



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

SMALL BUSINESS GROUP

Renewal Guide

SMALL GROUP SOLUTIONS 2020



BROKER COMMUNICATIONS

*Coverage for
every stage of life™*



Satisfaction Starts Here

SMALL GROUP SOLUTIONS 2020

We've added new HMO and PPO solutions to meet the changing needs of your employees in 2020. Move your business forward by offering your employees affordable, flexible options. With the wide range of small business-focused solutions available, it's easy to find the plan that fits.



Choose from a wide range of cost and coverage options

Right-size plans to suit your employees and your balance sheet. HMO, HSP and PPO plans, each affiliated with a network of select, local care providers, offer favorable rates across the portfolio.



Match the plan and network of your choice

Pick your favorite plan design; then pair it with any of the networks we offer in your location!



Ensure around-the-clock access to care

Virtual doctor visits via Teladoc are available for all HMO and PPO plans in 2020. Plus, the Nurse Advice Line is another 24/7 resource for over-the-phone health advice and support for all plans.



Ask our at-your-service team

Our concierge-style customer care team is ready to help with whatever you and your employees need – with quick responses by phone or email.

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We look forward to helping you offer the **benefits** your employees **value** at a cost that's good for business.

Small Group Solutions 2020

ROBUST, FLEXIBLE, AFFORDABLE COVERAGE OPTIONS

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.

Pick Your Plan, Pick Your Network

Choose your favorite plan design and pair it with any of the networks we offer in your location as shown below. The plan design stays the same. **Simple.**



Renew by the 18th!

The last day to submit plan changes for accurate processing and billing for your renewal is the 18th of the month; that is two months prior to the renewal effective date.

Ex: Renew by October 18 for a December 1 effective date.

This will avoid:

- retroactive billing adjustments,
- another set of ID cards,
- claims re-adjudication.

HMO

Step 1: Pick your plan design.



PLATINUM \$10
PLATINUM \$20
PLATINUM \$30
GOLD \$30
GOLD \$35
GOLD \$40
GOLD \$50
SILVER \$50

Step 2: Pair your plan with any of the networks we offer in your location.



FULL NETWORK
WHOLECARE
SMARTCARE
SALUD HMO Y MÁS

There is a mix and match option for L.A. employers who prefer PPO.

PPO

Step 1: Pick your plan design.



PLATINUM 250/15
GOLD 0/30
GOLD 500/20
GOLD 1000/30
GOLD VALUE
SILVER 2250/55
SILVER VALUE
SILVER HDHP
BRONZE HDHP

Step 2: Pair your plan with the network that fits and is available in the group's location.



FULL PPO NETWORK
ENHANCEDCARE PPO
NETWORK

CommunityCare HMO

Small Group Solutions continues to offer CommunityCare HMOs to employers in Los Angeles, Orange and San Diego counties. Available from Health Net of California, Inc., these HMO designs – Silver and Bronze – come with the tailored CommunityCare HMO Network and feature low premiums.

Enhanced Choice Packages

Health Net invites you to be choosy!

With Enhanced Choice, you have the option to offer multiple plans to your employees. First, decide on the package you'd like: Enhanced Choice A or Enhanced Choice B. Then you can offer any number or combination of plans which are within that package and available in your location.

TWO PACKAGES THAT OFFER MULTIPLE PLANS

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
- EnhancedCare PPO
- Full Network PPO Bronze plans

Whether you go for Enhanced Choice A or Enhanced Choice B, the setup works the same!

ENHANCED CHOICE PARTICIPATION REQUIREMENTS

<p>Eligible employees + Employee participation minimum:</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 20px;"> <p>1-5 + 66%</p> <p>6-100 + 50%</p> </div> </div>	+	<p>Employer pays:</p> <p style="text-align: center;">Minimum of 50% of base plan monthly</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">or</p> <p style="text-align: center;">Minimum of \$100 per employee toward the employee-only rate</p>	=	<p>Employees get:</p> <p style="text-align: center;">Access to Health Net's</p> <div style="text-align: center; margin-top: 10px;"> <p style="margin: 0;">Enhanced Choice portfolio</p> </div>
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2020 Changes and Additions

Notice of Changes to Coverage Terms

Commercial Small Business Group plan contracts will contain updates as shown in the “Notice of Changes to Coverage Terms” document. For details on the benefit or coverage modifications, log in to www.healthnet.com/noc. For more information, please contact Health Net Account Management. Plan and network availability vary by county. See “Choices by Location” for plans by region.



Advanced Choice Pharmacy Network is our first tailored pharmacy network. It pairs with CommunityCare HMO, SmartCare HMO, Salud HMO y Más, and EnhancedCare PPO. This network includes CVS, Walmart, Costco, Safeway, Vons, and other pharmacies. Walgreens is excluded.

Network	Plan
HMO	<p>Tailored HMO plan designs can be paired with a choice of the WholeCare HMO, SmartCare HMO or Salud HMO y Más networks. These plan designs are also available with Full Network HMO!</p> <ul style="list-style-type: none"> Platinum \$10 Platinum \$20 Platinum \$30 Gold \$30 Gold \$35 Gold \$40 Gold \$50 Silver \$50
CommunityCare HMO	<ul style="list-style-type: none"> Silver \$50 CommunityCare Bronze 60 HMO 6300/65 + Child Dental
Full Network PPO	<ul style="list-style-type: none"> Platinum 90 PPO 0/15 + Child Dental Platinum 90 PPO 250/15 + Child Dental Alt Gold 80 PPO 0/30 + Child Dental Alt Gold 80 PPO 250/25 + Child Dental Gold 80 PPO 500/20 + Child Dental Alt Gold 80 PPO 1000/30 + Child Dental Alt Gold 80 Value PPO 750/15 + Child Dental Alt Silver 70 PPO 2250/50 + Child Dental Silver 70 PPO 2250/55 + Child Dental Alt Silver 70 HDHP PPO 1400/40% + Child Dental Alt Silver 70 Value PPO 1700/50 + Child Dental Alt Bronze 60 HDHP PPO 5600/20% + Child Dental Alt Bronze 60 PPO 6300/65 + Child Dental
EnhancedCare PPO	<ul style="list-style-type: none"> 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 PPO 1000/30 + Child Dental Alt EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt EnhancedCare Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
PureCare HSP	<ul style="list-style-type: none"> PureCare Platinum 90 HSP 0/15 + Child Dental PureCare Gold 80 HSP 250/25 + Child Dental PureCare Silver 70 HSP 2250/50 + Child Dental PureCare Bronze 60 HSP 6300/65 + Child Dental

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net PPO insurance plans are underwritten by Health Net Life Insurance Company.

2020 PPO Plan-to-Plan Crosswalk of Benefit Changes

Platinum 90 PPO 0/15 + Child Dental (Standard)

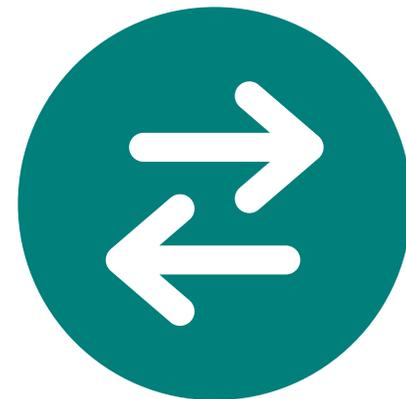
BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Out-of-pocket maximum increased from \$3,350 individual/\$6,700 family to \$4,500 individual/\$9,000 family.
- Mental health outpatient office visit increased from a \$0 copayment per visit to a \$15 copayment per visit.
- Mental health outpatient services other than office visit increased from a \$0 copayment to 10% coinsurance up to \$15.

Gold 80 PPO 0/30 + Child Dental (2019) to Gold 80 PPO 250/25 + Child Dental (2020) (Standard)

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- A new medical deductible has been added, \$250 individual/\$500 family. The deductible only applies to emergency room facility, emergency medical transportation, inpatient hospital stays, and other facility stays including nursing facility.
- Out-of-pocket maximum increased from \$7,200 individual/\$14,400 family to \$7,800 individual/\$15,600 family.
- Primary care visit decreased from a \$30 copayment per visit to \$25 copayment per visit.
- Specialty care visit decreased from a \$55 copayment per visit to a \$50 copayment per visit.
- X-rays and Diagnostic Imaging increased from a \$55 copayment to a \$65 copayment.
- Laboratory Services decreased from a \$35 copayment to a \$25 copayment.
- Hospital and Inpatient Services cost sharing changed from 20% coinsurance to 20% coinsurance after the deductible.
- Skilled Nursing Services cost sharing changed from 20% coinsurance to 20% coinsurance after the deductible.
- Emergency Room Facility cost sharing changed from a \$325 copayment to a \$250 copayment after the deductible.
- Urgent care visit decreased from a \$30 copayment per visit to \$25 copayment per visit.
- Mental health outpatient office visit increased from a \$0 copayment per visit to a \$25 copayment per visit.
- Mental health outpatient services other than office visit increased from a \$0 copayment to a 20% coinsurance up to \$25.



(continued)



Gold 80 PPO 0/30 + Child Dental (2019) to Gold 80 PPO 250/25 + Child Dental (2020) (Standard) (continued)

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

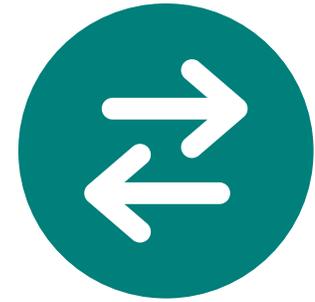
- Outpatient rehabilitation and habilitation services decreased from a \$30 copayment per visit to \$25 copayment per visit.
- Preferred Brand Drug (Tier 2) decreased from a \$55 copayment to a \$50 copayment.
- Non-Preferred Brand Drug (Tier 3) increased from a \$75 copayment to an \$80 copayment.

Silver 70 PPO 2000/45 + Child Dental (2019) to Silver 70 PPO 2250/50 + Child Dental (2020) (Standard)

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

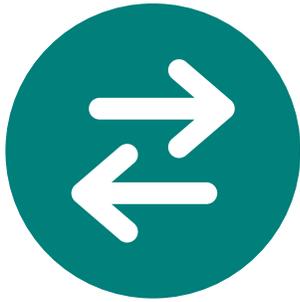
- Medical deductible increased from \$2,000 individual/\$4,000 family to \$2,250 individual/\$4,500 family. The deductible will also now apply to emergency room facility.
- Pharmacy deductible increased from \$200 individual/\$400 family to \$300 individual/\$600 family.
- Out-of-pocket maximum increased from \$7,550 individual/\$15,100 family to \$7,800 individual/\$15,600 family.
- Primary care visit increased from a \$45 copayment per visit to \$50 copayment per visit.
- Specialist visit increased from an \$80 copayment to an \$85 copayment per visit.
- Outpatient rehabilitation and habilitation services increased from a \$45 copayment per visit to a \$50 copayment per visit.
- X-rays and Diagnostic Imaging increased from a \$75 copayment to an \$85 copayment.
- Emergency Room Facility cost sharing changed from a \$350 copayment to a \$400 copayment after the deductible.
- Urgent care visit increased from a \$45 copayment per visit to \$50 copayment per visit.
- Mental health outpatient office visit increased from a \$0 copayment per visit to a \$50 copayment per visit.
- Mental health outpatient services other than office visit increased from a \$0 copayment to 20% coinsurance up to \$50.
- Generic Drug (Tier 1) increased from a \$15 copayment after pharmacy deductible to a \$17 copayment after pharmacy deductible.
- Preferred Brand Drug (Tier 2) increased from a \$55 copayment after pharmacy deductible to a \$65 copayment after pharmacy deductible.
- Non-Preferred Brand Drug (Tier 3) increased from an \$85 copayment after pharmacy deductible to a \$90 copayment after pharmacy deductible.

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Bronze 60 PPO 6300/75 + Child Dental (2019) to Bronze 60 PPO 6300/65 + Child Dental (2020) (Standard)



BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

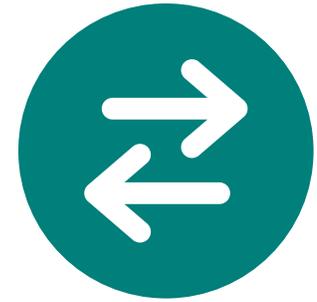
- Out-of-pocket maximum increased from \$7,550 individual/\$15,100 family to \$7,800 individual/\$15,600 family.
 - Primary care visit decreased from a \$75 copayment per visit to \$65 copayment per visit.
 - Specialty care visit decreased from a \$105 copayment per visit to a \$95 copayment per visit.
 - Outpatient rehabilitation and habilitation services decreased from a \$75 copayment per visit to a \$65 copayment per visit.
 - X-rays and Diagnostic Imaging decreased from 100% coinsurance (member responsibility) after deductible to 40% coinsurance after deductible.
 - Comprehensive Imaging (CT/PET/MRI) decreased from 100% coinsurance (member responsibility) after deductible to 40% coinsurance after deductible.
 - Outpatient Services decreased from 100% coinsurance (member responsibility) after deductible to 40% coinsurance after deductible. This includes outpatient surgery and other services received at an outpatient facility, but does not include outpatient office visits.
 - Hospital and Inpatient Services decreased from 100% coinsurance (member responsibility) after deductible to 40% coinsurance after deductible.
 - Skilled Nursing Services decreased from 100% coinsurance (member responsibility) after deductible to 40% coinsurance after deductible.
 - Emergency Room Facility decreased from 100% coinsurance (member responsibility) after deductible to 40% coinsurance after deductible.
 - Emergency medical transportation decreased from 100% coinsurance (member responsibility) after deductible to 40% coinsurance after deductible.
 - Urgent care visit decreased from a \$75 copayment per visit to \$65 copayment per visit.
 - Mental health outpatient office visit increased from a \$0 copayment per visit to a \$65 copayment per visit.
 - Mental health outpatient services other than office visit increased from a \$0 copayment to 40% coinsurance up to \$65 after deductible.
 - Generic Drug (Tier 1) cost sharing changed from 100% coinsurance (member responsibility) after pharmacy deductible to an \$18 copayment after pharmacy deductible
 - Preferred Brand Drug (Tier 2) decreased from 100% coinsurance (member responsibility) after pharmacy deductible to 40% coinsurance after pharmacy deductible.
 - Non-Preferred Brand Drug (Tier 3) decreased from 100% coinsurance (member responsibility) after pharmacy deductible to 40% coinsurance after pharmacy deductible.
 - Specialty Drug (Tier 4) decreased from 100% coinsurance (member responsibility) after pharmacy deductible to 40% coinsurance after pharmacy deductible.
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Gold 80 Value PPO 750/10 + Child Dental Alt (2019) to Gold 80 Value PPO 750/15 + Child Dental Alt (2020)

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Out-of-pocket maximum increased from \$7,150 individual/\$14,300 family to \$7,600 individual/\$15,200 family.
- Primary care visit increased from a \$10 copayment per visit to a \$15 copayment per visit.
- Outpatient rehabilitation and habilitation services increased from a \$10 copayment per visit to a \$15 copayment per visit.
- X-rays and Diagnostic Imaging increased from a \$20 copayment after deductible to \$25 copayment after deductible.
- Laboratory Services increased from a \$20 copayment after deductible to a \$25 copayment after deductible.
- Outpatient surgical and other professional services increased from 20% coinsurance after deductible to 30% coinsurance after deductible. This does not include outpatient office visits.
- Outpatient surgery facility at an ambulatory surgical center increased from 20% coinsurance after deductible to 30% coinsurance after deductible.
- Emergency room professional services changed from a \$0 copayment deductible waived to a \$0 copayment after deductible.
- Mental health outpatient office visit increased from a \$10 copayment per visit to a \$15 copayment per visit.
- Generic Drug (Tier 1) increased from a \$10 copayment to a \$15 copayment.
- Preferred Brand Drug (Tier 2) increased from a \$25 copayment after deductible to a \$40 copayment after deductible.
- Non-Preferred Brand Drug (Tier 3) increased from a \$50 copayment after deductible to a \$70 copayment after deductible.



Bronze 60 HDHP PPO 5600/15 + Child Dental Alt (2019) to Bronze 60 HDHP PPO 5600/20% + Child Dental Alt (2020)

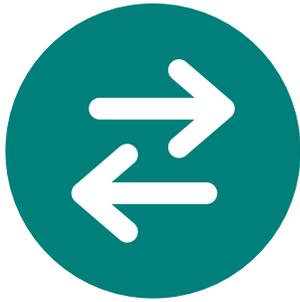
BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Out-of-pocket maximum increased from \$6,550 individual/\$13,100 family to \$6,850 individual/\$13,700 family.
- Primary care visit changed from a \$15 copayment per visit after deductible to 20% coinsurance after deductible.
- Specialty care visit changed from a \$30 copayment per visit after deductible to 20% coinsurance after deductible.
- Outpatient rehabilitation and habilitation services changed from a \$15 copayment per visit after deductible to 20% coinsurance after deductible.
- Outpatient surgical and other professional services increased from 10% coinsurance after deductible to 20% coinsurance after deductible.
- Outpatient surgery facility at an ambulatory surgical center increased from 10% coinsurance after deductible to 20% coinsurance after deductible.
- Urgent care visit changed from a \$30 copayment per visit after deductible to 20% coinsurance after deductible.
- Mental health outpatient office visit changed from a \$15 copayment per visit after deductible to 20% coinsurance after deductible.

Platinum 90 PPO 250/15 + Child Dental Alt

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Out-of-pocket maximum increased from \$3,600 individual/\$7,200 family to \$3,800 individual/\$7,600 family.
 - Emergency room professional services increased from a \$0 copayment to 10% coinsurance after deductible.
 - Generic Drug (Tier 1) increased from a \$5 copayment to a \$10 copayment.
 - Preferred Brand Drug (Tier 2) increased from a \$30 copayment to a \$35 copayment.
 - Non-Preferred Brand Drug (Tier 3) increased from a \$50 copayment to a \$60 copayment.
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Gold 80 PPO 1000/30 + Child Dental Alt

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- A new pharmacy deductible has been added, \$250 individual/\$500 family. The pharmacy deductible does not apply to Generic Drug (Tier 1). The pharmacy deductible does apply to Preferred Brand Drug (Tier 2), Non-Preferred Brand Drug (Tier 3), and Specialty Drugs (Tier 4).
- Out-of-pocket maximum increased from \$7,200 individual/\$14,400 family to \$7,400 individual/\$14,800 family.
- X-rays and Diagnostic Imaging increased from a \$35 copayment to a \$40 copayment.
- Emergency room professional services increased from a \$0 copayment to 30% coinsurance after deductible.
- Preferred Brand Drug (Tier 2) increased from a \$30 copayment to a \$40 copayment after pharmacy deductible.
- Non-Preferred Brand Drug (Tier 3) increased from a \$50 copayment to a \$70 copayment after pharmacy deductible.
- Specialty Drug (Tier 4) changed from 30% coinsurance to 30% coinsurance after pharmacy deductible.

Silver 70 PPO 2000/55 + Child Dental Alt (2019) to Silver 70 PPO 2250/55 + Child Dental Alt (2020)

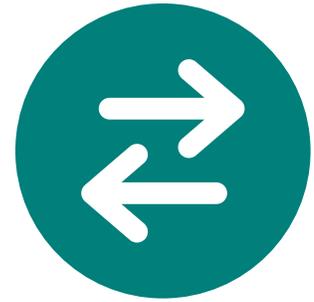
BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

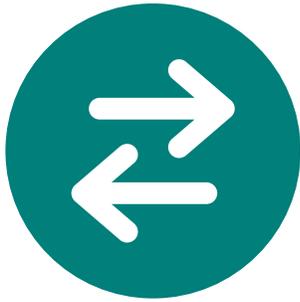
- Medical deductible increased from \$2,000 individual/\$4,000 family to \$2,250 individual/\$4,500 family.
 - Out-of-pocket maximum increased from \$7,350 individual/\$14,700 family to \$7,800 individual/\$15,600 family.
 - Specialty care visit increased from a \$75 copayment per visit to an \$80 copayment per visit.
 - X-rays and Diagnostic Imaging changed from a \$65 copayment deductible waived to a \$65 copayment after deductible.
 - Urgent care visit increased from a \$75 copayment per visit to \$80 copayment per visit.
 - Mental health outpatient services other than office visit increased from a \$0 copayment to a 40% coinsurance after deductible.
 - Generic Drug (Tier 1) increased from a \$15 copayment to a \$19 copayment.
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EnhancedCare PPO Gold Value (2019) to EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt (2020)

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Out-of-pocket maximum increased from \$7,150 individual/\$14,300 family to \$7,600 individual/\$15,200 family.
 - Primary care visit increased from a \$10 copayment per visit to a \$15 copayment per visit.
 - Outpatient rehabilitation and habilitation services increased from a \$10 copayment per visit to a \$15 copayment per visit.
 - X-rays and Diagnostic Imaging increased from a \$20 copayment after deductible to \$25 copayment after deductible.
 - Laboratory Services increased from a \$20 copayment after deductible to a \$25 copayment after deductible.
 - Outpatient surgical and other professional services increased from 20% coinsurance after deductible to 30% coinsurance after deductible. This does not include outpatient office visits.
 - Outpatient surgery facility at an ambulatory surgical center increased from 20% coinsurance after deductible to 30% coinsurance after deductible.
 - Emergency room professional services changed from a \$0 copayment deductible waived to a \$0 copayment after deductible.
 - Mental health outpatient office visit increased from a \$10 copayment per visit to a \$15 copayment per visit.
 - Generic Drug (Tier 1) increased from a \$10 copayment to a \$15 copayment.
 - Preferred Brand Drug (Tier 2) increased from a \$25 copayment after deductible to a \$40 copayment after deductible.
 - Non-Preferred Brand Drug (Tier 3) increased from a \$50 copayment after deductible to a \$70 copayment after deductible.
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EnhancedCare Bronze 60 HDHP PPO 5600/15 + Child Dental Alt (2019) to EnhancedCare Bronze 60 HDHP PPO 5600/20% + Child Dental Alt (2020)

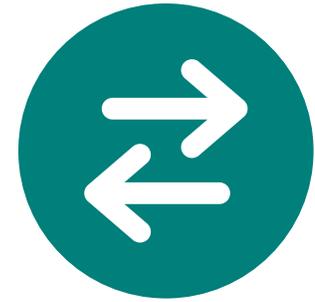
BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Out-of-pocket maximum increased from \$6,550 individual/\$13,100 family to \$6,850 individual/\$13,700 family.
- Primary care visit changed from a \$15 copayment per visit after deductible to 20% coinsurance after deductible.
- Specialty care visit changed from a \$30 copayment per visit after deductible to 20% coinsurance after deductible.
- Outpatient rehabilitation and habilitation services changed from a \$15 copayment per visit after deductible to 20% coinsurance after deductible.
- Outpatient surgical and other professional services increased from 10% coinsurance after deductible to 20% coinsurance after deductible.
- Outpatient surgery facility at an ambulatory surgical center increased from 10% coinsurance after deductible to 20% coinsurance after deductible.
- Urgent care visit changed from a \$30 copayment per visit after deductible to 20% coinsurance after deductible.
- Mental health outpatient office visit changed from a \$15 copayment per visit after deductible to 20% coinsurance after deductible.

EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Out-of-pocket maximum increased from \$3,600 individual/\$7,200 family to \$3,800 individual/\$7,600 family.
 - Emergency room professional services increased from a \$0 copayment to 10% coinsurance after deductible.
 - Generic Drug (Tier 1) increased from a \$5 copayment to a \$10 copayment.
 - Preferred Brand Drug (Tier 2) increased from a \$30 copayment to a \$35 copayment.
 - Non-Preferred Brand Drug (Tier 3) increased from a \$50 copayment to a \$60 copayment.
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EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- A new pharmacy deductible has been added, \$250 individual/\$500 family. The pharmacy deductible does not apply to Generic Drug (Tier 1). The pharmacy deductible does apply to Preferred Brand Drug (Tier 2), Non-Preferred Brand Drug (Tier 3), and Specialty Drugs (Tier 4).
- Out-of-pocket maximum increased from \$7,200 individual/\$14,400 family to \$7,400 individual/\$14,800 family.
- X-rays and Diagnostic Imaging increased from a \$35 copayment to a \$40 copayment.
- Emergency room professional services increased from a \$0 copayment to 30% coinsurance after deductible.
- Preferred Brand Drug (Tier 2) increased from a \$30 copayment to a \$40 copayment after pharmacy deductible.
- Non-Preferred Brand Drug (Tier 3) increased from a \$50 copayment to a \$70 copayment after pharmacy deductible.
- Specialty Drug (Tier 4) changed from 30% coinsurance to 30% coinsurance after pharmacy deductible.

EnhancedCare Silver 70 PPO 2000/55 + Child Dental Alt (2019) to EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt (2020)

BENEFIT CHANGES FOR SERVICES PROVIDED BY IN-NETWORK (PREFERRED) PROVIDERS

- Medical deductible increased from \$2,000 individual/\$4,000 family to \$2,250 individual/\$4,500 family.
- Out-of-pocket maximum increased from \$7,350 individual/\$14,700 family to \$7,800 individual/\$15,600 family.
- Specialty care visit increased from a \$75 copayment per visit to an \$80 copayment per visit.
- X-rays and Diagnostic Imaging changed from a \$65 copayment deductible waived to a \$65 copayment after deductible.
- Urgent care visit increased from a \$75 copayment per visit to \$80 copayment per visit.
- Mental health outpatient services other than office visit increased from a \$0 copayment to a 40% coinsurance after deductible.
- Generic Drug (Tier 1) increased from a \$15 copayment to a \$19 copayment.

Choices by Location

Region	 We offer...	 With this network	
1	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
	Nevada County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
2	Marin, Napa, Solano, and Sonoma counties	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
3	Sacramento, Placer, El Dorado, and Yolo counties	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
4	San Francisco County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
5	Contra Costa County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
6	Alameda County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO

(continued)

Region		 We offer...	 With this network
7	Santa Clara County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
8	San Mateo County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
9	Santa Cruz County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
	Monterey and San Benito counties	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
10	Mariposa County	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
	San Joaquin, Stanislaus, Merced, and Tulare counties	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
11	Fresno, Kings and Madera counties	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
12	Santa Barbara and Ventura counties	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
	San Luis Obispo County	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
13	Mono, Inyo and Imperial counties	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO

(continued)

Region	 We offer...	 With this network
14 Kern County	HMO Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network • WholeCare <ul style="list-style-type: none"> • Salud HMO y Más
	HSP Platinum, Gold, Silver, and Bronze	PureCare
	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
15 Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935	HMO Platinum, Gold, Silver Silver, Bronze	Your choice of: <ul style="list-style-type: none"> • Full Network • WholeCare <ul style="list-style-type: none"> • SmartCare • Salud HMO y Más
	HSP Platinum, Gold, Silver, and Bronze	CommunityCare
	HSP Platinum, Gold, Silver, and Bronze	PureCare
	PPO Platinum, Gold, Silver, and Bronze	Your choice of: <ul style="list-style-type: none"> • Full Network PPO • EnhancedCare PPO
16 Los Angeles County: ZIP codes not in Region 15	HMO Platinum, Gold, Silver Silver, Bronze	Your choice of: <ul style="list-style-type: none"> • Full Network • WholeCare <ul style="list-style-type: none"> • SmartCare • Salud HMO y Más
	HSP Platinum, Gold, Silver, and Bronze	CommunityCare
	HSP Platinum, Gold, Silver, and Bronze	PureCare
	PPO Platinum, Gold, Silver, and Bronze	Your choice of: <ul style="list-style-type: none"> • Full Network PPO • EnhancedCare PPO
17 San Bernardino and Riverside counties	HMO Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network • WholeCare <ul style="list-style-type: none"> • SmartCare • Salud HMO y Más
	HSP Platinum, Gold, Silver, and Bronze	CommunityCare
	PPO Platinum, Gold, Silver, and Bronze	PureCare
18 Orange County	HMO Platinum, Gold, Silver Silver, Bronze	Your choice of: <ul style="list-style-type: none"> • Full Network • WholeCare <ul style="list-style-type: none"> • SmartCare • Salud HMO y Más
	HSP Platinum, Gold, Silver, and Bronze	CommunityCare
	HSP Platinum, Gold, Silver, and Bronze	PureCare
	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
19 San Diego County	HMO Platinum, Gold, Silver Silver, Bronze	Your choice of: <ul style="list-style-type: none"> • Full Network • WholeCare <ul style="list-style-type: none"> • SmartCare • Salud HMO y Más
	HSP Platinum, Gold, Silver, and Bronze	CommunityCare
	HSP Platinum, Gold, Silver, and Bronze	PureCare
	PPO Platinum, Gold, Silver, and Bronze	Full Network PPO

Medical Portfolio At-a-Glance

Plan name 	Member(s) responsibility									
	DEDUCTIBLE (SINGLE / FAMILY)	OUT-OF- POCKET MAXIMUM (SINGLE / FAMILY)	OFFICE / SPECIALIST VISIT	LAB / X-RAYS	OUTPATIENT SURGERY (ASC / HOSPITAL)	INPATIENT HOSPITAL	EMERGENCY ROOM FACILITY	URGENT CARE	PHARMACY	
									RX DED. (SINGLE / FAMILY)	RX DRUG TIER 1 / 2 / 3 / 4
PLAN DESIGNS OFFERED ON FULL NETWORK HMO, WHOLECARE HMO, SMARTCARE HMO, AND SALUD HMO Y MÁS¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.										
Platinum \$10	\$0	\$2,500 / \$5,000	\$10 / \$30	\$10 / \$10	\$40 / \$100	\$250 per day (3-day max copay per admission)	\$100	\$30	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$20	\$0	\$3,000 / \$6,000	\$20 / \$40	\$10 / \$10	\$200 / \$500	\$350 per day (3-day max copay per admission)	\$150	\$40	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$30	\$0	\$2,250 / \$4,500	\$30 / \$50	\$20 / \$50	\$150 / \$150	\$500 per day (4-day max copay per admission)	\$250	\$30	\$0	\$5 / \$20 / \$30 / 30% ²
Gold \$30	\$0	\$6,000 / \$12,000	\$30 / \$50	\$40 / \$40	\$360 / \$900	\$750 per day (3-day max copay per admission)	\$300	\$50	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$35	\$0	\$6,000 / \$12,000	\$35 / \$55	\$40 / \$50	\$480 / \$1,200	\$750 per day (3-day max copay per admission)	\$300	\$55	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$40	\$0	\$6,500 / \$13,000	\$40 / \$60	\$40 / \$40	\$440 / \$1,100	\$750 per day (3-day max copay per admission)	\$300	\$60	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$50	\$0	\$7,000 / \$14,000	\$50 / \$70	\$40 / \$50	\$480 / \$1,200	\$750 per day (4-day max copay per admission)	\$300	\$70	\$200 / \$400	\$15 ⁴ / \$50 / \$70 / 40% ²
Silver \$50	\$0	\$7,800 / \$15,600	\$50 / \$70	\$40 / \$50	40% / 50%	50%	50%	\$70	\$500 / \$1,000	\$20 ³ / 50% ² / 50% ² 50% ²
PLAN DESIGNS OFFERED ON COMMUNITYCARE HMO¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.										
Silver \$50	\$1,750 / \$3,500	\$7,800 / \$15,600	\$50 ³ / \$70 ³	\$40 / \$50	30% / 40%	40%	40%	\$70 ³	\$250 / \$500	\$15 ³ / 40% ² / 40% ² / 40% ²
CommunityCare Bronze 60 HMO 6300/65 + Child Dental	\$6,300 / \$12,600	\$7,800 / \$15,600	\$65 ⁶ / \$95 ⁵	\$40 ³ / 40%	40% / 40%	40%	40%	\$65 ⁵	\$500 / \$1,000	\$18 / 40% ⁴ / 40% ⁴ / 40% ⁴

(continued)

Plan name 	Member(s) responsibility										
	DEDUCTIBLE (SINGLE / FAMILY)	OUT-OF- POCKET MAXIMUM (SINGLE / FAMILY)	COINSURANCE	OFFICE / SPECIALIST VISIT	LAB / X-RAYS	OUTPATIENT SURGERY (ASC / HOSPITAL)	INPATIENT HOSPITAL	EMERGENCY ROOM FACILITY	URGENT CARE	PHARMACY	
										RX DED. (SINGLE / FAMILY)	RX DRUG TIER 1 / 2 / 3 / 4
STANDARD PLAN DESIGNS OFFERED ONLY ON FULL PPO NETWORK¹ THROUGH HEALTH NET LIFE INSURANCE COMPANY											
Platinum 90 PPO 0/15 + Child Dental	\$0	\$4,500 / \$9,000	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0	\$5 / \$15 / \$25 / 10% ²
Gold 80 PPO 250/25 + Child Dental	\$250 / \$500	\$7,800 / \$15,600	20%	\$25 ³ / \$50 ³	\$25 ³ / \$65 ³	20% ³ / 20% ³	20%	\$250	\$25 ³	\$0	\$15 / \$50 / \$80 / 20% ²
Silver 70 PPO 2250/50 + Child Dental	\$2,250 / \$4,500	\$7,800 / \$15,600	20%	\$50 ³ / \$85 ³	\$40 ³ / \$85 ³	20% ³ / 20% ³	20%	\$400	\$50 ³	\$300 / \$600	\$17 / \$65 / \$90 / 20% ²
Bronze 60 PPO 6300/65 + Child Dental	\$6,300 / \$12,600	\$7,800 / \$15,600	40%	\$65 ⁵ / \$95 ⁵	\$40 ³ / 40%	40% / 40%	40%	40%	\$65 ⁵	\$500 / \$1,000	\$18 / 40% ⁴ / 40% ⁴ / 40% ⁴
ALTERNATE PLAN DESIGNS OFFERED ON FULL PPO AND ENHANCEDCARE PPO NETWORKS¹ THROUGH HEALTH NET LIFE INSURANCE COMPANY											
Platinum 90 PPO 250/15 + Child Dental Alt	\$250 / \$500	\$3,800 / \$7,600	10%	\$15 ³ / \$30 ³	\$30 ³ / \$30 ³	10% / 10%	10%	10%	\$30 ³	\$0	\$10 / \$35 / \$60 / 10% ²
Gold 80 PPO 0/30 + Child Dental Alt	\$0	\$7,400 / \$14,800	30%	\$30 / \$50	\$30 / \$40	30% / 30%	30%	30%	\$50	\$0	\$15 / \$40 / \$70 / 30% ²
Gold 80 PPO 500/20 + Child Dental Alt	\$500 / \$1,000	\$7,400 / \$14,800	30%	\$20 ³ / \$40 ³	\$30 ³ / \$40 ³	30% / 30%	30%	30%	\$40 ³	\$250 / \$500	\$15 ³ / \$40 / \$70 / 30% ²
Gold 80 PPO 1000/30 + Child Dental Alt	\$1,000 / \$2,000	\$7,400 / \$14,800	30%	\$30 ³ / \$50 ³	\$30 ³ / \$40 ³	30% / 30%	30%	30%	\$50 ³	\$250 / \$500	\$15 ³ / \$40 / \$70 / 30% ²
Gold 80 Value PPO 750/15 + Child Dental Alt	\$750 / \$1,500	\$7,600 / \$15,200	30%	\$15 ³ / \$30	\$25 / \$25	30% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx ded.	\$15 ³ / \$40 / \$70 / 30% ²
Silver 70 PPO 2250/55 + Child Dental Alt	\$2,250 / \$4,500	\$7,800 / \$15,600	40%	\$55 ³ / \$80 ³	\$40 ³ / \$65	40% / 40%	40%	40%	\$80 ³	\$300 / \$600	\$19 ³ / \$65 / \$85 / 40% ²
Silver 70 Value PPO 1700/50 + Child Dental Alt	\$1,700 / \$3,400	\$7,800 / \$15,600	40%	\$50 ³ / \$75	\$40 / \$50	40% / 40%	40%	40%	\$75	\$1,700 / \$3,400 Integrated med / Rx ded.	\$19 ³ / \$65 / 40% ² / 40% ²
Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400 / \$2,800	\$6,850 / \$13,700	40%	40% / 40%	40% / 40%	40% / 40%	40%	40%	40%	\$1,400 / \$2,800 Integrated med / Rx ded .	\$19 / \$65 / \$85 / 40% ²
Bronze 60 HDHP PPO 5600/20% + Child Dental Alt	\$5,600 / \$11,200	\$6,850 / \$13,700	20%	20% / 20%	20% / 20%	20% / 20%	20%	20%	20%	\$5,600 / \$11,200 Integrated med / Rx ded.	\$5 / \$15 / \$40 / 20% ⁴

(continued)

Plan name 	Member(s) responsibility										
	DEDUCTIBLE (SINGLE / FAMILY)	OUT-OF- POCKET MAXIMUM (SINGLE / FAMILY)	COINSURANCE	OFFICE / SPECIALIST VISIT	LAB / X-RAYS	OUTPATIENT SURGERY (ASC / HOSPITAL)	INPATIENT HOSPITAL	EMERGENCY ROOM FACILITY	URGENT CARE	PHARMACY	
										RX DED. (SINGLE / FAMILY)	RX DRUG TIER 1 / 2 / 3 / 4
PLAN DESIGNS OFFERED ON PURECARE HSP¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.											
PureCare Platinum 90 HSP 0/15 + Child Dental	\$0	\$4,500 / \$9,000	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0	\$5 / \$15 / \$25 / 10% ²
PureCare Gold 80 HSP 250/25 + Child Dental	\$250 / \$500	\$7,800 / \$15,600	20%	\$25 ³ / \$50 ³	\$25 ³ / \$65 ³	20% ³ / 20% ³	20%	\$250	\$25 ³	\$0	\$15 / \$50 / \$80 / 20% ²
PureCare Silver 70 HSP 2250/50 + Child Dental	\$2,250 / \$4,500	\$7,800 / \$15,600	20%	\$50 ³ / \$85 ³	\$40 ³ / \$85 ³	20% ³ / 20% ³	20%	\$400	\$50 ³	\$300 / \$600	\$17 / \$65 / \$90 / 20% ²
PureCare Bronze 60 HSP 6300/65 + Child Dental	\$6,300 / \$12,600	\$7,800 / \$15,600	40%	\$65 ⁵ / \$95 ⁵	\$40 ³ / 40%	40% / 40%	40%	40%	\$65 ⁵	\$500 / \$1,000	\$18 / 40% ⁴ / 40% ⁴ / 40% ⁴

Infertility benefits are available on all plans at an additional cost.

¹**Counties available:** Full PPO – Available in all counties.

EnhancedCare PPO: Los Angeles County.

Full HMO, WholeCare HMO, PureCare HSP: All or parts of Alameda, Contra Costa, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo counties.

SmartCare HMO: All or parts of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Santa Cruz counties.

Salud HMO y Más: All or parts of Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties.

CommunityCare HMO: Los Angeles, Orange and San Diego counties.

²Maximum copayment after deductible (if any) of \$250 for an individual prescription of up to a 30-day supply.

³Deductible waived.

⁴Maximum copayment after deductible (if any) of \$500 for an individual prescription of up to a 30-day supply.

⁵**Visits 1-3:** The calendar year deductible is waived (combined between office visits, urgent care, prenatal and postnatal visits, and outpatient mental health/substance abuse).

Visits 4-unlimited: The calendar year deductible applies.

Underwriting Guideline Summary



Effective on the first day of your renewal month, choose either **Enhanced Choice A** or **Enhanced Choice B** to offer your employees as many plans as you would like— from one plan to all plans within the selected package.

Enhanced Choice program

REQUIREMENTS AND GUIDELINES:

- Enhanced Choice A package: 1–5 eligible employees, minimum 66% participation; 6–100 eligible employees, minimum 50% participation.
- Enhanced Choice B package: 1–5 eligible employees, minimum 66% participation; 6–100 eligible employees, minimum 50% participation.
- Can be written as sole carrier or alongside another carrier.
- Minimum employer contribution of 50% of the lowest cost plan or \$100 per employee toward the employee-only rate.
- Composite rates are not available.
- If selected, the chiropractic rider will be applied to all HMO and HSP plans within the package.

Group number assignments

Certain plan changes will result in a new group number assignment.

Medicare secondary payer data collection

Please see the Employer Group Size Verification Form to record any changes to your TIN and to update your worldwide employee counts. This request is the result of a new federal reporting requirement for health plans to provide CMS (Centers for Medicare & Medicaid Services) with certain information that will enable CMS to more effectively pay for the health insurance benefits of Medicare beneficiaries who also have coverage under group health plan arrangements.

We appreciate your assistance and timely response to our data request so that we may comply with this mandate.

ENHANCED CHOICE PARTICIPATION REQUIREMENTS



Understanding Rates

Our goal is to minimize rate adjustments, so you can continue to provide health care benefits to your employees.

Rates take into account many variables, such as new technologies and rising health care costs. Small Group premiums have been affected by the following changes related to the Affordable Care Act for ACA-compliant health plans:

- Age – limited to a 1:3 ratio. Example: The rate for a 64-year-old can't be more than three times (300%) the rate for a 21-year-old.
- Each family member is rated individually based on his/her age. For the purpose of rating, the member's age is determined at the time a policy is issued or renewed.
- Only the first three children under age 21 are charged.

- Rates based on the geographic rating region of the employer.
- Regional rating areas are now grouped together for rating based upon the regions chosen by the state of California.
- Health status has been removed as a rating factor.
- Your premium is priced as part of one Health Net rating pool.
- Your pricing is adjusted to reflect the average risk in the state of California.

In the event additional federal or state legislative guidance or regulatory requirements emerge that result in a modification of the estimated impact of the benefit mandates, taxes or fees, Health Net reserves the right to further adjust its premium schedule.

We must raise rates to provide access to quality care. We know that higher health costs have an impact on your business.

You may be able to offset a renewal rate increase or even save over current rates by switching to a different plan or plans. For example, a plan with a deductible or a higher office visit copayment could lower rates.

You can use our 2020 benefit overviews to evaluate your options. Refer to pages 19-21 in this guide.

In addition, your premium reflects the following new taxes and fees:

2.35%
in 2020

Health Insurer Fee

\$0.40

participant/month

charge to cover two other federal fees.

5.2%
CA Exchange Fee

applies only on our PPO business. This fee is a percentage of the premium and funds Covered California for Small Business (formerly called the Small Business Health Options Program, or SHOP). When spread across all of Health Net's Small Group products, both Covered California and Off-Exchange plans, the total rate impact due to the fee is 0.4% per plan.

Ancillary Programs

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



Plans That Make You Smile

Does your plan include optional dental and vision coverage for your family? With Health Net, you can choose from a full line of affordable dental and vision coverage products and have a single point of contact for all your health care needs.

Rates for these products, for new sales only, follow this section. For renewal rates, more information or to purchase any of these products, please contact your Health Net account manager.

Health Net Dental HMO and PPO plans may be purchased separately or as a dual choice when sold in conjunction with Health Net of California, Inc. or Health Net Life Insurance Company medical coverage products. Pediatric dental coverage (ages newborn through 18) is automatically included on all of our plans purchased directly through Health Net.

Some of the key advantages of these products are listed here.

Dental HMO key plan benefits

- An extensive network of Dental HMO (DHMO) providers.
- Many dental procedures are covered at listed copayments.
- In addition to the procedures already covered in the plan, additional cleanings and adult fluoride are covered.
- Material upgrades, such as porcelain and semiprecious or precious metal molar crowns, are included as a covered benefit.
- General anesthesia and cosmetic and elective dentistry are covered. These procedures are typically not covered under most other carriers' dental plans.
- DHMO plans may be purchased separately or as a dual choice with Dental PPO plans.
- Implant coverage for children and adults (subject to copayments).

Dental PPO key plan benefits

Health Net makes available a range of affordable, flexible Dental PPO plans (DPPO). From Classic 5 1500 to the feature-packed Essential plans, Health Net DPPO plans will make you smile.

These plans include the following features:

- Large statewide and national network of Dental PPO providers.
- Periodontics, endodontics and oral surgery are covered in general services.
- Classic plans reimburse out-of-network benefits at Usual, Customary and Reasonable (UCR)¹ amounts.
- Essential plans reimburse out-of-network benefits on a limited fee schedule.

Footnotes found at the end of this section.

- No waiting periods.
- May be purchased separately or as a dual choice with Dental HMO.
- All of our DPPO plans offer pregnant women additional cleanings and periodontal maintenance when medically necessary (not subject to the deductible and does not apply to the calendar year maximum).
- Employees and dependents receive the full amount of the orthodontia lifetime maximum, even if they have begun treatment under another carrier’s dental PPO plan (applies only to DPPO Classic 5 1500 and Essential 5 1550 plans with orthodontia coverage).

Underwriting highlights

- Dual option available – Group may select two DPPO plans, two DHMO plans or one DHMO and one DPPO plan. (Please see “Small Business Group Dental and Vision adult buy-up guidelines” on page 40 to determine if the group qualifies for dual option.)
- Voluntary DPPO plans without orthodontia are available to groups with a minimum of two enrolled employees.
- Voluntary DPPO plans with orthodontia are available to groups of 10 or more enrolled employees.



	DPPO Classic 4 1500		DPPO Classic 5 1500	
	IN-NETWORK	OUT-OF-NETWORK ²	IN-NETWORK	OUT-OF-NETWORK ²
Calendar year maximum	\$1,500		\$1,500	
Calendar year deductible	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% deductible waived		100% deductible waived	80% deductible waived
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible		80% after deductible	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible	
Orthodontia³ (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum	

Health Net Dental plans may be purchased on a standalone basis or in conjunction with a Health Net medical plan.

This is only a summary of benefits. Please refer to the *Certificate of Insurance* for terms and conditions of coverage, including which services are limited or excluded from coverage.

Footnotes found at the end of this section.

	DPPO Essential 2 1000		DPPO Essential 5 1500		DPPO Essential 6 1500	
	IN-NETWORK	OUT-OF-NETWORK ⁴	IN-NETWORK	OUT-OF-NETWORK ⁴	IN-NETWORK	OUT-OF-NETWORK ⁴
Calendar year maximum	\$1,000		\$1,500		\$1,500	
Calendar year deductible	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% deductible waived		100% deductible waived		100% deductible waived	
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible		80% after deductible		80% after deductible	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible		50% after deductible	
Orthodontia³ (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum		Not covered	

Limitations	
Initial / routine oral exam	2 per consecutive 12 months
Teeth cleaning	2 per consecutive 12 months (additional services available for pregnant members)
Fluoride treatment	2 per consecutive 12 months, children under 16 years only
Sealants	1 per 36 months, children under 16 years on permanent molars only
Emergency treatment	For relief of pain only

Dental plan	Plan pays		Member pays			
	ORTHODONTIA	ANNUAL PLAN MAXIMUM	ANNUAL DEDUCTIBLE	CLEANINGS	EXAMS	X-RAYS
DHMO Plus 150	100% over \$1,695	N/A	N/A	\$0	\$0	\$0
DHMO Plus 225	100% over \$1,695	N/A	N/A	\$0	\$0	\$0

Health Net Dental plans may be purchased on a standalone basis or in conjunction with a Health Net medical plan.

This is only a summary of benefits. Please refer to the *Certificate of Insurance* for terms and conditions of coverage, including which services are limited or excluded from coverage.

Footnotes found at the end of this section.

Vision Plans with a Clear Advantage



We've added four new vision plans for 2020. With a range of copay and frame/lens allowance options to choose from, your employees can find a vision plan that matches their lifestyles and budgets.

Pediatric vision coverage (ages newborn through 18) is automatically included on all medical plans. We also offer adult Health Net Vision PPO insurance plans (ages 19 and older), which provide the convenience of a large national network, our hassle-free implementation, administrative processing, and:

- A diverse network of independent and retail providers, including LensCrafters.
- Low copayments.
- Employees and dependents can see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- Discounts of 5–15% on LASIK and PRK from U.S. Laser Network.⁵



Find providers by calling Health Net Vision Member Services' toll-free number at **1-866-392-6058**. Or visit us online at **www.healthnet.com**.

Vision Plans

Vision Plans

	Elite 1010-1		Supreme 010-2		Preferred 1025-2	
	MEMBER COST	OON ALLOWANCE	MEMBER COST	OON ALLOWANCE	MEMBER COST	OON ALLOWANCE
Exam with dilation as necessary	\$10 copay	Up to \$40	\$0 copay	Up to \$40	\$10 copay	Up to \$40
Standard plastic lenses						
Single vision	\$10 copay	Up to \$40	\$10 copay	Up to \$40	\$25 copay	Up to \$40
Lined bifocal	\$10 copay	Up to \$60	\$10 copay	Up to \$60	\$25 copay	Up to \$60
Lined trifocal	\$10 copay	Up to \$80	\$10 copay	Up to \$80	\$25 copay	Up to \$80
Lenticular lenses	\$10 copay	Up to \$80	\$10 copay	Up to \$80	\$25 copay	Up to \$80
Standard progressive lenses	\$75 copay	Up to \$60	\$75 copay	Up to \$60	\$90 copay	Up to \$60
Premium progressive lenses	\$75, then 80% of total charges less \$120 allowance	Up to \$60	\$75, then 80% of total charges less \$120 allowance	Up to \$60	\$90, then 80% of total charges less \$120 allowance	Up to \$60
Frames Any frame available at a provider location	\$0 copay, \$150 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	\$0 copay, \$120 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45
Lens options						
UV coating	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Tint (solid and gradient)	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Standard scratch-resistant	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Standard polycarbonate	\$40 copay	No discount	\$40 copay	No discount	\$40 copay	No discount
Standard anti-reflective	\$45 copay	No discount	\$45 copay	No discount	\$45 copay	No discount
Other add-ons and services	20% discount	No discount	20% discount	No discount	20% discount	No discount
Contact lenses (in lieu of eyeglass lenses)	\$120 allowance	No discount	\$105 allowance	No discount	\$90 allowance	No discount
Conventional	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	\$0 copay, plus 15% discount off balance over allowance	Up to \$105
Disposables	\$0 copay, plus balance over allowance	Up to \$105	\$0 copay, plus balance over allowance	Up to \$105	\$0 copay, plus balance over allowance	Up to \$105
Medically necessary	Paid in full	Up to \$210	Paid in full	Up to \$210	Paid in full	Up to \$210
Laser vision correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount
Frequency						
Exam	Once every 12 months		Once every 12 months		Once every 12 months	
Lenses or contact lenses	Once every 12 months		Once every 12 months		Once every 12 months	
Frame	Once every 12 months		Once every 24 months		Once every 24 months	

(continued)

Employees and dependents will receive a 20 percent discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services or to contact lenses. Retail prices vary by location. Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time-use benefits; no remaining balance. Lost or broken materials are not covered. **This is only a summary of benefits. Please refer to the Certificate of Insurance or Evidence of Coverage for terms and conditions of coverage, including which services are limited or excluded from coverage.**

	Preferred 1025-3		Preferred Value 10-3		Plus 20-1	
	MEMBER COST	OON ALLOWANCE	MEMBER COST	OON ALLOWANCE	MEMBER COST	OON ALLOWANCE
Exam with dilation as necessary	\$10 copay	Up to \$40	Not covered	Not covered	\$20 copay	Up to \$40
Standard plastic lenses						
Single vision	\$25 copay	Up to \$40	\$10 copay	Up to \$40	\$50 copay	No discount
Lined bifocal	\$25 copay	Up to \$60	\$10 copay	Up to \$60	\$70 copay	No discount
Lined trifocal	\$25 copay	Up to \$80	\$10 copay	Up to \$80	\$105 copay	No discount
Lenticular lenses	\$25 copay	Up to \$80	\$10 copay	Up to \$80	Not covered	Not covered
Standard progressive lenses	\$90 copay	Up to \$60	\$75 copay	Up to \$60	\$135 copay	No discount
Premium progressive lenses	\$90, then 80% of total charges less \$120 allowance	Up to \$60	\$75, then 80% of total charges less \$120 allowance	Up to \$60	Not covered	Not covered
Frames						
Any frame available at a provider location	\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	35% discount off retail price	No discount
Lens options						
UV coating	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Tint (solid and gradient)	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Standard scratch-resistant	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Standard polycarbonate	\$40 copay	No discount	\$40 copay	No discount	\$40 copay	No discount
Standard anti-reflective	\$45 copay	No discount	\$45 copay	No discount	\$45 copay	No discount
Other add-ons and services	20% discount	No discount	20% discount	No discount	20% discount	No discount
Contact lenses (in lieu of eyeglass lenses)	\$90 allowance	No discount	\$90 allowance	No discount	Not covered	Not covered
Conventional	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	Not covered	Not covered
Disposables	\$0 copay, plus balance over allowance	Up to \$105	\$0 copay, plus balance over allowance	Up to \$105	Not covered	Not covered
Medically necessary	Paid in full	Up to \$210	Paid in full	Up to \$210	Not covered	Not covered
Laser vision correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount
Frequency						
Exam	Once every 12 months		Not covered		Once every 12 months	
Lenses or contact lenses	Once every 24 months		Once every 24 months		Unlimited	
Frame	Once every 24 months		Once every 24 months		Unlimited	

(continued)

Employees and dependents will receive a 20 percent discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services or to contact lenses. Retail prices vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time-use benefits; no remaining balance. Lost or broken materials are not covered.

This is only a summary of benefits. Please refer to the Certificate of Insurance or Evidence of Coverage for terms and conditions of coverage, including which services are limited or excluded from coverage.



Chiropractic Care

Care That Won't Put You in a Pinch

\$10
office visit
copayment

\$50
annual appliance
allowance

toward the purchase of medically necessary items such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts, and home traction units.



Medically necessary laboratory tests.

You may choose to add chiropractic care to your HSP or HMO medical plans. We work with American Specialty Health Plans of California, Inc.⁶ (ASH Plans) to offer this additional coverage that more employees are seeking. Acupuncture care is a covered benefit on all medical plans.

Services or supplies excluded under the chiropractic care program may be covered under the medical benefits portion of the plan. Consult the plan's *Evidence of Coverage* for more information.

Our PPO, EnhancedCare PPO and HDHP plans include chiropractic coverage

Chiropractic benefits are included with several of our PPO and EnhancedCare PPO plans. There's no need to buy separate coverage!

- Platinum 250/15, Gold 0/30, Gold 500/20, Gold 1000/30, Silver 2250/55, and Value plans: \$25 copayment per visit, 12 visits per year, no deductible
- HDHP plans: \$25 copayment per visit, unlimited visits, deductible applies

You can pair one of these PPOs with any of our HMO or HSP plan designs whether or not you want to buy chiropractic coverage.

Plan for the Unexpected



For many small businesses, an attractive employee benefits package includes Group Term Life and Accidental Death & Dismemberment (AD&D) insurance offering desirable benefit levels. This allows a small business employer to:

- Increase the attractiveness of the company's benefit package to employees.
- Offer employees life insurance benefits at economical rates.

One way you can enhance your benefits package and minimize administrative costs is to consolidate health and life insurance carriers. Carrier consolidation eliminates unnecessary administrative costs related to managing an employee benefits package.

Health Net Life Insurance Company underwrites Group Term Life Benefit Insurance and Accidental Death & Dismemberment Insurance.

Group Life plan features

- **Waiver of premium provision** –

A life benefit can be extended during a period of total disability under terms specified in the group

Certificate of Insurance.

- **Accelerated death benefit** –

Provides financial protection to the insured in time of need, while also protecting the interest of the beneficiary. The accelerated benefit is a portion of the basic life insurance amount and is payable in a lump sum.

- **Conversion privilege** –

A conversion privilege to whole life insurance is available to certain individuals whose coverage terminates due to reasons specified in the group policy.

Accidental Death & Dismemberment (AD&D)

These benefits are usually included as part of the group life insurance policy. Health Net Life Insurance Company does not offer Accidental Death & Dismemberment benefits on a standalone basis.

- Benefit is payable as a result of an accidental loss of life or any of the physical losses specified in the group policy.

- The maximum benefit amount is equal to the basic life amount shown in the policy.
- This maximum benefit amount is payable for loss of life. It can also be payable for the loss of sight in both eyes, loss of both hands or both feet, or any two or more of these physical losses in the same accident.
- One-half of the maximum benefit amount is payable for loss of one hand, loss of one foot or the loss of sight in one eye.

Group Term Life Insurance

LIFE OPTIONS



\$15,000 flat amount for all employees.



\$25,000 flat amount for all employees (15–100 employees).



\$50,000 flat amount for all employees (25–100 employees)

Life Insurance

Rate Guides

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



Dental rating regions by area

These are the rating regions by ZIP codes for the PPO plans.

Note: 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.

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 employer’s home-office ZIP code. Rates apply to new dental groups with effective dates of January 1, 2020, through March 15, 2020.

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%	\$17.02	\$32.34	\$34.02	\$48.49
Plus DHMO 225-S (Plan code TX)	✓	2	50%	\$14.57	\$27.69	\$29.15	\$41.53
Voluntary group plan Plus DHMO 150 (V)-S (Plan code U1)	✓	2	Less than 50%	\$17.95	\$34.09	\$35.87	\$51.15
Plus DHMO 225 (V)-S (Plan code U2)	✓	2	Less than 50%	\$15.12	\$28.73	\$30.23	\$43.10

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

Dental – PPO

Plan code	Plan name	No waiting period	Minimum enrolled	Minimum participation (employer paid)	Minimum participation (voluntary paid)	
EMPLOYER	VOLUNTARY					
14U	14V	Classic 4 1500	✓	2	50%	Less than 50%
TV	UO	Classic 5 1500 with Ortho	✓	2	50%	Less than 50%
TT	TY	Essential 2 1000	✓	2	50%	Less than 50%
14S	14T	Essential 5 1500 with Ortho	✓	2	50%	Less than 50%
TU	TZ	Essential 6 1500	✓	2	50%	Less than 50%

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

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	\$55.46	\$54.22	\$60.36	\$41.42	\$53.39	\$52.79	\$59.83	\$55.53
Employee and spouse/domestic partner	\$110.91	\$108.43	\$120.70	\$82.84	\$106.78	\$105.58	\$119.64	\$111.05
Employee and child(ren)	\$121.50	\$118.80	\$132.12	\$90.97	\$117.00	\$115.69	\$130.97	\$121.64
Family	\$185.75	\$181.64	\$202.04	\$139.01	\$178.87	\$176.88	\$200.27	\$185.98
Plan code TV – Classic 5 with Ortho								
Employee	\$52.27	\$51.10	\$56.75	\$39.56	\$50.74	\$50.18	\$56.09	\$52.42
Employee and spouse/domestic partner	\$104.53	\$102.21	\$113.48	\$79.11	\$101.49	\$100.36	\$112.17	\$104.85
Employee and child(ren)	\$122.75	\$120.02	\$131.95	\$93.17	\$118.86	\$117.54	\$130.79	\$122.70
Family	\$184.40	\$180.32	\$198.73	\$139.87	\$178.68	\$176.69	\$196.83	\$184.49
Plan code TT – Essential 2 1000								
Employee	\$32.97	\$32.37	\$34.25	\$28.17	\$33.30	\$33.84	\$33.08	\$34.74
Employee and spouse/domestic partner	\$65.95	\$64.75	\$68.50	\$56.36	\$66.61	\$67.67	\$66.15	\$69.48
Employee and child(ren)	\$72.64	\$71.32	\$75.41	\$62.20	\$73.35	\$74.50	\$72.85	\$76.47
Family	\$110.90	\$108.89	\$115.14	\$94.93	\$112.00	\$113.76	\$111.24	\$116.78
Plan code 14S – Essential 5 1500 with Ortho								
Employee	\$39.63	\$38.77	\$42.01	\$32.22	\$39.89	\$39.46	\$40.76	\$40.23
Employee and spouse/domestic partner	\$79.27	\$77.53	\$84.01	\$64.43	\$79.78	\$78.90	\$81.53	\$80.47
Employee and child(ren)	\$96.77	\$94.66	\$101.81	\$78.07	\$96.61	\$95.55	\$99.39	\$97.76
Family	\$144.02	\$140.88	\$151.79	\$116.39	\$144.06	\$142.48	\$147.97	\$145.66
Plan code TU – Essential 6 1500								
Employee	\$37.92	\$37.09	\$40.32	\$30.95	\$38.31	\$37.88	\$39.03	\$38.57
Employee and spouse/domestic partner	\$75.84	\$74.18	\$80.62	\$61.91	\$76.60	\$75.76	\$78.04	\$77.15
Employee and child(ren)	\$83.39	\$81.60	\$88.59	\$68.25	\$84.24	\$83.32	\$85.78	\$84.81
Family	\$127.37	\$124.62	\$135.34	\$104.17	\$128.66	\$127.26	\$131.04	\$129.55

The above rates are effective when the employer contributes 50% or more of the premium. Requires a minimum of 50% employee participation.

Area is determined by group's home-office ZIP code.

Details on dental rating areas found on page 36.

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	\$58.48	\$57.16	\$63.66	\$43.63	\$56.29	\$55.66	\$63.10	\$58.55
Employee and spouse/domestic partner	\$116.95	\$114.34	\$127.31	\$87.27	\$112.57	\$111.31	\$126.18	\$117.10
Employee and child(ren)	\$128.06	\$125.21	\$139.30	\$95.79	\$123.30	\$121.93	\$138.09	\$128.22
Family	\$195.82	\$191.46	\$213.03	\$146.38	\$188.53	\$186.42	\$211.17	\$196.06
Plan code U0 – Classic 5 1500 with Ortho								
Employee	\$55.01	\$53.78	\$59.73	\$41.59	\$53.41	\$52.80	\$59.04	\$55.17
Employee and spouse/domestic partner	\$110.01	\$107.56	\$119.47	\$83.18	\$106.81	\$105.61	\$118.08	\$110.34
Employee and child(ren)	\$128.62	\$125.76	\$138.36	\$97.56	\$124.57	\$123.18	\$137.11	\$128.59
Family	\$193.44	\$189.13	\$208.59	\$146.61	\$187.46	\$185.36	\$206.57	\$193.55
Plan code TY – Essential 2 1000								
Employee	\$34.71	\$34.06	\$36.06	\$29.63	\$35.05	\$35.61	\$34.81	\$36.57
Employee and spouse/domestic partner	\$69.41	\$68.13	\$72.11	\$59.27	\$70.11	\$71.23	\$69.63	\$73.13
Employee and child(ren)	\$76.39	\$75.02	\$79.33	\$65.38	\$77.17	\$78.37	\$76.64	\$80.45
Family	\$116.66	\$114.54	\$121.16	\$99.77	\$117.84	\$119.70	\$117.02	\$122.87
Plan code 14T – Essential 5 1500 with Ortho								
Employee	\$41.65	\$40.73	\$44.16	\$33.84	\$41.92	\$41.46	\$42.84	\$42.28
Employee and spouse/domestic partner	\$83.30	\$81.46	\$88.32	\$67.66	\$83.86	\$82.92	\$85.69	\$84.57
Employee and child(ren)	\$101.14	\$98.93	\$106.49	\$81.58	\$101.04	\$99.92	\$103.92	\$102.23
Family	\$150.73	\$147.43	\$158.95	\$121.78	\$150.85	\$149.18	\$154.90	\$152.50
Plan code TZ – Essential 6 1500								
Employee	\$39.93	\$39.05	\$42.47	\$32.57	\$40.34	\$39.90	\$41.10	\$40.63
Employee and spouse/domestic partner	\$79.87	\$78.12	\$84.92	\$65.13	\$80.67	\$79.78	\$82.19	\$81.25
Employee and child(ren)	\$87.78	\$85.87	\$93.27	\$71.76	\$88.67	\$87.69	\$90.30	\$89.27
Family	\$134.09	\$131.18	\$142.51	\$109.56	\$135.44	\$133.97	\$137.95	\$136.39

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.

Details on dental rating areas found on page 36.



Vision, Chiropractic and Life

Vision – Employer-paid

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 ⁷	\$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

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 ⁷	\$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

Paired Network 	Paired medical plan	Chiro rate per member, per month
Full Network, WholeCare, Salud, and SmartCare HMO	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	PureCare Platinum 90 HSP 0/15	\$3.00
	PureCare Gold 80 HSP 250/25	\$3.00
	PureCare Silver 70 HSP 2250/50	\$3.00
	PureCare Bronze 60 HSP 6300/65	\$3.00
CommunityCare	CommunityCare Silver \$50	\$3.00
	CommunityCare 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, Silver 2250/55, Value, and HDHP plans at no additional charge.

Basic Life and Accidental Death & Dismemberment

Tier 	Monthly rate per \$1,000 coverage ⁸
0–29	\$0.19
30–34	\$0.21
35–39	\$0.25
40–44	\$0.33
45–49	\$0.46
50–54	\$0.74
55–59	\$1.15
60–64	\$2.30
65–69	\$3.82
70–74	\$6.25
75–79	\$9.75
80–84	\$14.16
85 and over	\$29.24

Small Business Group Dental and Vision adult buy-up guidelines

Group eligibility

- 2-100 employees with over 50% of the total group located in California, subject to out-of-area requirements below.
- Owner-only groups are not eligible. There must be a minimum of one W-2 employee who is not a spouse of the owner or partner.
- Out-of-Area Requirements
 - A maximum of 49% of the group's eligible and enrolling populations may be out of state.
 - Eligible employees residing in the United States, but outside of the California service area, may be written on a PPO plan.
- Carve-outs are not available.
- Health Net SBG dental and/or vision coverage is not available to guaranteed associations.
- Dental and/or Vision may be written on a standalone basis or in conjunction with Medical.

Employee eligibility

- Probationary period for new hires can be first of the month following: date of hire, 1 month, 30 days, or 60 days. **Note:** the probationary period must match Medical.
- Eligible employees can be defined as employees working at least 20 or 30 hours per week. **Note:** the hours per week must match Medical.
- 1099 employees are not eligible for coverage.
- With the exception of owners, all employees must be covered by workers' compensation.

Dependent eligibility

- Although dependents under age 19 have access to pediatric dental benefits through their medical plan, they may also be enrolled onto a dental buy-up plan to access enhanced benefits. **Note:** Cosmetic orthodontia is available through Plus DHMO 150 and 225, and DPPO Classic 5 and Essential 5 only.

Eligibility verification

- Groups enrolling in Employer Paid Dental and/or Vision plans must submit their most current DE9C. **NOTE:** Payroll and/or ownership documentation is required for anyone not on the DE9C.
- Groups enrolling in Voluntary Dental and/or Vision plans are not required to submit a DE9C as long as they meet the minimum enrollment requirements.

Rate information

- 12-month rate guarantee for cases sold/renewed in conjunction with Medical.
- Cases sold off cycle from Medical will have their first renewal in conjunction with Medical.

Submission

- All cases requesting coverage on the 1st must be submitted by the 5th of the month for which coverage is to be effective.
- Mid-month effective dates are not allowed.

Vision details

- A minimum participation of 50% of the eligible employees is required for employer paid rates. **Note:** Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation.
- A minimum employer contribution of 50% of the employee premium is required for employer paid rates.
- Voluntary rates apply to those cases with less than 50% participation and/or 50% contribution.
- A minimum of 2 active subscribers is required.
- Dual Choice Vision is not available.

Dental details

- A minimum participation of 50% of the eligible employees is required for employer paid rates. **Note:** Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation.
- A minimum employer contribution of 50% of the employee premium is required for employer paid rates.
- Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution.
- A minimum of 2 active subscribers is required.
- Orthodontia is available in all DHMO plans.
- DPPO plans without orthodontia and all DHMO Plans require a minimum of 2 active subscribers for both Employer Paid and Voluntary.
- Orthodontia is available to Employer Paid DPPO groups of 2-9 active subscribers with proof of immediately prior indemnity orthodontic coverage.
- Orthodontia is available to all Employer Paid and Voluntary DPPO groups of 10 or more active subscribers. Proof of prior indemnity orthodontic coverage is not required.

Dual Choice dental

- A minimum participation of 50% of the eligible employees is required for employer paid rates. **Note:** Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation.
- A minimum employer contribution of 50% of the employee premium is required for employer paid rates.
- Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution.
- Groups may select 1 DHMO and 1 DPPO, 2 HMO, or 2 DPPO plans, with a minimum of 2 active subscribers on each plan.
- Please see Dental Details section to determine eligibility for DPPO plans with orthodontia coverage.

Small Business Group Life underwriting guidelines

Eligibility

- 2-100 employees with over 50% of the total group located in California, subject to out-of-area requirements below.
- Owner-only groups are not eligible. There must be a minimum of one W-2 employee who is not a spouse of the owner or partner.
- Out-of-area requirements
 - A maximum of 49% of the group's eligible population may be out of California's service area, subject to the following rules.
 - A maximum of 49% of the group's enrolled population may be out of California's service area, subject to the following rules.
- Probationary period for new hires can be first of the month following: date of hire, one month, 30 days, or 60 days. **Note:** The probationary period must match Medical.
- "Flat" benefit schedules only.
- Contribution and participation requirements vary by group size. **Note:** Unlike Medical, waiving for other coverage will count against participation.
- Carve-outs are not available.
- Employees must meet the actively-at-work requirement in order to be eligible. Additionally, they must be working full time at the employer's regular place of business at least 20 hours per week to be eligible. **Note:** The number of hours must coincide with Health Net medical eligibility guidelines.
- Retirees, COBRA enrollees, part-time employees, seasonal employees, and 1099s are not eligible for coverage.

Medical evidence of insurability

- EOLs are necessary:
 - If coverage is applied for later than 31 days after the date of eligibility.
- Subject to Underwriting approval:
 - Medical conditions reported on the EOI.
 - Coverage requiring EOLs will not become effective until approved in writing by Health Net Life.
 - Some SIC classifications are excluded.

Submission

- All cases requesting coverage on the 1st must be submitted by the 5th of the month for which coverage is to be effective.
- For medical groups that are effective on the 15th of the month, Life coverage will be effective on the first of the month prior to the start of medical coverage. For example, for medical groups that are effective on 1/15/2015, Life coverage will be effective on 1/1/2015.

Groups of 2–9 eligible employees

- Standalone Life is not available.
- Life benefit of \$15,000.
- Employer contribution and participation must be 100%.
- No more than 25% of employees may be 60 or older.

Groups of 10–14 eligible employees

- Standalone Life is available.
- Life benefit of \$15,000.
- Minimum of 50% employer contribution.
- Minimum participation:
 - 75% if contributory.
 - 100% if non-contributory.

Groups of 15–24 eligible employees

- Standalone Life is available.
- Life benefit of \$15,000 or \$25,000.
- Minimum of 50% employer contribution.
- Minimum participation:
 - 75% if contributory.
 - 100% if non-contributory.

Groups of 25–100 eligible employees

- Standalone Life is available.
- Life benefit of \$15,000, \$25,000 or \$50,000.
- Minimum of 50% employer contribution.
- Minimum participation:
 - 75% if contributory.
 - 100% if non-contributory.

Footnotes

¹Usual, Customary and Reasonable (UCR) is the maximum allowable amount for a dental care service, determined by FAIR Health, Inc. on the basis of the fee usually charged by the provider and data obtained by FAIR Health, Inc. regarding fees charged by providers of similar training and experience for the same service within the same geographic area.

²Out-of-network benefits for Classic plans are reimbursed at the Usual, Customary and Reasonable (UCR) amounts as determined by FAIR Health, Inc.

³For employer-paid DPPO plans, orthodontia is available for groups with 2–9 enrollees with proof of immediately prior indemnity orthodontia coverage or for groups of 10 or more enrollees. For voluntary DPPO plans, orthodontia is available for groups of 10 or more enrolled employees.

⁴Out-of-network benefits for Essential plans are based on the allowable amount applicable for the same service that would have been rendered by a network provider.

⁵Members receive a 15% discount off the retail price or 5% off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

⁶Chiropractic care is offered by Health Net of California, Inc. for HMO plans, administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁷Plus 20-1 vision plan materials-copay varies based on material type.

⁸Basic Life and Accidental Death & Dismemberment are sold together. Both rates apply.

Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans are underwritten by Unimerica Life Insurance Company. Obligations of DBP and Unimerica Life Insurance Company are not the obligations of or guaranteed by Health Net, LLC. or its affiliates. Vision plans for adults, are underwritten by Health Net Life Insurance Company and serviced by EyeMed Vision Care, LLC (“EyeMed”) and Envolve Vision, Inc.

Value Beyond Your Benefits

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



Health Net Member Extras

Comprehensive benefits aren't enough. We want your employees to get the most from their health plans. That's why we offer programs and resources to support their health and wellness.

Decision Power®: Health & Wellness

Decision Power is an integrated program created to engage people in their health. With personalized tools and achievable goals, employees can feel confident in their ability to make positive and lasting behavioral changes.

Through Decision Power, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness:



Get help with a specific health goal.



Assess health risks with the Health Risk Questionnaire.



Learn about treatment options.



Track diet, exercise or cholesterol.



Try an online improvement program.



Better manage chronic illness.



Focus on Early Access and Prevention

We don't wait until people get sick to help out. Our job, always, is to connect your employees with the care they need. We want them to use their benefits!

That's why we're starting outreach – phone calls, mailings and more – to encourage our members to get their annual wellness exam. It costs \$0 out-of-pocket, and it's the best way for people to know their health status. It's also the most effective way for Health Net to know how best to meet their health needs.

From there, we can connect people to the care and resources they need to be their healthiest. Our resources span the full spectrum of health from timesaving conveniences to in-depth support, such as:

- **Easy access MinuteClinics** – a benefit with all HMOs to make it easy to get care for common illnesses, minor injuries (like a sprain) and vaccines. MinuteClinics (found in select CVS stores) are also available to PPO members.
- **Nurse advice services** around the clock.
- **Disease management** for people living with ongoing health challenges like diabetes, asthma, COPD, heart disease, and heart failure.

- **Quit for Life** – telephonic tobacco cessation program that also includes help in quitting vaping. Your quit coach will help you manage your cravings and stay on track with your quit plan.
- **myStrength** – online and mobile app program to help you manage stress, anxiety, pain and more. To access the program, log on to www.mystrength.com/hnwell.
- **Wellness health coaching** is one-on-one phone support to help you reach your health goals and develop a healthy mindset and habits. Wellness coaches can help you lose weight, eat healthier, quit smoking, manage stress or begin an exercise program. Your coach will help you reassess and stay on track with your goals – making it easier to achieve lasting, positive changes to your health.

Health Net Online and on the Go



Self-service at www.healthnet.com

HealthNet.com guides your employees to the information they need with intuitive navigation and useful links. Bookmark www.healthnet.com for fast and easy access to benefit information, wellness programs, ID cards, and more!

It's also the place to find network doctors, hospitals and other services. ProviderSearch at HealthNet.com delivers results by location, specialty or office hours. Plus, users can print or download search results.



On the go with Health Net Mobile

Keeping track of the details – even critical details like health care information – can be daunting with today's jam-packed lives. That's why we created the Health Net Mobile app.

All it takes is an iPhone, Android or other web-enabled smartphone, and Health Net members have everything they need to track their health plan details – no matter where or how busy they are.



Group Administration

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.

Group Administration

This quick reference section provides tips for applications, handling group changes and using our convenient online billing and enrollment tools. Turn to the appendix for samples of the following forms:

- Renewal Election and Open Enrollment Medical Plan Change Request Form
- Group Size Attestation Form

Application tips

We've included a handy submission checklist at the back of the Small Business Application for Group Service Agreement/Group Policy. Use the checklist to cross-check group applications to speed up application processing.

Double-check that these items are complete to speed up processing of your application:

- Date of hire
- Date of birth
- Signatures – Employees **accepting** coverage must sign the acceptance section. Employees **declining** coverage must sign the declination section.

Handling group changes

ADDING EMPLOYEES OR DEPENDENTS

Groups can add employees at the following times:

- **New hire** (after meeting the company's probationary period) – Applications must be received within 30 days of member effective date.

Example: The probationary period is the first of the month following date of hire. An employee hired January 15 would have a February 1 effective date.

- **Open Enrollment** – During the annual renewal period, groups can enroll employees and dependents who had previously declined coverage.

Outside of Open Enrollment, dependents can only be added if there is a qualifying event, which includes, but is not limited to:

- Birth
- Marriage
- Court order
- Adoption
- Loss of coverage

All applications for adding new employees and dependents due to a qualifying event must be signed by the subscriber and received by Health Net within 60 days of the event.

BILLING CONTACTS

Our Membership Accounting is available to answer any billing or eligibility questions. The number is 1-800-224-8808, option 3, or you can send a fax to (916) 935-4420.

California laws and regulations require us to provide notice of the consequences for nonpayment of the premium with an explanation of the applicable grace period. We will be including the required notice with each of our monthly bills. Please note that if you have paid timely in the past and have not received a risk of termination notice for nonpayment of premium, this notice will likely not impact your current payment practices.

If you intend to cancel or change insurance coverages, Health Net must receive notice on or before the first of the month prior to the effective date of the replacement coverage. Failure to do so may result in continued billing and additional premiums owed.

Canceling employee/dependent coverage

WHEN SHOULD HEALTH NET BE NOTIFIED OF A CANCELLATION?

Health Net must be notified as soon as possible prior to the last day that the member is eligible for coverage, but no later than 30 days¹ after the effective date of the cancellation. Premium credit cannot be issued for more than 30 days¹ retroactively.

WHY IS TIMELY NOTIFICATION IMPORTANT?

Members who are no longer eligible, but who have not, in fact, been canceled by their employer, may incur substantial medical expenses between the time they cease to meet eligibility requirements and the time they are actually removed from the plan. According to the eligibility rules of your Health Net plan, if you notify us of a cancellation more than 30 days after what should have been the last day of coverage, Health Net will require that you pay subscription charges/premiums for the affected member up to the time that you provided us with proper notification.

¹Permitted days are subject to contract agreement.

HOW DOES CANCELLATION OF THE SUBSCRIBER'S COVERAGE AFFECT THE COVERAGE OF HIS OR HER DEPENDENTS?

When the subscriber's coverage is canceled, all covered dependents also lose eligibility and are canceled automatically.

HOW IS EMPLOYEE COVERAGE CANCELED?

The group administrator may indicate the cancellation and effective date on the Current Membership and Membership Changes pages of their monthly billing statement (membership invoice) or process the change through the Online Billing and Enrollment tool at www.healthnet.com. You may also send written notification of the cancellation on the group's letterhead and mail it to Health Net at:

PO Box 9103
Van Nuys, CA 91409-9103
Fax: (916) 935-4420

Any written request from a group or broker will be accepted.

HOW CAN A DEPENDENT'S COVERAGE BE CANCELED IF THE SUBSCRIBER CONTINUES TO BE COVERED?

Follow the same procedure as when canceling an employee; or, to cancel a dependent's coverage when the subscriber continues to be covered, you must submit the following form:

Enrollment and Change Form

The "Delete Dependent" change option should be indicated below "Reason for Change." A completed, signed and dated *Enrollment and Change Form* must be submitted for each subscriber who is canceling a dependent's coverage.

Online billing and enrollment

CONVENIENCE AND CONTROL 24/7

Health Net makes it easy for you to simplify health plan administration with Online Billing and Enrollment, our free, user-friendly web portal for enrolled employer groups. Visit our website at www.healthnet.com.

With Online Billing and Enrollment, groups can:

- View and print billing statements.
- Retain up to 24 months of billing and payment history for easy access.
- Track and update eligibility.
- View, add and update enrollment information anytime.
- Utilize convenient reporting features.
 - The Canceled Member Roster lists all canceled employees and their dependents, the plans they were enrolled in and the effective dates.
 - The Active Member Roster lists all active employees and their dependents, the plans they're enrolled in and effective dates.
 - The Enrollment Request Report lists all the daily transactions the group administrator has processed online.

All reports can be easily downloaded via PDF or CSV formats.

Online Billing and Enrollment is fully integrated to work with the rest of Health Net's systems, so the updates that you make will always be reflected online.



Important!

Recurring bill payment – There is a possibility that the recurring payment date will be automatically deleted during the annual renewal period. If this happens, the system will email the user. Also, be sure to retrieve any invoices needed for auditing or tax reporting purposes prior to renewal.

1. Log in to your employer account at www.healthnet.com.
2. Your recurring payment date must be reestablished. If your bill is already online, you will need to make a one-time manual payment, then reestablish your recurring payment date. A recurring payment will schedule and draft your next bill that is due to cycle. If you elect not to reestablish a recurring payment date, you can simply make an online manual payment or mail a check for your premium. Making payments by the due date keeps your account current and out of risk for termination because of nonpayment. (Note: The payment grace period ends on the last business day of the month in which payment is due.)

Appendix/Forms

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



California Small Business Group

Renewal Plan Election and Open Enrollment Change Form

Effective 1/1/2020

Your broker or Health Net account manager may have provided you with additional renewal proposals to help you choose the best coverage for your group. To help us serve you better, please provide the quote number of the renewal proposal you are accepting. The quote number can be found on the cover page and in the header of the renewal proposal pages.

Quote #: _____ Renewal effective date: _____

Do you have a grandfathered plan on your policy you wish to renew? Yes No

1. Employee information

New hire waiting period (Please check the waiting period for new hires. Federal law does not allow waiting periods beyond 90 days.)

First of the month following: Date of hire 30 days 1 month 60 days

On a typical business day, how many employees are eligible for health benefit plan coverage (count all employees throughout the U.S.)?

Total eligible employees: _____ California employees: _____ Out-of-state employees: _____

MEDICARE SECONDARY PAYER (MSP)

Total worldwide employees: _____
(Count all employees regardless of if they are eligible for coverage. Include full-time and part-time employees. Do not include 1099 and seasonal employees.)

MEDICAL LOSS RATIO (MLR)

Average number of employees you employed for the entire previous calendar year regardless of whether or not they were eligible for coverage: _____
An employee is defined as any person for whom the company issues a W-2, including full-time, part-time, and seasonal workers, and regardless of insurance eligibility.¹
To calculate the average number of employees, determine the number of employees for each month, add each month's number to get an annual total, and then divide by 12. Round up or down to the nearest whole number – example: 24.6 = 25. Do not spell out the number – example: write 3, not three.

2. Medical plan offerings (Complete the contribution and the plans you wish to offer.)

Employer monthly contribution – Employee: _____% Dependent: _____%

HEALTH NET PPO

- Platinum 90 PPO 0/15 + Child Dental
- Platinum 90 PPO 250/15 + Child Dental Alt
- Gold 80 PPO 0/30 + Child Dental Alt
- Gold 80 PPO 250/25 + Child Dental
- Gold 80 PPO 500/20 + Child Dental Alt
- Gold 80 PPO 1000/30 + Child Dental Alt
- Gold 80 Value PPO 750/15 + Child Dental Alt
- Silver 70 PPO 2250/50 + Child Dental
- Silver 70 PPO 2250/55 + Child Dental Alt
- Silver 70 Value PPO 1700/50 + Child Dental Alt
- Silver 70 HDHP PPO 1400/40% + Child Dental Alt
- Bronze 60 PPO 6300/65 + Child Dental
- Bronze 60 HDHP PPO 5600/20% + Child Dental Alt

HEALTH NET ENHANCEDCARE PPO

- 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 PPO 1000/30 + Child Dental Alt
- EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt
- EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt
- EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt
- EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt
- EnhancedCare Bronze 60 HDHP PPO 5600/20% + Child Dental Alt

HEALTH NET PURECARE HSP

- PureCare Platinum 90 HSP 0/15 + Child Dental
- PureCare Gold 80 HSP 250/25 + Child Dental
- PureCare Silver 70 HSP 2250/50 + Child Dental
- PureCare Bronze 60 HSP 6300/65 + Child Dental

HEALTH NET HMO (First select your network, then select your plan.)

Network

- Full Network HMO
- WholeCare HMO
- SmartCare HMO
- Salud HMO y Más

Plan

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Platinum \$10 | <input type="checkbox"/> Gold \$30 | <input type="checkbox"/> Gold \$50 |
| <input type="checkbox"/> Platinum \$20 | <input type="checkbox"/> Gold \$35 | <input type="checkbox"/> Silver \$50 |
| <input type="checkbox"/> Platinum \$30 | <input type="checkbox"/> Gold \$40 | |

HEALTH NET COMMUNITYCARE HMO

- Silver \$50
- CommunityCare Bronze 60 HMO 6300/65 + Child Dental

3. Supplemental renewal offerings

(Select either voluntary or employer-paid and then select the plans you wish to offer.)

Note: Dental and Vision can be either voluntary or employer-paid. If employer-paid, you must complete the employer contribution. If you select Dental and/or Vision with no contribution, indicate "0."

EMPLOYER MONTHLY CONTRIBUTION

Dental – Employee: _____% Dependent: _____% **Vision** – Employee: _____% Dependent: _____%

VISION

Voluntary Employer-paid Preferred 1025-2 Preferred 1025-3 Preferred Value 10-3 Elite 1010-1
 Supreme 010-2 Plus 20-1 Exam only

DENTAL

Voluntary Employer-paid **Dental (DHMO)** HN Plus 150 HN Plus 225
Dental (DPPO) Classic 4 1500 Classic 5 1500 (w/ortho)
 Essential 2 1000 Essential 5 1500 (w/ortho) Essential 6 1500

I/We have reviewed and understand my/our medical plan renewal notification along with the following informational pieces provided by Health Net of California, Inc. and/or Health Net Life Insurance Company. After reviewing the renewal information, by my/our signature below, I/we confirm that I/we intend to renew my/our health benefit plan(s).

I/We understand that Health Net is relying on my/our answers to the above questions to assess whether my/our group meets the State of California's definition of a small employer group. I/We affirm these answers are true to the best of my/our knowledge and belief.

Policyholder name:	Policyholder/Case ID: (located on the coverage page and header of renewal proposal pages)
Company authorized representative (please print):	Title:
Signature:	Date:
Email address:	Phone:

This form must be completed and returned to your Health Net account manager in order to perform renewal election changes. If the completed form is not received by Health Net by the 1st of the month prior to the effective date of your renewal, your health benefit plan(s) will be auto-renewed to the closest matching plan(s). Please fax completed forms to the Health Net Account Management Department at 1-800-303-3110.

¹This information is for rating purposes and not to determine group size. The determination of how to count employees of related corporate entities when calculating group size for medical loss ratio (MLR) purposes is based on whether the entities are considered a single employer under Section 414 of the Internal Revenue Code (subsection (b), (c), (m), or (o)) and is not based on the multiple tax identification status of the related entities.

MEMBER'S NAME	MEMBER'S SSN OR REFERENCE ID #	GROUP #	PPO
	PLATINUM 90 PPO 0/15 + CHILD DENTAL		
	PLATINUM 90 PPO 250/15 + CHILD DENTAL ALT		
	GOLD 80 PPO 0/30 + CHILD DENTAL ALT		
	GOLD 80 PPO 250/25 + CHILD DENTAL		
	GOLD 80 PPO 500/20 + CHILD DENTAL ALT		
	GOLD 80 PPO 1000/30 + CHILD DENTAL ALT		
	GOLD 80 VALUE PPO 750/15 + CHILD DENTAL ALT		
	SILVER 70 PPO 2250/50 + CHILD DENTAL		
	SILVER 70 PPO 2250/55 + CHILD DENTAL ALT		
	SILVER 70 VALUE PPO 1700/50 + CHILD DENTAL ALT		
	SILVER 70 HDHP PPO 1400/40% + CHILD DENTAL ALT		
	BRONZE 60 PPO 6300/65 + CHILD DENTAL		
	BRONZE 60 HDHP PPO 5600/20% + CHILD DENTAL ALT		

MEMBER'S NAME	MEMBER'S SSN OR REFERENCE ID #	GROUP #	PRIMARY CARE PHYSICIAN'S PROVIDER ID # ²	ENHANCEDCARE PPO	PURECARE HSP
				ENHANCEDCARE PLATINUM 90 PPO 250/15 + CHILD DENTAL ALT	PURECARE PLATINUM 90 HSP 0/15 + CHILD DENTAL
				ENHANCEDCARE GOLD 80 PPO 0/30 + CHILD DENTAL ALT	PURECARE GOLD 80 HSP 250/25 + CHILD DENTAL
				ENHANCEDCARE GOLD 80 PPO 500/20 + CHILD DENTAL ALT	PURECARE SILVER 70 HSP 2250/50 + CHILD DENTAL
				ENHANCEDCARE GOLD 80 PPO 1000/30 + CHILD DENTAL ALT	PURECARE SILVER 70 HSP 2250/55 + CHILD DENTAL ALT
				ENHANCEDCARE GOLD 80 VALUE PPO 750/15 + CHILD DENTAL ALT	PURECARE SILVER 70 HSP 1700/50 + CHILD DENTAL ALT
				ENHANCEDCARE SILVER 70 PPO 2250/55 + CHILD DENTAL ALT	PURECARE SILVER 70 HSP 1400/40% + CHILD DENTAL ALT
				ENHANCEDCARE SILVER 70 VALUE PPO 1700/50 + CHILD DENTAL ALT	PURECARE SILVER 70 HSP 1400/40% + CHILD DENTAL ALT
				ENHANCEDCARE SILVER 70 HDHP PPO 1400/20% + CHILD DENTAL ALT	PURECARE SILVER 70 HSP 2250/50 + CHILD DENTAL
				ENHANCEDCARE BRONZE 60 HDHP PPO 5600/20% + CHILD DENTAL ALT	PURECARE SILVER 70 HSP 2250/50 + CHILD DENTAL
					PURECARE BRONZE 60 HSP 6300/65 + CHILD DENTAL

¹The Chiropractic Rider Benefit is not an option for PPO nor EnhancedCare PPO plans. Some of these plans have this benefit embedded already. See benefit materials for more information.

²Selecting a primary care physician is required on EnhancedCare PPO and PureCare HSP plans.

Note: You must provide the Summary of Benefits and Coverage (SBC) to each individual listed on this form before the individual makes the plan choice and PRIOR TO SUBMITTING THIS FORM TO HEALTH NET. To download and print an SBC, go to www.healthnet.com/sbc. Or please contact your Health Net account manager to obtain a copy.

As an owner or officer of stated company, I hereby authorize the above changes to our Health Net Group medical coverage. I have informed the employees listed above that the enrollment terms of the Health Net form they completed previously at enrollment are still in force and a copy is available upon request.

PRINTED NAME	SIGNATURE	DATE



Group Size Attestation

If you have any questions, please contact your broker or Health Net account manager.

1. Employer group information

New Group Existing Group

Policyholder/Company name: _____ DBA: _____

Group/Parent ID or policyholder number: _____ Phone number: _____

2. Group size attestation

Indicate how many full-time benefit-eligible employees you have: _____

Indicate how many full-time employees, including full-time equivalents (FTEs), you employed in the most recent calendar year:

Note: Sole proprietors and their spouses, and partners of a partnership and their spouses, cannot be counted as employees when determining if a group has at least one employee.

Indicate your methodology for calculating group size:

50% of the prior calendar **quarter** test 50% of the prior calendar **year** test

Indicate your market segment for the upcoming coverage period (based on most recent calendar year employee figures):

My company meets the definition of a **“small employer”** for the upcoming coverage period.

My company meets the definition of a **“large employer”** for the upcoming coverage period.

A **“large employer”** must employ at least 101 full-time employees, including full-time equivalents, on business days during the preceding calendar year.

Has your organization been part of multiple employer group health plans? No Yes

If “Yes,” please provide dates, names, TINs, and addresses: _____

3. Employer group signature

I, the employer, am responsible for notifying Health Net of any changes occurring during the course of a calendar year that could impact my employer size determination related to MSP, MLR or Health Care Reform. I certify the above information is true and complete to the best of my knowledge and belief. Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) reserve the right to request additional documentation in order to verify eligibility.

Name (print): _____ Title (print): _____

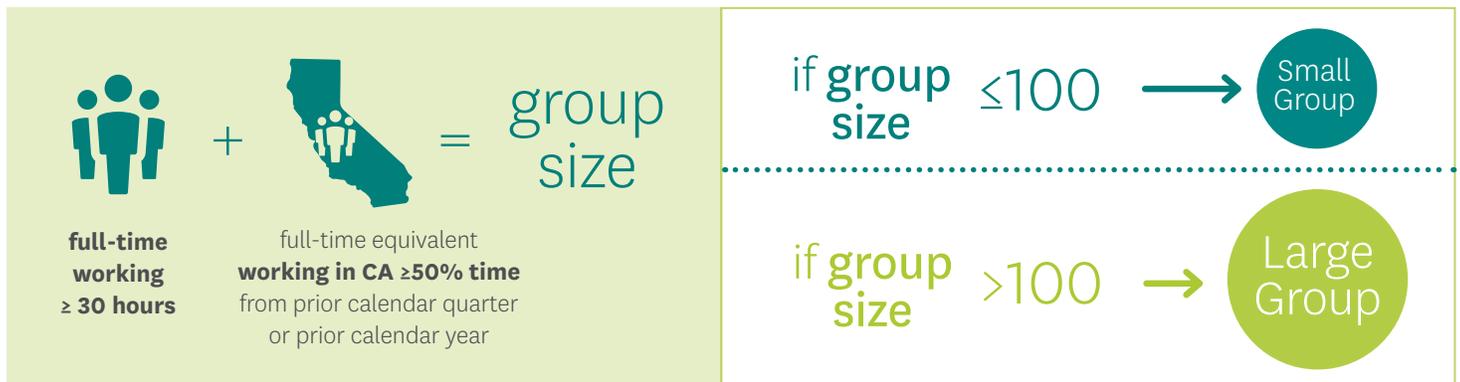
Signature: _____ Date: _____

Please contact your Health Net account representatives to return your completed form.

Group size guidelines

Pursuant to the ACA, California has adopted the federal definition of who is an employee for purposes of determining your group's correct market segment (e.g., Large Group or Small Group). The information below will help you determine your group's size using the same calculation to determine employer liability under the "Shared Responsibility for Employer" provisions of the ACA and the Internal Revenue Code.

Calculation of group size



The definition of a small employer requires the group size be determined by adding together the number of full-time employees (i.e., those working a minimum of 30 hours per week on average) and full-time equivalent (FTE) employees, the majority of whom were working in California for 50% of the prior calendar quarter or 50% of the prior calendar year. Seasonal workers, temporary workers, leased employees, contractors, and those on COBRA are not counted.

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) will not perform this calculation on behalf of the employer but require the employer to fill out a form attesting to the fact that they have performed the calculation to determine group size using one of the methods described below.

NOTE: any group with 100 or fewer employees on their quarterly wage and withholding report (DE 9C) cannot be a Large Group, so this calculation does not need to be performed unless a group has 101 employees or more on its DE 9C.

50% OF THE PRIOR CALENDAR QUARTER TEST

To determine the number of full-time equivalents using the 50% of the prior calendar quarter test, add up the total number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of 6 weeks during the calendar quarter prior to the quarter for which coverage is being requested, and divide that number by 180. If your calculation does not come out to a whole number, round down.

Formula:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 180)

Example 1:

An employer has applied for coverage effective March 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 90 full-time employees, and the non-full-time employees worked 900 hours over the course of 6 weeks. Group size is calculated as follows:



In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

Example 2:

An employer has applied for coverage effective February 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 95 full-time employees, and the non-full-time employees worked a total of 1,200 hours over the course of 6 weeks. Group size is calculated as follows:



In this example, there are 101 employees, so the group is not eligible for Small Group coverage.

50% OF THE PRIOR CALENDAR YEAR TEST

To determine the number of full-time equivalents using the 50% of the prior calendar year test, add up the number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of a month and divide that number by 120. That is your FTE calculation for one month. Perform that calculation for 6 months during the prior calendar year and divide that number by 6. **If your calculation does not come out to a whole number, round down.** That is your FTE calculation for 50% of the prior calendar year.

Formulas:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 120)
(Employee count for month 1 + month 2 + month 3 + month 4 + month 5 + month 6) divided by 6

Example 1:

An employer has applied for coverage effective January 1 and has submitted the prior year Q2 and Q3 DE 9Cs and 26 weeks of payroll from the same time period. It is determined there were 87 full-time employees in April, 94 in May and June, 92 in July, and 93 in August and September. It was also determined that the non-full-time employees worked 1,000 hours in April, 900 hours in May, 950 hours in June, 1,100 hours in July, 1,050 hours in August, and 1,200 hours in September. Group size is calculated as follows:



In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

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

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

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): Կալիֆոռնիայի 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 दुभाषिया 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 केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया 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 ntauv 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

សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី 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 고객센터 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 bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóot'ííł. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídooltah nínizingo t'áá ná ákódoonííł. Ákót'éego shíká a'doowoł nínizingo Customer Contact Center hoolyéhíjí' hodíílnih ninaaltsoos nanitingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kojí' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojí' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojí' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojí' hólne' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

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

Punjabi (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 ਸਮੇਲ ਬਿਜ਼ਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੇਨਾਂ 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).

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 ਸਮੈਲ ਬਿਜਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ 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 คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรมา TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรมา TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรมา TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรมา 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).

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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

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