

Health Net of California, Inc. (Health Net)

Health Net Small Group HMO and PPO plans are pending completion of regulatory review



Small Group Solutions 2027

YOUR GUIDE TO HEALTH NET PLANS FOR 1-100 EMPLOYEES

Effective January 1, 2027

Small Business Group



HealthNet.com

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

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Simplicity Starts Here

SMALL GROUP SOLUTIONS FOR 2027

Move your business forward – by giving your clients *affordable, flexible HMO and PPO options!*

We offer an array of robust small business-focused solutions. It's easy to help your clients select the right plan and network. And with around-the-clock care options, concierge-style service, wellness programs, and other extras, our plans offer value beyond benefits. The net result is satisfaction – for you and your clients.

✓ Choose from a wide range of cost and coverage options

We strive to offer right-size plans that suit both your clients and their balance sheet. Our HMO and PPO options, each matched with a network of select local care providers, are available in many favorable price and coverage levels across the portfolio.

🛒 Mix-and-match plans and networks

Employer groups pick their favorite plan design, then pair it with any of the networks we offer in their region. The plan design stays the same. The process is quick and easy – and we're here to help every step of the way.



Enhanced Choice

Health Net's Enhanced Choice offers small business groups a simplified package offering access to all plans.

See Enhanced Choice in more detail on page 8.

HMO

Step 1: Pick your plan design.



Platinum \$10

Platinum \$20

Platinum \$30

Platinum \$35

Gold \$30

Gold \$35

Gold \$40

Gold \$50

Gold \$55

Silver \$55

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



Full Network

WholeCare

SmartCare

Salud HMO y Más
(Health and more)

PPO

Step 1: Pick your plan design.

Platinum 0/5
Platinum 0/25
Platinum 250/15
Platinum 500/20
Gold 0/35
Gold 500/30
Gold 500/20
Gold 750/25
Gold 1000/30
Gold 1500/35
Gold HDHP 1750/30%
Silver 1750/50
Silver 2250/55
Silver 2500/60 STD
Silver 2500/60 ALT
Silver 2900/65
Silver HDHP 1750/50%
Silver HDHP 3500/35%
Bronze 5800/60
Bronze HDHP 7800/0%

Value Beyond Benefits

We want your clients and their employees to get the most from their health plans. That's why we offer programs and services to support their health and wellness.



Health Net is focused on giving members the tools needed to help live a healthier, more productive life. **Learn more** about our valuable programs that help empower members to make healthy lifestyle choices.



Ensure around-the-clock access to care

Our members can always get the care they need, when they need it. All of our plans offer a 24/7 toll-free nurse advice line, and virtual doctor visits via Teladoc.



The Active&Fit Direct program

Members who enroll in the **Active&Fit Direct Program**¹ can choose from 12,200+ participating fitness centers nationwide for just \$28 a month (plus a one-time \$28 enrollment fee and applicable taxes).



Options for extra coverage²

Health Net offers add-on dental and vision plans, and integrative health care options, such as chiropractic care and acupuncture. With options like these, it's easy for employers to build a benefits package that suits their unique needs.



Ask our at-your-service team

Our concierge-style customer care team is ready to help. Have a question or concern? We've made it our mission to respond quickly by phone or email with the help you need.



Stay connected on the go

Members can log in to healthnet.com from any device to access benefit information, wellness programs, identification (ID) cards, and more.

¹There is a 2-month commitment required. The Active&Fit Direct Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ASH reserves the right to modify any aspect of the Active&Fit Direct Program (including, without limitation, the Enrollment Fee, the Monthly Fee, and/or the Introductory Period) at any time by amending these Terms and Conditions. If ASH modifies a fee or makes a material change to the Program, ASH will provide you with no less than 30 days' notice prior to the effective date of the change. ASH may discontinue the Program entirely at any time upon advance written notice. The Active&Fit logo is a trademark of ASH and used with permission herein.

²Pediatric dental and vision coverage (ages newborn through 18) is included on all small business group medical plans purchased through Health Net.



Health Net Member Extras

The Health Net Wellness Rewards Program is designed to reward members who take an active role in their health! Qualified¹ members can earn up to \$100 in incentives by completing these actions:

What can I do	Reward
Take the online RealAge [®] test	\$50
Share the results with your PCP or complete 3 health coaching calls to earn \$25	\$25
Complete two online Sharecare ² offerings to earn \$25	\$25

¹The reward program is open to any Health Net member age 18 and over who is enrolled in a participating plan listed. This includes enrolled employees, spouses, domestic partners, children ages 18 and over, COBRA beneficiaries, and employees on disability leave. The following groups/products are part of the incentive program: Full Network HMO, SmartCare HMO, Salud, HMO y Más, PPO plans (including OOS PPO), WholeCare HMO.

²Complete the Eat Right Now; Craving to Quit tobacco cessation program; and/or participate in health challenges.

Health & Wellness

When members want to take their health to the next level, we have tools made for them. Whether members are a joiner or just dipping their toe in the water, check out Health Net's Health & Wellness offerings.



Care reminder messages

Members get useful reminders about steps they can take to help prevent gaps in their care. These include tests to help keep them healthy, yearly shots and more!

Doctors may also get these reminders so that they can better observe the member's health status.



Unwinding by Sharecare

Unwinding by Sharecare is an evidence-based digital program that uses mindfulness to help members build resilience. Members will be able to use it throughout the day whenever they find themselves feeling stressed to get a quick dose of calm when they need it. Through breathing exercises, meditations, sleep support, visual relaxation and more, they'll get help to start living a less-stressed life.



RealAge® Program

RealAge Program is our healthy behavior program targeting the 4 highest lifestyle risks — Stress, Sleep, Nutrition, and Activity. The program is personalized to the individual based on risk level for each lifestyle category gleaned through RealAge test responses and personal interest. It's fully integrated with other features of the Sharecare platform, such as trackers, to drive sustained engagement and promote behavior change that can help lead to a lower RealAge.



RealAge® Test

The **RealAge Test** provides members with a custom report of their behavioral and medical health risks. Immediately after taking the online survey, they will receive a personalized action plan.



Mahmee with wrap-around services

Members can access virtual and in-person support via the Mahmee app, available 7 days a week. This program also includes maternity services from nurses, mental health coaches, nutritionists, and more. Virtual services are available statewide. In-person services are available in select counties.

Important: Members may enroll in either Mahmee with Wrap Around Services or the Individual Doula Program, but not both.

Doulas do not replace medical providers or offer medical advice.



Individual Doula program

A doula is a trained birth worker who provides emotional and physical support. Work with a doula in-person or virtually during pregnancy, labor and postpartum.

Health & Wellness



Health Coaching program

- **Health Coaching Program (telephonic):** With one-on-one support, you and your Health Coach find what motivates you and address the specific health behaviors that affect short-term health risks and long-term goals.
- **Health Coaching Program (digital):** Consists of multiple lessons related to stress, smoking cessation, exercise, weight, gaps in care and more!



Craving to Quit[®] program (tobacco cessation) cessation program

Once members enroll in the **Craving to Quit** tobacco cessation program, they get a coach to guide them through the quit process. Plus, members get access to useful tools to help you quit. These include:

- A website with eLearning tools.
- An online chat forum.
- Access to their quit coach via email.
- Text messaging support.



The Teladoc Mental Health (Digital Program):

Available 24/7 online and via the mobile app, this self-help program offers proven ways to support users in making positive changes. With this program, members will find help in topics such as stress, sleep, depression, anxiety, chronic pain, substance use, trauma and much more. This program provides features such as easy e-learning modules, guided action plans, and practical tips to bring hope and healing. Members ages 13 or older can sign up for this program at **www.teladochealth.com**.



Eat Right Now program:

Eat Right Now is a new evidence-based program that combines neuroscience and mindfulness tools to help members identify eating triggers and ride out cravings to change their eating patterns for good. With help from videos and exercises, members will learn to listen to their body's hunger signals so they can differentiate between real hunger and emotional cravings. This progressive 28-day program helps members reshape how they eat in about 10 minutes a day.

Through video, audio, and animated lessons, clinically validated exercises and on-demand tools, members learn how to identify, work with, and eliminate their emotional eating triggers.

Telehealth and Resource Options

Health Net offers additional access to care to ensure members have alternative and convenient means to address their concerns should their primary care physician not be readily available.

(Teladoc Health, Behavioral health, Nurse Advice Line, and Find Help; services vary by line of business).

Teladoc Health



- Telehealth care through member's smart phone or computer
- Speak with a U.S. board-certified doctor
- Whether it's a medical concern or behavioral health support, help is available
- Check symptoms or find treatment services
- Available 24/7¹
- Provider's can send prescriptions to your local pharmacy, in some cases²
- Call 1-800-TELADOC (835-2362), visit TeladocHealth.com, or download the Teladoc app.

Behavioral health



- Behavioral health providers include Therapists, Psychologists and Psychiatrists
- Services include:
 - Outpatient sessions with a therapist
 - Outpatient medication management with a psychiatrist
 - Inpatient, residential treatment, or other types of care if medically required³
- Customer service reps and licensed Care Managers available 24/7
- Mental Health benefits number is on the member ID card

Nurse Advice Line



- Licensed nurse access
- Telephone support
- Nurses can assess medical conditions and symptoms
- Nurses can recommend next steps for care
- Available 24/7

Find Help



- Free online directory of social service organizations
- Connects people with free or reduced cost services
- Services include medical services, food or job training
- Programs are researched and verified
- Personalized by zip code searches

¹Behavioral health services are available from 7 a.m. to 9 p.m., Pacific Time.

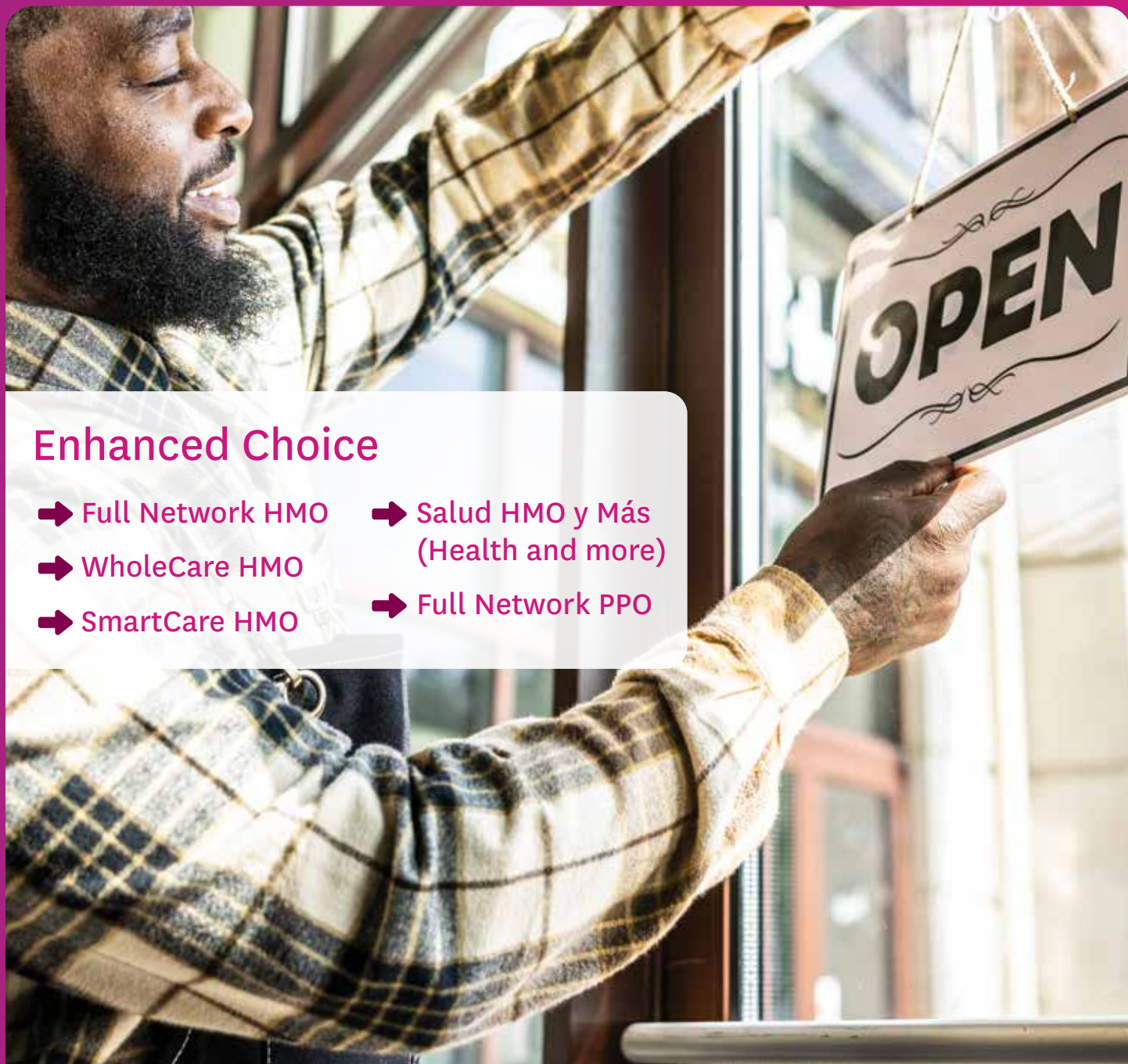
²Access to telehealth services does not guarantee that a prescription will be written.

³Preauthorization is required, except in an emergency.

Members may receive services on an in-person basis or via telehealth, if available, from their primary care provider, a treating specialist or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with the service and existing timeliness and geographic access standards required under California law. Any cost share for services received through a Teladoc Health provider will accrue toward the member's out-of-pocket maximum and deductible (if your plan has a deductible). By scheduling through Teladoc, the member consents to receive services via telehealth through Teladoc. See health plan coverage document for coverage information and for the definition of telehealth services. Members have a right to access their medical records for services received through Teladoc. Unless members choose otherwise, any services provided through a Teladoc provider shall be shared with their primary care provider.

Enhanced Choice Package

Health Net's Enhanced Choice offers small business groups a simplified package offering access to all plans.



Enhanced Choice

- ➔ Full Network HMO
- ➔ Salud HMO y Más (Health and more)
- ➔ WholeCare HMO
- ➔ Full Network PPO
- ➔ SmartCare HMO

Network Portfolio At-a-Glance

***Your business depends on helping people** make the most of their health with coverage that's relevant, local and affordable.*

Full PPO Network

PPO plans make it possible for employees to get the flexibility they want when it comes to a health care provider. Our Full PPO network is a provider network that spans all 58 California counties. Members may access doctors and facilities that are in the network for cost effectiveness and quality of care, but still have the flexibility to visit providers outside of the network. Health Net PPO members with out-of-state coverage have access at the in-network coverage level through Cigna® PPO network.¹ Cigna has a wide national network that includes more than 6,400 hospitals, over 1.5 million health care providers across the country.

Full Network HMO

The Full Network HMO is our broadest HMO option spanning 30 counties across California and offering access to over 60,895 physicians (PCPs & Specialists) and over 276 hospitals within the service area. This network is great for employers looking to offer wide provider choice and broad access across California, within a classic HMO structure.

WholeCare HMO Network

The WholeCare HMO network includes a select subset of our Full HMO network to include **cost-efficient providers without compromise in quality or benefits**. This flagship network spans 30 counties across California and offers access to over 35,054 physicians (PCPs/ Specialists) and over 260 hospitals within the service area.

SmartCare HMO Network

A tailored HMO network available in most of Southern California, as well as Santa Clara and Santa Cruz counties. The network includes over 15,479 physicians (PCPs/Specialists) and over 196 hospitals within the service area.

Salud HMO y Más Network (Health and more)

A community-based HMO network available in most of Southern California which has been **awarded the National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care**. We connect a carefully selected group of respected, local doctors and hospitals to the people in their area. In addition, participants will have flexible cross-border access to healthcare in portions of northern Mexico via the SIMNSA network. In total, this includes more than 10,979 physicians (PCPs/specialists) and 73 hospitals across the Salud service area². All while being one of the lowest priced HMOs in Southern California.



(continued)

¹The Cigna Healthcare® PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare® analysis of actual providers contracted as part of the Cigna Healthcare PPO for Shared Administration as of July 2024. Data is subject to change.

²A network of physicians contracting with Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA) has been selected to provide services to Health Net Salud HMO y Más members. Family members residing in Mexico cannot receive plan benefits from California providers, except for emergencies or urgently needed care, which are covered worldwide.

Network Portfolio At-a-Glance



Advanced Choice tailored network pharmacy

Designed for employer cost control, Advanced Choice is our tailored pharmacy network.

This network is paired with our SmartCare HMO and Salud HMO y Más plans. Advanced Choice will connect these members with CVS, Walmart, Costco, Safeway, Vons, and many other pharmacies (This network excludes Walgreens).



Chiropractic and Acupuncture Care

Chiropractic and acupuncture coverage key features include self-referral services, convenient copayments and coverage of medically necessary X-rays, lab tests and other items (chiropractic only). **Providers are easy to access across California via our partner American Specialty Health (ASH) network.**

All Health Net Small Group ACA plans include Acupuncture coverage.

Health Net's HMO and PPO plans include the option to add buy-up Chiropractic coverage.



For more details, please see **2027 Desktopper**.

Plan Choices by Region

SMALL GROUP SOLUTIONS 2027

Your guide to Health Net plans for 1–100 employees



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
		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
		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
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
4	San Francisco County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
5	Contra Costa County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
6	Alameda County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
7	Santa Clara County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
8	San Mateo County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO

(continued)

Region		We offer...	With this network
9	Santa Cruz County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare
		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
		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
		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
		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	Your choice of: • Full Network PPO • Salud HMO y Más *Salud HMO y Más only available in Imperial County.
14	Kern County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • Salud HMO y Más • WholeCare
		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	Your choice of: • Full Network • SmartCare • WholeCare • Salud HMO y Más
		PPO Platinum, Gold, Silver, and Bronze	• Full Network PPO
16	Los Angeles County: ZIP codes not in Region 15	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare • Salud HMO y Más
		PPO Platinum, Gold, Silver, and Bronze	• Full Network PPO

(continued)

Region		We offer...	With this network
17	San Bernardino and Riverside counties	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare • Salud HMO y Más
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
18	Orange County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare • Salud HMO y Más
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
19	San Diego County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare • Salud HMO y Más
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO

Health Net HMO Plans Via California Choice®

COMPETITIVE COVERAGE CHOICES

Health Net offers a range of our most competitive small business group plans through **California Choice®**. California Choice's private exchange is a unique approach to small business health coverage with simplified, easy to manage solutions. Employees have the freedom to pick from plans that best fit their needs. Available Health Net plans include:

Health Net "Direct" Plan Name	Health Net Plan Name on California Choice
Full Network HMO Platinum \$30	CalChoice Full Network HMO Platinum E
Full Network HMO Gold \$30	CalChoice Full Network HMO Gold G
Full Network HMO Gold \$35	CalChoice Full Network HMO Gold E
WholeCare HMO Platinum \$30	CalChoice WholeCare HMO Platinum C
WholeCare HMO Gold \$30	CalChoice WholeCare HMO Gold A
WholeCare HMO Gold \$35	CalChoice WholeCare HMO Gold C
WholeCare HMO Gold \$40	CalChoice WholeCare HMO Gold B
WholeCare HMO Silver \$55	CalChoice WholeCare HMO Silver A
SmartCare HMO Platinum \$30	CalChoice SmartCare HMO Platinum J
SmartCare HMO Gold \$35	CalChoice SmartCare HMO Gold H
SmartCare HMO Gold \$40	CalChoice SmartCare HMO Gold I
Salud HMO y Más Gold \$35	CalChoice Salud HMO y Más Gold D



Health Net is one of California Choice's original carriers to join the private exchange in 1996 with over 25 years of partnership.

Contact your Account Executive for more details.

Add Value with Ancillary Benefits

CREATE CUSTOM SOLUTIONS WITH THESE AFFORDABLE OPTIONS

Your clients can purchase dental and vision coverage on its own or add it to their existing medical plans—offering greater convenience for them and their employees. Health Net makes it simple to design a benefits package.

Pediatric dental and vision coverage (ages newborn through 18) are automatically included on all of our plans purchased directly through Health Net.

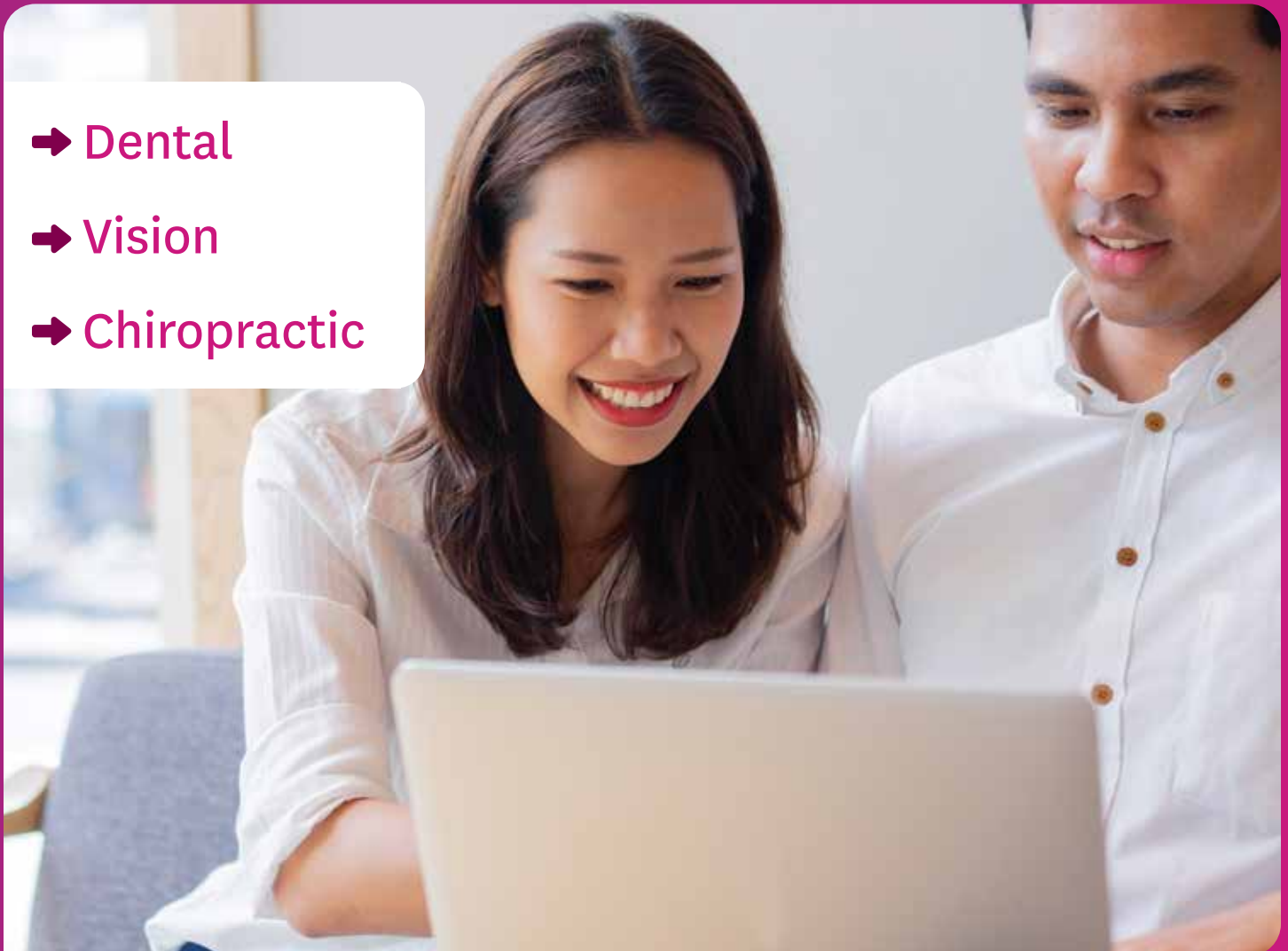
Please read the following pages for more information on our offerings. For benefit grids and to learn more about our **2027 multi-product bundling discount program**, please visit our **2027 Ancillary Product Guide**.



Ancillary bundling brings extra value

Bundle, reduce costs and earn with our ancillary program!

- ➔ Dental
- ➔ Vision
- ➔ Chiropractic



Health Net Dental Plans that Make Them Smile

Health Net offers a choice of HMO and PPO dental plan designs. Health Net Dental HMO and Dental PPO plans include most dental services.

Members may purchase any of our dental plans on a standalone basis or they may pair them with a medical plan bought directly through Health Net. Pediatric dental coverage (ages newborn through 18) is included on all medical plans purchased through Health Net.



Dental plan highlights

HMO

Health Net Dental HMO (DHMO) plans² give members access to an extensive network of providers and the convenience of having a set copayment for many dental services. Two DHMO plans are available – HN Plus 150 and HN Plus 225. DHMO plans include:

- An extensive network of Dental HMO (DHMO) providers.
- No waiting periods on any of our DHMO plans.
- Added cleanings and adult fluoride.
- Material upgrades, such as porcelain and semiprecious or precious metal molar crowns.
- General anesthesia, and cosmetic and elective dentistry – services typically not covered under most other carriers' dental plans.
- Implants.

Health Net DHMO plans may be purchased separately or as a dual choice with Health Net Dental PPO plans.

PPO

Health Net offers a range of affordable, flexible Dental PPO plans (DPPO).² DPPO plans include:

- Periodontics, endodontics and oral surgery are covered under General Services on the Classic and Essential plans.
- Classic plans reimburse out-of-network benefits at usual, customary and reasonable (UCR)³ amounts.
- Essential plans reimburse out-of-network benefits on a limited fee schedule.
- No waiting periods on any of our DPPO plans.
- All Health Net DPPO plans offer pregnant women added cleanings and periodontal maintenance when medically necessary. These services are not subject to the deductible and do not apply to the calendar year maximum.
- Members and dependents receive the full amount of the orthodontia lifetime maximum even if they started treatment under another carrier's dental PPO plan. This applies only to DPPO plans with orthodontia coverage.
- DPPO Essential 10 3000 and DPPO Essential 11 5000 are plans available with implant coverage.

Underwriting highlights

Dual option available – groups may select 2 DPPO plans, 2 DHMO plans, or 1 DHMO and 1 DPPO plan. (Please see “Small Group Dental and Vision buy-up guidelines” to determine if the group qualifies for dual option.)

Voluntary DPPO plans without orthodontia are available to groups with at least two enrolled employees.

Voluntary DPPO plans with orthodontia are available to groups enrolling 5 or more employees on that plan.

DPPO plans with implant coverage are available to groups enrolling 5 or more employees on that plan.

²Health Net Dental HMO and PPO plans, other than pediatric, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net.

³Usual, 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.

Vision and Chiropractic Plans



Our Vision plans have a clear advantage⁴

Pediatric Vision coverage (ages newborn through 18) is included on all medical plans. We also offer adult PPO and HMO Vision plans for ages 19 and older. These adult PPO and HMO vision plans provide the convenience of a large national network, hassle free setup, administrative processing, and:

- A diverse network of independent and retail providers with over 10,500 vision providers in California and over 87,500 vision providers nationwide, including LensCrafters.
- Affordable copayments.
- Members and dependents can see any provider they choose, either in-network or out-of-network.
- Discounts of 5–15% on LASIK and PRK from U.S. Laser Network.⁵

You can pick from five different full service plans, one materials only plan and one exam only plan.



Chiropractic coverage

Your clients can enhance their HMO and PPO medical benefits with Health Net's affordable, quality chiropractic coverage. This service is provided through American Specialty Health Plans of California, Inc. (ASH Plans), a wholly owned subsidiary of American Specialty Health, Incorporated (ASH).



Employers can add chiropractic coverage with their purchase of a small business group medical plan. This coverage does not come standalone.⁶

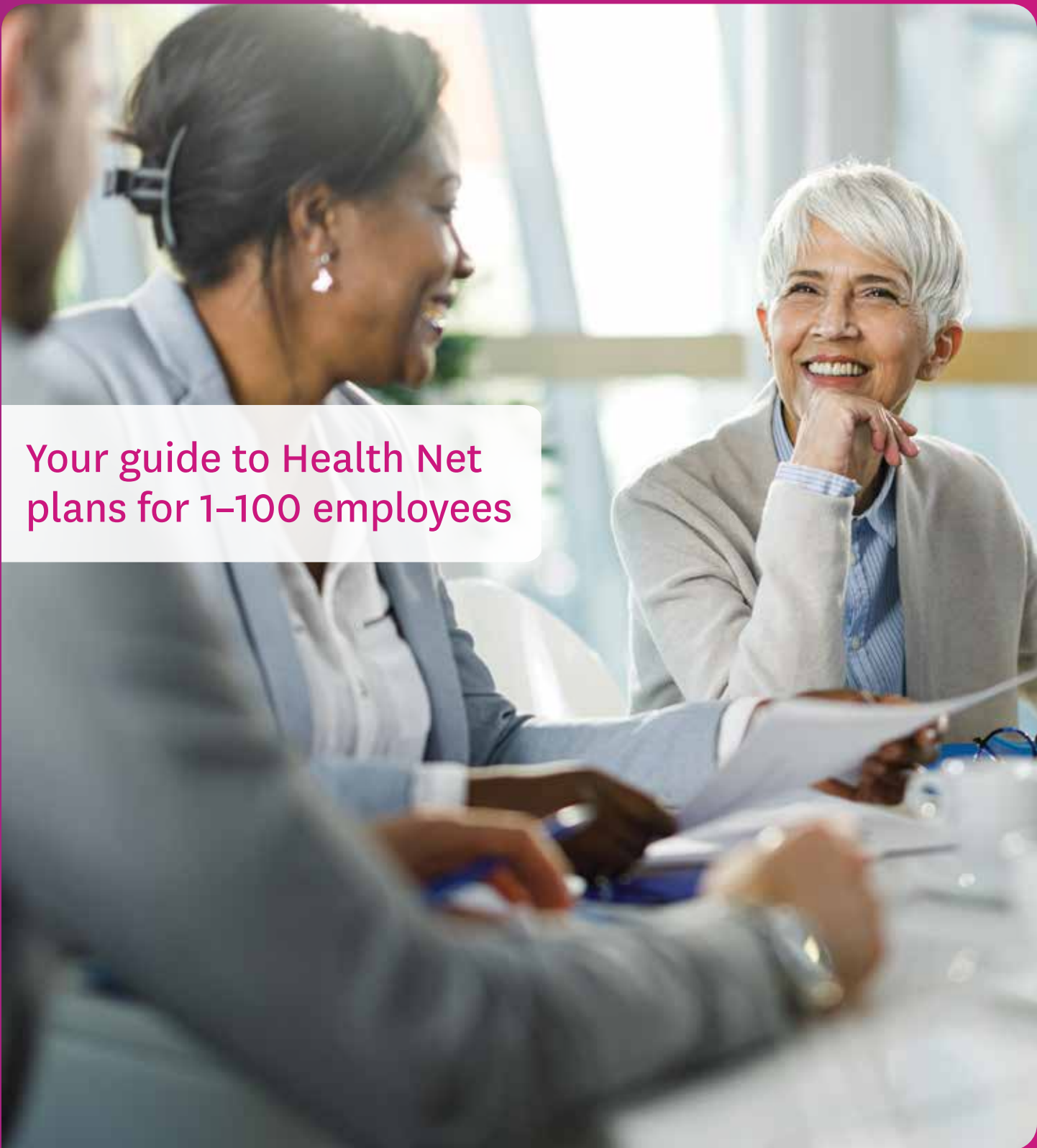
⁴Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and administered by EyeMed Vision Care, LLC.

⁵Members receive a 15% discount on 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 and PPO plans. Chiropractic care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

PPO Portfolio

SMALL GROUP SOLUTIONS 2027



Your guide to Health Net
plans for 1–100 employees

Platinum PPO 0/5

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$0 / \$0	\$1,000 / \$2,000
Out-of-pocket maximum (individual / family) ²	\$5,200 / \$10,400	\$10,400 / \$20,800
Professional services		
PCP office visit	\$5	50% ded applies
Specialist office visit	\$30	50% ded applies
Preventive care services ³	\$0	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0	Not Covered
Rehabilitation therapy	\$5	50% ded applies
X-ray procedures	\$30	50% ded applies
Laboratory procedures	\$30	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	10%	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 10% / \$250 + 10%	50% ded applies / 50% ded applies
Inpatient hospital	10%	50% ded applies
Skilled nursing facility	10%	50% ded applies
Emergency services		
Urgent care services	\$5	50% ded applies
Emergency room facility	\$250 + 10% ded waived	\$250 + 10% ded waived
Ambulance (ground and air)	\$250 + 10% ded waived	\$250 + 10% ded waived
Mental health and substance use disorder services		
Outpatient office visit	\$5	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	10%	50% ded applies
Inpatient	10%	50% ded applies
Other services		
Durable medical equipment	10%	50% ded applies
Acupuncture services	\$15	50% ded applies
Chiropractic services	\$15 (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$10 / \$35 / \$60	Not Covered
Tier 4 Specialty drugs ⁶	10%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0	10% ded waived
Pediatric vision		
Routine eye exam	\$0	Not Covered
Glasses	\$0	Not Covered

Platinum PPO 0/25

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$0 / \$0	\$1,000 / \$2,000
Out-of-pocket maximum (individual / family) ²	\$5,000 / \$10,000	\$10,000 / \$20,000
Professional services		
PCP office visit	\$25	50% ded applies
Specialist office visit	\$40	50% ded applies
Preventive care services ³	\$0	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0	Not Covered
Rehabilitation therapy	\$25	50% ded applies
X-ray procedures	\$45	50% ded applies
Laboratory procedures	\$25	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	15%	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	10% / 10%	50% ded applies / 50% ded applies
Inpatient hospital	10%	50% ded applies
Skilled nursing facility	10%	50% ded applies
Emergency services		
Urgent care services	\$25	50% ded applies
Emergency room facility	\$250 ded waived	\$250 ded waived
Ambulance (ground and air)	\$250 ded waived	\$250 ded waived
Mental health and substance use disorder services		
Outpatient office visit	\$25	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	10% (up to \$25)	50% ded applies
Inpatient	10%	50% ded applies
Other services		
Durable medical equipment	10%	50% ded applies
Acupuncture services	\$15	50% ded applies
Chiropractic services	\$15 (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$10 / \$30 / \$40	Not Covered
Tier 4 Specialty drugs ⁶	10%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0	10% ded waived
Pediatric vision		
Routine eye exam	\$0	Not Covered
Glasses	\$0	Not Covered

Platinum PPO 250/15

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$250 / \$500	\$1,000 / \$2,000
Out-of-pocket maximum (individual / family) ²	\$5,000 / \$10,000	\$10,000 / \$20,000
Professional services		
PCP office visit	\$15 ded waived	50% ded applies
Specialist office visit	\$30 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$15 ded waived	50% ded applies
X-ray procedures	\$30 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 20% ded applies / \$250 + 20% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	20% ded applies	50% ded applies
Skilled nursing facility	20% ded applies	50% ded applies
Emergency services		
Urgent care services	\$15 ded waived	50% ded applies
Emergency room facility	\$250 + 20% ded applies	\$250 + 20% ded applies
Ambulance (ground and air)	\$250 + 20% ded applies	\$250 + 20% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$15 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	20% ded applies	50% ded applies
Inpatient	20% ded applies	50% ded applies
Other services		
Durable medical equipment	20% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$10 / \$35 / \$60	Not Covered
Tier 4 Specialty drugs ⁵	20%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Platinum PPO 500/20

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$500 / \$1,000	\$1,000 / \$2,000
Out-of-pocket maximum (individual / family) ²	\$5,300 / \$10,600	\$10,600 / \$21,200
Professional services		
PCP office visit	\$20 ded waived	50% ded applies
Specialist office visit	\$35 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$20 ded waived	50% ded applies
X-ray procedures	\$35 ded waived	50% ded applies
Laboratory procedures	\$35 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	25% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 25% ded applies / \$250 + 25% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	25% ded applies	50% ded applies
Skilled nursing facility	25% ded applies	50% ded applies
Emergency services		
Urgent care services	\$20 ded waived	50% ded applies
Emergency room facility	\$250 + 25% ded applies	\$250 + 25% ded applies
Ambulance (ground and air)	\$250 + 25% ded applies	\$250 + 25% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$20 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	25% ded applies	50% ded applies
Inpatient	25% ded applies	50% ded applies
Other services		
Durable medical equipment	25% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$10 / \$35 / \$60	Not Covered
Tier 4 Specialty drugs ⁶	30%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold PPO 0/35

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$0 / \$0	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$9,500 / \$19,000	\$19,000 / \$38,000
Professional services		
PCP office visit	\$35	50% ded applies
Specialist office visit	\$55	50% ded applies
Preventive care services ³	\$0	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0	Not Covered
Rehabilitation therapy	\$35	50% ded applies
X-ray procedures	\$55	50% ded applies
Laboratory procedures	\$55	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30%	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 30% / \$250 + 30%	50% ded applies / 50% ded applies
Inpatient hospital	30%	50% ded applies
Skilled nursing facility	30%	50% ded applies
Emergency services		
Urgent care services	\$35	50% ded applies
Emergency room facility	\$250 + 30% ded waived	\$250 + 30% ded waived
Ambulance (ground and air)	\$250 + 30% ded waived	\$250 + 30% ded waived
Mental health and substance use disorder services		
Outpatient office visit	\$35	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30%	50% ded applies
Inpatient	30%	50% ded applies
Other services		
Durable medical equipment	30%	50% ded applies
Acupuncture services	\$15	50% ded applies
Chiropractic services	\$15 (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 / \$60 / \$85	Not Covered
Tier 4 Specialty drugs ⁶	30%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0	10% ded waived
Pediatric vision		
Routine eye exam	\$0	Not Covered
Glasses	\$0	Not Covered

Gold PPO 500/20

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$500 / \$1,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,100 / \$14,200	\$14,200 / \$28,400
Professional services		
PCP office visit	\$20 ded waived	50% ded applies
Specialist office visit	\$40 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$20 ded waived	50% ded applies
X-ray procedures	\$30 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 20% ded applies / \$250 + 20% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	20% ded applies	50% ded applies
Skilled nursing facility	20% ded applies	50% ded applies
Emergency services		
Urgent care services	\$20 ded waived	50% ded applies
Emergency room facility	\$250 + 20% ded applies	\$250 + 20% ded applies
Ambulance (ground and air)	\$250 + 20% ded applies	\$250 + 20% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$20 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	20% ded applies	50% ded applies
Inpatient	20% ded applies	50% ded applies
Other services		
Durable medical equipment	20% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$50 ded applies / \$80 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold PPO 500/30

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$500 / \$1,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$8,600 / \$17,200	\$17,200 / \$34,400
Professional services		
PCP office visit	\$30 ded waived	50% ded applies
Specialist office visit	\$60 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$30 ded waived	50% ded applies
X-ray procedures	\$65 ded waived	50% ded applies
Laboratory procedures	\$25 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% ded waived	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	20% ded waived / 20% ded waived	50% ded applies / 50% ded applies
Inpatient hospital	20% ded waived	50% ded applies
Skilled nursing facility	20% ded waived	50% ded applies
Emergency services		
Urgent care services	\$30 ded waived	50% ded applies
Emergency room facility	20% ded applies	20% ded applies
Ambulance (ground and air)	20% ded applies	20% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$30 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	20% ded waived (up to \$30)	50% ded applies
Inpatient	20% ded applies	50% ded applies
Other services		
Durable medical equipment	20% ded waived	50% ded applies
Acupuncture services	\$25 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 / \$50 / \$80	Not Covered
Tier 4 Specialty drugs ⁵	20%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold PPO 500/20

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$500 / \$1,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$8,150 / \$16,300	\$16,300 / \$32,600
Professional services		
PCP office visit	\$20 ded waived	50% ded applies
Specialist office visit	\$40 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$20 ded waived	50% ded applies
X-ray procedures	\$30 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 20% ded applies / \$250 + 20% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	20% ded applies	50% ded applies
Skilled nursing facility	20% ded applies	50% ded applies
Emergency services		
Urgent care services	\$20 ded waived	50% ded applies
Emergency room facility	\$250 + 20% ded applies	\$250 + 20% ded applies
Ambulance (ground and air)	\$250 + 20% ded applies	\$250 + 20% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$20 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	20% ded applies	50% ded applies
Inpatient	20% ded applies	50% ded applies
Other services		
Durable medical equipment	20% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$50 ded applies / \$80 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold PPO 750/25

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-pocket maximum (individual / family) ²	\$8,250 / \$16,500	\$16,500 / \$33,000
Professional services		
PCP office visit	\$25 ded waived	50% ded applies
Specialist office visit	\$50 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$25 ded waived	50% ded applies
X-ray procedures	\$30 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	25% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 25% ded applies / \$250 + 25% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	25% ded applies	50% ded applies
Skilled nursing facility	25% ded applies	50% ded applies
Emergency services		
Urgent care services	\$25 ded waived	50% ded applies
Emergency room facility	\$250 + 25% ded applies	\$250 + 25% ded applies
Ambulance (ground and air)	\$250 + 25% ded applies	\$250 + 25% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$25 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	25% ded applies	50% ded applies
Inpatient	25% ded applies	50% ded applies
Other services		
Durable medical equipment	25% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$50 ded applies / \$80 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold PPO 1000/30

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$8,500 / \$17,000	\$17,000 / \$34,000
Professional services		
PCP office visit	\$30 ded waived	50% ded applies
Specialist office visit	\$55 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$30 ded waived	50% ded applies
X-ray procedures	\$30 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	25% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 25% ded applies / \$250 + 25% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	25% ded applies	50% ded applies
Skilled nursing facility	25% ded applies	50% ded applies
Emergency services		
Urgent care services	\$30 ded waived	50% ded applies
Emergency room facility	\$250 + 25% ded applies	\$250 + 25% ded applies
Ambulance (ground and air)	\$250 + 25% ded applies	\$250 + 25% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$30 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	25% ded applies	50% ded applies
Inpatient	25% ded applies	50% ded applies
Other services		
Durable medical equipment	25% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$50 ded applies / \$80 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold PPO 1500/35

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-pocket maximum (individual / family) ²	\$7,800 / \$15,600	\$15,600 / \$31,200
Professional services		
PCP office visit	\$35 ded waived	50% ded applies
Specialist office visit	\$60 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$35 ded waived	50% ded applies
X-ray procedures	\$60 ded waived	50% ded applies
Laboratory procedures	\$60 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 30% ded applies / \$250 + 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$35 ded waived	50% ded applies
Emergency room facility	\$250 + 30% ded applies	\$250 + 30% ded applies
Ambulance (ground and air)	\$250 + 30% ded applies	\$250 + 30% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$35 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30% ded applies	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$55 ded applies / \$95 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold HDHP PPO 1750/30%

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,750 / \$3,500	\$3,500 / \$7,000
Out-of-pocket maximum (individual / family) ²	\$4,800 / \$9,600	\$9,600 / \$19,200
Professional services		
PCP office visit	30% ded applies	50% ded applies
Specialist office visit	30% ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	30% ded applies	50% ded applies
X-ray procedures	30% ded applies	50% ded applies
Laboratory procedures	30% ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	30% ded applies	50% ded applies
Emergency room facility	30% ded applies	30% ded applies
Ambulance (ground and air)	30% ded applies	30% ded applies
Mental health and substance use disorder services		
Outpatient office visit	30% ded applies	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30% ded applies	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	50% ded applies
Acupuncture services	\$15 ded applies	50% ded applies
Chiropractic services	\$15 ded applies (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded applies / \$30 ded applies / \$50 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver PPO 1750/50

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,750 / \$3,500	\$3,500 / \$7,000
Out-of-pocket maximum (individual / family) ²	\$9,500 / \$19,000	\$19,000 / \$38,000
Professional services		
PCP office visit	\$50 ded waived	50% ded applies
Specialist office visit	\$65 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$50 ded waived	50% ded applies
X-ray procedures	\$65 ded waived	50% ded applies
Laboratory procedures	\$65 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 40% ded applies / \$250 + 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$50 ded waived	50% ded applies
Emergency room facility	\$250 + 40% ded applies	\$250 + 40% ded applies
Ambulance (ground and air)	\$250 + 40% ded applies	\$250 + 40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$50 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$25 ded waived / \$75 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver PPO 2250/55

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$2,250 / \$4,500	\$4,500 / \$9,000
Out-of-pocket maximum (individual / family) ²	\$9,800 / \$19,600	\$19,600 / \$39,200
Professional services		
PCP office visit	\$55 ded waived	50% ded applies
Specialist office visit	\$70 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$55 ded waived	50% ded applies
X-ray procedures	\$70 ded waived	50% ded applies
Laboratory procedures	\$70 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 40% ded applies / \$250 + 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$55 ded waived	50% ded applies
Emergency room facility	\$250 + 40% ded applies	\$250 + 40% ded applies
Ambulance (ground and air)	\$250 + 40% ded applies	\$250 + 40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$55 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 ded waived / \$75 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver PPO 2500/60 STD

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-pocket maximum (individual / family) ²	\$9,000 / \$18,000	\$18,000 / \$36,000
Professional services		
PCP office visit	\$60 ded waived	50% ded applies
Specialist office visit	\$90 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$60 ded waived	50% ded applies
X-ray procedures	\$90 ded waived	50% ded applies
Laboratory procedures	\$55 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded waived	50% ded applies
Skilled nursing facility	40% ded waived	50% ded applies
Emergency services		
Urgent care services	\$60 ded waived	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$60 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded waived (up to \$60)	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded waived	50% ded applies
Acupuncture services	\$55 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$350 / \$700	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$25 ded waived / \$80 ded applies / \$110 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver PPO 2500/60 ALT

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-pocket maximum (individual / family) ²	\$11,000 / \$22,000	\$22,000 / \$44,000
Professional services		
PCP office visit	\$60 ded waived	50% ded applies
Specialist office visit	\$75 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$60 ded waived	50% ded applies
X-ray procedures	\$75 ded waived	50% ded applies
Laboratory procedures	\$75 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 40% ded applies / \$250 + 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$60 ded waived	50% ded applies
Emergency room facility	\$250 + 40% ded applies	\$250 + 40% ded applies
Ambulance (ground and air)	\$250 + 40% ded applies	\$250 + 40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$60 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 ded waived / \$75 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver PPO 2900/65

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$2,900 / \$5,800	\$5,800 / \$11,600
Out-of-pocket maximum (individual / family) ²	\$10,800 / \$21,600	\$21,600 / \$43,200
Professional services		
PCP office visit	\$65 ded waived	50% ded applies
Specialist office visit	\$80 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$65 ded waived	50% ded applies
X-ray procedures	\$80 ded waived	50% ded applies
Laboratory procedures	\$80 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	\$250 + 40% ded applies / \$250 + 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$65 ded waived	50% ded applies
Emergency room facility	\$250 + 40% ded applies	\$250 + 40% ded applies
Ambulance (ground and air)	\$250 + 40% ded applies	\$250 + 40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$65 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$500 / \$1,000	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 ded waived / \$75 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver HDHP PPO 1750/50%

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,750 / \$3,500	\$3,500 / \$7,000
Out-of-pocket maximum (individual / family) ²	\$8,700 / \$17,400	\$17,400 / \$34,800
Professional services		
PCP office visit	50% ded applies	50% ded applies
Specialist office visit	50% ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	50% ded applies	50% ded applies
X-ray procedures	50% ded applies	50% ded applies
Laboratory procedures	50% ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	50% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	50% ded applies / 50% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	50% ded applies	50% ded applies
Skilled nursing facility	50% ded applies	50% ded applies
Emergency services		
Urgent care services	50% ded applies	50% ded applies
Emergency room facility	50% ded applies	50% ded applies
Ambulance (ground and air)	50% ded applies	50% ded applies
Mental health and substance use disorder services		
Outpatient office visit	50% ded applies	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	50% ded applies	50% ded applies
Inpatient	50% ded applies	50% ded applies
Other services		
Durable medical equipment	50% ded applies	50% ded applies
Acupuncture services	\$15 ded applies	50% ded applies
Chiropractic services	\$15 ded applies (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 ded applies / \$70 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	50% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver HDHP PPO 3500/35%

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$3,500 / \$7,000	\$7,000 / \$14,000
Out-of-pocket maximum (individual / family) ²	\$8,500 / \$17,000	\$17,000 / \$34,000
Professional services		
PCP office visit	35% ded applies	50% ded applies
Specialist office visit	35% ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	35% ded applies	50% ded applies
X-ray procedures	35% ded applies	50% ded applies
Laboratory procedures	35% ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	35% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	35% ded applies / 35% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	35% ded applies	50% ded applies
Skilled nursing facility	35% ded applies	50% ded applies
Emergency services		
Urgent care services	35% ded applies	50% ded applies
Emergency room facility	35% ded applies	35% ded applies
Ambulance (ground and air)	35% ded applies	35% ded applies
Mental health and substance use disorder services		
Outpatient office visit	35% ded applies	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	35% ded applies	50% ded applies
Inpatient	35% ded applies	50% ded applies
Other services		
Durable medical equipment	35% ded applies	50% ded applies
Acupuncture services	\$15 ded applies	50% ded applies
Chiropractic services	\$15 ded applies (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 ded applies / \$70 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	35% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Bronze PPO 5800/60

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$5,800 / \$11,600	\$11,600 / \$23,200
Out-of-pocket maximum (individual / family) ²	\$11,650 / \$23,300	\$23,300 / \$46,600
Professional services		
PCP office visit	\$60 ded waived	50% ded applies
Specialist office visit	visits 1-3 \$100 ded waived / visits 4+ \$100 ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$60 ded waived	50% ded applies
X-ray procedures	40% ded applies	50% ded applies
Laboratory procedures	\$50 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$60 ded waived	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$60 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded waived (up to \$60)	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$60 ded waived	50% ded applies
Chiropractic services	\$15 ded waived (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$450 / \$900	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$20 ded waived / 40% ded applies / 40% ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Bronze HDHP PPO 7800/0%

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$7,800 / \$15,600	\$15,600 / \$31,200
Out-of-pocket maximum (individual / family) ²	\$7,800 / \$15,600	\$15,600 / \$31,200
Professional services		
PCP office visit	0% ded applies	50% ded applies
Specialist office visit	0% ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	0% ded applies	50% ded applies
X-ray procedures	0% ded applies	50% ded applies
Laboratory procedures	0% ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	0% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	0% ded applies / 0% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	0% ded applies	50% ded applies
Skilled nursing facility	0% ded applies	50% ded applies
Emergency services		
Urgent care services	0% ded applies	50% ded applies
Emergency room facility	0% ded applies	0% ded applies
Ambulance (ground and air)	0% ded applies	0% ded applies
Mental health and substance use disorder services		
Outpatient office visit	0% ded applies	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	0% ded applies	50% ded applies
Inpatient	0% ded applies	50% ded applies
Other services		
Durable medical equipment	0% ded applies	50% ded applies
Acupuncture services	0% ded applies	50% ded applies
Chiropractic services	0% ded applies (If Chiro Rider is Purchased)	50% ded applies (If Chiro Rider is Purchased)
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	0% ded applies / 0% ded applies / 0% ded applies	Not Covered
Tier 4 Specialty drugs ⁶	0% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

HMO Portfolio

SMALL GROUP SOLUTIONS 2027

Your guide to Health Net
plans for 1–100 employees



HMO Platinum \$10

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$5,000 / \$10,000
Professional services	
PCP office visit	\$10
Specialist office visit	\$30
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$10
X-ray procedures	\$20
Laboratory procedures	\$20
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$350
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$140 / \$350
Inpatient hospital	\$350/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$10
Emergency room facility	\$350
Ambulance (ground and air)	\$350
Mental health and substance use disorder services	
Outpatient office visit	\$10
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$10
Inpatient	\$350/day up to 4 days
Other services	
Durable medical equipment	10%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$5 / \$30 / \$50
Tier 4 Specialty drugs	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Platinum \$20

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$5,250 / \$10,500
Professional services	
PCP office visit	\$20
Specialist office visit	\$40
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$20
X-ray procedures	\$20
Laboratory procedures	\$20
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$350
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$140 / \$350
Inpatient hospital	\$450/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$20
Emergency room facility	\$350
Ambulance (ground and air)	\$350
Mental health and substance use disorder services	
Outpatient office visit	\$20
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$20
Inpatient	\$450/day up to 4 days
Other services	
Durable medical equipment	20%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$5 / \$30 / \$50
Tier 4 Specialty drugs	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Platinum \$30

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$5,500 / \$11,000
Professional services	
PCP office visit	\$30
Specialist office visit	\$50
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$30
X-ray procedures	\$30
Laboratory procedures	\$30
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$350
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$160 / \$400
Inpatient hospital	\$500/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$30
Emergency room facility	\$350
Ambulance (ground and air)	\$350
Mental health and substance use disorder services	
Outpatient office visit	\$30
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$30
Inpatient	\$500/day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$5 / \$30 / \$50
Tier 4 Specialty drugs	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Platinum \$35

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$6,000 / \$12,000
Professional services	
PCP office visit	\$35
Specialist office visit	\$55
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$35
X-ray procedures	\$30
Laboratory procedures	\$30
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$350
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$200 / \$500
Inpatient hospital	\$600/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$35
Emergency room facility	\$350
Ambulance (ground and air)	\$350
Mental health and substance use disorder services	
Outpatient office visit	\$35
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$35
Inpatient	\$600/day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$5 / \$30 / \$50
Tier 4 Specialty drugs	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$30

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$8,700 / \$17,400
Professional services	
PCP office visit	\$30
Specialist office visit	\$50
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$30
X-ray procedures	\$40
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$400
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$360 / \$900
Inpatient hospital	\$750/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$30
Emergency room facility	\$400
Ambulance (ground and air)	\$400
Mental health and substance use disorder services	
Outpatient office visit	\$30
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$30
Inpatient	\$750/day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$20 / \$50 / \$70
Tier 4 Specialty drugs	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$35

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$9,250 / \$18,500
Professional services	
PCP office visit	\$35
Specialist office visit	\$55
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$35
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$400
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$480 / \$1,200
Inpatient hospital	\$750/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$35
Emergency room facility	\$400
Ambulance (ground and air)	\$400
Mental health and substance use disorder services	
Outpatient office visit	\$35
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$35
Inpatient	\$750/day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$15 / \$50 / \$70
Tier 4 Specialty drugs	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$40

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$9,500 / \$19,000
Professional services	
PCP office visit	\$40
Specialist office visit	\$60
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$40
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$400
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$480 / \$1,200
Inpatient hospital	\$750/day up to 4 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$40
Emergency room facility	\$400
Ambulance (ground and air)	\$400
Mental health and substance use disorder services	
Outpatient office visit	\$40
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$40
Inpatient	\$750/day up to 4 days
Other services	
Durable medical equipment	40%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$15 / \$50 / \$70
Tier 4 Specialty drugs	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$50

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$10,000 / \$20,000
Professional services	
PCP office visit	\$50
Specialist office visit	\$70
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$50
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$400
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$520 / \$1,300
Inpatient hospital	\$900/day up to 5 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$50
Emergency room facility	\$400
Ambulance (ground and air)	\$400
Mental health and substance use disorder services	
Outpatient office visit	\$50
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$50
Inpatient	\$900/day up to 5 days
Other services	
Durable medical equipment	40%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$15 / \$50 / \$70
Tier 4 Specialty drugs	40%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$55

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$11,000 / \$22,000
Professional services	
PCP office visit	\$55
Specialist office visit	\$75
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$55
X-ray procedures	\$60
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$400
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$520 / \$1,300
Inpatient hospital	\$900/day up to 5 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$55
Emergency room facility	\$400
Ambulance (ground and air)	\$400
Mental health and substance use disorder services	
Outpatient office visit	\$55
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$55
Inpatient	\$900/day up to 5 days
Other services	
Durable medical equipment	40%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$15 / \$50 / \$70
Tier 4 Specialty drugs	40%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Silver \$55

Available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$11,500 / \$23,000
Professional services	
PCP office visit	\$55
Specialist office visit	\$90
Preventive care services	\$0
Telehealth services through Health Net's Select Telehealth Service Provider	\$0
Rehabilitation therapy	\$55
X-ray procedures	\$60
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$400
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	40% / 50%
Inpatient hospital	\$900/day up to 5 days
Skilled nursing facility	\$25/day
Emergency services	
Urgent care services	\$55
Emergency room facility	50%
Ambulance (ground and air)	50%
Mental health and substance use disorder services	
Outpatient office visit	\$55
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$55
Inpatient	\$900/day up to 5 days
Other services	
Durable medical equipment	50%
Acupuncture services	\$15
Chiropractic services	\$15 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier ³	\$20 ded waived / 50% ded applies / 50% ded applies
Tier 4 Specialty drugs	50% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

Salud HMO y Más – SIMNSA network

AVAILABLE ONLY WITH THE SALUD HMO Y MÁS NETWORK. THE SIMNSA TIER BENEFITS ARE THE SAME REGARDLESS OF WHICH SALUD HMO Y MÁS PLAN DESIGN IS SELECTED.

Benefit description ¹	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family) ²	\$1,500 / \$4,500
Professional services	
PCP office visit	\$5
Specialist office visit	\$5
Preventive care services ³	\$0
Telehealth services through Health Net's Select Telehealth Service Provider ⁴	Not Covered
Rehabilitation therapy	\$5
X-ray procedures	\$0
Laboratory procedures	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$0
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$0 / \$0
Inpatient hospital	\$0
Skilled nursing facility	\$0
Emergency services	
Urgent care services	\$10
Emergency room facility	\$10
Ambulance (Only ground ambulance is covered under SIMNSA)	Ground: \$0 / Air: Not Covered
Mental health and substance use disorder services	
Outpatient office visit	\$5
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$0
Other services	
Durable medical equipment	\$0
Acupuncture services	Not Covered
Chiropractic services	Not Covered
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$5 / \$5 / \$5
Tier 4 Specialty drugs ⁶	\$5
Pediatric dental	
Diagnostic and preventive services	Not Covered
Pediatric vision	
Routine eye exam	Not Covered
Glasses	Not Covered

Infertility Benefits

Health Net offers an infertility option with each of our California Small Business Group plans.

The same plans are available without infertility benefits at a lower cost.

A summary of covered and excluded infertility services for plans with the infertility option is outlined below. Please see the *Evidence of Coverage (EOC)* for complete details on coverage and exclusions.

Covered services:

- Artificial insemination.
- Office visits (professional services).
- Gamete intrafallopian transfer (GIFT).
- Follicle ultrasounds.
- Sperm washing.
- Prescription drugs (oral).
- Inpatient and outpatient care.
- In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum.
- Services or supplies (including injections and injectable medications) which prepare the member to receive these services.
- Treatment by injections (only when provided in connection with services that are covered by the plan).
- Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility are covered. Iatrogenic infertility is infertility that is caused by a medical intervention, including reactions from prescribed drugs or from medical or surgical procedures for conditions such as cancer or gender dysphoria.¹
- At least one attempt to collect and retrieve sperm and oocytes.
- If a member is using the services of a surrogate to treat the member's own infertility, medically necessary health testing of the surrogate is covered for each attempt to collect eggs or sperm, to create embryos, and for each attempt to achieve a pregnancy.
- Cryopreservation and storage of sperm, oocytes, and embryos for a period of at least one year from the time the genetic material is first cryopreserved.

(Infertility services are covered only for the Health Net member)

Excluded services:

- Pre-implantation genetic diagnosis.
- Donor compensation, donor agency fees, and legal fees associated with a donor agreement.
- The surrogates own health care costs after the embryo transfer procedure (including maternity care), except as required under the surrogate's own health plan contract.

Infertility benefit details

For HMO and PPO plans

- Applicable deductibles or copays apply to all required services and supplies. For example, if the Infertility service requires an office visit, then the office visit copay applies.
- Infertility benefits apply to the calendar year out-of-pocket maximum.

¹Coverage is provided on all plans, even when infertility services coverage is not purchased. See your EOC for additional information.

Footnotes

Platinum \$10, Platinum \$20, Platinum \$30, Platinum \$35, Gold \$30, Gold \$35, Gold \$40, Gold \$50, Gold \$55, Silver \$55

¹Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). These recommendations are referred to as Bright Futures. Guidelines for women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

²Listed cost share is for services provided through Health Net's Select Telehealth Services Provider, as listed on the member ID card. For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

³The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Drug List, go to Health Net's website.

⁴Tier 4 drugs when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

Salud HMO y Más – SIMNSA Network

¹In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA Network, except for emergency services.

²Any copayment or coinsurance paid for covered services in either the Salud Network or the SIMNSA Network will be credited to the individual OOPM of both networks.

³Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). These recommendations are referred to as Bright Futures. Guidelines for women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

⁴Listed cost share is for services provided through Health Net's Select Telehealth Services Provider, as listed on the member ID card. For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

⁵The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Drug List, go to Health Net's website.

⁶Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

PPO

¹Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers.

²Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers, and copayments or coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.

³Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). These recommendations are referred to as Bright Futures. Guidelines for women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

⁴Listed cost share is for services provided through Health Net's Select Telehealth Services Provider, as listed on the member ID card. For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

⁵The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Drug List, go to Health Net's website.

⁶Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

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