07
35	398.80	408.87	390.18	380.87	378.00	369.28	363.75	356.71	323.18
36	401.41	411.54	392.74	383.37	380.47	371.70	366.13	359.04	325.30
37	404.02	414.22	395.29	385.86	382.95	374.11	368.52	361.38	327.41
38	406.63	416.90	397.85	388.35	385.42	376.53	370.90	363.71	329.53
39	411.86	422.25	402.95	393.34	390.37	381.37	375.66	368.38	333.76
40	417.08	427.60	408.06	398.33	395.32	386.20	380.42	373.05	337.99
41	424.91	435.63	415.73	405.81	402.74	393.45	387.57	380.06	344.34
42	432.42	443.33	423.07	412.98	409.86	400.40	394.41	386.77	350.42
43	442.86	454.04	433.29	422.95	419.75	410.07	403.94	396.11	358.89
44	455.91	467.42	446.06	435.42	432.13	422.16	415.84	407.79	369.47
45	471.25	483.14	461.07	450.07	446.67	436.36	429.84	421.51	381.90
46	489.53	501.88	478.95	467.52	463.99	453.29	446.50	437.86	396.71
47	510.09	522.96	499.06	487.16	483.48	472.32	465.26	456.25	413.37
48	533.58	547.05	522.05	509.60	505.75	494.08	486.69	477.26	432.41
49	556.76	570.81	544.72	531.73	527.71	515.54	507.82	497.99	451.19
50	582.86	597.57	570.27	556.66	552.46	539.71	531.64	521.34	472.34
51	608.65	624.01	595.49	581.28	576.89	563.59	555.15	544.40	493.24
52	637.04	653.11	623.27	608.40	603.80	589.88	581.05	569.80	516.25
53	665.76	682.56	651.37	635.83	631.02	616.47	607.25	595.48	539.52
54	696.76	714.34	681.70	665.44	660.41	645.18	635.52	623.21	564.64
55	727.76	746.13	712.04	695.05	689.80	673.89	663.80	650.95	589.77
56	761.38	780.59	744.92	727.15	721.66	705.01	694.46	681.01	617.01
57	795.32	815.39	778.13	759.57	753.83	736.44	725.42	711.37	644.52
58	831.54	852.53	813.57	794.16	788.16	769.98	758.46	743.77	673.87
59	849.49	870.93	831.13	811.30	805.17	786.60	774.83	759.83	688.42
60	885.72	908.07	866.58	845.90	839.51	820.15	807.88	792.23	717.77
61	917.05	940.19	897.23	875.82	869.20	849.16	836.45	820.25	743.16
62	937.61	961.27	917.34	895.46	888.69	868.20	855.21	838.64	759.82
63	963.39	987.70	942.57	920.08	913.13	892.07	878.72	861.70	780.72
64+	979.05	1,003.77	957.90	935.04	927.99	906.57	893.01	875.70	793.41

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 16

Los Angeles County. ZIP codes not included in region 15 (continued)

Age	CommunityCare HMO Silver $1750/$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	206.29	188.41
15	224.63	205.16
16	231.64	211.56
17	238.65	217.97
18	246.21	224.86
19	253.76	231.76
20	261.58	238.90
21	269.67	246.29
22	269.67	246.29
23	269.67	246.29
24	269.67	246.29
25	270.74	247.27
26	276.14	252.20
27	282.61	258.11
28	293.13	267.72
29	301.76	275.60
30	306.07	279.54
31	312.54	285.45
32	319.01	291.36
33	323.06	295.05
34	327.37	298.99
35	329.53	300.96
36	331.69	302.93
37	333.85	304.90
38	336.00	306.88
39	340.32	310.82
40	344.63	314.76
41	351.11	320.67
42	357.31	326.33
43	365.94	334.21
44	376.72	344.06
45	389.40	355.64
46	404.50	369.43
47	421.49	384.95
48	440.90	402.68
49	460.05	420.17
50	481.62	439.87
51	502.93	459.33
52	526.39	480.75
53	550.12	502.43
54	575.74	525.83
55	601.36	549.22
56	629.13	574.59
57	657.18	600.20
58	687.11	627.54
59	701.94	641.09
60	731.87	668.43
61	757.76	692.07
62	774.75	707.59
63	796.05	727.04
64+	809.01	738.87

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 17

Riverside and San Bernardino counties

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	262.36	268.98	256.69	251.57	248.67	242.93	239.30	235.61	213.46
15	285.68	292.89	279.50	273.93	270.77	264.53	260.57	256.55	232.44
16	294.59	302.03	288.23	282.48	279.23	272.78	268.70	264.56	239.69
17	303.51	311.17	296.95	291.03	287.68	281.04	276.84	272.56	246.95
18	313.11	321.02	306.35	300.24	296.78	289.93	285.60	281.19	254.76
19	322.72	330.86	315.74	309.45	305.88	298.82	294.35	289.81	262.57
20	332.66	341.06	325.47	318.98	315.31	308.03	303.43	298.74	270.67
21	342.95	351.60	335.54	328.85	325.06	317.56	312.81	307.98	279.04
22	342.95	351.60	335.54	328.85	325.06	317.56	312.81	307.98	279.04
23	342.95	351.60	335.54	328.85	325.06	317.56	312.81	307.98	279.04
24	342.95	351.60	335.54	328.85	325.06	317.56	312.81	307.98	279.04
25	344.32	353.01	336.88	330.16	326.36	318.83	314.06	309.21	280.15
26	351.18	360.04	343.59	336.74	332.86	325.18	320.32	315.37	285.73
27	359.41	368.48	351.64	344.63	340.66	332.80	327.82	322.77	292.43
28	372.79	382.19	364.73	357.46	353.34	345.19	340.02	334.78	303.31
29	383.76	393.45	375.47	367.98	363.74	355.35	350.03	344.63	312.24
30	389.25	399.07	380.84	373.24	368.94	360.43	355.04	349.56	316.71
31	397.48	407.51	388.89	381.14	376.74	368.05	362.55	356.95	323.40
32	405.71	415.95	396.94	389.03	384.54	375.67	370.05	364.34	330.10
33	410.85	421.22	401.97	393.96	389.42	380.44	374.75	368.96	334.29
34	416.34	426.85	407.34	399.22	394.62	385.52	379.75	373.89	338.75
35	419.08	429.66	410.03	401.85	397.22	388.06	382.25	376.35	340.98
36	421.83	432.47	412.71	404.48	399.82	390.60	384.76	378.82	343.22
37	424.57	435.29	415.40	407.11	402.42	393.14	387.26	381.28	345.45
38	427.32	438.10	418.08	409.75	405.02	395.68	389.76	383.75	347.68
39	432.80	443.73	423.45	415.01	410.22	400.76	394.77	388.67	352.15
40	438.29	449.35	428.82	420.27	415.42	405.84	399.77	393.60	356.61
41	446.52	457.79	436.87	428.16	423.23	413.46	407.28	400.99	363.31
42	454.41	465.88	444.59	435.72	430.70	420.77	414.47	408.08	369.72
43	465.38	477.13	455.33	446.25	441.10	430.93	424.48	417.93	378.65
44	479.10	491.19	468.75	459.40	454.11	443.63	436.99	430.25	389.82
45	495.22	507.72	484.52	474.86	469.38	458.56	451.70	444.73	402.93
46	514.42	527.41	503.31	493.27	487.59	476.34	469.21	461.97	418.56
47	536.03	549.56	524.45	513.99	508.07	496.35	488.92	481.38	436.14
48	560.72	574.87	548.61	537.67	531.47	519.21	511.44	503.55	456.23
49	585.07	599.84	572.43	561.02	554.55	541.76	533.65	525.42	476.04
50	612.51	627.97	599.27	587.32	580.55	567.16	558.68	550.06	498.36
51	639.60	655.74	625.78	613.30	606.23	592.25	583.39	574.39	520.40
52	669.44	686.33	654.97	641.91	634.51	619.88	610.60	601.18	544.68
53	699.62	717.27	684.50	670.85	663.12	647.82	638.13	628.28	569.24
54	732.20	750.68	716.37	702.09	694.00	677.99	667.85	657.54	595.74
55	764.78	784.08	748.25	733.33	724.88	708.16	697.57	686.80	622.25
56	800.10	820.29	782.81	767.20	758.36	740.87	729.78	718.52	650.99
57	835.77	856.86	817.71	801.40	792.17	773.90	762.32	750.55	680.01
58	873.84	895.89	854.95	837.91	828.25	809.15	797.04	784.74	710.99
59	892.70	915.23	873.41	855.99	846.13	826.61	814.24	801.68	726.33
60	930.77	954.26	910.65	892.49	882.21	861.86	848.96	835.86	757.31
61	963.69	988.01	942.86	924.06	913.41	892.35	878.99	865.43	784.09
62	985.29	1,010.16	964.00	944.78	933.89	912.35	898.70	884.83	801.67
63	1,012.39	1,037.94	990.51	970.76	959.57	937.44	923.41	909.16	823.72
64+	1,028.85	1,054.80	1,006.62	986.55	975.18	952.68	938.43	923.94	837.12

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 17

Riverside and San Bernardino counties (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	294.77	302.21	288.40	282.65	279.39	267.49	258.11	246.18	223.52
15	320.97	329.07	314.03	307.77	304.22	291.26	281.05	268.06	243.39
16	330.99	339.34	323.83	317.38	313.72	300.35	289.82	276.43	250.99
17	341.00	349.61	333.63	326.98	323.21	309.44	298.59	284.80	258.59
18	351.79	360.67	344.19	337.33	333.44	319.23	308.04	293.81	266.77
19	362.58	371.73	354.75	347.67	343.67	329.02	317.49	302.82	274.95
20	373.76	383.19	365.68	358.39	354.26	339.16	327.27	312.15	283.42
21	385.32	395.04	376.99	369.47	365.21	349.65	337.39	321.81	292.19
22	385.32	395.04	376.99	369.47	365.21	349.65	337.39	321.81	292.19
23	385.32	395.04	376.99	369.47	365.21	349.65	337.39	321.81	292.19
24	385.32	395.04	376.99	369.47	365.21	349.65	337.39	321.81	292.19
25	386.86	396.62	378.50	370.95	366.67	351.05	338.74	323.09	293.36
26	394.56	404.52	386.04	378.34	373.98	358.05	345.49	329.53	299.20
27	403.81	414.00	395.08	387.21	382.74	366.44	353.59	337.25	306.21
28	418.84	429.41	409.79	401.62	396.99	380.07	366.75	349.80	317.61
29	431.17	442.05	421.85	413.44	408.67	391.26	377.54	360.10	326.96
30	437.33	448.37	427.88	419.35	414.52	396.86	382.94	365.25	331.63
31	446.58	457.85	436.93	428.22	423.28	405.25	391.04	372.97	338.65
32	455.83	467.33	445.98	437.08	432.05	413.64	399.14	380.70	345.66
33	461.61	473.26	451.63	442.63	437.53	418.89	404.20	385.52	350.04
34	467.77	479.58	457.66	448.54	443.37	424.48	409.60	390.67	354.72
35	470.85	482.74	460.68	451.49	446.29	427.28	412.29	393.25	357.05
36	473.94	485.90	463.70	454.45	449.21	430.07	414.99	395.82	359.39
37	477.02	489.06	466.71	457.41	452.13	432.87	417.69	398.40	361.73
38	480.10	492.22	469.73	460.36	455.06	435.67	420.39	400.97	364.07
39	486.27	498.54	475.76	466.27	460.90	441.26	425.79	406.12	368.74
40	492.43	504.86	481.79	472.18	466.74	446.86	431.19	411.27	373.42
41	501.68	514.34	490.84	481.05	475.51	455.25	439.29	418.99	380.43
42	510.54	523.43	499.51	489.55	483.91	463.29	447.05	426.39	387.15
43	522.87	536.07	511.57	501.37	495.59	474.48	457.84	436.69	396.50
44	538.29	551.87	526.65	516.15	510.20	488.47	471.34	449.56	408.19
45	556.39	570.44	544.37	533.52	527.37	504.90	487.20	464.69	421.92
46	577.97	592.56	565.48	554.21	547.82	524.48	506.09	482.71	438.28
47	602.25	617.45	589.23	577.48	570.83	546.51	527.35	502.98	456.69
48	629.99	645.89	616.38	604.09	597.12	571.68	551.64	526.15	477.73
49	657.35	673.94	643.14	630.32	623.05	596.51	575.59	549.00	498.47
50	688.17	705.54	673.30	659.88	652.27	624.48	602.58	574.75	521.85
51	718.61	736.75	703.08	689.06	681.12	652.10	629.24	600.17	544.93
52	752.13	771.12	735.88	721.21	712.90	682.52	658.59	628.17	570.35
53	786.04	805.88	769.06	753.72	745.04	713.29	688.28	656.48	596.07
54	822.65	843.41	804.87	788.82	779.73	746.51	720.33	687.06	623.82
55	859.25	880.94	840.68	823.92	814.43	779.73	752.39	717.63	651.58
56	898.94	921.63	879.51	861.98	852.04	815.74	787.14	750.77	681.68
57	939.01	962.71	918.72	900.40	890.02	852.11	822.23	784.24	712.06
58	981.78	1,006.56	960.57	941.41	930.56	890.92	859.68	819.96	744.50
59	1,002.98	1,028.29	981.30	961.73	950.65	910.15	878.23	837.66	760.57
60	1,045.74	1,072.14	1,023.15	1,002.75	991.19	948.96	915.69	873.38	793.00
61	1,082.74	1,110.06	1,059.34	1,038.22	1,026.25	982.53	948.08	904.27	821.05
62	1,107.01	1,134.95	1,083.09	1,061.49	1,049.26	1,004.56	969.33	924.55	839.46
63	1,137.45	1,166.16	1,112.87	1,090.68	1,078.11	1,032.18	995.99	949.97	862.54
64+	1,155.96	1,185.12	1,130.97	1,108.41	1,095.63	1,048.95	1,012.17	965.43	876.57

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 17

Riverside and San Bernardino counties (continued)

Age	SmartCare HMO Platinum $0	SmartCare HMO Platinum $10	SmartCare HMO Platinum $20	SmartCare HMO Platinum $30	SmartCare HMO Gold $30	SmartCare HMO Gold $35	SmartCare HMO Gold $40	SmartCare HMO Gold $50	SmartCare HMO Silver $50
0-14	247.76	254.01	242.40	236.62	234.83	229.42	225.98	221.61	200.78
15	269.78	276.59	263.95	257.65	255.71	249.81	246.07	241.30	218.63
16	278.20	285.22	272.19	265.70	263.69	257.61	253.75	248.84	225.45
17	286.62	293.86	280.43	273.74	271.67	265.40	261.43	256.37	232.27
18	295.69	303.15	289.30	282.40	280.26	273.80	269.70	264.48	239.62
19	304.76	312.45	298.17	291.06	288.86	282.20	277.97	272.59	246.97
20	314.15	322.08	307.36	300.03	297.76	290.89	286.54	280.99	254.58
21	323.87	332.04	316.87	309.31	306.97	299.89	295.40	289.68	262.46
22	323.87	332.04	316.87	309.31	306.97	299.89	295.40	289.68	262.46
23	323.87	332.04	316.87	309.31	306.97	299.89	295.40	289.68	262.46
24	323.87	332.04	316.87	309.31	306.97	299.89	295.40	289.68	262.46
25	325.16	333.37	318.13	310.54	308.20	301.09	296.58	290.84	263.51
26	331.64	340.01	324.47	316.73	314.34	307.09	302.49	296.63	268.76
27	339.41	347.98	332.08	324.15	321.71	314.29	309.58	303.59	275.06
28	352.04	360.93	344.43	336.22	333.68	325.98	321.10	314.88	285.29
29	362.41	371.55	354.57	346.12	343.50	335.58	330.56	324.15	293.69
30	367.59	376.87	359.64	351.06	348.41	340.38	335.28	328.79	297.89
31	375.36	384.83	367.25	358.49	355.78	347.57	342.37	335.74	304.19
32	383.13	392.80	374.85	365.91	363.15	354.77	349.46	342.69	310.49
33	387.99	397.78	379.61	370.55	367.75	359.27	353.89	347.04	314.42
34	393.17	403.10	384.68	375.50	372.66	364.07	358.62	351.67	318.62
35	395.76	405.75	387.21	377.97	375.12	366.47	360.98	353.99	320.72
36	398.36	408.41	389.75	380.45	377.57	368.87	363.35	356.31	322.82
37	400.95	411.07	392.28	382.92	380.03	371.26	365.71	358.63	324.92
38	403.54	413.72	394.82	385.40	382.49	373.66	368.07	360.94	327.02
39	408.72	419.03	399.89	390.35	387.40	378.46	372.80	365.58	331.22
40	413.90	424.35	404.96	395.29	392.31	383.26	377.53	370.21	335.42
41	421.67	432.32	412.56	402.72	399.68	390.46	384.62	377.17	341.72
42	429.12	439.95	419.85	409.83	406.74	397.35	391.41	383.83	347.76
43	439.49	450.58	429.99	419.73	416.56	406.95	400.86	393.10	356.15
44	452.44	463.86	442.66	432.10	428.84	418.95	412.68	404.68	366.65
45	467.66	479.47	457.56	446.64	443.27	433.04	426.56	418.30	378.99
46	485.80	498.06	475.30	463.96	460.46	449.84	443.10	434.52	393.69
47	506.20	518.98	495.26	483.45	479.79	468.73	461.72	452.77	410.22
48	529.52	542.89	518.08	505.72	501.90	490.32	482.98	473.63	429.12
49	552.52	566.46	540.58	527.68	523.69	511.61	503.96	494.20	447.75
50	578.43	593.02	565.93	552.42	548.25	535.60	527.59	517.37	468.75
51	604.01	619.25	590.96	576.86	572.50	559.30	550.93	540.26	489.48
52	632.19	648.14	618.53	603.77	599.21	585.39	576.63	565.46	512.32
53	660.69	677.36	646.41	630.99	626.22	611.78	602.62	590.95	535.41
54	691.45	708.91	676.51	660.37	655.38	640.27	630.69	618.47	560.35
55	722.22	740.45	706.61	689.76	684.54	668.76	658.75	645.99	585.28
56	755.58	774.65	739.25	721.61	716.16	699.64	689.18	675.83	612.31
57	789.26	809.18	772.21	753.78	748.09	730.83	719.90	705.95	639.61
58	825.21	846.04	807.38	788.12	782.16	764.12	752.69	738.11	668.74
59	843.02	864.30	824.81	805.13	799.04	780.61	768.93	754.04	683.18
60	878.97	901.16	859.98	839.46	833.12	813.90	801.72	786.20	712.31
61	910.06	933.03	890.40	869.15	862.59	842.69	830.08	814.00	737.50
62	930.47	953.95	910.36	888.64	881.93	861.58	848.69	832.25	754.04
63	956.05	980.18	935.39	913.08	906.18	885.28	872.03	855.14	774.77
64+	971.61	996.12	950.61	927.93	920.91	899.67	886.20	869.04	787.38

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

18 Orange County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	293.54	300.94	287.19	281.47	278.22	271.80	267.74	263.61	238.83
15	319.63	327.69	312.72	306.49	302.95	295.97	291.54	287.04	260.06
16	329.60	337.92	322.48	316.05	312.41	305.20	300.64	296.00	268.18
17	339.58	348.15	332.24	325.62	321.86	314.44	309.74	304.96	276.30
18	350.32	359.17	342.75	335.92	332.05	324.39	319.54	314.60	285.04
19	361.07	370.18	353.27	346.22	342.23	334.34	329.34	324.25	293.78
20	372.20	381.59	364.15	356.89	352.78	344.64	339.48	334.25	302.83
21	383.71	393.39	375.41	367.93	363.69	355.30	349.98	344.58	312.20
22	383.71	393.39	375.41	367.93	363.69	355.30	349.98	344.58	312.20
23	383.71	393.39	375.41	367.93	363.69	355.30	349.98	344.58	312.20
24	383.71	393.39	375.41	367.93	363.69	355.30	349.98	344.58	312.20
25	385.24	394.96	376.92	369.40	365.14	356.72	351.38	345.96	313.45
26	392.92	402.83	384.42	376.76	372.42	363.83	358.38	352.85	319.69
27	402.12	412.27	393.43	385.59	381.15	372.36	366.78	361.12	327.18
28	417.09	427.62	408.08	399.94	395.33	386.21	380.43	374.56	339.36
29	429.37	440.20	420.09	411.71	406.97	397.58	391.63	385.59	349.35
30	435.51	446.50	426.10	417.60	412.79	403.27	397.23	391.10	354.35
31	444.72	455.94	435.11	426.43	421.52	411.79	405.63	399.37	361.84
32	453.93	465.38	444.12	435.26	430.24	420.32	414.03	407.64	369.33
33	459.68	471.28	449.75	440.78	435.70	425.65	419.28	412.81	374.01
34	465.82	477.58	455.75	446.67	441.52	431.33	424.88	418.32	379.01
35	468.89	480.72	458.76	449.61	444.43	434.18	427.68	421.08	381.51
36	471.96	483.87	461.76	452.55	447.34	437.02	430.48	423.84	384.00
37	475.03	487.02	464.76	455.50	450.25	439.86	433.28	426.59	386.50
38	478.10	490.16	467.77	458.44	453.16	442.70	436.08	429.35	389.00
39	484.24	496.46	473.77	464.33	458.98	448.39	441.68	434.86	393.99
40	490.38	502.75	479.78	470.21	464.79	454.07	447.28	440.38	398.99
41	499.59	512.19	488.79	479.04	473.52	462.60	455.68	448.65	406.48
42	508.41	521.24	497.42	487.51	481.89	470.77	463.73	456.57	413.66
43	520.69	533.83	509.44	499.28	493.53	482.14	474.93	467.60	423.65
44	536.04	549.57	524.45	514.00	508.07	496.35	488.93	481.38	436.14
45	554.07	568.06	542.10	531.29	525.17	513.05	505.38	497.58	450.81
46	575.56	590.09	563.12	551.89	545.53	532.95	524.98	516.88	468.30
47	599.73	614.87	586.77	575.07	568.45	555.33	547.03	538.58	487.97
48	627.36	643.19	613.80	601.56	594.63	580.92	572.22	563.39	510.44
49	654.60	671.12	640.46	627.69	620.45	606.14	597.07	587.86	532.61
50	685.30	702.60	670.49	657.12	649.55	634.57	625.07	615.43	557.59
51	715.61	733.67	700.15	686.19	678.28	662.64	652.72	642.65	582.25
52	749.00	767.90	732.81	718.20	709.92	693.55	683.17	672.63	609.41
53	782.76	802.52	765.85	750.58	741.93	724.81	713.97	702.95	636.89
54	819.21	839.89	801.51	785.53	776.48	758.57	747.22	735.69	666.54
55	855.67	877.26	837.17	820.48	811.03	792.32	780.47	768.42	696.20
56	895.19	917.78	875.84	858.38	848.49	828.92	816.51	803.91	728.36
57	935.09	958.69	914.89	896.64	886.31	865.87	852.91	839.75	760.83
58	977.68	1,002.36	956.56	937.48	926.68	905.31	891.76	878.00	795.48
59	998.79	1,024.00	977.20	957.72	946.68	924.85	911.01	896.95	812.65
60	1,041.38	1,067.66	1,018.88	998.56	987.05	964.29	949.86	935.20	847.31
61	1,078.22	1,105.43	1,054.91	1,033.88	1,021.97	998.39	983.46	968.28	877.28
62	1,102.39	1,130.21	1,078.57	1,057.06	1,044.88	1,020.78	1,005.51	989.99	896.95
63	1,132.70	1,161.29	1,108.22	1,086.13	1,073.61	1,048.85	1,033.15	1,017.21	921.61
64+	1,151.13	1,180.17	1,126.23	1,103.79	1,091.07	1,065.90	1,049.94	1,033.74	936.60

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 18

Orange County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	317.05	325.05	310.20	304.02	300.51	287.71	277.62	264.79	240.42
15	345.23	353.95	337.77	331.04	327.22	313.28	302.30	288.33	261.79
16	356.01	364.99	348.32	341.37	337.44	323.06	311.73	297.33	269.97
17	366.79	376.04	358.86	351.70	347.65	332.84	321.17	306.33	278.14
18	378.39	387.94	370.21	362.83	358.65	343.37	331.33	316.02	286.94
19	389.99	399.84	381.57	373.96	369.65	353.90	341.49	325.71	295.74
20	402.01	412.16	393.33	385.48	381.04	364.81	352.01	335.75	304.85
21	414.45	424.91	405.49	397.41	392.82	376.09	362.90	346.14	314.28
22	414.45	424.91	405.49	397.41	392.82	376.09	362.90	346.14	314.28
23	414.45	424.91	405.49	397.41	392.82	376.09	362.90	346.14	314.28
24	414.45	424.91	405.49	397.41	392.82	376.09	362.90	346.14	314.28
25	416.10	426.61	407.11	398.99	394.40	377.59	364.35	347.52	315.54
26	424.39	435.10	415.22	406.94	402.25	385.12	371.61	354.44	321.82
27	434.34	445.30	424.95	416.48	411.68	394.14	380.32	362.75	329.36
28	450.50	461.87	440.77	431.98	427.00	408.81	394.47	376.25	341.62
29	463.77	475.47	453.74	444.70	439.57	420.84	406.09	387.33	351.68
30	470.40	482.27	460.23	451.05	445.86	426.86	411.89	392.86	356.71
31	480.34	492.47	469.96	460.59	455.28	435.89	420.60	401.17	364.25
32	490.29	502.66	479.69	470.13	464.71	444.91	429.31	409.48	371.79
33	496.51	509.04	485.78	476.09	470.60	450.56	434.76	414.67	376.51
34	503.14	515.84	492.26	482.45	476.89	456.57	440.56	420.21	381.54
35	506.45	519.24	495.51	485.63	480.03	459.58	443.47	422.98	384.05
36	509.77	522.63	498.75	488.81	483.17	462.59	446.37	425.75	386.56
37	513.08	526.03	502.00	491.99	486.32	465.60	449.27	428.52	389.08
38	516.40	529.43	505.24	495.17	489.46	468.61	452.18	431.29	391.59
39	523.03	536.23	511.73	501.53	495.75	474.62	457.98	436.82	396.62
40	529.66	543.03	518.22	507.88	502.03	480.64	463.79	442.36	401.65
41	539.61	553.23	527.95	517.42	511.46	489.67	472.50	450.67	409.19
42	549.14	563.00	537.27	526.56	520.49	498.32	480.84	458.63	416.42
43	562.40	576.60	550.25	539.28	533.06	510.35	492.46	469.71	426.48
44	578.98	593.59	566.47	555.18	548.78	525.40	506.97	483.55	439.05
45	598.46	613.56	585.53	573.85	567.24	543.07	524.03	499.82	453.82
46	621.67	637.36	608.23	596.11	589.24	564.13	544.35	519.20	471.42
47	647.78	664.13	633.78	621.14	613.99	587.83	567.22	541.01	491.22
48	677.62	694.72	662.98	649.76	642.27	614.91	593.34	565.93	513.85
49	707.05	724.89	691.77	677.97	670.16	641.61	619.11	590.51	536.16
50	740.20	758.88	724.21	709.77	701.59	671.70	648.14	618.20	561.30
51	772.94	792.45	756.24	741.16	732.62	701.41	676.81	645.54	586.13
52	809.00	829.42	791.52	775.74	766.79	734.13	708.38	675.66	613.47
53	845.47	866.81	827.20	810.71	801.36	767.22	740.32	706.12	641.13
54	884.84	907.17	865.72	848.46	838.68	802.95	774.80	739.00	670.99
55	924.22	947.54	904.24	886.21	876.00	838.68	809.27	771.88	700.84
56	966.90	991.31	946.01	927.15	916.46	877.42	846.65	807.54	733.21
57	1,010.01	1,035.50	988.18	968.48	957.31	916.53	884.39	843.53	765.90
58	1,056.01	1,082.66	1,033.19	1,012.59	1,000.92	958.28	924.67	881.95	800.78
59	1,078.80	1,106.03	1,055.49	1,034.45	1,022.52	978.96	944.63	900.99	818.07
60	1,124.81	1,153.20	1,100.50	1,078.56	1,066.13	1,020.71	984.92	939.41	852.95
61	1,164.59	1,193.99	1,139.43	1,116.71	1,103.84	1,056.81	1,019.75	972.64	883.13
62	1,190.70	1,220.76	1,164.97	1,141.75	1,128.59	1,080.50	1,042.62	994.45	902.93
63	1,223.45	1,254.32	1,197.01	1,173.14	1,159.62	1,110.22	1,071.29	1,021.79	927.75
64+	1,243.35	1,274.73	1,216.47	1,192.23	1,178.46	1,128.27	1,088.70	1,038.42	942.84

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 18

Orange County (continued)

Age	SmartCare HMO Platinum $0	SmartCare HMO Platinum $10	SmartCare HMO Platinum $20	SmartCare HMO Platinum $30	SmartCare HMO Gold $30	SmartCare HMO Gold $35	SmartCare HMO Gold $40	SmartCare HMO Gold $50	SmartCare HMO Silver $50
0-14	249.28	255.57	243.89	238.07	236.27	230.82	227.37	222.97	202.01
15	271.44	278.29	265.57	259.23	257.28	251.34	247.58	242.79	219.97
16	279.91	286.97	273.86	267.33	265.31	259.19	255.31	250.36	226.83
17	288.38	295.66	282.15	275.42	273.34	267.03	263.04	257.94	233.70
18	297.50	305.01	291.08	284.13	281.98	275.48	271.36	266.10	241.09
19	306.63	314.37	300.00	292.84	290.63	283.93	279.68	274.26	248.49
20	316.08	324.06	309.25	301.87	299.59	292.68	288.30	282.72	256.15
21	325.85	334.08	318.81	311.21	308.85	301.73	297.22	291.46	264.07
22	325.85	334.08	318.81	311.21	308.85	301.73	297.22	291.46	264.07
23	325.85	334.08	318.81	311.21	308.85	301.73	297.22	291.46	264.07
24	325.85	334.08	318.81	311.21	308.85	301.73	297.22	291.46	264.07
25	327.16	335.41	320.09	312.45	310.09	302.94	298.40	292.62	265.12
26	333.67	342.10	326.46	318.67	316.27	308.97	304.35	298.45	270.41
27	341.49	350.11	334.11	326.14	323.68	316.21	311.48	305.45	276.74
28	354.20	363.14	346.55	338.28	335.72	327.98	323.07	316.82	287.04
29	364.63	373.83	356.75	348.24	345.61	337.64	332.58	326.14	295.49
30	369.84	379.18	361.85	353.22	350.55	342.46	337.34	330.81	299.72
31	377.66	387.20	369.50	360.69	357.96	349.71	344.47	337.80	306.05
32	385.49	395.21	377.15	368.16	365.37	356.95	351.61	344.80	312.39
33	390.37	400.22	381.94	372.82	370.01	361.47	356.06	349.17	316.35
34	395.59	405.57	387.04	377.80	374.95	366.30	360.82	353.83	320.58
35	398.19	408.24	389.59	380.29	377.42	368.71	363.20	356.16	322.69
36	400.80	410.92	392.14	382.78	379.89	371.13	365.58	358.49	324.80
37	403.41	413.59	394.69	385.27	382.36	373.54	367.95	360.83	326.92
38	406.01	416.26	397.24	387.76	384.83	375.96	370.33	363.16	329.03
39	411.23	421.61	402.34	392.74	389.77	380.78	375.09	367.82	333.25
40	416.44	426.95	407.44	397.72	394.72	385.61	379.84	372.48	337.48
41	424.26	434.97	415.09	405.19	402.13	392.85	386.98	379.48	343.82
42	431.76	442.65	422.43	412.35	409.23	399.79	393.81	386.18	349.89
43	442.18	453.34	432.63	422.31	419.12	409.45	403.32	395.51	358.34
44	455.22	466.71	445.38	434.75	431.47	421.52	415.21	407.17	368.90
45	470.53	482.41	460.36	449.38	445.99	435.70	429.18	420.87	381.31
46	488.78	501.12	478.22	466.81	463.28	452.60	445.82	437.19	396.10
47	509.31	522.16	498.30	486.41	482.74	471.60	464.55	455.55	412.74
48	532.77	546.22	521.26	508.82	504.98	493.33	485.95	476.54	431.75
49	555.91	569.94	543.89	530.92	526.91	514.75	507.05	497.23	450.50
50	581.97	596.66	569.40	555.81	551.61	538.89	530.83	520.55	471.62
51	607.72	623.05	594.58	580.40	576.01	562.73	554.31	543.57	492.49
52	636.07	652.12	622.32	607.47	602.88	588.98	580.17	568.93	515.46
53	664.74	681.52	650.38	634.86	630.06	615.53	606.32	594.58	538.70
54	695.70	713.26	680.66	664.42	659.40	644.19	634.56	622.26	563.78
55	726.65	744.99	710.95	693.99	688.74	672.86	662.79	649.95	588.87
56	760.22	779.40	743.79	726.04	720.56	703.94	693.40	679.97	616.07
57	794.11	814.15	776.94	758.41	752.68	735.32	724.32	710.29	643.53
58	830.28	851.23	812.33	792.95	786.96	768.81	757.31	742.64	672.84
59	848.20	869.60	829.87	810.07	803.95	785.40	773.65	758.67	687.37
60	884.37	906.69	865.26	844.61	838.23	818.90	806.64	791.02	716.68
61	915.65	938.76	895.86	874.49	867.88	847.86	835.18	819.00	742.03
62	936.18	959.80	915.95	894.09	887.34	866.87	853.90	837.36	758.67
63	961.92	986.20	941.13	918.68	911.74	890.71	877.38	860.39	779.53
64+	977.55	1,002.24	956.43	933.63	926.55	905.19	891.66	874.38	792.21

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 18 Orange County (continued)

Age	CommunityCare HMO Silver $1750/$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	206.51	188.61
15	224.87	205.37
16	231.89	211.78
17	238.90	218.19
18	246.46	225.10
19	254.02	232.00
20	261.85	239.15
21	269.95	246.55
22	269.95	246.55
23	269.95	246.55
24	269.95	246.55
25	271.03	247.53
26	276.43	252.46
27	282.91	258.38
28	293.43	268.00
29	302.07	275.89
30	306.39	279.83
31	312.87	285.75
32	319.35	291.66
33	323.40	295.36
34	327.72	299.31
35	329.88	301.28
36	332.04	303.25
37	334.20	305.22
38	336.36	307.20
39	340.68	311.14
40	344.99	315.09
41	351.47	321.00
42	357.68	326.67
43	366.32	334.56
44	377.12	344.43
45	389.81	356.01
46	404.92	369.82
47	421.93	385.35
48	441.37	403.10
49	460.53	420.61
50	482.13	440.33
51	503.45	459.81
52	526.94	481.26
53	550.70	502.95
54	576.34	526.38
55	601.99	549.80
56	629.79	575.19
57	657.87	600.83
58	687.83	628.20
59	702.68	641.76
60	732.64	669.13
61	758.56	692.80
62	775.56	708.33
63	796.89	727.80
64+	809.85	739.65

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 19

San Diego County

Age	WholeCare HMO Platinum $0	WholeCare HMO Platinum $10	WholeCare HMO Platinum $20	WholeCare HMO Platinum $30	WholeCare HMO Gold $30	WholeCare HMO Gold $35	WholeCare HMO Gold $40	WholeCare HMO Gold $50	WholeCare HMO Silver $50
0-14	278.16	285.18	272.14	266.72	263.64	257.56	253.71	249.80	226.32
15	302.88	310.53	296.34	290.43	287.08	280.46	276.26	272.00	246.44
16	312.33	320.22	305.59	299.49	296.04	289.21	284.89	280.49	254.13
17	321.79	329.91	314.83	308.56	305.00	297.97	293.51	288.98	261.82
18	331.97	340.35	324.80	318.32	314.65	307.39	302.79	298.12	270.10
19	342.15	350.79	334.76	328.08	324.30	316.82	312.08	307.26	278.39
20	352.69	361.60	345.07	338.19	334.29	326.58	321.70	316.73	286.97
21	363.60	372.78	355.75	348.65	344.63	336.68	331.65	326.53	295.84
22	363.60	372.78	355.75	348.65	344.63	336.68	331.65	326.53	295.84
23	363.60	372.78	355.75	348.65	344.63	336.68	331.65	326.53	295.84
24	363.60	372.78	355.75	348.65	344.63	336.68	331.65	326.53	295.84
25	365.06	374.27	357.17	350.05	346.01	338.03	332.97	327.84	297.02
26	372.33	381.73	364.28	357.02	352.91	344.77	339.61	334.37	302.94
27	381.06	390.67	372.82	365.39	361.18	352.85	347.57	342.20	310.04
28	395.24	405.21	386.69	378.98	374.62	365.98	360.50	354.94	321.58
29	406.87	417.14	398.08	390.14	385.65	376.75	371.11	365.39	331.05
30	412.69	423.10	403.77	395.72	391.16	382.14	376.42	370.61	335.78
31	421.42	432.05	412.31	404.09	399.43	390.22	384.38	378.45	342.88
32	430.14	441.00	420.85	412.46	407.70	398.30	392.34	386.28	349.98
33	435.60	446.59	426.18	417.69	412.87	403.35	397.31	391.18	354.42
34	441.41	452.55	431.87	423.26	418.39	408.74	402.62	396.41	359.15
35	444.32	455.54	434.72	426.05	421.14	411.43	405.27	399.02	361.52
36	447.23	458.52	437.57	428.84	423.90	414.12	407.93	401.63	363.88
37	450.14	461.50	440.41	431.63	426.66	416.82	410.58	404.24	366.25
38	453.05	464.48	443.26	434.42	429.41	419.51	413.23	406.86	368.62
39	458.87	470.45	448.95	440.00	434.93	424.90	418.54	412.08	373.35
40	464.68	476.41	454.64	445.58	440.44	430.28	423.85	417.30	378.09
41	473.41	485.36	463.18	453.95	448.71	438.36	431.80	425.14	385.19
42	481.77	493.93	471.36	461.96	456.64	446.11	439.43	432.65	391.99
43	493.41	505.86	482.75	473.12	467.67	456.88	450.05	443.10	401.46
44	507.95	520.77	496.98	487.07	481.45	470.35	463.31	456.16	413.29
45	525.04	538.29	513.70	503.45	497.65	486.17	478.90	471.51	427.19
46	545.40	559.17	533.62	522.98	516.95	505.03	497.47	489.79	443.76
47	568.31	582.65	556.03	544.94	538.66	526.24	518.36	510.37	462.40
48	594.49	609.49	581.64	570.05	563.48	550.48	542.24	533.88	483.70
49	620.31	635.96	606.90	594.80	587.95	574.38	565.79	557.06	504.71
50	649.39	665.78	635.36	622.69	615.52	601.32	592.32	583.18	528.37
51	678.12	695.23	663.46	650.24	642.74	627.92	618.52	608.98	551.74
52	709.75	727.67	694.41	680.57	672.73	657.21	647.38	637.39	577.48
53	741.75	760.47	725.72	711.25	703.05	686.84	676.56	666.12	603.52
54	776.29	795.88	759.52	744.37	735.79	718.82	708.07	697.14	631.62
55	810.83	831.30	793.31	777.49	768.53	750.81	739.57	728.16	659.73
56	848.29	869.69	829.95	813.41	804.03	785.49	773.73	761.79	690.20
57	886.10	908.46	866.95	849.67	839.87	820.50	808.22	795.75	720.97
58	926.46	949.84	906.44	888.37	878.13	857.87	845.04	832.00	753.80
59	946.46	970.34	926.00	907.54	897.08	876.39	863.28	849.96	770.08
60	986.82	1,011.72	965.49	946.24	935.34	913.76	900.09	886.20	802.91
61	1,021.72	1,047.51	999.64	979.71	968.42	946.08	931.93	917.55	831.31
62	1,044.63	1,070.99	1,022.06	1,001.68	990.13	967.30	952.82	938.12	849.95
63	1,073.36	1,100.44	1,050.16	1,029.22	1,017.36	993.89	979.02	963.92	873.32
64+	1,090.80	1,118.34	1,067.25	1,045.95	1,033.89	1,010.04	994.95	979.59	887.52

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 19

San Diego County (continued)

Age	Full Network HMO Platinum $0	Full Network HMO Platinum $10	Full Network HMO Platinum $20	Full Network HMO Platinum $30	Full Network HMO Gold $30	Full Network HMO Gold $35	Full Network HMO Gold $40	Full Network HMO Gold $50	Full Network HMO Silver $50
0-14	303.20	310.85	296.64	290.73	287.38	275.14	265.49	253.22	229.92
15	330.15	338.48	323.01	316.57	312.92	299.59	289.09	275.73	250.35
16	340.45	349.04	333.09	326.45	322.69	308.94	298.11	284.34	258.17
17	350.76	359.61	343.18	336.33	332.46	318.29	307.13	292.94	265.98
18	361.85	370.99	354.03	346.98	342.98	328.36	316.85	302.21	274.40
19	372.95	382.36	364.89	357.62	353.49	338.43	326.57	311.48	282.81
20	384.45	394.15	376.14	368.64	364.39	348.86	336.63	321.08	291.53
21	396.34	406.34	387.77	380.04	375.66	359.65	347.04	331.01	300.55
22	396.34	406.34	387.77	380.04	375.66	359.65	347.04	331.01	300.55
23	396.34	406.34	387.77	380.04	375.66	359.65	347.04	331.01	300.55
24	396.34	406.34	387.77	380.04	375.66	359.65	347.04	331.01	300.55
25	397.92	407.96	389.32	381.56	377.16	361.09	348.43	332.33	301.75
26	405.85	416.09	397.08	389.16	384.67	368.29	355.37	338.95	307.76
27	415.36	425.84	406.38	398.28	393.69	376.92	363.70	346.90	314.97
28	430.82	441.69	421.51	413.10	408.34	390.94	377.24	359.81	326.69
29	443.50	454.69	433.91	425.26	420.36	402.45	388.34	370.40	336.31
30	449.84	461.19	440.12	431.34	426.37	408.21	393.89	375.70	341.12
31	459.35	470.95	449.43	440.46	435.39	416.84	402.22	383.64	348.33
32	468.86	480.70	458.73	449.59	444.40	425.47	410.55	391.58	355.55
33	474.81	486.79	464.55	455.29	450.04	430.87	415.76	396.55	360.05
34	481.15	493.29	470.75	461.37	456.05	436.62	421.31	401.85	364.86
35	484.32	496.54	473.85	464.41	459.05	439.50	424.09	404.49	367.27
36	487.49	499.80	476.96	467.45	462.06	442.37	426.86	407.14	369.67
37	490.66	503.05	480.06	470.49	465.07	445.25	429.64	409.79	372.08
38	493.83	506.30	483.16	473.53	468.07	448.13	432.42	412.44	374.48
39	500.17	512.80	489.37	479.61	474.08	453.88	437.97	417.73	379.29
40	506.52	519.30	495.57	485.69	480.09	459.64	443.52	423.03	384.10
41	516.03	529.05	504.88	494.81	489.11	468.27	451.85	430.97	391.31
42	525.14	538.40	513.80	503.55	497.75	476.54	459.83	438.59	398.22
43	537.83	551.40	526.20	515.71	509.77	488.05	470.94	449.18	407.84
44	553.68	567.65	541.71	530.91	524.79	502.44	484.82	462.42	419.86
45	572.31	586.75	559.94	548.78	542.45	519.34	501.13	477.98	433.99
46	594.50	609.51	581.65	570.06	563.49	539.48	520.56	496.51	450.82
47	619.47	635.11	606.08	594.00	587.15	562.14	542.43	517.37	469.75
48	648.01	664.36	634.00	621.36	614.20	588.03	567.42	541.20	491.39
49	676.15	693.21	661.54	648.35	640.87	613.57	592.06	564.70	512.73
50	707.85	725.72	692.56	678.75	670.93	642.34	619.82	591.18	536.77
51	739.16	757.82	723.19	708.77	700.60	670.75	647.23	617.33	560.52
52	773.65	793.17	756.93	741.84	733.29	702.04	677.43	646.13	586.66
53	808.52	828.93	791.05	775.28	766.34	733.69	707.97	675.26	613.11
54	846.18	867.53	827.89	811.38	802.03	767.86	740.94	706.71	641.66
55	883.83	906.13	864.73	847.49	837.72	802.03	773.91	738.15	670.22
56	924.65	947.99	904.67	886.63	876.41	839.07	809.65	772.25	701.17
57	965.87	990.24	945.00	926.15	915.48	876.48	845.74	806.67	732.43
58	1,009.86	1,035.35	988.04	968.34	957.18	916.40	884.27	843.41	765.79
59	1,031.66	1,057.70	1,009.37	989.24	977.84	936.18	903.35	861.62	782.32
60	1,075.65	1,102.80	1,052.41	1,031.42	1,019.54	976.10	941.87	898.36	815.68
61	1,113.70	1,141.81	1,089.63	1,067.91	1,055.60	1,010.63	975.19	930.14	844.53
62	1,138.67	1,167.41	1,114.06	1,091.85	1,079.27	1,033.29	997.05	950.99	863.47
63	1,169.98	1,199.51	1,144.70	1,121.87	1,108.94	1,061.70	1,024.47	977.14	887.21
64+	1,189.02	1,219.02	1,163.31	1,140.12	1,126.98	1,078.95	1,041.12	993.03	901.65

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 19

San Diego County (continued)

Age	SmartCare HMO Platinum $0	SmartCare HMO Platinum $10	SmartCare HMO Platinum $20	SmartCare HMO Platinum $30	SmartCare HMO Gold $30	SmartCare HMO Gold $35	SmartCare HMO Gold $40	SmartCare HMO Gold $50	SmartCare HMO Silver $50
0-14	261.30	267.89	255.65	249.55	247.67	241.96	238.34	233.72	211.75
15	284.53	291.71	278.38	271.74	269.68	263.46	259.52	254.49	230.58
16	293.41	300.81	287.07	280.22	278.10	271.69	267.62	262.44	237.77
17	302.29	309.92	295.76	288.70	286.52	279.91	275.72	270.38	244.97
18	311.85	319.72	305.11	297.83	295.58	288.77	284.44	278.94	252.72
19	321.42	329.53	314.47	306.97	304.65	297.62	293.17	287.49	260.47
20	331.32	339.68	324.16	316.43	314.04	306.79	302.20	296.35	268.50
21	341.57	350.19	334.19	326.21	323.75	316.28	311.55	305.52	276.80
22	341.57	350.19	334.19	326.21	323.75	316.28	311.55	305.52	276.80
23	341.57	350.19	334.19	326.21	323.75	316.28	311.55	305.52	276.80
24	341.57	350.19	334.19	326.21	323.75	316.28	311.55	305.52	276.80
25	342.94	351.59	335.52	327.52	325.04	317.55	312.80	306.74	277.91
26	349.77	358.59	342.21	334.04	331.52	323.87	319.03	312.85	283.45
27	357.96	367.00	350.23	341.87	339.29	331.46	326.50	320.18	290.09
28	371.29	380.66	363.26	354.59	351.92	343.80	338.65	332.09	300.88
29	382.22	391.86	373.96	365.03	362.28	353.92	348.62	341.87	309.74
30	387.68	397.46	379.30	370.25	367.46	358.98	353.61	346.76	314.17
31	395.88	405.87	387.32	378.08	375.23	366.57	361.09	354.09	320.81
32	404.08	414.27	395.34	385.91	383.00	374.16	368.56	361.42	327.46
33	409.20	419.53	400.36	390.80	387.85	378.91	373.24	366.01	331.61
34	414.66	425.13	405.70	396.02	393.03	383.97	378.22	370.90	336.04
35	417.40	427.93	408.38	398.63	395.62	386.50	380.71	373.34	338.25
36	420.13	430.73	411.05	401.24	398.21	389.03	383.21	375.78	340.47
37	422.86	433.53	413.72	403.85	400.80	391.56	385.70	378.23	342.68
38	425.59	436.34	416.40	406.46	403.39	394.09	388.19	380.67	344.90
39	431.06	441.94	421.74	411.68	408.57	399.15	393.18	385.56	349.33
40	436.52	447.54	427.09	416.90	413.75	404.21	398.16	390.45	353.75
41	444.72	455.95	435.11	424.73	421.52	411.80	405.64	397.78	360.40
42	452.58	464.00	442.80	432.23	428.97	419.07	412.80	404.81	366.76
43	463.51	475.21	453.49	442.67	439.33	429.19	422.77	414.58	375.62
44	477.17	489.21	466.86	455.72	452.28	441.85	435.24	426.80	386.69
45	493.23	505.67	482.57	471.05	467.49	456.71	449.88	441.16	399.70
46	512.35	525.28	501.28	489.32	485.62	474.42	467.32	458.27	415.20
47	533.87	547.35	522.33	509.87	506.02	494.35	486.95	477.52	432.64
48	558.46	572.56	546.40	533.36	529.33	517.12	509.38	499.52	452.57
49	582.72	597.42	570.12	556.52	552.32	539.58	531.50	521.21	472.23
50	610.04	625.44	596.86	582.62	578.22	564.88	556.43	545.65	494.37
51	637.03	653.10	623.26	608.39	603.79	589.87	581.04	569.79	516.24
52	666.74	683.57	652.33	636.77	631.96	617.38	608.15	596.37	540.32
53	696.80	714.39	681.74	665.48	660.45	645.22	635.56	623.25	564.68
54	729.25	747.65	713.49	696.47	691.20	675.26	665.16	652.27	590.97
55	761.70	780.92	745.24	727.46	721.96	705.31	694.76	681.30	617.27
56	796.88	816.99	779.66	761.06	755.31	737.89	726.85	712.77	645.78
57	832.40	853.41	814.41	794.98	788.98	770.78	759.25	744.54	674.57
58	870.32	892.28	851.51	831.19	824.91	805.89	793.83	778.45	705.29
59	889.10	911.54	869.89	849.14	842.72	823.28	810.96	795.26	720.52
60	927.02	950.41	906.98	885.34	878.66	858.39	845.55	829.17	751.24
61	959.81	984.03	939.07	916.66	909.74	888.75	875.46	858.50	777.82
62	981.33	1,006.09	960.12	937.21	930.13	908.68	895.08	877.74	795.25
63	1,008.31	1,033.76	986.52	962.98	955.71	933.66	919.70	901.88	817.12
64+	1,024.71	1,050.57	1,002.57	978.63	971.25	948.84	934.65	916.56	830.40

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 19

San Diego County (continued)

Age	CommunityCare HMO Silver $1750/$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	221.38	202.19
15	241.06	220.16
16	248.59	227.04
17	256.11	233.91
18	264.21	241.31
19	272.32	248.71
20	280.71	256.37
21	289.39	264.30
22	289.39	264.30
23	289.39	264.30
24	289.39	264.30
25	290.55	265.36
26	296.34	270.65
27	303.28	276.99
28	314.57	287.30
29	323.83	295.76
30	328.46	299.98
31	335.40	306.33
32	342.35	312.67
33	346.69	316.64
34	351.32	320.86
35	353.64	322.98
36	355.95	325.09
37	358.27	327.21
38	360.58	329.32
39	365.21	333.55
40	369.84	337.78
41	376.79	344.12
42	383.44	350.20
43	392.70	358.66
44	404.28	369.23
45	417.88	381.65
46	434.09	396.46
47	452.32	413.11
48	473.15	432.14
49	493.70	450.90
50	516.85	472.05
51	539.71	492.93
52	564.89	515.92
53	590.36	539.18
54	617.85	564.29
55	645.34	589.40
56	675.15	616.62
57	705.25	644.11
58	737.37	673.45
59	753.29	687.98
60	785.41	717.32
61	813.19	742.69
62	831.42	759.34
63	854.28	780.22
64+	868.17	792.90

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2021, TO DECEMBER 31, 2021

Plan Rates

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 1 — Nevada County				Region 2 — Marin, Napa, Solano, and Sonoma counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	444.04	395.71	315.61	246.49	485.17	432.37	344.84	269.32
15	483.51	430.89	343.66	268.40	528.30	470.80	375.49	293.26
16	498.61	444.33	354.39	276.77	544.79	485.49	387.21	302.41
17	513.70	457.78	365.11	285.15	561.28	500.19	398.93	311.56
18	529.95	472.27	376.67	294.17	579.04	516.01	411.56	321.42
19	546.20	486.75	388.22	303.19	596.80	531.84	424.18	331.28
20	563.03	501.75	400.18	312.54	615.19	548.23	437.25	341.49
21	580.45	517.27	412.56	322.20	634.21	565.18	450.77	352.05
22	580.45	517.27	412.56	322.20	634.21	565.18	450.77	352.05
23	580.45	517.27	412.56	322.20	634.21	565.18	450.77	352.05
24	580.45	517.27	412.56	322.20	634.21	565.18	450.77	352.05
25	582.77	519.34	414.21	323.49	636.75	567.44	452.58	353.46
26	594.38	529.68	422.46	329.94	649.44	578.75	461.59	360.50
27	608.31	542.10	432.36	337.67	664.66	592.31	472.41	368.95
28	630.95	562.27	448.45	350.24	689.39	614.35	489.99	382.68
29	649.52	578.82	461.65	360.55	709.69	632.44	504.42	393.94
30	658.81	587.10	468.25	365.70	719.83	641.48	511.63	399.58
31	672.74	599.52	478.16	373.43	735.05	655.05	522.45	408.03
32	686.67	611.93	488.06	381.17	750.28	668.61	533.27	416.47
33	695.38	619.69	494.25	386.00	759.79	677.09	540.03	421.76
34	704.66	627.97	500.85	391.16	769.94	686.13	547.24	427.39
35	709.31	632.10	504.15	393.73	775.01	690.65	550.85	430.20
36	713.95	636.24	507.45	396.31	780.08	695.18	554.45	433.02
37	718.60	640.38	510.75	398.89	785.16	699.70	558.06	435.84
38	723.24	644.52	514.05	401.47	790.23	704.22	561.66	438.65
39	732.53	652.79	520.65	406.62	800.38	713.26	568.88	444.29
40	741.81	661.07	527.25	411.78	810.53	722.30	576.09	449.92
41	755.74	673.48	537.15	419.51	825.75	735.87	586.91	458.37
42	769.09	685.38	546.64	426.92	840.33	748.87	597.28	466.47
43	787.67	701.93	559.84	437.23	860.63	766.95	611.70	477.73
44	810.89	722.63	576.34	450.12	886.00	789.56	629.73	491.81
45	838.17	746.94	595.74	465.26	915.81	816.13	650.92	508.36
46	870.67	775.90	618.84	483.31	951.32	847.78	676.16	528.07
47	907.24	808.49	644.83	503.61	991.28	883.38	704.56	550.25
48	949.03	845.74	674.53	526.80	1,036.94	924.08	737.02	575.60
49	990.24	882.46	703.83	549.68	1,081.97	964.20	769.02	600.60
50	1,036.68	923.84	736.83	575.46	1,132.71	1,009.42	805.08	628.76
51	1,082.54	964.71	769.42	600.91	1,182.81	1,054.07	840.69	656.57
52	1,133.04	1,009.71	805.32	628.94	1,237.99	1,103.24	879.91	687.20
53	1,184.11	1,055.23	841.62	657.30	1,293.80	1,152.97	919.58	718.18
54	1,239.26	1,104.37	880.81	687.91	1,354.05	1,206.67	962.40	751.63
55	1,294.40	1,153.51	920.01	718.52	1,414.30	1,260.36	1,005.23	785.07
56	1,354.19	1,206.79	962.50	751.70	1,479.62	1,318.57	1,051.66	821.33
57	1,414.55	1,260.59	1,005.41	785.21	1,545.58	1,377.35	1,098.54	857.95
58	1,478.98	1,318.00	1,051.20	820.98	1,615.98	1,440.09	1,148.57	897.02
59	1,510.91	1,346.45	1,073.89	838.70	1,650.86	1,471.17	1,173.36	916.39
60	1,575.34	1,403.87	1,119.68	874.46	1,721.26	1,533.91	1,223.40	955.46
61	1,631.06	1,453.53	1,159.29	905.39	1,782.14	1,588.17	1,266.67	989.26
62	1,667.63	1,486.12	1,185.28	925.69	1,822.10	1,623.77	1,295.07	1,011.44
63	1,713.48	1,526.98	1,217.87	951.15	1,872.20	1,668.42	1,330.68	1,039.25
64+	1,741.35	1,551.81	1,237.68	966.60	1,902.63	1,695.54	1,352.31	1,056.15

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 3 — El Dorado, Placer, Sacramento, and Yolo counties				Region 4 — San Francisco County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	458.59	408.67	325.95	254.56	485.17	432.37	344.84	269.32
15	499.35	445.00	354.92	277.19	528.30	470.80	375.49	293.26
16	514.94	458.89	366.00	285.84	544.79	485.49	387.21	302.41
17	530.52	472.78	377.08	294.49	561.28	500.19	398.93	311.56
18	547.31	487.74	389.01	303.81	579.04	516.01	411.56	321.42
19	564.09	502.70	400.94	313.13	596.80	531.84	424.18	331.28
20	581.48	518.19	413.29	322.78	615.19	548.23	437.25	341.49
21	599.46	534.21	426.07	332.76	634.21	565.18	450.77	352.05
22	599.46	534.21	426.07	332.76	634.21	565.18	450.77	352.05
23	599.46	534.21	426.07	332.76	634.21	565.18	450.77	352.05
24	599.46	534.21	426.07	332.76	634.21	565.18	450.77	352.05
25	601.86	536.35	427.78	334.09	636.75	567.44	452.58	353.46
26	613.85	547.04	436.30	340.75	649.44	578.75	461.59	360.50
27	628.24	559.86	446.53	348.73	664.66	592.31	472.41	368.95
28	651.62	580.69	463.14	361.71	689.39	614.35	489.99	382.68
29	670.80	597.79	476.78	372.36	709.69	632.44	504.42	393.94
30	680.39	606.33	483.59	377.68	719.83	641.48	511.63	399.58
31	694.78	619.15	493.82	385.67	735.05	655.05	522.45	408.03
32	709.16	631.98	504.05	393.65	750.28	668.61	533.27	416.47
33	718.16	639.99	510.44	398.65	759.79	677.09	540.03	421.76
34	727.75	648.54	517.25	403.97	769.94	686.13	547.24	427.39
35	732.54	652.81	520.66	406.63	775.01	690.65	550.85	430.20
36	737.34	657.08	524.07	409.29	780.08	695.18	554.45	433.02
37	742.14	661.36	527.48	411.96	785.16	699.70	558.06	435.84
38	746.93	665.63	530.89	414.62	790.23	704.22	561.66	438.65
39	756.52	674.18	537.71	419.94	800.38	713.26	568.88	444.29
40	766.11	682.73	544.52	425.27	810.53	722.30	576.09	449.92
41	780.50	695.55	554.75	433.25	825.75	735.87	586.91	458.37
42	794.29	707.83	564.55	440.91	840.33	748.87	597.28	466.47
43	813.47	724.93	578.18	451.55	860.63	766.95	611.70	477.73
44	837.45	746.30	595.23	464.86	886.00	789.56	629.73	491.81
45	865.62	771.41	615.25	480.50	915.81	816.13	650.92	508.36
46	899.19	801.32	639.11	499.14	951.32	847.78	676.16	528.07
47	936.96	834.98	665.95	520.10	991.28	883.38	704.56	550.25
48	980.12	873.44	696.63	544.06	1,036.94	924.08	737.02	575.60
49	1,022.68	911.37	726.88	567.69	1,081.97	964.20	769.02	600.60
50	1,070.64	954.11	760.97	594.31	1,132.71	1,009.42	805.08	628.76
51	1,118.00	996.31	794.63	620.60	1,182.81	1,054.07	840.69	656.57
52	1,170.15	1,042.79	831.70	649.55	1,237.99	1,103.24	879.91	687.20
53	1,222.90	1,089.80	869.19	678.83	1,293.80	1,152.97	919.58	718.18
54	1,279.85	1,140.55	909.67	710.44	1,354.05	1,206.67	962.40	751.63
55	1,336.80	1,191.30	950.14	742.05	1,414.30	1,260.36	1,005.23	785.07
56	1,398.55	1,246.32	994.03	776.33	1,479.62	1,318.57	1,051.66	821.33
57	1,460.89	1,301.88	1,038.34	810.93	1,545.58	1,377.35	1,098.54	857.95
58	1,527.43	1,361.18	1,085.64	847.87	1,615.98	1,440.09	1,148.57	897.02
59	1,560.40	1,390.56	1,109.07	866.17	1,650.86	1,471.17	1,173.36	916.39
60	1,626.94	1,449.86	1,156.36	903.11	1,721.26	1,533.91	1,223.40	955.46
61	1,684.49	1,501.14	1,197.27	935.05	1,782.14	1,588.17	1,266.67	989.26
62	1,722.26	1,534.80	1,224.11	956.02	1,822.10	1,623.77	1,295.07	1,011.44
63	1,769.61	1,577.00	1,257.77	982.30	1,872.20	1,668.42	1,330.68	1,039.25
64+	1,798.38	1,602.63	1,278.21	998.28	1,902.63	1,695.54	1,352.31	1,056.15

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 5 Contra Costa County				Region 6 Alameda County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	468.49	417.50	332.99	260.06	468.49	417.50	332.99	260.06
15	510.14	454.61	362.59	283.18	510.14	454.61	362.59	283.18
16	526.06	468.80	373.90	292.01	526.06	468.80	373.90	292.01
17	541.98	482.99	385.22	300.85	541.98	482.99	385.22	300.85
18	559.13	498.27	397.41	310.37	559.13	498.27	397.41	310.37
19	576.28	513.55	409.60	319.89	576.28	513.55	409.60	319.89
20	594.04	529.38	422.22	329.75	594.04	529.38	422.22	329.75
21	612.41	545.75	435.28	339.95	612.41	545.75	435.28	339.95
22	612.41	545.75	435.28	339.95	612.41	545.75	435.28	339.95
23	612.41	545.75	435.28	339.95	612.41	545.75	435.28	339.95
24	612.41	545.75	435.28	339.95	612.41	545.75	435.28	339.95
25	614.86	547.94	437.02	341.31	614.86	547.94	437.02	341.31
26	627.11	558.85	445.72	348.11	627.11	558.85	445.72	348.11
27	641.81	571.95	456.17	356.26	641.81	571.95	456.17	356.26
28	665.69	593.23	473.15	369.52	665.69	593.23	473.15	369.52
29	685.29	610.70	487.07	380.40	685.29	610.70	487.07	380.40
30	695.09	619.43	494.04	385.84	695.09	619.43	494.04	385.84
31	709.78	632.53	504.49	394.00	709.78	632.53	504.49	394.00
32	724.48	645.63	514.93	402.16	724.48	645.63	514.93	402.16
33	733.67	653.81	521.46	407.26	733.67	653.81	521.46	407.26
34	743.47	662.54	528.43	412.70	743.47	662.54	528.43	412.70
35	748.37	666.91	531.91	415.41	748.37	666.91	531.91	415.41
36	753.27	671.28	535.39	418.13	753.27	671.28	535.39	418.13
37	758.16	675.64	538.87	420.85	758.16	675.64	538.87	420.85
38	763.06	680.01	542.35	423.57	763.06	680.01	542.35	423.57
39	772.86	688.74	549.32	429.01	772.86	688.74	549.32	429.01
40	782.66	697.47	556.28	434.45	782.66	697.47	556.28	434.45
41	797.36	710.57	566.73	442.61	797.36	710.57	566.73	442.61
42	811.44	723.12	576.74	450.43	811.44	723.12	576.74	450.43
43	831.04	740.59	590.67	461.31	831.04	740.59	590.67	461.31
44	855.54	762.42	608.08	474.91	855.54	762.42	608.08	474.91
45	884.32	788.07	628.54	490.88	884.32	788.07	628.54	490.88
46	918.62	818.63	652.92	509.92	918.62	818.63	652.92	509.92
47	957.20	853.01	680.34	531.34	957.20	853.01	680.34	531.34
48	1,001.29	892.31	711.68	555.81	1,001.29	892.31	711.68	555.81
49	1,044.77	931.06	742.58	579.95	1,044.77	931.06	742.58	579.95
50	1,093.77	974.72	777.40	607.14	1,093.77	974.72	777.40	607.14
51	1,142.15	1,017.83	811.79	634.00	1,142.15	1,017.83	811.79	634.00
52	1,195.43	1,065.31	849.66	663.58	1,195.43	1,065.31	849.66	663.58
53	1,249.32	1,113.34	887.96	693.49	1,249.32	1,113.34	887.96	693.49
54	1,307.50	1,165.18	929.32	725.79	1,307.50	1,165.18	929.32	725.79
55	1,365.68	1,217.03	970.67	758.08	1,365.68	1,217.03	970.67	758.08
56	1,428.76	1,273.24	1,015.50	793.10	1,428.76	1,273.24	1,015.50	793.10
57	1,492.45	1,330.00	1,060.77	828.45	1,492.45	1,330.00	1,060.77	828.45
58	1,560.42	1,390.58	1,109.09	866.18	1,560.42	1,390.58	1,109.09	866.18
59	1,594.11	1,420.60	1,133.03	884.88	1,594.11	1,420.60	1,133.03	884.88
60	1,662.08	1,481.17	1,181.34	922.61	1,662.08	1,481.17	1,181.34	922.61
61	1,720.88	1,533.57	1,223.13	955.25	1,720.88	1,533.57	1,223.13	955.25
62	1,759.46	1,567.95	1,250.55	976.67	1,759.46	1,567.95	1,250.55	976.67
63	1,807.84	1,611.06	1,284.94	1,003.52	1,807.84	1,611.06	1,284.94	1,003.52
64+	1,837.23	1,637.25	1,305.84	1,019.85	1,837.23	1,637.25	1,305.84	1,019.85

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 7 Santa Clara County				Region 8 San Mateo County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	468.34	417.36	332.88	259.97	485.17	432.37	344.84	269.32
15	509.97	454.46	362.47	283.08	528.30	470.80	375.49	293.26
16	525.89	468.65	373.78	291.92	544.79	485.49	387.21	302.41
17	541.80	482.83	385.09	300.75	561.28	500.19	398.93	311.56
18	558.95	498.11	397.28	310.27	579.04	516.01	411.56	321.42
19	576.09	513.38	409.46	319.78	596.80	531.84	424.18	331.28
20	593.84	529.21	422.08	329.64	615.19	548.23	437.25	341.49
21	612.21	545.57	435.13	339.83	634.21	565.18	450.77	352.05
22	612.21	545.57	435.13	339.83	634.21	565.18	450.77	352.05
23	612.21	545.57	435.13	339.83	634.21	565.18	450.77	352.05
24	612.21	545.57	435.13	339.83	634.21	565.18	450.77	352.05
25	614.66	547.76	436.87	341.19	636.75	567.44	452.58	353.46
26	626.90	558.67	445.58	347.99	649.44	578.75	461.59	360.50
27	641.59	571.76	456.02	356.15	664.66	592.31	472.41	368.95
28	665.47	593.04	472.99	369.40	689.39	614.35	489.99	382.68
29	685.06	610.50	486.91	380.27	709.69	632.44	504.42	393.94
30	694.86	619.23	493.88	385.71	719.83	641.48	511.63	399.58
31	709.55	632.32	504.32	393.87	735.05	655.05	522.45	408.03
32	724.24	645.41	514.76	402.02	750.28	668.61	533.27	416.47
33	733.43	653.60	521.29	407.12	759.79	677.09	540.03	421.76
34	743.22	662.33	528.25	412.56	769.94	686.13	547.24	427.39
35	748.12	666.69	531.73	415.28	775.01	690.65	550.85	430.20
36	753.02	671.05	535.21	418.00	780.08	695.18	554.45	433.02
37	757.91	675.42	538.69	420.71	785.16	699.70	558.06	435.84
38	762.81	679.78	542.18	423.43	790.23	704.22	561.66	438.65
39	772.61	688.51	549.14	428.87	800.38	713.26	568.88	444.29
40	782.40	697.24	556.10	434.31	810.53	722.30	576.09	449.92
41	797.10	710.34	566.54	442.46	825.75	735.87	586.91	458.37
42	811.18	722.88	576.55	450.28	840.33	748.87	597.28	466.47
43	830.77	740.34	590.48	461.15	860.63	766.95	611.70	477.73
44	855.26	762.17	607.88	474.75	886.00	789.56	629.73	491.81
45	884.03	787.81	628.33	490.72	915.81	816.13	650.92	508.36
46	918.31	818.36	652.70	509.75	951.32	847.78	676.16	528.07
47	956.88	852.73	680.11	531.16	991.28	883.38	704.56	550.25
48	1,000.96	892.01	711.44	555.63	1,036.94	924.08	737.02	575.60
49	1,044.43	930.75	742.34	579.76	1,081.97	964.20	769.02	600.60
50	1,093.40	974.39	777.15	606.94	1,132.71	1,009.42	805.08	628.76
51	1,141.77	1,017.49	811.52	633.79	1,182.81	1,054.07	840.69	656.57
52	1,195.03	1,064.96	849.38	663.36	1,237.99	1,103.24	879.91	687.20
53	1,248.91	1,112.97	887.67	693.26	1,293.80	1,152.97	919.58	718.18
54	1,307.07	1,164.80	929.01	725.55	1,354.05	1,206.67	962.40	751.63
55	1,365.23	1,216.63	970.35	757.83	1,414.30	1,260.36	1,005.23	785.07
56	1,428.28	1,272.82	1,015.16	792.83	1,479.62	1,318.57	1,051.66	821.33
57	1,491.95	1,329.56	1,060.42	828.18	1,545.58	1,377.35	1,098.54	857.95
58	1,559.91	1,390.12	1,108.72	865.90	1,615.98	1,440.09	1,148.57	897.02
59	1,593.58	1,420.13	1,132.65	884.59	1,650.86	1,471.17	1,173.36	916.39
60	1,661.53	1,480.68	1,180.95	922.31	1,721.26	1,533.91	1,223.40	955.46
61	1,720.31	1,533.06	1,222.72	954.93	1,782.14	1,588.17	1,266.67	989.26
62	1,758.88	1,567.43	1,250.14	976.34	1,822.10	1,623.77	1,295.07	1,011.44
63	1,807.24	1,610.53	1,284.51	1,003.19	1,872.20	1,668.42	1,330.68	1,039.25
64+	1,836.63	1,636.71	1,305.39	1,019.49	1,902.63	1,695.54	1,352.31	1,056.15

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 9 — Santa Cruz County				Region 10 — Merced, San Joaquin, Stanislaus, and Tulare counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	506.10	451.02	359.72	280.94	503.25	448.47	357.69	279.35
15	551.09	491.11	391.69	305.91	547.98	488.34	389.48	304.18
16	568.29	506.43	403.92	315.46	565.09	503.58	401.64	313.68
17	585.49	521.76	416.14	325.00	582.19	518.82	413.80	323.17
18	604.02	538.27	429.31	335.29	600.61	535.24	426.89	333.40
19	622.54	554.78	442.48	345.57	619.03	551.65	439.98	343.62
20	641.72	571.88	456.11	356.22	638.11	568.65	453.54	354.21
21	661.57	589.56	470.22	367.24	657.84	586.24	467.57	365.16
22	661.57	589.56	470.22	367.24	657.84	586.24	467.57	365.16
23	661.57	589.56	470.22	367.24	657.84	586.24	467.57	365.16
24	661.57	589.56	470.22	367.24	657.84	586.24	467.57	365.16
25	664.22	591.92	472.10	368.70	660.47	588.58	469.44	366.63
26	677.45	603.71	481.50	376.05	673.63	600.31	478.79	373.93
27	693.33	617.86	492.79	384.86	689.42	614.38	490.01	382.69
28	719.13	640.86	511.13	399.19	715.07	637.24	508.25	396.93
29	740.30	659.72	526.17	410.94	736.12	656.00	523.21	408.62
30	750.88	669.15	533.70	416.81	746.65	665.38	530.69	414.46
31	766.76	683.30	544.98	425.63	762.44	679.45	541.91	423.23
32	782.64	697.45	556.27	434.44	778.23	693.52	553.13	431.99
33	792.56	706.30	563.32	439.95	788.09	702.31	560.15	437.47
34	803.15	715.73	570.85	445.82	798.62	711.69	567.63	443.31
35	808.44	720.45	574.61	448.76	803.88	716.38	571.37	446.23
36	813.73	725.16	578.37	451.70	809.14	721.07	575.11	449.15
37	819.03	729.88	582.13	454.64	814.41	725.76	578.85	452.07
38	824.32	734.60	585.89	457.58	819.67	730.45	582.59	455.00
39	834.90	744.03	593.42	463.45	830.20	739.83	590.07	460.84
40	845.49	753.46	600.94	469.33	840.72	749.21	597.55	466.68
41	861.37	767.61	612.22	478.14	856.51	763.28	608.77	475.44
42	876.58	781.17	623.04	486.59	871.64	776.77	619.53	483.84
43	897.75	800.04	638.09	498.34	892.69	795.53	634.49	495.53
44	924.22	823.62	656.90	513.03	919.00	818.98	653.19	510.14
45	955.31	851.33	679.00	530.29	949.92	846.53	675.17	527.30
46	992.36	884.34	705.33	550.85	986.76	879.36	701.35	547.75
47	1,034.04	921.49	734.95	573.99	1,028.21	916.29	730.81	570.75
48	1,081.67	963.94	768.81	600.43	1,075.57	958.50	764.47	597.04
49	1,128.64	1,005.79	802.19	626.50	1,122.28	1,000.12	797.67	622.97
50	1,181.57	1,052.96	839.81	655.88	1,174.90	1,047.02	835.07	652.18
51	1,233.83	1,099.54	876.96	684.89	1,226.87	1,093.34	872.01	681.03
52	1,291.39	1,150.83	917.87	716.84	1,284.11	1,144.34	912.69	712.80
53	1,349.61	1,202.71	959.25	749.16	1,342.00	1,195.93	953.84	744.94
54	1,412.46	1,258.72	1,003.92	784.05	1,404.49	1,251.62	998.26	779.63
55	1,475.31	1,314.73	1,048.59	818.94	1,466.99	1,307.31	1,042.67	814.32
56	1,543.45	1,375.45	1,097.02	856.76	1,534.74	1,367.70	1,090.83	851.93
57	1,612.25	1,436.77	1,145.92	894.95	1,603.16	1,428.66	1,139.46	889.91
58	1,685.69	1,502.21	1,198.12	935.72	1,676.18	1,493.74	1,191.36	930.44
59	1,722.07	1,534.63	1,223.98	955.91	1,712.36	1,525.98	1,217.08	950.52
60	1,795.51	1,600.07	1,276.17	996.68	1,785.38	1,591.05	1,268.98	991.06
61	1,859.02	1,656.67	1,321.31	1,031.93	1,848.53	1,647.33	1,313.86	1,026.11
62	1,900.70	1,693.82	1,350.94	1,055.07	1,889.98	1,684.26	1,343.32	1,049.12
63	1,952.96	1,740.39	1,388.08	1,084.08	1,941.95	1,730.58	1,380.26	1,077.97
64+	1,984.71	1,768.68	1,410.66	1,101.72	1,973.52	1,758.72	1,402.71	1,095.48

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 11 — Fresno, Kings and Madera counties				Region 12 — Santa Barbara and Ventura counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	364.18	324.54	258.85	202.16	381.98	340.40	271.50	212.04
15	396.55	353.39	281.85	220.13	415.93	370.66	295.63	230.88
16	408.93	364.42	290.65	227.00	428.92	382.23	304.86	238.09
17	421.31	375.45	299.45	233.87	441.90	393.80	314.08	245.30
18	434.64	387.33	308.92	241.27	455.88	406.26	324.02	253.06
19	447.97	399.21	318.40	248.67	469.86	418.72	333.96	260.82
20	461.77	411.51	328.21	256.33	484.34	431.62	344.25	268.86
21	476.06	424.24	338.36	264.26	499.32	444.97	354.90	277.17
22	476.06	424.24	338.36	264.26	499.32	444.97	354.90	277.17
23	476.06	424.24	338.36	264.26	499.32	444.97	354.90	277.17
24	476.06	424.24	338.36	264.26	499.32	444.97	354.90	277.17
25	477.96	425.94	339.71	265.31	501.32	446.75	356.32	278.28
26	487.48	434.42	346.48	270.60	511.31	455.65	363.41	283.82
27	498.91	444.60	354.60	276.94	523.29	466.33	371.93	290.48
28	517.47	461.15	367.80	287.25	542.76	483.69	385.77	301.28
29	532.71	474.72	378.63	295.70	558.74	497.92	397.13	310.15
30	540.32	481.51	384.04	299.93	566.73	505.04	402.81	314.59
31	551.75	491.69	392.16	306.27	578.71	515.72	411.33	321.24
32	563.17	501.88	400.28	312.62	590.70	526.40	419.84	327.89
33	570.32	508.24	405.36	316.58	598.19	533.08	425.17	332.05
34	577.93	515.03	410.77	320.81	606.18	540.20	430.85	336.49
35	581.74	518.42	413.48	322.92	610.17	543.76	433.68	338.70
36	585.55	521.82	416.18	325.04	614.17	547.32	436.52	340.92
37	589.36	525.21	418.89	327.15	618.16	550.88	439.36	343.14
38	593.17	528.60	421.60	329.26	622.15	554.44	442.20	345.36
39	600.78	535.39	427.01	333.49	630.14	561.56	447.88	349.79
40	608.40	542.18	432.43	337.72	638.13	568.68	453.56	354.22
41	619.83	552.36	440.55	344.06	650.12	579.35	462.08	360.88
42	630.77	562.12	448.33	350.14	661.60	589.59	470.24	367.25
43	646.01	575.69	459.16	358.60	677.58	603.83	481.60	376.12
44	665.05	592.66	472.69	369.17	697.55	621.63	495.79	387.21
45	687.43	612.60	488.59	381.59	721.02	642.54	512.47	400.23
46	714.08	636.36	507.54	396.38	748.98	667.46	532.35	415.76
47	744.08	663.09	528.86	413.03	780.44	695.49	554.70	433.22
48	778.35	693.63	553.22	432.06	816.39	727.53	580.26	453.17
49	812.15	723.75	577.24	450.82	851.84	759.12	605.45	472.85
50	850.24	757.69	604.31	471.96	891.79	794.72	633.85	495.03
51	887.84	791.21	631.04	492.84	931.23	829.87	661.88	516.92
52	929.26	828.12	660.48	515.83	974.68	868.59	692.76	541.04
53	971.15	865.45	690.26	539.08	1,018.62	907.74	723.99	565.43
54	1,016.38	905.75	722.40	564.19	1,066.05	950.02	757.71	591.76
55	1,061.61	946.05	754.55	589.29	1,113.49	992.29	791.42	618.09
56	1,110.64	989.75	789.40	616.51	1,164.92	1,038.12	827.98	646.64
57	1,160.15	1,033.87	824.59	643.99	1,216.85	1,084.40	864.88	675.47
58	1,212.99	1,080.96	862.14	673.33	1,272.27	1,133.79	904.28	706.23
59	1,239.17	1,104.30	880.75	687.86	1,299.73	1,158.26	923.80	721.48
60	1,292.02	1,151.39	918.31	717.19	1,355.16	1,207.66	963.19	752.24
61	1,337.72	1,192.11	950.80	742.56	1,403.09	1,250.37	997.26	778.85
62	1,367.71	1,218.84	972.11	759.21	1,434.55	1,278.41	1,019.62	796.31
63	1,405.32	1,252.36	998.84	780.09	1,474.00	1,313.56	1,047.66	818.21
64+	1,428.18	1,272.72	1,015.08	792.78	1,497.96	1,334.91	1,064.70	831.51

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 14 — Kern County				Region 15 — Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	382.34	340.72	271.75	212.23	382.34	340.72	271.75	212.23
15	416.32	371.01	295.91	231.10	416.32	371.01	295.91	231.10
16	429.32	382.59	305.14	238.31	429.32	382.59	305.14	238.31
17	442.31	394.17	314.38	245.53	442.31	394.17	314.38	245.53
18	456.31	406.64	324.32	253.29	456.31	406.64	324.32	253.29
19	470.30	419.11	334.27	261.06	470.30	419.11	334.27	261.06
20	484.79	432.03	344.57	269.11	484.79	432.03	344.57	269.11
21	499.79	445.39	355.23	277.43	499.79	445.39	355.23	277.43
22	499.79	445.39	355.23	277.43	499.79	445.39	355.23	277.43
23	499.79	445.39	355.23	277.43	499.79	445.39	355.23	277.43
24	499.79	445.39	355.23	277.43	499.79	445.39	355.23	277.43
25	501.79	447.17	356.65	278.54	501.79	447.17	356.65	278.54
26	511.78	456.08	363.75	284.09	511.78	456.08	363.75	284.09
27	523.78	466.77	372.28	290.75	523.78	466.77	372.28	290.75
28	543.27	484.14	386.13	301.57	543.27	484.14	386.13	301.57
29	559.26	498.39	397.50	310.44	559.26	498.39	397.50	310.44
30	567.26	505.52	403.18	314.88	567.26	505.52	403.18	314.88
31	579.25	516.20	411.71	321.54	579.25	516.20	411.71	321.54
32	591.25	526.89	420.24	328.20	591.25	526.89	420.24	328.20
33	598.75	533.58	425.56	332.36	598.75	533.58	425.56	332.36
34	606.74	540.70	431.25	336.80	606.74	540.70	431.25	336.80
35	610.74	544.26	434.09	339.02	610.74	544.26	434.09	339.02
36	614.74	547.83	436.93	341.24	614.74	547.83	436.93	341.24
37	618.74	551.39	439.77	343.46	618.74	551.39	439.77	343.46
38	622.74	554.95	442.61	345.68	622.74	554.95	442.61	345.68
39	630.73	562.08	448.30	350.12	630.73	562.08	448.30	350.12
40	638.73	569.21	453.98	354.56	638.73	569.21	453.98	354.56
41	650.72	579.90	462.51	361.21	650.72	579.90	462.51	361.21
42	662.22	590.14	470.68	367.59	662.22	590.14	470.68	367.59
43	678.21	604.39	482.05	376.47	678.21	604.39	482.05	376.47
44	698.20	622.21	496.25	387.57	698.20	622.21	496.25	387.57
45	721.69	643.14	512.95	400.61	721.69	643.14	512.95	400.61
46	749.68	668.08	532.84	416.14	749.68	668.08	532.84	416.14
47	781.17	696.14	555.22	433.62	781.17	696.14	555.22	433.62
48	817.15	728.21	580.80	453.60	817.15	728.21	580.80	453.60
49	852.64	759.83	606.02	473.30	852.64	759.83	606.02	473.30
50	892.62	795.46	634.44	495.49	892.62	795.46	634.44	495.49
51	932.10	830.65	662.50	517.41	932.10	830.65	662.50	517.41
52	975.59	869.40	693.41	541.54	975.59	869.40	693.41	541.54
53	1,019.57	908.59	724.67	565.96	1,019.57	908.59	724.67	565.96
54	1,067.05	950.90	758.41	592.31	1,067.05	950.90	758.41	592.31
55	1,114.53	993.22	792.16	618.67	1,114.53	993.22	792.16	618.67
56	1,166.00	1,039.09	828.75	647.24	1,166.00	1,039.09	828.75	647.24
57	1,217.98	1,085.41	865.69	676.10	1,217.98	1,085.41	865.69	676.10
58	1,273.46	1,134.85	905.12	706.89	1,273.46	1,134.85	905.12	706.89
59	1,300.95	1,159.35	924.66	722.15	1,300.95	1,159.35	924.66	722.15
60	1,356.42	1,208.78	964.09	752.94	1,356.42	1,208.78	964.09	752.94
61	1,404.40	1,251.54	998.19	779.58	1,404.40	1,251.54	998.19	779.58
62	1,435.89	1,279.60	1,020.57	797.06	1,435.89	1,279.60	1,020.57	797.06
63	1,475.37	1,314.79	1,048.63	818.97	1,475.37	1,314.79	1,048.63	818.97
64+	1,499.37	1,336.17	1,065.69	832.29	1,499.37	1,336.17	1,065.69	832.29

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 16 — Los Angeles County. ZIP codes not included in region 15				Region 17 — Riverside and San Bernardino counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	429.75	382.98	305.45	238.55	382.34	340.72	271.75	212.23
15	467.95	417.02	332.60	259.76	416.32	371.01	295.91	231.10
16	482.56	430.04	342.98	267.87	429.32	382.59	305.14	238.31
17	497.17	443.05	353.37	275.97	442.31	394.17	314.38	245.53
18	512.90	457.07	364.54	284.71	456.31	406.64	324.32	253.29
19	528.62	471.09	375.72	293.44	470.30	419.11	334.27	261.06
20	544.92	485.60	387.30	302.48	484.79	432.03	344.57	269.11
21	561.77	500.62	399.28	311.84	499.79	445.39	355.23	277.43
22	561.77	500.62	399.28	311.84	499.79	445.39	355.23	277.43
23	561.77	500.62	399.28	311.84	499.79	445.39	355.23	277.43
24	561.77	500.62	399.28	311.84	499.79	445.39	355.23	277.43
25	564.02	502.63	400.88	313.08	501.79	447.17	356.65	278.54
26	575.25	512.64	408.87	319.32	511.78	456.08	363.75	284.09
27	588.73	524.65	418.45	326.80	523.78	466.77	372.28	290.75
28	610.64	544.18	434.02	338.97	543.27	484.14	386.13	301.57
29	628.62	560.20	446.80	348.94	559.26	498.39	397.50	310.44
30	637.61	568.21	453.19	353.93	567.26	505.52	403.18	314.88
31	651.09	580.22	462.77	361.42	579.25	516.20	411.71	321.54
32	664.57	592.24	472.35	368.90	591.25	526.89	420.24	328.20
33	673.00	599.75	478.34	373.58	598.75	533.58	425.56	332.36
34	681.99	607.76	484.73	378.57	606.74	540.70	431.25	336.80
35	686.48	611.76	487.92	381.06	610.74	544.26	434.09	339.02
36	690.98	615.77	491.12	383.56	614.74	547.83	436.93	341.24
37	695.47	619.77	494.31	386.05	618.74	551.39	439.77	343.46
38	699.96	623.78	497.51	388.55	622.74	554.95	442.61	345.68
39	708.95	631.79	503.89	393.54	630.73	562.08	448.30	350.12
40	717.94	639.80	510.28	398.53	638.73	569.21	453.98	354.56
41	731.42	651.81	519.87	406.01	650.72	579.90	462.51	361.21
42	744.34	663.33	529.05	413.18	662.22	590.14	470.68	367.59
43	762.32	679.35	541.83	423.16	678.21	604.39	482.05	376.47
44	784.79	699.37	557.80	435.63	698.20	622.21	496.25	387.57
45	811.19	722.90	576.56	450.29	721.69	643.14	512.95	400.61
46	842.65	750.94	598.92	467.75	749.68	668.08	532.84	416.14
47	878.05	782.47	624.08	487.40	781.17	696.14	555.22	433.62
48	918.49	818.52	652.83	509.85	817.15	728.21	580.80	453.60
49	958.38	854.06	681.18	531.99	852.64	759.83	606.02	473.30
50	1,003.32	894.11	713.12	556.94	892.62	795.46	634.44	495.49
51	1,047.70	933.66	744.66	581.57	932.10	830.65	662.50	517.41
52	1,096.57	977.22	779.40	608.70	975.59	869.40	693.41	541.54
53	1,146.01	1,021.27	814.54	636.14	1,019.57	908.59	724.67	565.96
54	1,199.38	1,068.83	852.47	665.77	1,067.05	950.90	758.41	592.31
55	1,252.75	1,116.39	890.40	695.39	1,114.53	993.22	792.16	618.67
56	1,310.61	1,167.95	931.53	727.51	1,166.00	1,039.09	828.75	647.24
57	1,369.03	1,220.02	973.05	759.94	1,217.98	1,085.41	865.69	676.10
58	1,431.39	1,275.59	1,017.37	794.56	1,273.46	1,134.85	905.12	706.89
59	1,462.28	1,303.12	1,039.33	811.71	1,300.95	1,159.35	924.66	722.15
60	1,524.64	1,358.69	1,083.65	846.32	1,356.42	1,208.78	964.09	752.94
61	1,578.57	1,406.75	1,121.98	876.26	1,404.40	1,251.54	998.19	779.58
62	1,613.96	1,438.29	1,147.14	895.90	1,435.89	1,279.60	1,020.57	797.06
63	1,658.34	1,477.84	1,178.68	920.54	1,475.37	1,314.79	1,048.63	818.97
64+	1,685.31	1,501.86	1,197.84	935.52	1,499.37	1,336.17	1,065.69	832.29

PureCare HSP Rates

New and renewing business, effective October 1, 2021, to December 31, 2021

	Region 18 Orange County				Region 19 San Diego County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 350/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	388.71	346.40	276.28	215.77	384.83	342.94	273.52	213.61
15	423.26	377.19	300.84	234.95	419.03	373.42	297.83	232.60
16	436.47	388.97	310.23	242.28	432.11	385.08	307.13	239.86
17	449.69	400.74	319.62	249.62	445.19	396.73	316.42	247.12
18	463.91	413.42	329.73	257.52	459.28	409.29	326.43	254.94
19	478.14	426.10	339.84	265.41	473.36	421.84	336.45	262.76
20	492.88	439.23	350.32	273.59	487.95	434.84	346.81	270.86
21	508.12	452.81	361.15	282.05	503.04	448.29	357.54	279.23
22	508.12	452.81	361.15	282.05	503.04	448.29	357.54	279.23
23	508.12	452.81	361.15	282.05	503.04	448.29	357.54	279.23
24	508.12	452.81	361.15	282.05	503.04	448.29	357.54	279.23
25	510.15	454.62	362.59	283.18	505.05	450.08	358.97	280.35
26	520.31	463.68	369.82	288.82	515.11	459.05	366.12	285.94
27	532.51	474.55	378.49	295.59	527.19	469.80	374.70	292.64
28	552.33	492.21	392.57	306.59	546.80	487.29	388.65	303.53
29	568.59	506.70	404.13	315.62	562.90	501.63	400.09	312.46
30	576.72	513.94	409.91	320.13	570.95	508.80	405.81	316.93
31	588.91	524.81	418.57	326.90	583.02	519.56	414.39	323.63
32	601.10	535.68	427.24	333.67	595.10	530.32	422.97	330.33
33	608.73	542.47	432.66	337.90	602.64	537.05	428.33	334.52
34	616.86	549.71	438.44	342.41	610.69	544.22	434.05	338.99
35	620.92	553.34	441.33	344.67	614.71	547.81	436.91	341.23
36	624.99	556.96	444.21	346.93	618.74	551.39	439.77	343.46
37	629.05	560.58	447.10	349.18	622.76	554.98	442.63	345.69
38	633.12	564.20	449.99	351.44	626.79	558.56	445.49	347.93
39	641.25	571.45	455.77	355.95	634.84	565.74	451.22	352.39
40	649.38	578.69	461.55	360.47	642.88	572.91	456.94	356.86
41	661.57	589.56	470.22	367.24	654.96	583.67	465.52	363.56
42	673.26	599.98	478.52	373.72	666.53	593.98	473.74	369.99
43	689.52	614.47	490.08	382.75	682.62	608.32	485.18	378.92
44	709.84	632.58	504.53	394.03	702.75	626.26	499.48	390.09
45	733.72	653.86	521.50	407.29	726.39	647.33	516.29	403.22
46	762.18	679.22	541.73	423.08	754.56	672.43	536.31	418.85
47	794.19	707.75	564.48	440.85	786.25	700.67	558.83	436.44
48	830.77	740.35	590.48	461.16	822.47	732.95	584.58	456.55
49	866.85	772.50	616.12	481.19	858.19	764.78	609.96	476.37
50	907.50	808.72	645.01	503.75	898.43	800.64	638.57	498.71
51	947.64	844.50	673.55	526.03	938.17	836.05	666.81	520.77
52	991.85	883.89	704.97	550.57	981.93	875.05	697.92	545.07
53	1,036.56	923.74	736.75	575.39	1,026.20	914.50	729.38	569.64
54	1,084.83	966.76	771.06	602.19	1,073.99	957.09	763.35	596.17
55	1,133.11	1,009.77	805.37	628.98	1,121.78	999.68	797.31	622.69
56	1,185.44	1,056.41	842.56	658.03	1,173.59	1,045.85	834.14	651.45
57	1,238.29	1,103.51	880.12	687.37	1,225.91	1,092.47	871.32	680.50
58	1,294.69	1,153.77	920.21	718.67	1,281.74	1,142.23	911.01	711.49
59	1,322.63	1,178.67	940.07	734.19	1,309.41	1,166.89	930.68	726.85
60	1,379.04	1,228.93	980.16	765.50	1,365.25	1,216.65	970.36	757.84
61	1,427.81	1,272.40	1,014.83	792.57	1,413.54	1,259.68	1,004.69	784.65
62	1,459.83	1,300.93	1,037.58	810.34	1,445.23	1,287.93	1,027.21	802.24
63	1,499.97	1,336.70	1,066.12	832.63	1,484.97	1,323.34	1,055.46	824.30
64+	1,524.36	1,358.43	1,083.45	846.15	1,509.12	1,344.87	1,072.62	837.69

Salud con Health Net

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2021, TO DECEMBER 31, 2021

Plan Rates

Salud con Health Net

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 14

Kern County

Age	Salud HMO y Mas Platinum $0	Salud HMO y Mas Platinum $10	Salud HMO y Mas Platinum $20	Salud HMO y Mas Platinum $30	Salud HMO y Mas Gold $30	Salud HMO y Mas Gold $35	Salud HMO y Mas Gold $40	Salud HMO y Mas Gold $50	Salud HMO y Mas Silver $50
0-14	279.88	286.94	273.83	267.30	265.28	259.16	255.28	250.34	226.52
15	304.76	312.45	298.17	291.06	288.86	282.19	277.97	272.59	246.65
16	314.27	322.20	307.48	300.14	297.87	291.00	286.65	281.10	254.35
17	323.78	331.95	316.78	309.22	306.89	299.81	295.32	289.60	262.05
18	334.02	342.45	326.80	319.01	316.60	309.30	304.67	298.77	270.34
19	344.27	352.96	336.83	328.79	326.31	318.78	314.01	307.93	278.63
20	354.88	363.83	347.21	338.92	336.36	328.60	323.69	317.42	287.22
21	365.85	375.09	357.95	349.41	346.77	338.77	333.70	327.24	296.10
22	365.85	375.09	357.95	349.41	346.77	338.77	333.70	327.24	296.10
23	365.85	375.09	357.95	349.41	346.77	338.77	333.70	327.24	296.10
24	365.85	375.09	357.95	349.41	346.77	338.77	333.70	327.24	296.10
25	367.32	376.59	359.38	350.80	348.15	340.12	335.03	328.54	297.28
26	374.63	384.09	366.54	357.79	355.09	346.90	341.71	335.09	303.21
27	383.41	393.09	375.13	366.18	363.41	355.03	349.72	342.94	310.31
28	397.68	407.72	389.09	379.80	376.93	368.24	362.73	355.70	321.86
29	409.39	419.72	400.54	390.99	388.03	379.08	373.41	366.18	331.33
30	415.24	425.72	406.27	396.58	393.58	384.50	378.75	371.41	336.07
31	424.02	434.72	414.86	404.96	401.90	392.63	386.76	379.27	343.18
32	432.80	443.73	423.45	413.35	410.22	400.76	394.77	387.12	350.29
33	438.29	449.35	428.82	418.59	415.43	405.84	399.77	392.03	354.73
34	444.14	455.35	434.55	424.18	420.97	411.26	405.11	397.26	359.46
35	447.07	458.35	437.41	426.97	423.75	413.97	407.78	399.88	361.83
36	450.00	461.36	440.27	429.77	426.52	416.68	410.45	402.50	364.20
37	452.93	464.36	443.14	432.56	429.30	419.39	413.12	405.12	366.57
38	455.85	467.36	446.00	435.36	432.07	422.10	415.79	407.74	368.94
39	461.71	473.36	451.73	440.95	437.62	427.53	421.13	412.97	373.68
40	467.56	479.36	457.45	446.54	443.17	432.95	426.47	418.21	378.41
41	476.34	488.36	466.05	454.93	451.49	441.08	434.48	426.06	385.52
42	484.75	496.99	474.28	462.96	459.46	448.87	442.15	433.59	392.33
43	496.46	508.99	485.73	474.14	470.56	459.71	452.83	444.06	401.81
44	511.10	523.99	500.05	488.12	484.43	473.26	466.18	457.15	413.65
45	528.29	541.62	516.87	504.54	500.73	489.18	481.86	472.53	427.57
46	548.78	562.63	536.92	524.11	520.15	508.15	500.55	490.85	444.15
47	571.83	586.26	559.47	546.12	542.00	529.49	521.57	511.47	462.80
48	598.17	613.26	585.24	571.28	566.96	553.89	545.60	535.03	484.12
49	624.14	639.90	610.66	596.09	591.58	577.94	569.29	558.26	505.14
50	653.41	669.90	639.29	624.04	619.32	605.04	595.99	584.44	528.83
51	682.31	699.53	667.57	651.64	646.72	631.80	622.35	610.29	552.22
52	714.14	732.17	698.71	682.04	676.89	661.28	651.38	638.76	577.99
53	746.34	765.17	730.21	712.79	707.40	691.09	680.75	667.56	604.04
54	781.09	800.81	764.21	745.98	740.35	723.27	712.45	698.65	632.17
55	815.85	836.44	798.22	779.18	773.29	755.45	744.15	729.74	660.30
56	853.53	875.07	835.09	815.16	809.01	790.35	778.52	763.44	690.80
57	891.58	914.08	872.31	851.50	845.07	825.58	813.23	797.47	721.59
58	932.19	955.72	912.05	890.29	883.56	863.18	850.27	833.80	754.46
59	952.31	976.35	931.73	909.50	902.63	881.81	868.62	851.79	770.75
60	992.92	1,017.98	971.47	948.29	941.12	919.42	905.66	888.12	803.61
61	1,028.05	1,053.99	1,005.83	981.83	974.41	951.94	937.69	919.53	832.04
62	1,051.09	1,077.62	1,028.38	1,003.84	996.26	973.28	958.72	940.15	850.69
63	1,080.00	1,107.25	1,056.66	1,031.45	1,023.65	1,000.04	985.08	966.00	874.08
64+	1,097.55	1,125.27	1,073.85	1,048.23	1,040.31	1,016.31	1,001.10	981.72	888.30

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 15

Los Angeles County. ZIP Codes starting with 906-912, 915, 917-918, and 935

Age	Salud HMO y Mas Platinum $0	Salud HMO y Mas Platinum $10	Salud HMO y Mas Platinum $20	Salud HMO y Mas Platinum $30	Salud HMO y Mas Gold $30	Salud HMO y Mas Gold $35	Salud HMO y Mas Gold $40	Salud HMO y Mas Gold $50	Salud HMO y Mas Silver $50
0-14	220.75	226.32	215.98	210.83	209.23	204.41	201.35	197.45	178.66
15	240.37	246.44	235.18	229.57	227.83	222.58	219.25	215.00	194.54
16	247.88	254.13	242.52	236.73	234.94	229.52	226.09	221.71	200.62
17	255.38	261.82	249.86	243.90	242.05	236.47	232.93	228.42	206.69
18	263.46	270.11	257.76	251.61	249.71	243.95	240.30	235.65	213.23
19	271.54	278.39	265.67	259.33	257.37	251.44	247.67	242.88	219.77
20	279.91	286.97	273.86	267.32	265.30	259.18	255.31	250.36	226.54
21	288.56	295.85	282.33	275.59	273.51	267.20	263.20	258.10	233.55
22	288.56	295.85	282.33	275.59	273.51	267.20	263.20	258.10	233.55
23	288.56	295.85	282.33	275.59	273.51	267.20	263.20	258.10	233.55
24	288.56	295.85	282.33	275.59	273.51	267.20	263.20	258.10	233.55
25	289.72	297.03	283.46	276.69	274.60	268.27	264.25	259.14	234.48
26	295.49	302.95	289.10	282.20	280.07	273.61	269.52	264.30	239.15
27	302.41	310.05	295.88	288.82	286.64	280.03	275.84	270.49	244.76
28	313.67	321.58	306.89	299.57	297.30	290.45	286.10	280.56	253.86
29	322.90	331.05	315.92	308.39	306.06	299.00	294.52	288.82	261.34
30	327.52	335.78	320.44	312.80	310.43	303.27	298.73	292.95	265.07
31	334.44	342.88	327.22	319.41	317.00	309.68	305.05	299.14	270.68
32	341.37	349.98	333.99	326.02	323.56	316.10	311.37	305.34	276.28
33	345.70	354.42	338.23	330.16	327.66	320.11	315.32	309.21	279.79
34	350.32	359.16	342.74	334.57	332.04	324.38	319.53	313.34	283.52
35	352.62	361.52	345.00	336.77	334.23	326.52	321.63	315.40	285.39
36	354.93	363.89	347.26	338.98	336.42	328.66	323.74	317.47	287.26
37	357.24	366.26	349.52	341.18	338.60	330.79	325.84	319.53	289.13
38	359.55	368.62	351.78	343.39	340.79	332.93	327.95	321.60	291.00
39	364.17	373.36	356.30	347.80	345.17	337.21	332.16	325.73	294.73
40	368.78	378.09	360.81	352.20	349.54	341.48	336.37	329.86	298.47
41	375.71	385.19	367.59	358.82	356.11	347.89	342.69	336.05	304.08
42	382.35	391.99	374.08	365.16	362.40	354.04	348.74	341.99	309.45
43	391.58	401.46	383.12	373.98	371.15	362.59	357.17	350.25	316.92
44	403.12	413.30	394.41	385.00	382.09	373.28	367.69	360.57	326.26
45	416.68	427.20	407.68	397.95	394.95	385.84	380.06	372.70	337.24
46	432.84	443.77	423.49	413.39	410.26	400.80	394.80	387.16	350.32
47	451.02	462.41	441.28	430.75	427.49	417.63	411.38	403.42	365.03
48	471.80	483.71	461.60	450.59	447.19	436.87	430.34	422.00	381.85
49	492.29	504.71	481.65	470.16	466.61	455.84	449.02	440.33	398.43
50	515.37	528.38	504.24	492.20	488.49	477.22	470.08	460.97	417.11
51	538.17	551.75	526.54	513.98	510.09	498.33	490.87	481.36	435.56
52	563.27	577.49	551.10	537.95	533.89	521.57	513.77	503.82	455.88
53	588.67	603.52	575.95	562.20	557.96	545.09	536.93	526.53	476.43
54	616.08	631.63	602.77	588.39	583.94	570.47	561.94	551.05	498.62
55	643.49	659.73	629.59	614.57	609.92	595.86	586.94	575.57	520.81
56	673.22	690.21	658.67	642.95	638.10	623.38	614.05	602.16	544.86
57	703.23	720.97	688.03	671.61	666.54	651.17	641.42	629.00	569.15
58	735.26	753.81	719.37	702.21	696.90	680.83	670.64	657.65	595.07
59	751.13	770.09	734.90	717.36	711.94	695.52	685.12	671.84	607.92
60	783.16	802.92	766.23	747.95	742.30	725.18	714.33	700.49	633.84
61	810.86	831.32	793.34	774.41	768.56	750.83	739.60	725.27	656.26
62	829.04	849.96	811.12	791.77	785.79	767.67	756.18	741.53	670.98
63	851.84	873.33	833.43	813.54	807.40	788.77	776.97	761.92	689.43
64+	865.68	887.55	846.99	826.77	820.53	801.60	789.60	774.30	700.65

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 16

Los Angeles County. ZIP Codes not included in Region 15

Age	Salud HMO y Mas Platinum $0	Salud HMO y Mas Platinum $10	Salud HMO y Mas Platinum $20	Salud HMO y Mas Platinum $30	Salud HMO y Mas Gold $30	Salud HMO y Mas Gold $35	Salud HMO y Mas Gold $40	Salud HMO y Mas Gold $50	Salud HMO y Mas Silver $50
0-14	248.90	255.18	243.52	237.71	235.92	230.47	227.03	222.63	201.45
15	271.03	277.87	265.17	258.84	256.89	250.96	247.21	242.42	219.35
16	279.48	286.54	273.44	266.92	264.90	258.79	254.92	249.98	226.20
17	287.94	295.21	281.72	275.00	272.92	266.63	262.64	257.55	233.04
18	297.05	304.55	290.63	283.70	281.56	275.06	270.95	265.70	240.42
19	306.16	313.89	299.55	292.40	290.19	283.50	279.26	273.85	247.79
20	315.60	323.56	308.78	301.41	299.13	292.24	287.86	282.29	255.43
21	325.36	333.57	318.33	310.73	308.39	301.27	296.77	291.02	263.33
22	325.36	333.57	318.33	310.73	308.39	301.27	296.77	291.02	263.33
23	325.36	333.57	318.33	310.73	308.39	301.27	296.77	291.02	263.33
24	325.36	333.57	318.33	310.73	308.39	301.27	296.77	291.02	263.33
25	326.66	334.91	319.60	311.98	309.62	302.48	297.95	292.18	264.38
26	333.17	341.58	325.97	318.19	315.79	308.50	303.89	298.00	269.65
27	340.98	349.58	333.61	325.65	323.19	315.73	311.01	304.99	275.97
28	353.67	362.59	346.02	337.77	335.22	327.48	322.58	316.34	286.24
29	364.08	373.27	356.21	347.71	345.08	337.13	332.08	325.65	294.66
30	369.28	378.60	361.30	352.68	350.02	341.95	336.83	330.30	298.88
31	377.09	386.61	368.94	360.14	357.42	349.18	343.95	337.29	305.20
32	384.90	394.62	376.58	367.60	364.82	356.41	351.07	344.27	311.52
33	389.78	399.62	381.36	372.26	369.45	360.93	355.53	348.64	315.47
34	394.99	404.96	386.45	377.23	374.38	365.75	360.27	353.30	319.68
35	397.59	407.62	389.00	379.72	376.85	368.16	362.65	355.62	321.79
36	400.19	410.29	391.54	382.20	379.32	370.57	365.02	357.95	323.89
37	402.80	412.96	394.09	384.69	381.78	372.98	367.40	360.28	326.00
38	405.40	415.63	396.64	387.17	384.25	375.39	369.77	362.61	328.11
39	410.60	420.97	401.73	392.15	389.18	380.21	374.52	367.26	332.32
40	415.81	426.30	406.82	397.12	394.12	385.03	379.27	371.92	336.53
41	423.62	434.31	414.46	404.58	401.52	392.26	386.39	378.90	342.85
42	431.10	441.98	421.79	411.72	408.61	399.19	393.21	385.60	348.91
43	441.51	452.66	431.97	421.67	418.48	408.83	402.71	394.91	357.33
44	454.53	466.00	444.71	434.10	430.82	420.88	414.58	406.55	367.87
45	469.82	481.68	459.67	448.70	445.31	435.04	428.53	420.23	380.24
46	488.04	500.36	477.49	466.10	462.58	451.91	445.15	436.53	394.99
47	508.54	521.37	497.55	485.68	482.01	470.89	463.84	454.86	411.58
48	531.96	545.39	520.47	508.05	504.21	492.58	485.21	475.81	430.54
49	555.06	569.07	543.07	530.11	526.11	513.97	506.28	496.48	449.24
50	581.09	595.76	568.54	554.97	550.78	538.07	530.02	519.76	470.30
51	606.80	622.11	593.68	579.52	575.14	561.88	553.47	542.75	491.10
52	635.10	651.13	621.38	606.55	601.97	588.09	579.29	568.07	514.01
53	663.74	680.49	649.39	633.90	629.11	614.60	605.40	593.68	537.19
54	694.64	712.18	679.63	663.42	658.40	643.22	633.60	621.32	562.20
55	725.55	743.86	709.87	692.94	687.70	671.84	661.79	648.97	587.22
56	759.07	778.22	742.66	724.94	719.47	702.87	692.35	678.94	614.34
57	792.90	812.91	775.77	757.26	751.54	734.20	723.22	709.21	641.73
58	829.02	849.94	811.10	791.75	785.77	767.64	756.16	741.51	670.96
59	846.91	868.29	828.61	808.84	802.73	784.21	772.48	757.52	685.44
60	883.03	905.31	863.94	843.33	836.96	817.66	805.42	789.82	714.67
61	914.26	937.34	894.50	873.16	866.57	846.58	833.91	817.76	739.95
62	934.76	958.35	914.56	892.74	885.99	865.56	852.61	836.09	756.54
63	960.46	984.70	939.71	917.29	910.36	889.36	876.05	859.08	777.34
64+	976.08	1,000.71	954.99	932.19	925.17	903.81	890.31	873.06	789.99

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2021, to December 31, 2021

Region 17

Riverside and San Bernardino Counties

Age	Salud HMO y Mas Platinum $0	Salud HMO y Mas Platinum $10	Salud HMO y Mas Platinum $20	Salud HMO y Mas Platinum $30	Salud HMO y Mas Gold $30	Salud HMO y Mas Gold $35	Salud HMO y Mas Gold $40	Salud HMO y Mas Gold $50	Salud HMO y Mas Silver $50
0-14	240.74	246.81	235.54	229.92	228.18	222.92	219.58	215.33	194.84
15	262.14	268.75	256.47	250.35	248.46	242.73	239.10	234.47	212.16
16	270.32	277.14	264.48	258.17	256.22	250.31	246.56	241.79	218.78
17	278.50	285.53	272.48	265.98	263.97	257.88	254.03	249.10	225.40
18	287.31	294.56	281.10	274.40	272.32	266.04	262.06	256.99	232.53
19	296.12	303.60	289.72	282.81	280.68	274.20	270.10	264.87	239.67
20	305.25	312.95	298.65	291.53	289.33	282.65	278.42	273.03	247.05
21	314.69	322.63	307.89	300.54	298.27	291.39	287.03	281.47	254.69
22	314.69	322.63	307.89	300.54	298.27	291.39	287.03	281.47	254.69
23	314.69	322.63	307.89	300.54	298.27	291.39	287.03	281.47	254.69
24	314.69	322.63	307.89	300.54	298.27	291.39	287.03	281.47	254.69
25	315.95	323.92	309.12	301.75	299.47	292.56	288.18	282.60	255.71
26	322.24	330.38	315.28	307.76	305.43	298.39	293.92	288.23	260.80
27	329.80	338.12	322.67	314.97	312.59	305.38	300.81	294.98	266.92
28	342.07	350.70	334.68	326.69	324.22	316.75	312.01	305.96	276.85
29	352.14	361.03	344.53	336.31	333.77	326.07	321.19	314.97	285.00
30	357.17	366.19	349.46	341.12	338.54	330.73	325.78	319.47	289.08
31	364.73	373.93	356.84	348.33	345.70	337.73	332.67	326.23	295.19
32	372.28	381.67	364.23	355.54	352.86	344.72	339.56	332.98	301.30
33	377.00	386.51	368.85	360.05	357.33	349.09	343.87	337.21	305.12
34	382.03	391.68	373.78	364.86	362.10	353.75	348.46	341.71	309.20
35	384.55	394.26	376.24	367.27	364.49	356.08	350.76	343.96	311.23
36	387.07	396.84	378.70	369.67	366.88	358.41	353.05	346.21	313.27
37	389.59	399.42	381.17	372.07	369.26	360.75	355.35	348.47	315.31
38	392.10	402.00	383.63	374.48	371.65	363.08	357.64	350.72	317.35
39	397.14	407.16	388.56	379.29	376.42	367.74	362.24	355.22	321.42
40	402.17	412.32	393.48	384.10	381.19	372.40	366.83	359.72	325.50
41	409.73	420.07	400.87	391.31	388.35	379.39	373.72	366.48	331.61
42	416.97	427.49	407.95	398.22	395.21	386.10	380.32	372.95	337.47
43	427.04	437.81	417.81	407.84	404.76	395.42	389.51	381.96	345.62
44	439.62	450.72	430.12	419.86	416.69	407.08	400.99	393.22	355.80
45	454.41	465.88	444.59	433.99	430.71	420.77	414.48	406.45	367.78
46	472.04	483.95	461.84	450.82	447.41	437.09	430.55	422.21	382.04
47	491.86	504.28	481.23	469.75	466.20	455.45	448.63	439.94	398.08
48	514.52	527.50	503.40	491.39	487.68	476.43	469.30	460.21	416.42
49	536.86	550.41	525.26	512.73	508.85	497.12	489.68	480.19	434.50
50	562.04	576.22	549.89	536.77	532.72	520.43	512.64	502.71	454.88
51	586.90	601.71	574.21	560.52	556.28	543.45	535.32	524.95	475.00
52	614.28	629.78	601.00	586.66	582.23	568.80	560.29	549.44	497.16
53	641.97	658.17	628.10	613.11	608.48	594.44	585.55	574.21	519.57
54	671.86	688.82	657.35	641.66	636.81	622.13	612.82	600.95	543.77
55	701.76	719.47	686.59	670.21	665.15	649.81	640.09	627.69	567.96
56	734.17	752.70	718.31	701.17	695.87	679.82	669.65	656.68	594.20
57	766.90	786.26	750.33	732.43	726.89	710.13	699.50	685.95	620.68
58	801.83	822.07	784.50	765.79	760.00	742.47	731.36	717.20	648.95
59	819.14	839.81	801.44	782.32	776.41	758.50	747.15	732.68	662.96
60	854.07	875.63	835.61	815.68	809.51	790.84	779.01	763.92	691.23
61	884.28	906.60	865.17	844.53	838.15	818.82	806.57	790.94	715.68
62	904.11	926.92	884.57	863.46	856.94	837.17	824.65	808.68	731.73
63	928.97	952.41	908.89	887.21	880.50	860.19	847.32	830.91	751.85
64+	944.07	967.89	923.67	901.62	894.81	874.17	861.09	844.41	764.07

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

18 Orange County

Age	Salud HMO y Mas Platinum $0	Salud HMO y Mas Platinum $10	Salud HMO y Mas Platinum $20	Salud HMO y Mas Platinum $30	Salud HMO y Mas Gold $30	Salud HMO y Mas Gold $35	Salud HMO y Mas Gold $40	Salud HMO y Mas Gold $50	Salud HMO y Mas Silver $50
0-14	248.41	254.67	243.04	237.24	235.45	230.02	226.57	222.19	201.04
15	270.49	277.31	264.64	258.33	256.37	250.46	246.71	241.94	218.92
16	278.93	285.97	272.90	266.39	264.38	258.28	254.41	249.49	225.75
17	287.37	294.62	281.16	274.45	272.38	266.10	262.12	257.04	232.58
18	296.46	303.95	290.06	283.14	281.00	274.52	270.41	265.17	239.94
19	305.56	313.27	298.95	291.82	289.61	282.93	278.70	273.30	247.30
20	314.97	322.92	308.16	300.81	298.54	291.65	287.29	281.73	254.92
21	324.71	332.91	317.70	310.12	307.77	300.67	296.18	290.44	262.80
22	324.71	332.91	317.70	310.12	307.77	300.67	296.18	290.44	262.80
23	324.71	332.91	317.70	310.12	307.77	300.67	296.18	290.44	262.80
24	324.71	332.91	317.70	310.12	307.77	300.67	296.18	290.44	262.80
25	326.01	334.24	318.97	311.36	309.00	301.88	297.36	291.60	263.85
26	332.51	340.90	325.32	317.56	315.16	307.89	303.28	297.41	269.11
27	340.30	348.89	332.95	325.00	322.55	315.11	310.39	304.38	275.42
28	352.96	361.87	345.34	337.10	334.55	326.83	321.94	315.71	285.67
29	363.35	372.52	355.50	347.02	344.40	336.45	331.42	325.00	294.08
30	368.55	377.85	360.58	351.98	349.32	341.27	336.16	329.65	298.28
31	376.34	385.84	368.21	359.42	356.71	348.48	343.27	336.62	304.59
32	384.14	393.83	375.83	366.87	364.10	355.70	350.38	343.59	310.90
33	389.01	398.82	380.60	371.52	368.71	360.21	354.82	347.95	314.84
34	394.20	404.15	385.68	376.48	373.64	365.02	359.56	352.59	319.04
35	396.80	406.81	388.22	378.96	376.10	367.42	361.93	354.92	321.15
36	399.40	409.48	390.77	381.44	378.56	369.83	364.30	357.24	323.25
37	401.99	412.14	393.31	383.92	381.02	372.23	366.67	359.56	325.35
38	404.59	414.80	395.85	386.40	383.49	374.64	369.03	361.89	327.45
39	409.79	420.13	400.93	391.37	388.41	379.45	373.77	366.53	331.66
40	414.98	425.46	406.02	396.33	393.33	384.26	378.51	371.18	335.86
41	422.78	433.45	413.64	403.77	400.72	391.48	385.62	378.15	342.17
42	430.24	441.10	420.95	410.90	407.80	398.39	392.43	384.83	348.21
43	440.64	451.76	431.11	420.83	417.65	408.02	401.91	394.13	356.62
44	453.62	465.07	443.82	433.23	429.96	420.04	413.76	405.74	367.14
45	468.89	480.72	458.75	447.81	444.42	434.17	427.68	419.39	379.49
46	487.07	499.36	476.54	465.17	461.66	451.01	444.26	435.66	394.20
47	507.53	520.34	496.56	484.71	481.05	469.95	462.92	453.96	410.76
48	530.91	544.30	519.43	507.04	503.21	491.60	484.25	474.87	429.68
49	553.96	567.94	541.99	529.06	525.06	512.95	505.28	495.49	448.34
50	579.94	594.57	567.40	553.87	549.68	537.00	528.97	518.72	469.37
51	605.59	620.87	592.50	578.37	574.00	560.76	552.37	541.67	490.13
52	633.84	649.84	620.14	605.35	600.77	586.92	578.13	566.94	512.99
53	662.41	679.13	648.10	632.64	627.86	613.38	604.20	592.49	536.12
54	693.26	710.76	678.28	662.10	657.10	641.94	632.33	620.09	561.09
55	724.11	742.39	708.46	691.56	686.33	670.50	660.47	647.68	586.05
56	757.56	776.67	741.18	723.50	718.03	701.47	690.98	677.59	613.12
57	791.33	811.30	774.22	755.75	750.04	732.74	721.78	707.80	640.45
58	827.37	848.25	809.49	790.18	784.21	766.12	754.66	740.04	669.62
59	845.23	866.56	826.96	807.23	801.13	782.66	770.95	756.01	684.08
60	881.27	903.51	862.23	841.66	835.30	816.03	803.82	788.25	713.25
61	912.44	935.47	892.73	871.43	864.84	844.89	832.25	816.13	738.48
62	932.90	956.44	912.74	890.96	884.23	863.84	850.91	834.43	755.03
63	958.55	982.74	937.84	915.46	908.55	887.59	874.31	857.37	775.80
64+	974.13	998.73	953.10	930.36	923.31	902.01	888.54	871.32	788.40

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2021, to December 31, 2021

Region

19 San Diego County

Age	Salud HMO y Mas Platinum $0	Salud HMO y Mas Platinum $10	Salud HMO y Mas Platinum $20	Salud HMO y Mas Platinum $30	Salud HMO y Mas Gold $30	Salud HMO y Mas Gold $35	Salud HMO y Mas Gold $40	Salud HMO y Mas Gold $50	Salud HMO y Mas Silver $50
0-14	260.47	267.05	254.84	248.76	246.88	241.19	237.58	232.98	210.81
15	283.63	290.78	277.50	270.88	268.83	262.63	258.70	253.69	229.55
16	292.48	299.86	286.16	279.33	277.22	270.83	266.77	261.61	236.71
17	301.33	308.94	294.82	287.79	285.61	279.02	274.85	269.53	243.88
18	310.87	318.71	304.15	296.89	294.65	287.85	283.54	278.05	251.60
19	320.40	328.49	313.47	306.00	303.68	296.68	292.24	286.58	259.31
20	330.27	338.61	323.14	315.43	313.04	305.82	301.25	295.41	267.30
21	340.49	349.08	333.13	325.18	322.72	315.28	310.56	304.55	275.57
22	340.49	349.08	333.13	325.18	322.72	315.28	310.56	304.55	275.57
23	340.49	349.08	333.13	325.18	322.72	315.28	310.56	304.55	275.57
24	340.49	349.08	333.13	325.18	322.72	315.28	310.56	304.55	275.57
25	341.85	350.48	334.46	326.48	324.02	316.54	311.81	305.77	276.67
26	348.66	357.46	341.12	332.99	330.47	322.85	318.02	311.86	282.18
27	356.83	365.84	349.12	340.79	338.22	330.41	325.47	319.17	288.80
28	370.11	379.45	362.11	353.47	350.80	342.71	337.58	331.04	299.55
29	381.01	390.62	372.77	363.88	361.13	352.80	347.52	340.79	308.36
30	386.45	396.21	378.10	369.08	366.29	357.84	352.49	345.66	312.77
31	394.63	404.58	386.10	376.89	374.04	365.41	359.94	352.97	319.39
32	402.80	412.96	394.09	384.69	381.78	372.98	367.40	360.28	326.00
33	407.90	418.20	399.09	389.57	386.62	377.71	372.06	364.85	330.13
34	413.35	423.78	404.42	394.77	391.79	382.75	377.02	369.72	334.54
35	416.08	426.58	407.08	397.37	394.37	385.27	379.51	372.16	336.75
36	418.80	429.37	409.75	399.97	396.95	387.80	381.99	374.59	338.95
37	421.52	432.16	412.41	402.57	399.53	390.32	384.48	377.03	341.16
38	424.25	434.95	415.08	405.18	402.11	392.84	386.96	379.47	343.36
39	429.70	440.54	420.41	410.38	407.28	397.88	391.93	384.34	347.77
40	435.14	446.13	425.74	415.58	412.44	402.93	396.90	389.21	352.18
41	443.32	454.50	433.73	423.39	420.19	410.50	404.35	396.52	358.79
42	451.15	462.53	441.40	430.87	427.61	417.75	411.50	403.53	365.13
43	462.04	473.70	452.06	441.27	437.94	427.84	421.44	413.27	373.95
44	475.66	487.67	465.38	454.28	450.85	440.45	433.86	425.45	384.97
45	491.66	504.07	481.04	469.56	466.01	455.27	448.45	439.77	397.92
46	510.73	523.62	499.69	487.77	484.09	472.92	465.85	456.82	413.36
47	532.18	545.61	520.68	508.26	504.42	492.78	485.41	476.01	430.72
48	556.70	570.75	544.67	531.67	527.65	515.48	507.77	497.94	450.56
49	580.87	595.53	568.32	554.76	550.57	537.87	529.82	519.56	470.12
50	608.11	623.46	594.97	580.77	576.39	563.09	554.67	543.92	492.17
51	635.01	651.04	621.29	606.46	601.88	588.00	579.20	567.98	513.94
52	664.63	681.41	650.27	634.75	629.96	615.43	606.22	594.48	537.91
53	694.60	712.13	679.58	663.37	658.36	643.17	633.55	621.28	562.16
54	726.94	745.29	711.23	694.26	689.02	673.13	663.05	650.21	588.34
55	759.29	778.45	742.88	725.16	719.68	703.08	692.56	679.14	614.52
56	794.36	814.41	777.19	758.65	752.92	735.55	724.55	710.51	642.91
57	829.77	850.71	811.84	792.47	786.48	768.34	756.84	742.18	671.57
58	867.56	889.46	848.81	828.56	822.30	803.34	791.32	775.99	702.15
59	886.29	908.66	867.14	846.45	840.05	820.68	808.40	792.74	717.31
60	924.08	947.41	904.11	882.54	875.87	855.67	842.87	826.54	747.90
61	956.77	980.92	936.09	913.76	906.86	885.94	872.68	855.78	774.35
62	978.22	1,002.91	957.08	934.25	927.19	905.80	892.25	874.97	791.71
63	1,005.12	1,030.49	983.40	959.94	952.68	930.71	916.78	899.03	813.48
64+	1,021.47	1,047.24	999.39	975.54	968.16	945.84	931.68	913.65	826.71

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of $3.49 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Ancillary

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2021, TO DECEMBER 31, 2021

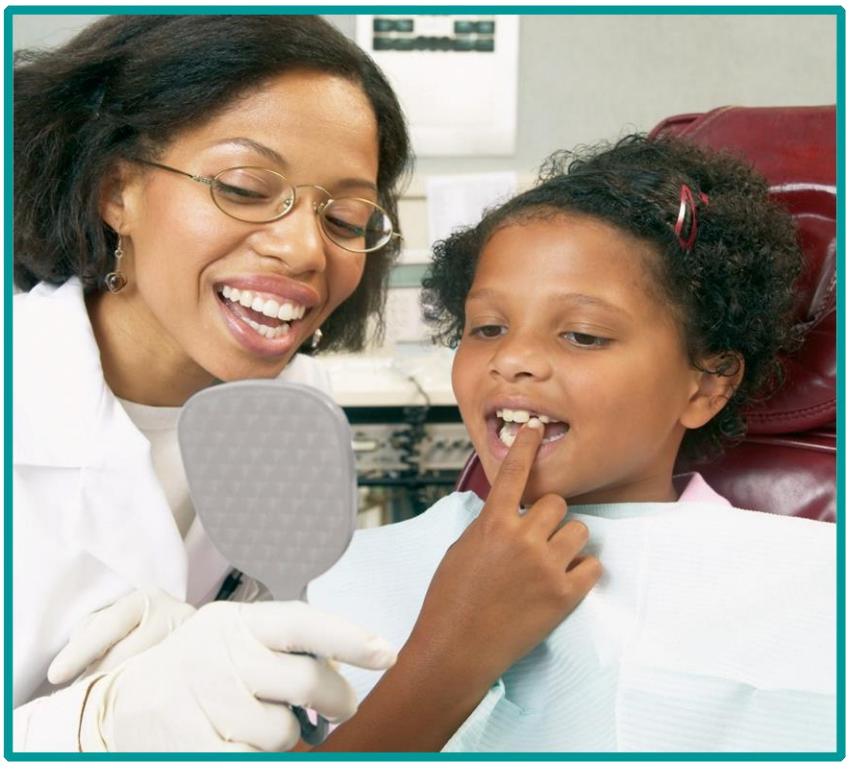
Dental Rates

New dental business, effective October 1, 2021, to December 31, 2021
(Renewing dental business, please contact Account Management for rates).

Dental - HMO

Plan code	Specialty referral	Minimum enrolled	Minimum Participation	Employee	Employee and spouse/ domestic partner	Employee and Child(ren)	Family
Employer-paid group plan Plus DHMO 150-S (Plan code TW)	✓	2	50%	$18.03	$34.27	$36.04	$51.38
Plus DHMO 225-S (Plan code TX)	✓	2	50%	$15.44	$29.34	$30.88	$44.01
Voluntary group plan Plus DHMO 150 (V)-S (Plan code U1)	✓	2	Less than 50%	$19.02	$36.12	$38.01	$54.19
Plus DHMO 225 (V)-S (Plan code U2)	✓	2	Less than 50%	$16.02	$30.44	$32.03	$45.67

Voluntary DPPO rates apply to groups with less than 50% participation and/or less than 50% contribution.



Dental Rates

New dental business, effective October 1, 2021, to December 31, 2021
(Renewing dental business, please contact Account Management for rates).

Employer-paid Dental - DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan code 14U –Classic 4 1500								
Employee	$55.49	$54.13	$56.02	$42.77	$55.08	$54.48	$59.29	$55.43
Employee and spouse/domestic partner	$110.97	$108.24	$112.06	$85.54	$110.16	$108.95	$118.59	$110.85
Employee and child(ren)	$122.25	$119.25	$123.44	$94.46	$121.37	$120.03	$130.54	$122.13
Family	$186.63	$182.06	$188.45	$144.12	$185.28	$183.25	$199.33	$186.45
Plan code TV – Classic 5 1500 with Ortho								
Employee	$53.42	$52.12	$54.32	$41.99	$53.41	$52.82	$56.61	$53.81
Employee and spouse/domestic partner	$106.85	$104.24	$108.64	$83.99	$106.80	$105.63	$113.23	$107.61
Employee and child(ren)	$123.76	$120.74	$125.33	$97.98	$123.33	$122.00	$130.02	$124.98
Family	$186.57	$182.01	$189.12	$147.44	$186.07	$184.03	$196.41	$188.27
Plan code TT – Essential 2 1000								
Employee	$33.07	$32.38	$33.92	$30.30	$34.06	$33.56	$32.54	$36.34
Employee and spouse/domestic partner	$66.15	$64.77	$67.85	$60.60	$68.11	$67.11	$65.07	$72.70
Employee and child(ren)	$73.25	$71.74	$75.12	$67.19	$75.41	$74.31	$72.08	$80.43
Family	$111.68	$109.37	$114.52	$102.42	$114.98	$113.31	$109.89	$122.65
Plan code 14S – Essential 5 1500 with Ortho								
Employee	$40.97	$39.97	$42.63	$35.63	$42.13	$41.67	$41.26	$43.36
Employee and spouse/domestic partner	$81.93	$79.95	$85.25	$71.24	$84.25	$83.34	$82.52	$86.73
Employee and child(ren)	$97.91	$95.54	$101.06	$84.64	$100.02	$98.93	$98.39	$103.28
Family	$146.45	$142.93	$151.47	$126.79	$149.86	$148.24	$147.27	$154.63
Plan code TU – Essential 6 1500								
Employee	$38.02	$37.11	$39.87	$33.31	$39.34	$38.91	$38.37	$40.37
Employee and spouse/domestic partner	$76.04	$74.22	$79.73	$66.60	$78.69	$77.84	$76.73	$80.75
Employee and child(ren)	$84.07	$82.07	$88.12	$73.77	$86.97	$86.05	$84.82	$89.22
Family	$128.23	$125.18	$134.42	$112.47	$132.66	$131.25	$129.37	$136.11

Employer paid rates require a minimum employer contribution of 50% of the employee premium and a minimum participation of 50% of the eligible employees. Area is determined by group's home-office ZIP code.

Dental Rates

New dental business, effective October 1, 2021, to December 31, 2021
(Renewing dental business, please contact Account Management for rates).

Voluntary Dental – DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan code 14V – Classic 4 1500								
Employee	$58.50	$57.06	$59.07	$45.06	$58.08	$57.43	$62.54	$58.44
Employee and spouse/domestic partner	$117.00	$114.13	$118.15	$90.12	$116.15	$114.87	$125.06	$116.89
Employee and child(ren)	$128.84	$125.68	$130.10	$99.46	$127.91	$126.52	$137.63	$128.72
Family	$196.72	$191.89	$198.64	$151.78	$195.30	$193.16	$210.16	$196.55
Plan Code U0 – Classic 5 1500 with Ortho								
Employee	$56.15	$54.77	$57.12	$44.11	$56.14	$55.52	$59.53	$56.55
Employee and spouse/domestic partner	$112.31	$109.55	$114.23	$88.21	$112.28	$111.05	$119.06	$113.11
Employee and child(ren)	$129.66	$126.49	$131.36	$102.56	$129.26	$127.84	$136.29	$130.93
Family	$195.62	$190.82	$198.38	$154.46	$195.15	$193.01	$206.05	$197.40
Plan code TY – Essential 2 1000								
Employee	$34.80	$34.09	$35.70	$31.87	$35.85	$35.32	$34.25	$38.27
Employee and spouse/domestic partner	$69.61	$68.16	$71.41	$63.75	$71.69	$70.64	$68.48	$76.53
Employee and child(ren)	$77.04	$75.46	$79.01	$70.64	$79.31	$78.17	$75.81	$84.63
Family	$117.47	$115.05	$120.50	$107.69	$120.97	$119.19	$115.60	$129.08
Plan code 14T– Essential 5 1500 with Ortho								
Employee	$42.98	$41.94	$44.75	$37.37	$44.21	$43.74	$43.30	$45.52
Employee and spouse/domestic partner	$85.95	$83.89	$89.49	$74.73	$88.43	$87.47	$86.59	$91.03
Employee and child(ren)	$102.31	$99.84	$105.71	$88.46	$104.60	$103.47	$102.85	$107.99
Family	$153.20	$149.50	$158.59	$132.65	$156.86	$155.17	$154.08	$161.83
Plan code TZ – Essential 6 1500								
Employee	$40.03	$39.07	$41.99	$35.05	$41.44	$40.98	$40.39	$42.52
Employee and spouse/domestic partner	$80.07	$78.13	$83.97	$70.09	$82.87	$81.98	$80.80	$85.04
Employee and child(ren)	$88.49	$86.37	$92.77	$77.60	$91.55	$90.57	$89.28	$93.93
Family	$134.98	$131.75	$141.52	$118.31	$139.67	$138.18	$136.20	$143.31

Voluntary DPPO rates apply to groups with less than 50% participation and/or less than 50% contribution.
Area is determined by group's home-office ZIP code.

Vision

Vision — Employer-paid

New and renewing vision business, effective October 1, 2021 to December 31, 2021
(Vision rates are for New and Renewing Business.)

Plan	Exam copay	Materials copay	Employee	Employee and spouse / domestic partner	Employee and child(ren)	Family
Elite 1010-1 (Plan code VL)	$10	$10	$9.21	$17.50	$18.42	$27.63
Supreme 010-2 (Plan code VR)	$0	$10	$8.41	$15.98	$16.82	$25.23
Preferred 1025-2 (Plan code VN)	$10	$25	$7.06	$13.41	$14.12	$21.18
Preferred 1025-3 (Plan code VP)	$10	$25	$6.71	$12.75	$13.42	$20.13
Preferred Value 10-3 (Plan code VT)	Not covered	$10	$4.98	$9.46	$9.96	$14.94
Plus 20-1 (Plan code VV)	$20	$50-$105	$2.33	$4.43	$4.66	$6.99
Exam only (Plan code VX)	$0	Not covered	$1.89	$3.59	$3.78	$5.67

Vision — Voluntary

New and renewing vision business, effective October 1, 2021 to December 31, 2021
(Vision rates are for New and Renewing Business.)

Plan	Exam copay	Materials copay	Employee	Employee and spouse / domestic partner	Employee and child(ren)	Family
Elite 1010-1 (Plan code VK)	$10	$10	$12.21	$23.20	$24.42	$36.63
Supreme 010-2 (Plan code VQ)	$0	$10	$11.41	$21.68	$22.82	$34.23
Preferred 1025-2 (Plan code VM)	$10	$25	$10.06	$19.11	$20.12	$30.18
Preferred 1025-3 (Plan code VO)	$10	$25	$9.71	$18.45	$19.42	$29.13
Preferred Value 10-3 (Plan code VS)	Not covered	$10	$7.98	$15.16	$15.96	$23.94
Plus 20-1 (Plan code VU)	$20	$50-$105	$5.33	$10.13	$10.66	$15.99
Exam only (Plan code VW)	$0	Not covered	$4.89	$9.29	$9.78	$14.67

Chiropractic and Life

Chiropractic

New and renewing business, effective October 1, 2021 to December 31, 2021

Paired Network	Paired medical plan	Chiro rate per member, per month
Full Network, WholeCare, Salud, and SmartCare HMO	Platinum $0	$3.00
	Platinum $10	$3.00
	Platinum $20	$3.00
	Platinum $30	$3.00
	Gold $30	$3.00
	Gold $35	$3.00
	Gold $40	$3.00
	Gold $50	$3.00
	Silver $50	$3.00
PureCare HSP	Health Net Platinum 90 HSP 0/15	$3.00
	Health Net Gold 80 HSP 350/25	$3.00
	Health Net Silver 70 HSP 2250/50	$3.00
	Health Net Bronze 60 HSP 6300/65	$3.00
CommunityCare	HMO Silver $1750/$50	$3.00
	Health Net Bronze 60 HMO 6300/65	$3.00

Note: Chiro is embedded in Full PPO and EnhancedCare PPO Platinum 250/15, Gold 0/30, Gold 500/20, Gold 1000/30, Gold 1500/0, Gold Value 750/15, Silver 2250/55, Silver Value 1700/50 and Silver HDHP 1400/40% plans at no additional charge.

Basic Life and Accidental Death& Dismemberment

New business, effective October 1, 2021 to December 31, 2021

Age	Life and Add rate
Under 30	$0.14
30-34	$0.15
35-39	$0.18
40-44	$0.24
45-49	$0.34
50-54	$0.54
55-59	$0.84
60-64	$1.68
65-69	$2.79
70-74	$4.57
75-79	$7.13
80-84	$10.36
85 and over	$21.38

Grandfathered Plan Rating Regions

Small business group non-HIPC grandfathered counties by region

HMO

REGION 101
Amador,* Butte,* Calaveras,* Colusa,
El Dorado, Glenn, Humboldt,
Lake, Mendocino,* Monterey,* Napa, Plumas,* Shasta,* Sierra,* Sutter,* Tehama,* Tuolumne,* Yuba*

REGION 102
El Dorado,** Marin, Mariposa,* Merced, Nevada, San Benito,* San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus

REGION 103
Alameda, Contra Costa, Kings, Madera, Placer, Sacramento, San Francisco, San Mateo, Santa Clara, Yolo

REGION 104
Santa Barbara, Ventura

REGION 105
Riverside, San Bernardino

REGION 106
Kern, Orange, San Luis Obispo*

REGION 107
Fresno, Imperial,* San Diego, Tulare

REGION 108
Los Angeles[1]

REGION 109
Los Angeles[2]

PPO

REGION 101
Amador,* Butte,* Calaveras,* Colusa,* Glenn,* Humboldt,* Lake,*Mendocino,* Monterey,* Napa, Plumas,* Shasta,* Sierra,* Sutter,* Tehama,* Tulare, Tuolumne,* Yuba*

REGION 102
Mariposa,* Merced, Nevada, San Benito,* San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus

REGION 103
Kings, Madera, San Francisco, San Mateo

REGION 104
Marin, Kern, Santa Barbara, Ventura

REGION 105
Los Angeles,[2] Riverside, San Bernardino

REGION 106
Orange, San Luis Obispo*

REGION 107
Imperial,* San Diego

REGION 108
Los Angeles[1]

REGION 109
Alameda, Contra Costa, El Dorado, Fresno, Placer, Sacramento, Santa Clara, Yolo

*Marketable for PPO business only.
**Includes El Dorado ZIP codes 95667, 95672, 95682, and 95762 only. These ZIP codes are excluded from Region 101.

For HMO:

[1]**Los Angeles region 108** consists of those Los Angeles ZIP codes not in region 109.

[2]**Los Angeles region 109** consists of Los Angeles ZIP codes beginning with 906–912, 915, 917, 918, and 935.

For PPO:

[1]**Los Angeles region 108** consists of those Los Angeles ZIP codes not in region 105.

[2]**Los Angeles region 105** consists of Los Angeles ZIP codes beginning with 906–912, 915, 917, 918, and 935.

Glossary

Coinsurance
Refers to the percentage of covered costs payable by member; i.e., if a member's coinsurance is 20%, Health Net pays 80% of the covered costs, and the member is responsible for the remaining 20% of the costs.

Deductible
This is the amount members must pay for services before the plan begins covering them. (This amount may not apply to routine and preventive care visits.)

HMO (health maintenance organization)
Plans that offer primary care physician guidance and referrals within our large statewide network.

OON (out-of-network)
A physician, provider group or hospital that is not a contracted participant of the Health Net provider network. Generally, if you go out-of-network, you will pay more.

PCP (primary care physician)
The physician a member designates as the primary doctor, following the requirements for an HMO plan. With an HMO plan, a member must see this physician first for all health matters and obtain referrals from the PCP.

PPO (preferred provider organization)
Plans that offer insureds access to visit any physician or hospital in our large statewide PPO network. When visiting in-network physicians, insureds receive in-network specific discounts and a lower coinsurance than for out-of-network providers.

Salud con Health Net plans
The Health Net Salud plans address the needs of the Latino population in California and offer access to health care on both sides of the California-Mexico border.

Available plans include:

- **HMO y Más** California members access a select network of doctors and physician groups in their local service area but also have the freedom to visit participating SIMNSA providers in Mexico, no referral required.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

HEALTH NET:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Individual & Family Plan (IFP) Members On Exchange/Covered California 1-888-926-4988 (TTY: 711)
Individual & Family Plan (IFP) Members Off Exchange 1-800-839-2172 (TTY: 711)
Individual & Family Plan (IFP) Applicants 1-877-609-8711 (TTY: 711)
Group Plans through Health Net 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance.

You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances
PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Members) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review.

Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at https://www.insurance.ca.gov/ 01-consumers/101-help/index.cfm.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

English
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711). For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

Arabic
الالزمة المساعدة على للحصول. بلغتك الوثائق لك نقرأ أن ويمكننا. فوري مترجم لك نوفر أن يمكننا. مجانية لغوية خدمات:
والعائلة األفراد لخطة الفرعي بالرقم االتصال أو بطاقتك على المبين الرقم عبر العمالء خدمة مركز مع التواصل يرجى:
الرقم عبر والعائلة األفراد لخطة الفرعي بالرقم االتصال يرجى ،كاليفورنيا في للتواصل (. TTY: 711)1-800-839-2172:
(. عبر المجموعة لخطط. TTY: 711)1-888-926-5133 الصغيرة المشروعات أو (TTY: 711)1-888-926-4988
Health Net ،يرجى االتصال بالرقم 1-800-522-0088 (TTY: 711)

Armenian
Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆորնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 հեռախոսահամարով (TTY՝ 711):

Chinese
免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言 寄給您。如需協助，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（聽障專線：711）。

Hindi
बिना शुल्क भाषा सेवाएं। आप एक दभा ु षिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा कें द्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कै लिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

Hmong
Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntawv rau koj ua koj hom lus hais. Txhawm rau pab, hu xovtooj rau Neeg Qhua Lub Chaw Tiv Toj ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Kev Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (TTY: 711).

Japanese
無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みす ることも可能です。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターま でお. 問い合わせいただくか、Individual & Family Plan (IFP) (個人・家族向けプラン) Off Exchange: 1-800-839-2172 (TTY: 711) までお電話ください。カリフォルニア州のマーケット プレイスについては、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business 1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、 1-800-522-0088 (TTY: 711) までお電話ください。

Khmer
សេវាភាសាដោយឥតគិ តថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទា ល់មាត់។ លោកអ្នកអាចស្តា ប់គេអានឯក សារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំ នួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌ លទំនាក់ទំនងអតិ ថិជនតាមលេខដែលមាននៅលើ ប័ណ្ណសម្គា ល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវធិ ី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និ ងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទី ផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវធិ ី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (TTY: 711)។

Korean
무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로 고객서비스 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

Navajo
Doo b33h 7l7n7g00 saad bee h1k1 ada’iiyeed. Ata’ halne’7g77 da [a’ n1 h1d7d0ot’88[. Naaltsoos da t’11 sh7 shizaad k’ehj7 shich9’ y7dooltah n7n7zingo t’11 n1 1k0dooln77[. !k0t’4ego sh7k1 a’doowo[n7n7zingo Customer Contact Center hooly4h7j8’ hod77lnih ninaaltsoos nanitingo bee n44ho’dolzin7g77 hodoonihj8’ bik11’ 47 doodago koj8’ h0lne’ Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace b1h7g77 koj8’ h0lne’ IFP On Exchange 1-888- 926-4988 (TTY: 711) 47 doodago Small Business b1h7g77 koj8’ h0lne’ 1-888-926-5133 (TTY: 711). Group Plans through Health Net b1h7g77 47 koj8’ h0lne’ 1-800-522-0088 (TTY: 711).

Persian (Farsi)
دریافت برای .شوند خوانده برایتان شما زبان به اسناد کنید درخواست توانید می .بگیرید شفاهی مترجم یک توانید می .هزینه بدون زبان خدمات تماس مرکز با ،کمک شماره به IFP) Exchange Off(خانوادگی و فردی طرح یا شناسایی کارت روی شماره به مشتریان شماره 1-888-926-4988: تماس بگیرید. برای بازار کالیفرنیا ، IFP On Exchange با 5133-926-888-1(711:TTY)تماس بگیرید(TTY:711(1-800-839-2172 کوچک کار و کسب یا(711:TTY)تماس بگیرید. طریق از گروهی های طرح برای . بگیرید تماس(711:TTY)با، Health Net TTY:711(1-800-522-0088)

Panjabi (Punjabi)
ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਔਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੌਲ ਬਿਜ਼ਨੇ ਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈ ੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੈਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian
Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

Spanish
Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

Tagalog
Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

Thai
ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟั งเป็นภาษาของคุณได้ หากต้องการความช่วย เหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจ✿ำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน ่ (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โหมด TTY: 711) ส✿ำหรับเขตแคลิฟอร์เนีย โทรหา ฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โหมด TTY: 711) หรือ ฝ ่ ายธุรกิจขนาดเล็ก ่ (Small Business) ที่ 1-888-926-5133 (โหมด TTY: 711) ส✿ำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โหมด TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017549EH00 (12/17)

For more information, please contact:

HEALTH NET
PO Box 9103
Van Nuys, CA 91409-9103

BROKER SERVICES
1-800-448-4411, option 4

SMALL BUSINESS GROUP SALES AND SERVICE ADMINISTRATION
1-800-447-8812 *(English)*
1-877-891-9050 *(Cantonese)*
1-877-339-8596 *(Korean)*
1-877-891-9053 *(Mandarin)*
1-800-331-1777 *(Spanish)*
1-877-891-9051 *(Tagalog)*
1-877-339-8621 *(Vietnamese)*

ASSISTANCE FOR THE HEARING AND SPEECH IMPAIRED
TTY: 711

Other options

COVERAGE FOR INDIVIDUALS AND FAMILIES
1-800-909-3447

COVERAGE FOR FAMILY MEMBERS OVER AGE 65
1-800-944-7287

COVERAGE FOR CHILDREN IN A LOW-INCOME HOUSEHOLD
1-800-327-0502

COVERAGE FOR BUSINESSES WITH 101+ EMPLOYEES
1-800-448-4411, option 2

www.healthnet.com/broker

www.healthnet.com/employer/reformguide

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