

Health Net of California, Inc. (Health Net)

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



Renewal Guide

SMALL GROUP SOLUTIONS 2027

Small Business Group



HealthNet.com



Satisfaction Starts Here

SMALL GROUP SOLUTIONS

Move your business forward by offering your employees affordable, flexible options. With a wide range of small business-focused solutions available, it's easy to find the plan that fits.



Choose from a wide range of cost and coverage options

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



Match the plan and network of your choice

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



Ensure around-the-clock access to care

Virtual doctor visits via telehealth are available for all HMO and PPO plans in 2027. Plus, the Nurse Advice Line is another 24/7 resource for over-the-phone health advice and support for all plans.



Ask our “at-your-service” team

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

The Cigna Healthcare® PPO Network¹

Health Net PPO members with out-of-state coverage have access at the in-network coverage level through Cigna® Healthcare PPO network. Cigna is a national network with more than 1.5 million health care providers and more than 6,400 hospitals from a trusted brand.²

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.

²Cigna 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.

Table of Contents



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

Small Group Solutions	3
Pick Your Plan, Pick Your Network	4
Network Portfolio At-a-Glance	5
Choices by Location	7
Medical Portfolio At-a-Glance	10
Underwriting Guideline Summary	13
Enhanced Choice Package	13
Understanding Rates	14
Value Beyond Your Benefits	15
Health & Wellness	17
Telehealth and resource options	19
Health Net online and on the go	20
Ancillary Programs	21
Health Net Dental	22
Health Net Vision	25
Chiropractic and Acupuncture Care	28
Rate Guide	31
Dental	32
Vision	35
Chiropractic	35
Group Administration	37
Application tips	38
Employee additions, changes and more	38
Online billing and enrollment	39
Appendix/Forms	40
Contact Us	Back cover

Small Group Solutions

ROBUST, FLEXIBLE, AFFORDABLE COVERAGE OPTIONS

Questions? Need more information?

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

Pick Your Plan, Pick Your Network

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



Key Renewal Deadline

Renew by the 18th!

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

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

This will avoid:

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

HMO

Step 1: Pick your plan design.

	Platinum \$10
	Platinum \$20
	Platinum \$30
	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%	

Step 2: Pair your plan with the network we offer in your location.

	Full PPO Network
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Network Portfolio At-a-Glance

Health Net's small group offerings equip you with choices to satisfy your employees with coverage that's relevant, local and affordable.

Product and network details

Medical and pharmacy product or network	Description
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 one of the largest in California, with 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® Healthcare PPO network. Cigna has a wide national network that includes more than 6,400 hospitals, over 1.5 million physicians and multiple ancillary 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 61,074 physicians (PCPs & Specialists) and over 253 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 34,107 physicians (PCPs/ Specialists) and over 244 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 15,157 physicians (PCPs/Specialists) and over 141 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 11,234 physicians (PCPs/specialists) and 66 hospitals across the Salud service area. All while being one of the lowest priced HMOs in Southern California.

(continued)

Medical and pharmacy product or network	Description
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.

Choices by Location

Region	We offer...	With this network
1	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties	PPO Platinum, Gold, Silver, and Bronze Full Network PPO
	Nevada County	HMO Platinum, Gold, Silver Your choice of: • Full Network • WholeCare
		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

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

2027 Health Net Small Group HMO and PPO plans are pending completion of regulatory review

Plan name 	Member(s) In-Network responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / specialist visit	Lab / x-rays	Outpatient		Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
					Outpatient surgery (ASC / hospital)	Facility services (other than surgery)				Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
Plan designs offered on Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más ¹ available through Health Net of California, Inc.											
Platinum \$10	\$0	\$5,000 / \$10,000	\$10 / \$30	\$20/\$20	\$140 / \$350	10%	\$350 per day (4-day max copay per admission)	\$350	\$10	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$20	\$0	\$5,250 / \$10,500	\$20 / \$40	\$20/\$20	\$140 / \$350	20%	\$450 per day (4-day max copay per admission)	\$350	\$20	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$30	\$0	\$5,500 / \$11,000	\$30 / \$50	\$30/\$30	\$160 / \$400	30%	\$500 per day (4-day max copay per admission)	\$350	\$30	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$35	\$0	\$6,000 / \$12,000	\$35 / \$55	\$30/\$30	\$200 / \$500	30%	\$600 per day (4-day max copay per admission)	\$350	\$35	\$0	\$5 / \$30 / \$50 / 30% ²
Gold \$30	\$0	\$8,700 / \$17,400	\$30 / \$50	\$40/\$40	\$360 / \$900	30%	\$750 per day (4-day max copay per admission)	\$400	\$30	\$0	\$20 / \$50 / \$70 / 30% ²
Gold \$35	\$0	\$9,250 / \$18,500	\$35 / \$55	\$40/\$50	\$480 / \$1,200	30%	\$750 per day (4-day max copay per admission)	\$400	\$35	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$40	\$0	\$9,500 / \$19,000	\$40 / \$60	\$40/\$50	\$480 / \$1,200	40%	\$750 per day (4-day max copay per admission)	\$400	\$40	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$50	\$0	\$10,000 / \$20,000	\$50 / \$70	\$40/\$50	\$520 / \$1,300	40%	\$900 per day (5-day max copay per admission)	\$400	\$50	\$0	\$15 / \$50 / \$70 / 40% ²
Gold \$55	\$0	\$11,000 / \$22,000	\$55 / \$75	\$40/\$60	\$520 / \$1,300	40%	\$900 per day (5-day max copay per admission)	\$400	\$55	\$0	\$15 / \$50 / \$70 / 40% ²
Silver \$55	\$0	\$11,500 / \$23,000	\$55 / \$90	\$40/\$60	40% / 50%	50%	\$900 per day (5-day max copay per admission)	50%	\$55	\$500 / \$1,000	\$20 ³ / 50% ² / 50% ² / 50% ²

(continued)

2027

Plan name 	Member(s) In-Network responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / specialist visit	Lab / x-rays	Outpatient		Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
					Outpatient surgery (ASC / hospital)	Facility services (other than surgery)				Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
Plan designs offered on PPO network ¹ through Health Net of California, Inc.											
Platinum PPO 0/5	\$0 / \$0	\$5,200 / \$10,400	\$5 / \$30	\$30 / \$30	\$250 + 10% / \$250 + 10%	10%	10%	\$250 + 10%	\$5	\$0	\$10 / \$35 / \$60 / 10% ²
Platinum PPO 0/25	\$0 / \$0	\$5,000 / \$10,000	\$25 / \$40	\$25 / \$45	10% / 10%	10%	10%	\$250	\$25	\$0	\$10 / \$30 / \$40 / 10% ²
Platinum PPO 250/15	\$250 / \$500	\$5,000 / \$10,000	\$15 ³ / \$30 ³	\$30 ³ / \$30 ³	\$250 + 20% / \$250 + 20%	20%	20%	\$250 + 20%	\$15 ³	\$0	\$10 / \$35 / \$60 / 20% ²
Platinum PPO 500/20	\$500 / \$1,000	\$5,300 / \$10,600	\$20 ³ / \$35 ³	\$35 ³ / \$35 ³	\$250 + 25% / \$250 + 25%	25%	25%	\$250 + 25%	\$20 ³	\$0	\$10 / \$35 / \$60 / 30% ²
Gold PPO 0/35	\$0 / \$0	\$9,500 / \$19,000	\$35 / \$55	\$55 / \$55	\$250 + 30% / \$250 + 30%	30%	30%	\$250 + 30%	\$35	\$0	\$20 / \$60 / \$85 / 30% ²
Gold PPO 500/20	\$500 / \$1,000	\$7,100 / \$14,200	\$20 ³ / \$40 ³	\$30 ³ / \$30 ³	\$250 + 20% / \$250 + 20%	20%	20%	\$250 + 20%	\$20 ³	\$250 / \$500	\$15 ³ / \$50 / \$80 / 30% ²
Gold PPO 500/30	\$500 / \$1,000	\$8,600 / \$17,200	\$30 ³ / \$60 ³	\$25 ³ / \$65 ³	20% ³ / 20% ³	20% ³	20%	20%	\$30 ³	\$0	\$20 / \$50 / \$80 / 20% ²
Gold PPO 750/25	\$750 / \$1,500	\$8,250 / \$16,500	\$25 ³ / \$50 ³	\$30 ³ / \$30 ³	\$250 + 25% / \$250 + 25%	25%	25%	\$250 + 25%	\$25 ³	\$250 / \$500	\$15 ³ / \$50 / \$80 / 30% ²
Gold PPO 1000/30	\$1,000 / \$2,000	\$8,500 / \$17,000	\$30 ³ / \$55 ³	\$30 ³ / \$30 ³	\$250 + 25% / \$250 + 25%	25%	25%	\$250 + 25%	\$30 ³	\$250 / \$500	\$15 ³ / \$50 / \$80 / 30% ²
Gold PPO 1500/35	\$1,500 / \$3,000	\$7,800 / \$15,600	\$35 ³ / \$60 ³	\$60 ³ / \$60 ³	\$250 + 30% / \$250 + 30%	30%	30%	\$250 + 30%	\$35 ³	\$250 / \$500	\$15 ³ / \$55 / \$95 / 30% ²
Gold HDHP PPO 1750/30%	\$1,750 / \$3,500	\$4,800 / \$9,600	30% / 30%	30% / 30%	30% / 30%	30%	30%	30%	30%	\$1,750 / \$3,500 integrated med / Rx ded	\$15 / \$30 / \$50 / 30% ²
Silver PPO 1750/50	\$1,750 / \$3,500	\$9,500 / \$19,000	\$50 ³ / \$65 ³	\$65 ³ / \$65 ³	\$250 + 40% / \$250 + 40%	40%	40%	\$250 + 40%	\$50 ³	\$300 / \$600	\$25 ³ / \$75 / \$100 / 40% ²
Silver HDHP PPO 1750/50%	\$1,750 / \$3,500	\$8,700 / \$17,400	50% / 50%	50% / 50%	50% / 50%	50%	50%	50%	50%	\$1,750 / \$3,500 integrated med / Rx ded	\$20 / \$70 / \$100 / 50% ²
Silver PPO 2250/55	\$2,250 / \$4,500	\$9,800 / \$19,600	\$55 ³ / \$70 ³	\$70 ³ / \$70 ³	\$250 + 40% / \$250 + 40%	40%	40%	\$250 + 40%	\$55 ³	\$300 / \$600	\$20 ³ / \$75 / \$100 / 40% ²
Silver PPO 2500/60 ALT	\$2,500 / \$5,000	\$11,000 / \$22,000	\$60 ³ / \$75 ³	\$75 ³ / \$75 ³	\$250 + 40% / \$250 + 40%	40%	40%	\$250 + 40%	\$60 ³	\$300 / \$600	\$20 ³ / \$75 / \$100 / 40% ²
Silver PPO 2500/60 STD	\$2,500 / \$5,000	\$9,000 / \$18,000	\$60 ³ / \$90 ³	\$55 ³ / \$90 ³	40% / 40%	40% ³	40%	40%	\$60 ³	\$350 / \$700	\$25 ³ / \$80 / \$110 / 30% ²
Silver PPO 2900/65	\$2,900 / \$5,800	\$10,800 / \$21,600	\$65 ³ / \$80 ³	\$80 ³ / \$80 ³	\$250 + 40% / \$250 + 40%	40%	40%	\$250 + 40%	\$65 ³	\$500 / \$1,000	\$20 ³ / \$75 / \$100 / 40% ²
Silver HDHP PPO 3500/35%	\$3,500 / \$7,000	\$8,500 / \$17,000	35% / 35%	35% / 35%	35% / 35%	35%	35%	35%	35%	\$3,500 / \$7,000 integrated med/ Rx ded	\$20 / \$70 / \$100 / 35% ²

(continued)

2027

Plan name	Member(s) In-Network responsibility										
	Deductible (single / family)	Out-of- pocket maximum (single / family)	Office / specialist visit	Lab / x-rays	Outpatient		Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
					Outpatient surgery (ASC / hospital)	Facility services (other than surgery)				Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
Bronze PPO 5800/60	\$5,800 / \$11,600	\$11,650 / \$23,300	\$60 ³ / \$100 ⁵	\$50 ³ / 40%	40% / 40%	40%	40%	40%	\$60 ³	\$450 / \$900	\$20 ³ / 40% ⁴ / 40% ⁴ / 40% ⁴
Bronze HDHP PPO 7800/0%	\$7,800 / \$15,600	\$7,800 / \$15,600	0% / 0%	0% / 0%	0% / 0%	0%	0%	0%	0%	\$7,800 / \$15,600 integrated med/ Rx ded	0% / 0% / 0% / 0%

Health Net small group PPO family plans have an embedded per-member deductible and out-of-pocket maximum equal to the individual plan deductible and out-of-pocket maximum, with the exception of Health Net's Silver HDHP PPO 1750/50% and Gold HDHP PPO 1750/30% plans which have comprehensive (aggregate) deductibles.

Enhanced Choice: A simplified package offering access to all plans

Full Network HMO • WholeCare HMO • SmartCare HMO • Salud HMO y Más • Full Network PPO

Underwriting Guideline Summary



Effective on the first day of your renewal month, Health Net's Enhanced Choice offers small business groups a simplified package offering access to all plans.

Enhanced Choice program

Requirements and guidelines:

- Can be written as sole carrier or alongside another carrier.
- Minimum employer contribution of 50% of the lowest cost plan or \$100 per employee toward the employee-only rate.
- Composite rates are not available.
- If selected, the chiropractic rider will be applied to all HMO and PPO plans within the package.
- If selected, the infertility rider will be applied to all HMO and PPO plans within the package.

Group number assignments

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

Medicare secondary payer data collection

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

insurance benefits of Medicare beneficiaries who also have coverage under group health plan arrangements.

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

Enhanced Choice Package



HEALTH NET INVITES YOU TO BE CHOOSY!

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

Enhanced Choice

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

Understanding Rates

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

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

- Age – limited to a 1:3 ratio.
Example: The rate for a 64-year-old can't be more than three times (300%) the rate for a 21-year-old.
- Each family member is rated individually based on his/her age. For the purpose of rating, the member's age is determined at the time a plan is issued or renewed.
- Only the first three children under age 21 are charged.
- Rates based on the geographic rating region of the employer.
- Regional rating areas are now grouped together for rating based upon the regions chosen by the state of California.
- Health status has been removed as a rating factor.
- Your premium is priced as part of one Health Net rating pool.
- Your pricing is adjusted to reflect the average risk in the state of California.

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

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

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

You can use our benefit overviews to evaluate your options. Refer to pages 10-12 in this guide.

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

\$0.53

participant/month

charge to cover two other federal fees.

Value Beyond Your Benefits

Questions? Need more information?

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



Health Net Member Extras

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.

Health Net Online and on the Go

Self-service at www.healthnet.com

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

Employees can find what they need, right at their fingertips:

Access their digital Member ID Card

View their health plan benefits and stay informed

Find care – locate urgent care centers, hospitals or doctors

Access virtual care with Teladoc Health

Get important updates about their coverage and benefits

Change their Primary Care Physician (PCP)

Find a Provider

Need a doctor, specialist, or hospital?

Find a Provider gives members the most up-to-date list of in-network doctors, hospitals, urgent care centers, and other healthcare providers.



Ancillary Programs

Questions? Need more information?

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



Plans That Make You Smile

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

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

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

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

Dental HMO key plan benefits

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

Dental PPO key plan benefits

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

These plans include the following features:

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

Footnotes found at the end of this section.

- No waiting periods.
- All of our DPPO plans offer pregnant women additional cleanings and periodontal maintenance when medically necessary (not subject to the deductible and does not apply to the calendar year maximum).
- Employees and dependents receive the full amount of the orthodontia lifetime maximum, even if they have begun treatment under another carrier's dental PPO plan (applies only to DPPO Classic 5 1500, Essential 5 1500 plans, Classic 11 Unlimited, Essential 10 3000, and Essential 11 5000 with orthodontia coverage).
- DPPO Essential 10 3000 and DPPO Essential 11 5000 plans offer implant coverage for children and adults (subject to coinsurance).

Underwriting highlights

- Health Net DHMO and DPPO plans may be purchased separately or in conjunction with Health Net of California, Inc. medical coverage products.
- Dual option available – Group may select two DPPO plans, two DHMO plans or one DHMO and one DPPO plan. (Please see “Small Business Group Dental and Vision adult buy-up guidelines” to determine if the group qualifies for dual option.)
- Voluntary DPPO plans without orthodontia are available to groups with a minimum of two enrolled employees.
- Voluntary DPPO plans with orthodontia are available to groups of 5 or more enrolled employees.
- DPPO plans with implant coverage are available to groups of 5 or more enrolled employees.



Find dental providers
by visiting
[www.yourdentalplan.com/
healthnet](http://www.yourdentalplan.com/healthnet)

DPPO Classic Plans	DPPO Classic 4 1500		DPPO Classic 5 1500		DPPO Classic 7 Unlimited		DPPO Classic 11 Unlimited	
	In-network	Out-of-network ²	In-network	Out-of-network ²	In-network	Out-of-network ²	In-network	Out-of-network ²
Calendar year maximum	\$1,500		\$1,500		Unlimited		Unlimited	
Calendar year deductible	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% deductible waived		100% deductible waived	80% deductible waived	100% deductible waived		100% deductible waived	90% deductible waived
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible		80% after deductible		80% after deductible		90% after deductible	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible		50% after deductible		60% after deductible	
Orthodontia ³ (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum		Not covered		60% after deductible / \$3,000 lifetime maximum	

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

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

Footnotes found at the end of this section.

DPPO Essential Plans	DPPO Essential 2 1000		DPPO Essential 5 1500		DPPO Essential 6 1500		DPPO Essential 10 3000		DPPO Essential 11 5000	
	In-network	Out-of-network ⁴	In-network	Out-of-network ⁴	In-network	Out-of-network ⁴	In-network	Out-of-network ⁴	In-network	Out-of-network ⁴
Calendar year maximum	\$1,000		\$1,500		\$1,500		\$3,000		\$5,000	
Calendar year deductible	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$25 single / \$75 family	\$50 single / \$150 family	\$25 single / \$75 family	\$50 single / \$150 family
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% deductible waived		100% deductible waived		100% deductible waived		100% deductible waived		100% deductible waived	
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible		50% after deductible		60% after deductible		60% after deductible	
Implant Services ⁵	Not covered		Not covered		Not covered		50% after deductible		50% after deductible	
Orthodontia ³ (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum		Not covered		60% after deductible / \$3,000 lifetime maximum		60% after deductible / \$5,000 lifetime maximum	

DHMO Plus Plans	DHMO Plus 150	DHMO Plus 225
	In-network	In-network
Calendar year maximum	N/A	N/A
Calendar year deductible	N/A	N/A
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	\$0	\$0
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	Up to \$265	Up to \$380
Major services (crowns, removable and fixed bridges, complete and partial dentures)	Up to \$365	Up to \$365
Implant Services	Up to \$1,950	Up to \$1,950
Orthodontia (adult and child)	Up to \$1,695	Up to \$1,695

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

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

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

Footnotes found at the end of this section.

Vision Plans with a Clear Advantage

With a range of copay and frame/lens allowance options to choose from, your employees can find a vision plan that matches their lifestyles and budgets.

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

- A diverse network of independent and retail providers, including LensCrafters.
- Employees and dependents can see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- Discounts of 5–15% on LASIK and PRK from U.S. Laser Network.⁶



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



Vision Plans

Vision Plans

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

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

Preferred 1025-3		Preferred Value 10-3		Plus 20-1		Exam only	
Member cost	OON allowance	Member cost	OON allowance	Member cost	OON allowance	Member cost	OON allowance
\$10 copay	Up to \$40	Not covered	Not covered	\$20 copay	Up to \$40	\$0 copay	Up to \$40
\$25 copay	Up to \$40	\$10 copay	Up to \$40	\$50 copay	No discount	Not covered	No discount
\$25 copay	Up to \$60	\$10 copay	Up to \$60	\$70 copay	No discount	Not covered	No discount
\$25 copay	Up to \$80	\$10 copay	Up to \$80	\$105 copay	No discount	Not covered	No discount
\$25 copay	Up to \$80	\$10 copay	Up to \$80	Not covered	Not covered	Not covered	No discount
\$90 copay	Up to \$60	\$75 copay	Up to \$60	\$135 copay	No discount	Not covered	No discount
\$90, then 80% of total charges less \$120 allowance	Up to \$60	\$75, then 80% of total charges less \$120 allowance	Up to \$60	Not covered	Not covered	Not covered	No discount
\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	35% discount off retail price	No discount	Not covered	Not covered
\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount	Not covered	No discount
\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount	Not covered	No discount
\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount	Not covered	No discount
\$40 copay	No discount	\$40 copay	No discount	\$40 copay	No discount	Not covered	No discount
\$45 copay	No discount	\$45 copay	No discount	\$45 copay	No discount	Not covered	No discount
20% discount	No discount	20% discount	No discount	20% discount	No discount	Not covered	No discount
\$90 allowance	No discount	\$90 allowance	No discount	Not covered	Not covered	Not covered	Not covered
\$0 copay, plus 15% discount off balance over allowance	Up to \$105	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	Not covered	Not covered	Not covered	Not covered
\$0 copay, plus balance over allowance	Up to \$105	\$0 copay, plus balance over allowance	Up to \$105	Not covered	Not covered	Not covered	Not covered
Paid in full	Up to \$210	Paid in full	Up to \$210	Not covered	Not covered	Not covered	Not covered
15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount
Once every 12 months		Not covered		Once every 12 months		Once every 24 months	
Once every 24 months		Once every 24 months		Unlimited		Not covered	
Once every 24 months		Once every 24 months		Unlimited		Not covered	

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



Chiropractic and Acupuncture

Care That Won't Put You in a Pinch

Office visit
copayment:

\$15
on HMO

\$15
on PPO

\$50
annual appliance
allowance

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



Medically necessary laboratory tests.

You may choose to add chiropractic care to your HMO or PPO medical plans. We work with American Specialty Health Plans of California, Inc.⁷ (ASH Plans) to offer this additional coverage that more employees are seeking. **Acupuncture care is a covered benefit on all medical plans.**

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

All Health Net Small Group ACA plans include Acupuncture coverage, giving members access to care through the American Specialty Health (ASH) network. Employers looking to expand their benefits package can also add buy-up Chiropractic coverage to HMO and PPO plans.

Footnotes

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

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

³For employer-paid DPPO plans, orthodontia is available for groups with 2–4 enrollees with proof of immediately prior indemnity orthodontia coverage or for groups of 5 or more enrollees. For voluntary DPPO plans, orthodontia is available for groups of 5 or more enrolled employees.

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

⁵DPPO with implant coverage requires a minimum of 5 enrolled employees

⁶Members receive a 15% discount off the retail price or 5% off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

⁷Chiropractic care is offered by Health Net of California, Inc. for HMO and PPO plans, administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

Rate Guides

Questions? Need more information?

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

Dental

Dental rating regions by area

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

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

PPO rating area by ZIP codes

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

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

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

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

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

Area 6 contains the ZIP codes starting with 942.

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

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

Note: Area is determined by the employer's home-office ZIP code.

Dental – HMO

Employer Paid

	Plus DHMO 150 – S (Plan Code TW)	Plus DHMO 225 – S (Plan Code TX)
Employee only	\$18.03	\$15.44
Employee plus spouse	\$34.26	\$29.34
Employee plus child(ren)	\$36.04	\$30.89
Employee plus family	\$51.38	\$44.00

Employer Paid DHMO rates apply to groups with a minimum of 50% participation and 50% contribution.

Voluntary

	Plus DHMO 150 (V) – S (Plan Code U1)	Plus DHMO 225 (V) – S (Plan Code U2)
Employee only	\$19.02	\$16.03
Employee plus spouse	\$36.12	\$30.45
Employee plus child(ren)	\$38.01	\$32.04
Employee plus family	\$54.20	\$45.67

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

Employer-paid Dental – DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan code 14U – Classic 4 1500								
Employee	\$59.05	\$53.11	\$61.69	\$45.10	\$56.93	\$54.40	\$64.46	\$56.48
Employee and spouse/domestic partner	\$118.08	\$106.23	\$123.39	\$90.18	\$113.85	\$108.82	\$128.91	\$112.95
Employee and child(ren)	\$133.98	\$120.66	\$139.89	\$102.57	\$129.22	\$123.54	\$146.12	\$128.22
Family	\$203.00	\$182.79	\$212.01	\$155.32	\$195.78	\$187.17	\$221.46	\$194.26
Plan code TV – Classic 5 1500 with Ortho								
Employee	\$58.52	\$53.86	\$59.72	\$46.02	\$56.43	\$54.45	\$62.15	\$56.73
Employee and spouse/domestic partner	\$117.05	\$107.72	\$119.45	\$92.06	\$112.88	\$108.89	\$124.30	\$113.45
Employee and child(ren)	\$143.25	\$132.92	\$145.14	\$113.59	\$138.11	\$133.46	\$150.97	\$139.43
Family	\$213.07	\$197.33	\$216.25	\$168.63	\$205.43	\$198.44	\$224.96	\$207.19
Plan code 1M7 – Classic 7 Unlimited								
Employee	\$64.13	\$59.75	\$67.26	\$53.42	\$61.69	\$58.47	\$69.95	\$64.77
Employee and spouse/domestic partner	\$128.27	\$119.52	\$134.53	\$106.85	\$123.40	\$116.93	\$139.91	\$129.53
Employee and child(ren)	\$142.27	\$131.77	\$149.87	\$117.54	\$136.76	\$129.45	\$156.01	\$143.02
Family	\$216.83	\$201.13	\$228.15	\$179.51	\$208.46	\$197.39	\$237.44	\$218.22
Plan code 1M4 – Classic 11 Unlimited with Ortho								
Employee	\$89.64	\$82.43	\$99.10	\$73.64	\$85.17	\$79.51	\$104.06	\$91.53
Employee and spouse/domestic partner	\$179.28	\$164.85	\$198.21	\$147.29	\$170.32	\$159.00	\$208.13	\$183.07
Employee and child(ren)	\$217.40	\$201.57	\$236.18	\$178.58	\$206.61	\$194.06	\$247.81	\$221.29
Family	\$324.07	\$299.89	\$353.55	\$266.22	\$307.96	\$288.85	\$371.05	\$330.12
Plan code TT – Essential 2 1000								
Employee	\$32.62	\$32.44	\$31.53	\$29.13	\$32.40	\$31.80	\$32.24	\$33.22
Employee and spouse/domestic partner	\$65.22	\$64.90	\$63.05	\$58.28	\$64.81	\$63.59	\$64.49	\$66.46
Employee and child(ren)	\$78.22	\$77.86	\$75.61	\$69.96	\$77.72	\$76.28	\$77.31	\$79.69
Family	\$116.91	\$116.36	\$113.00	\$104.54	\$116.16	\$114.01	\$115.55	\$119.13
Plan code 14S – Essential 5 1500 with Ortho								
Employee	\$43.01	\$42.48	\$41.51	\$37.87	\$42.53	\$41.73	\$42.56	\$43.75
Employee and spouse/domestic partner	\$86.04	\$84.96	\$83.02	\$75.73	\$85.05	\$83.46	\$85.11	\$87.48
Employee and child(ren)	\$109.71	\$108.20	\$105.86	\$95.85	\$107.99	\$105.92	\$108.74	\$111.28
Family	\$161.62	\$159.45	\$155.96	\$141.44	\$159.24	\$156.21	\$160.12	\$164.02
Plan code TU – Essential 6 1500								
Employee	\$39.13	\$38.72	\$37.76	\$34.73	\$38.84	\$38.15	\$38.63	\$39.88
Employee and spouse/domestic partner	\$78.26	\$77.42	\$75.54	\$69.46	\$77.67	\$76.28	\$77.28	\$79.76
Employee and child(ren)	\$89.10	\$88.19	\$86.00	\$79.19	\$88.44	\$86.87	\$87.95	\$90.81
Family	\$134.90	\$133.50	\$130.21	\$119.85	\$133.90	\$131.50	\$133.18	\$137.49
Essential 10 3000 with Ortho & Implants (Plan code 1NS)								
Employee	\$56.73	\$56.38	\$57.16	\$51.82	\$55.33	\$53.35	\$58.88	\$60.18
Employee & spouse/domestic partner	\$113.47	\$112.76	\$114.32	\$103.62	\$110.67	\$106.69	\$117.76	\$120.35
Employee & child(ren)	\$150.16	\$148.65	\$150.04	\$134.38	\$145.75	\$140.84	\$154.94	\$157.38
Family	\$219.35	\$217.35	\$219.59	\$197.20	\$213.15	\$205.85	\$226.64	\$230.53
Essential 11 5000 with Ortho & Implants (Plan Code 1NV)								
Employee	\$63.27	\$63.15	\$64.51	\$58.56	\$61.53	\$59.00	\$66.55	\$67.71
Employee & spouse/domestic partner	\$126.55	\$126.30	\$129.00	\$117.10	\$123.05	\$118.00	\$133.10	\$135.44
Employee & child(ren)	\$174.80	\$173.39	\$175.82	\$157.06	\$169.03	\$162.74	\$181.94	\$183.84
Family	\$252.95	\$251.24	\$255.17	\$228.74	\$244.88	\$235.57	\$263.87	\$267.03

Employer Paid DPPO rates apply to groups with a minimum of 50% participation and 50% contribution. Area is determined by group's home-office ZIP code.

Details on dental rating areas found on page 26.

Voluntary Dental – DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan code 14V – Classic 4 1500								
Employee	\$61.99	\$55.76	\$64.78	\$47.30	\$59.77	\$57.12	\$67.69	\$59.28
Employee and spouse/domestic partner	\$123.99	\$111.51	\$129.56	\$94.62	\$119.54	\$114.23	\$135.38	\$118.58
Employee and child(ren)	\$140.64	\$126.63	\$146.87	\$107.56	\$135.62	\$129.66	\$153.41	\$134.58
Family	\$213.11	\$191.83	\$222.60	\$162.92	\$205.50	\$196.45	\$232.53	\$203.91
Plan code UO – Classic 5 1500 with Ortho								
Employee	\$61.24	\$56.34	\$62.52	\$48.13	\$59.06	\$56.96	\$65.06	\$59.36
Employee and spouse/domestic partner	\$122.49	\$112.67	\$125.03	\$96.27	\$118.11	\$113.94	\$130.11	\$118.71
Employee and child(ren)	\$149.32	\$138.48	\$151.34	\$118.31	\$143.96	\$139.09	\$157.44	\$145.31
Family	\$222.30	\$205.77	\$225.70	\$175.79	\$214.33	\$207.01	\$234.81	\$216.13
Plan code 1M8 – Classic 7 Unlimited								
Employee	\$67.35	\$62.75	\$70.65	\$56.08	\$64.80	\$61.39	\$73.48	\$68.01
Employee and spouse/domestic partner	\$134.71	\$125.49	\$141.29	\$112.16	\$129.58	\$122.78	\$146.97	\$136.04
Employee and child(ren)	\$149.37	\$138.33	\$157.37	\$123.34	\$143.56	\$135.87	\$163.83	\$150.15
Family	\$227.65	\$211.15	\$239.57	\$188.39	\$218.85	\$207.19	\$249.36	\$229.12
Plan code 1M5 – Classic 11 Unlimited with Ortho								
Employee	\$93.74	\$86.17	\$103.72	\$77.00	\$89.05	\$83.11	\$108.91	\$95.74
Employee and spouse/domestic partner	\$187.46	\$172.32	\$207.44	\$153.98	\$178.10	\$166.21	\$217.83	\$191.48
Employee and child(ren)	\$226.01	\$209.43	\$245.87	\$185.63	\$214.78	\$201.64	\$258.00	\$230.13
Family	\$337.38	\$312.03	\$368.53	\$277.10	\$320.58	\$300.55	\$386.79	\$343.78
Plan code TY – Essential 2 1000								
Employee	\$34.18	\$34.00	\$33.03	\$30.52	\$33.96	\$33.32	\$33.78	\$34.82
Employee and spouse/domestic partner	\$68.35	\$68.00	\$66.06	\$61.05	\$67.91	\$66.63	\$67.57	\$69.65
Employee and child(ren)	\$81.96	\$81.57	\$79.19	\$73.27	\$81.43	\$79.91	\$80.99	\$83.52
Family	\$122.49	\$121.92	\$118.38	\$109.48	\$121.71	\$119.45	\$121.07	\$124.81
Plan code 14T – Essential 5 1500 with Ortho								
Employee	\$44.92	\$44.36	\$43.35	\$39.54	\$44.41	\$43.58	\$44.44	\$45.69
Employee and spouse/domestic partner	\$89.84	\$88.74	\$86.68	\$79.08	\$88.83	\$87.17	\$88.86	\$91.37
Employee and child(ren)	\$114.02	\$112.46	\$110.00	\$99.63	\$112.27	\$110.11	\$112.99	\$115.68
Family	\$168.15	\$165.90	\$162.24	\$147.17	\$165.72	\$162.56	\$166.56	\$170.69
Plan code TZ – Essential 6 1500								
Employee	\$41.04	\$40.60	\$39.60	\$36.40	\$40.73	\$40.00	\$40.51	\$41.82
Employee and spouse/domestic partner	\$82.07	\$81.19	\$79.20	\$72.81	\$81.45	\$79.98	\$81.02	\$83.65
Employee and child(ren)	\$93.41	\$92.44	\$90.14	\$82.97	\$92.72	\$91.06	\$92.20	\$95.20
Family	\$141.43	\$139.96	\$136.49	\$125.59	\$140.37	\$137.85	\$139.62	\$144.14
Essential 10 3000 with Ortho & Implants (Plan code 1NT)								
Employee	\$59.10	\$58.75	\$59.57	\$54.01	\$57.66	\$55.57	\$61.36	\$62.74
Employee and spouse/domestic partner	\$118.21	\$117.50	\$119.15	\$108.02	\$115.32	\$111.15	\$122.73	\$125.46
Employee and child(ren)	\$155.25	\$153.73	\$155.21	\$139.10	\$150.73	\$145.61	\$160.26	\$162.86
Family	\$227.17	\$225.15	\$227.54	\$204.45	\$220.79	\$213.18	\$234.81	\$238.95
Essential 11 5000 with Ortho & Implants (Plan code 1NW)								
Employee	\$65.77	\$65.65	\$67.08	\$60.93	\$63.96	\$61.33	\$69.22	\$70.45
Employee and spouse/domestic partner	\$131.54	\$131.32	\$134.18	\$121.87	\$127.94	\$122.65	\$138.42	\$140.91
Employee and child(ren)	\$180.01	\$178.64	\$181.23	\$162.04	\$174.12	\$167.60	\$187.51	\$189.55
Family	\$261.03	\$259.36	\$263.53	\$236.44	\$252.78	\$243.10	\$272.50	\$275.90

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

Details on dental rating areas found on page 26.

Vision and Chiropractic

Vision – Employer-paid

Plan	Exam copay	Materials copay ⁷	Employee	Employee and spouse / domestic partner	Employee and child(ren)	Family
Elite 1010-1 (Plan code VL)	\$10	\$10	\$9.21	\$17.50	\$18.42	\$27.63
Supreme 010-2 (Plan code VR)	\$0	\$10	\$8.41	\$15.98	\$16.82	\$25.23
Preferred 1025-2 (Plan code VN)	\$10	\$25	\$7.06	\$13.41	\$14.12	\$21.18
Preferred 1025-3 (Plan code VP)	\$10	\$25	\$6.71	\$12.75	\$13.42	\$20.13
Preferred Value 10-3 (Plan code VT)	Not Covered	\$10	\$4.98	\$9.46	\$9.96	\$14.94
Plus 20-1 (Plan code VV)	\$20	\$50	\$2.33	\$4.43	\$4.66	\$6.99
Exam only (Plan code VX)	\$0	Not Covered	\$1.89	\$3.59	\$3.78	\$5.67

Vision – Voluntary

Plan	Exam copay	Materials copay ⁷	Employee	Employee and spouse / domestic partner	Employee and child(ren)	Family
Elite 1010-1 (Plan code VK)	\$10	\$10	\$12.21	\$23.20	\$24.42	\$36.63
Supreme 010-2 (Plan code VQ)	\$0	\$10	\$11.41	\$21.68	\$22.82	\$34.23
Preferred 1025-2 (Plan code VM)	\$10	\$25	\$10.06	\$19.11	\$20.12	\$30.18
Preferred 1025-3 (Plan code VO)	\$10	\$25	\$9.71	\$18.45	\$19.42	\$29.13
Preferred Value 10-3 (Plan code VS)	Not Covered	\$10	\$7.98	\$15.16	\$15.96	\$23.94
Plus 20-1 (Plan code VU)	\$20	\$50	\$5.33	\$10.13	\$10.66	\$15.99
Exam only (Plan code VW)	\$0	Not Covered	\$4.89	\$9.29	\$9.78	\$14.67

Chiropractic

Paired Network	Chiro rate per member, per month
Full Network HMO	\$3.00
WholeCare HMO	\$3.00
Salud HMO y Más	\$3.00
SmartCare HMO	\$3.00
Full PPO	\$3.00

For **Small Business Group Dental and Vision** buy-up guidelines please visit the Small Business Group Forms and Brochures page at **www.healthnet.com**.

Footnotes

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

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

Group Administration

Questions? Need more information?

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

Group Administration

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

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

Application tips

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

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

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

Handling group changes

Adding employees or dependents

Groups can add employees at the following times:

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

Example: The probationary period is the first of the month following

date of hire. An employee hired January 15 would have a February 1 effective date.

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

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

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

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

Billing contacts

Our Membership Accounting is available to answer any billing or eligibility questions. The number is 1-800-224-8808, [option 2] or you can send a fax to (916) 935-4420.

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

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

Canceling employee/dependent coverage

When should Health Net be notified of a cancellation?

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

Why is timely notification important?

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

¹Permitted days are subject to contract agreement.

How does cancellation of the subscriber's coverage affect the coverage of his or her dependents?

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

How is employee coverage canceled?

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

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

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

How can a dependent's coverage be canceled if the subscriber continues to be covered?

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

Enrollment and Change Form

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

Online billing and enrollment

Convenience and control 24/7

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

With Online Billing and Enrollment, groups can:

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

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

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



Important!

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

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

Appendix/Forms

Questions? Need more information?

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

California Small Business Group Renewal Plan Election and Open Enrollment Change Form

Effective 1/1/2027

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

Quote #: _____ Renewal effective date: _____

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

1. Employee information

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

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

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

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

Is the group subject to ERISA? ☐ Yes ☐ No, government, public plan or church plan

☐ No (please specify reason) _____

Medicare secondary payer (MSP)

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

Medical loss ratio (MLR)

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

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

Employer monthly contribution – Employee: _____% Dependent: _____% or Employee: \$ _____ Dependent: \$ _____

Health Net PPO

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

Health Net HMO (First select your network, then select your plan.)

Network

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

Plan

- | | | |
|--|------------------------------------|--------------------------------------|
| ☐ Platinum \$10 | ☐ Gold \$30 | ☐ Gold \$55 |
| ☐ Platinum \$20 | ☐ Gold \$35 | ☐ Silver \$55 |
| ☐ Platinum \$30 | ☐ Gold \$40 | |
| ☐ Platinum \$35 | ☐ Gold \$50 | |

3. Supplemental renewal offerings

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

Optional Rider (Optional coverage available on all HMO and PPO plans) ☐ Chiropractic ☐ Infertility

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

If you would like to add, change, or remove any of the below lines of coverage, please contact your Account Manager at 1-800-447-8812 Option 2.

Employer monthly contribution

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

Vision

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

Dental

☐ Voluntary ☐ Employer-paid **Dental (DHMO)** ☐ HN Plus 150 ☐ HN Plus 225
Dental (DPPO)
☐ Classic 4 1500 ☐ Essential 2 1000
☐ Classic 5 1500 (w/ortho) ☐ Essential 5 1500 (w/ortho)
☐ Classic 7 Unlimited ☐ Essential 6 1500
☐ Classic 11 Unlimited (w/ortho) ☐ Essential 10 3000 (w/ortho & implants)
☐ Essential 11 5000 (w/ortho & implants)

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

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

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

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

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

Health Net HMO and PPO plans are offered by Health Net of California, Inc. Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and administered by EyeMed Vision Care, LLC. Health Net Dental HMO and PPO plans, other than pediatric dental, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, LLC. or its affiliates. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

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Employer group information			
Group number:	Company name:		Renewal effective date:
Group contact:	Contact phone:	Contact fax:	Contact email address:

Contact email address:

Optional rider information

Do you want to add the Infertility Rider Benefit to your medical plan offerings?	☐ Yes ☐ No
Do you want to add the Chiropractic Rider Benefit to your medical plan offerings?	☐ Yes ☐ No

Do you want to add the Infertility Rider Benefit to your medical plan offerings? ☐ Yes ☐ No

Do you want to add the Chiropractic Rider Benefit to your medical plan offerings? ☐ Yes ☐ No

List all **currently enrolled** members making plan changes during Open Enrollment on this form. New enrollees will need to submit separate enrollment applications. You may photocopy this form if more space is required. **Using blue or black ink, please indicate the plan each member wishes to move into with a checkmark.** Fax completed forms to the Health Net Account Management Department at 1-800-303-3110.

[illegible]

Member's name	Member's SSN or reference ID #	Group #	PPO																				
			Platinum PPO 0/5	Platinum PPO 0/25	Platinum PPO 250/15	Platinum PPO 500/20	Gold PPO 0/35	Gold PPO 500/20	Gold PPO 500/30	Gold PPO 750/25	Gold PPO 1000/30	Gold PPO 1500/35	Gold HDHP PPO 1750/30%	Silver PPO 1750/50	Silver PPO 2250/55	Silver PPO 2500/60 ALT	Silver PPO 2500/60 STD	Silver PPO 2900/65	Silver HDHP PPO 1750/50%	Silver HDHP PPO 3500/35%	Bronze PPO 5800/60	Bronze HDHP PPO 7800/0%	

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

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

Printed name	Signature	Date

Group Size Attestation

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

1. Employer group information

☐ New Group ☐ Existing Group

Policyholder/Company name: _____ DBA: _____

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

2. Group size attestation

Total number of full-time and/or part-time employees: _____ as of _____. Consider your total number of employees worldwide, no matter where they reside or if they qualify for health care coverage. An employee is any person who gets a W-2 from the company. This includes full time, part time and seasonal workers, whether or not they qualify for benefits.

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

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

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

Indicate your methodology for calculating group size:

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

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

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

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

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

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

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

3. Employer group signature

I, the employer, am responsible for notifying Health Net of any changes occurring during the course of a calendar year that could impact my employer size determination related to MSP, MLR or Health Care Reform. I understand that Health Net is relying on my answers to the above questions for accurate reporting to CMS under Section 111 guidelines. I certify the above information is true and complete to the best of my knowledge and belief and I understand that I must promptly notify Health Net of any changes to the above information. Health Net of California, Inc. (Health Net) reserves the right to request additional documentation in order to verify eligibility.

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

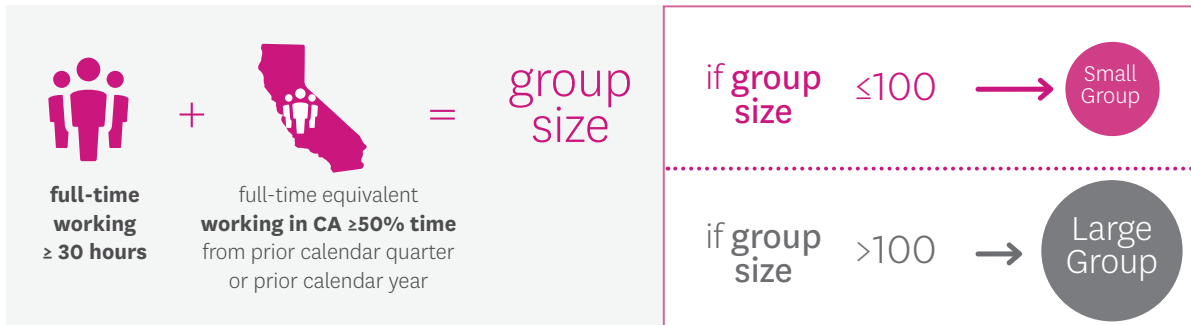
Signature: _____ Date: _____

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

Group size guidelines

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

Calculation of group size



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

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

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

50% of the prior calendar quarter test

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

Formula:

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

Example 1:

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

The calculation for Example 1 is shown as: 90 full-time employees + $\left[\frac{900 \text{ non-full-time employees hours}}{180} \right] = 95$. The result 95 is circled in pink.

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

Example 2:

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

The calculation for Example 2 is shown as: 95 full-time employees + $\left[\frac{1,200 \text{ non-full-time employees hours}}{180} \right] = 101$. The result 101 is circled in pink, with a note below it: 101.64 = 101 (rounded down).

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

50% of the prior calendar year test

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

Formulas:

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

Example 1:

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

April

$$\begin{array}{c} 87 \\ \text{full-time} \\ \text{employees} \end{array} + \left[\begin{array}{c} 1,000 \div 120 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \right] = \begin{array}{c} 95 \\ 95.33 = 95 \\ \text{(rounded down)} \end{array}$$

July

$$\begin{array}{c} 92 \\ \text{full-time} \\ \text{employees} \end{array} + \left[\begin{array}{c} 1,100 \div 120 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \right] = \begin{array}{c} 101 \\ 101.17 = 101 \\ \text{(rounded down)} \end{array}$$

May

$$\begin{array}{c} 94 \\ \text{full-time} \\ \text{employees} \end{array} + \left[\begin{array}{c} 900 \div 120 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \right] = \begin{array}{c} 101 \\ 101.5 = 101 \\ \text{(rounded down)} \end{array}$$

August

$$\begin{array}{c} 93 \\ \text{full-time} \\ \text{employees} \end{array} + \left[\begin{array}{c} 1,050 \div 120 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \right] = \begin{array}{c} 101 \\ 101.75 = 101 \\ \text{(rounded down)} \end{array}$$

June

$$\begin{array}{c} 94 \\ \text{full-time} \\ \text{employees} \end{array} + \left[\begin{array}{c} 900 \div 120 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \right] = \begin{array}{c} 101 \\ 101.9 = 101 \\ \text{(rounded down)} \end{array}$$

September

$$\begin{array}{c} 93 \\ \text{full-time} \\ \text{employees} \end{array} + \left[\begin{array}{c} 1,200 \div 120 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \right] = \begin{array}{c} 103 \\ 101.75 = 101 \\ \text{(rounded down)} \end{array}$$

$$\left[\begin{array}{c} \text{April} \\ 95 \end{array} + \begin{array}{c} \text{May} \\ 101 \end{array} + \begin{array}{c} \text{June} \\ 101 \end{array} + \begin{array}{c} \text{July} \\ 101 \end{array} + \begin{array}{c} \text{Aug.} \\ 101 \end{array} + \begin{array}{c} \text{Sept.} \\ 103 \end{array} \right] \div \begin{array}{c} \text{6} \\ \text{(months)} \end{array} = \begin{array}{c} 100 \\ 100.78 = 100 \\ \text{(rounded down)} \end{array}$$

$100 \rightarrow \text{Small Group}$

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

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على الوثائق مقرؤة لك. للحصول على المساعدة، اتصل بنا على رقم الموجه على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) 1-800-522-0088

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。

Hindi

बनाी लागत की भाषा सेवाएँ। आप एक दुभाषयाी प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711)।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 1-800-522-0088 (TTY: 711).

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088 (TTY: 711)。

Khmer

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងឡើងវិញតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하십시오 1-800-522-0088 (TTY: 711).

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah. Shiká a'doowoł nínízingo naaltsoos bee néího'dólnínígíí bikáa'gi béesh bee hane'í bikáa' áajj' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

خدمت‌های زبان به طور رایگان. می‌توانید یک مترجم شفاهی بگیرید. می‌توانید درخواست کنید تا اسناد به شما به زبان مادری شما خوانده شود یا برای شما به زبان مادری شما ترجمه شود. اگر به کمک نیاز دارید، با شماره 1-800-522-0088 (TTY: 711) تماس بگیرید.

Panjabi (Punjabi)

ਬਨਿ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711)।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочесть документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalisting numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).



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PO Box 9103

Van Nuys, CA 91409-9103

Small Business Group

Sales and Service Administration

800-447-8812 (*English*)

877-891-9050 (*Cantonese*)

877-339-8596 (*Korean*)

877-891-9053 (*Mandarin*)

800-331-1777 (*Spanish*)

877-891-9051 (*Tagalog*)

877-339-8621 (*Vietnamese*)

Assistance for the hearing and speech impaired

TTY: 711

www.healthnet.com

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BKT066455EP00 (7/26)