

Small Group Solutions 2022

YOUR GUIDE TO HEALTH NET PLANS FOR 1-100 EMPLOYEES

Effective January 1, 2022

Small Business Group



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



Smart, Sustainable Solutions

While Californians have been living in unprecedented times, one thing that has remained unchanged – you can count on Health Net. In 2022, we're bringing back our smart health coverage solutions.

As Californians get back to work, we're delivering everything you need to make it easy for you to keep your small group book of business going and growing. **Our portfolio features our winning plans and network combinations that your clients know and trust.** We connect your clients to the care and resources they need to help them be their healthiest – which is more important than ever.

Plus, our refreshed look aligns us more closely with Centene, our Fortune 50 parent company. This lets your clients look forward to an even stronger mix of home-grown expertise and national best practices resulting in better health outcomes. **Health Net is now even stronger – and gives us more ways to keep you at the center of all we do!**



Ancillary bundling brings extra value

Bundle, save and earn with our ancillary program!

Satisfaction Starts Here

SMALL GROUP SOLUTIONS FOR 2022

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



Choose from a wide range of cost and coverage options

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



Mix-and-match plans and networks

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

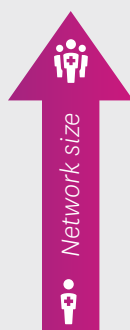
HMO

Step 1: Pick your plan design.



Platinum \$0
Platinum \$10
Platinum \$20
Platinum \$30
Gold \$30
Gold \$35
Gold \$40
Gold \$50
Silver \$50

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



Full Network
WholeCare
SmartCare
Salud HMO y Más

(continued)

PPO

Step 1: Pick your plan design.



Platinum 250/15
Gold 0/30
Gold 500/20
Gold 1000/30
Gold 1500/0
Gold Value
Silver 2250/55
Silver Value
Silver HDHP

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



Full PPO Network
EnhancedCare PPO Network

The PPO mix and match option is only available to groups within Los Angeles.



Enhanced Choice

Health Net's package pairings give small business groups the option to offer multiple plans to their employees. Your clients have their choice of Enhanced Choice A or Enhanced Choice B. Then they can offer any number or combination of plans within the chosen package and available in their region.

See Enhanced Choice in more detail on Page 8



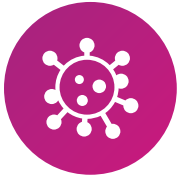
Covered California for Small Business

Health Net Life Insurance Company offers a range of small business group plans through **Covered California™ for Small Business**. For 2022, employers who want to buy via Covered California have their choice of our Full PPO plans listed below:

See Covered California for Small Business on Page 15

Value Beyond Benefits

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



COVID-19: we're still here for the people and businesses of California

We're remaining at the forefront of COVID-19 industry updates, impacts and activity. We will continue to keep you, our employer groups, and our members, quickly informed, educated, and empowered with choices for health.



Ensure around-the-clock access to care

Our members can always get the care they need, when they need it. All of our plans offer a 24/7 toll-free nurse advice line and access to **MinuteClinic** walk-in clinics across the country. All of our 2022 HMO, HSP and PPO plans offer virtual doctor visits via **Babylon**.



Options for extra coverage

Health Net offers add-on dental, vision and life insurance/AD&D plans, and homeopathic health care options, such as chiropractic. With options like these, it's easy for members to build a health plan that suits their unique needs.



Ask our at-your-service team

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



Stay connected on the go

Members can log in to healthnet.com or use our mobile app to access benefit information, wellness programs, identification (ID) cards, and more.

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Wellness resources

Wellness resources like Decision Power®, The Active&Fit Direct™ program, myStrength, and coaching can help members lose weight, quit smoking and manage stress – so that members can live healthy, productive lives.



Decision Power

Whether the focus is on staying fit, making smarter health care decisions or facing a serious diagnosis, Decision Power brings together information, resources and personal support members need to take charge of their health.



The Active&Fit Direct program

Members who enroll in the Active&Fit Direct Program can choose from 11,000+ participating fitness centers nationwide for just \$29.99 a month (plus a one-time \$29.99 enrollment fee and applicable taxes).



Wellness coaching

Our online health promotion programs use “virtual coaching,” personalized weekly tasks and goal-setting tips on a number of topics, such as healthy eating, weight loss, exercise, stress management and ending tobacco use.






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 (Babylon, Nurse Advice Line, myStrength, and Aunt Bertha; services vary by line of business).

Health Net offers Babylon Health – a next-generation telehealth platform with AI powered symptom checker, live chat, and virtual visits with a provider.

Primary care physicians may also deliver telehealth services

			
<ul style="list-style-type: none">• Digital healthcare provider• Mobile app• Speak with a healthcare provider• COVID-19 care assistant• Check symptoms or find treatment services• AI chatbot connects you with resources• Available 24/7	<ul style="list-style-type: none">• Licensed nurse access• Telephone support• Advice from anywhere• Nurses can assess medical conditions and symptoms• Nurses can recommend next steps for care• Available 24/7	<ul style="list-style-type: none">• Confidential online tool for managing mental and physical health• Guided and diverse programs to help manage pain• Access behavioral therapy and mindfulness programs• Empowering mood tracking and stress relief activities	<ul style="list-style-type: none">• Free online directory of social service organizations• Connects people with free or reduced cost services• Services include medical care, food or job training• Programs are researched and verified• Personalized by zip code searches

Note: Babylon may not be available with all plans, networks, and groups. See Sales Consultant or Account Manager for details.



Enhanced Choice Packages

TWO WAYS TO OFFER MULTIPLE PLANS

Health Net invites your clients to be choosy!

Health Net's package pairings give small business groups the option to offer multiple plans to their employees. Your clients have their choice of Enhanced Choice A or Enhanced Choice B. Then they can offer any number or combination of plans within the chosen package and available in their region.

Two packages that offer multiple plans

Enhanced Choice A

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

Enhanced Choice B

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

Network Portfolio At-a-Glance

Your business depends on helping people make the most of their health with coverage that's relevant, local and affordable. Health Net's Small Group equips you with choices to satisfy your clients and power your business.

Product and Network Details

Medical and pharmacy product or network	Description
Full Network HMO	The Full Network HMO is our broadest HMO option spanning 30 counties across California and offering access to over 70,000 physicians (PCPs & Specialists) and over 250 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 the most cost-efficient providers without compromise in quality or benefits. This flagship network spans 30 counties across California and offers access to over 37,500 physicians (PCPs/ Specialists) and over 200 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 15,000 physicians (PCPs/Specialists) and over 90 hospitals within the service area.
Salud HMO y Más Network	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 northern Mexico via the SIMNSA network. In total, this includes more than 8,500 physicians (PCPs/specialists) and 50 hospitals across the Salud service area. All while being one of the lowest priced HMOs in Southern California.
CommunityCare HMO Network	A tailored HMO network available in Los Angeles, Orange, and San Diego counties that offers more freedom than our other HMO options. Your primary care physician can refer you to any specialist within the entire CommunityCare HMO network, not just specialists within your physician group. This network also includes plans that have deductibles to allow for greater control of costs and premiums, while providing access to over 12,000 physicians (PCPs/Specialists) and over 75 hospitals within the service area.

(continued)

Network Portfolio At-a-Glance

(continued)

Medical and pharmacy product or network	Description
PureCare HSP Network	PureCare HSP allows for member choice due to a broad 30 county service area and the ability for members to self-refer. Cost containment is achieved through the exclusion of OON benefits and tailoring the network to include high-performing providers and institutions.
Full PPO Network	PPO insurance 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 best cost effectiveness and quality of care, but still have the flexibility to visit providers outside of the network.
EnhancedCare PPO Network	A tailored PPO network specifically designed for employers in Los Angeles. This network includes carefully selected, high-performing providers and facilities throughout Los Angeles county, and is often the lowest priced PPO offered in LA. The network still includes PPO flexibility with out of network care access, in addition to specialized high-touch support through our Health Benefit Navigator Team.
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, Salud HMO y Más, CommunityCare HMO, and EnhancedCare PPO 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	<p>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.</p> <p>All Health Net Small Group ACA plans include Acupuncture coverage.</p> <p>Health Net's HMO and HSP plans include the option to add buy-up Chiropractic coverage while most of our PPO plans include built-in Chiropractic coverage.¹</p>

For more details, please see **2022 Desktopper**.

¹Health Net's Standard Covered California PPO plans do not include Chiropractic coverage on or off-exchange: Platinum 90 PPO 0/15 + Child Dental, Gold 80 PPO 350/25 + Child Dental, Silver 70 PPO 2250/50 + Child Dental, Bronze 60 PPO 6300/65 + Child Dental, Bronze 60 HDHP PPO 7000/0% + Child Dental.



Small Group Solutions 2022

Your guide to Health Net plans for 1-100 employees

Plan Choices by Region

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

(continued)

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

(continued)

Region		We offer...	With this network
15	Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • SmartCare • Salud HMO y Más
		Silver, Bronze	CommunityCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Your choice of: • Full Network PPO • EnhancedCare PPO
16	Los Angeles County: ZIP codes not in Region 15	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • SmartCare • Salud HMO y Más
		Silver, Bronze	CommunityCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Your choice of: • Full Network PPO • EnhancedCare PPO
17	San Bernardino and Riverside counties	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • SmartCare • Salud HMO y Más
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
18	Orange County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • SmartCare • Salud HMO y Más
		Silver, Bronze	CommunityCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO
19	San Diego County	HMO Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • SmartCare • Salud HMO y Más
		Silver, Bronze	CommunityCare
		HSP Platinum, Gold, Silver, and Bronze	PureCare
		PPO Platinum, Gold, Silver, and Bronze	Full Network PPO

Health Net HMO Insurance Plans Via California Choice®

COMPETITIVE COVERAGE CHOICES

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

Health Net "Direct" Plan Name	Health Net Plan Name on California Choice
Full Network HMO Platinum \$0	CalChoice Full Network HMO Platinum H
Full Network HMO Platinum \$30	CalChoice Full Network HMO Platinum E
Full Network HMO Gold \$30	CalChoice Full Network HMO Gold G
Full Network HMO Gold \$35	CalChoice Full Network HMO Gold E
Full Network HMO Gold \$40	CalChoice Full Network HMO Gold F
WholeCare HMO Platinum \$0	CalChoice WholeCare HMO Platinum F
WholeCare HMO Platinum \$30	CalChoice WholeCare HMO Platinum C
WholeCare HMO Gold \$30	CalChoice WholeCare HMO Gold A
WholeCare HMO Gold \$35	CalChoice WholeCare HMO Gold C
WholeCare HMO Gold \$40	CalChoice WholeCare HMO Gold B
WholeCare HMO Silver \$50*	CalChoice WholeCare HMO Silver A*
Salud HMO y Mas Platinum \$0	CalChoice Salud HMO y Mas Platinum G
Salud HMO y Mas Platinum \$30	CalChoice Salud HMO y Mas Platinum D
Salud HMO y Mas Gold \$35	CalChoice Salud HMO y Mas Gold D
CommunityCare HMO Silver \$1750/\$50	CalChoice CommunityCare HMO Silver C
CommunityCare Bronze 60HMO 6300/65	CalChoice CommunityCare HMO Bronze A

This year
Health Net celebrates
California Choice's
25th anniversary as one
of the original carriers
to join the private
exchange in 1996.

California Choice also offers optional benefits, including:

-  Dental
-  Acupuncture
-  Vision
-  Life
-  Chiropractic

Contact your Account Executive for more details.

*Difference for Complex Radiology cost-sharing between WholeCare Silver plans.

Health Net PPO Insurance Plans Via Covered California™

PEACE OF MIND FOR EMPLOYEES

Health Net Life Insurance Company offers a range of small business group plans through **Covered California™ for Small Business**. For 2022, employers who want to buy via Covered California have their choice of our Full PPO plans listed below:

- Platinum 90 PPO 0/15 + Child Dental
- Gold 80 PPO 0/30 + Child Dental Alt
- Gold 80 PPO 350/25 + Child Dental
- Gold 80 PPO 1000/30 + Child Dental Alt
- Silver 70 PPO 2250/50 + Child Dental
- Silver 70 PPO 2250/55 + Child Dental Alt
- Silver 70 HDHP PPO 1400/40% + Child Dental Alt
- Bronze 60 PPO 6300/65 + Child Dental
- Bronze 60 HDHP PPO 7000/0% Child Dental

Small businesses that buy through Covered California may qualify for a tax credit of up to 50% of the business' share of employee premiums. Here's how:

- Employers must have no more than 25 full-time equivalent employees (FTEs).
- Average employee wages must be under \$50,000.
- Employers must contribute at least 50% of each employee's premium.

Small business employers can still deduct the rest of their premium costs not covered by the tax credit.



The premium tax credit applies only to small businesses participating in Covered California.



Add Value with Ancillary Benefits

CREATE CUSTOM SOLUTIONS WITH THESE AFFORDABLE OPTIONS

Dental, Vision, Chiropractic, Life, and AD&D.

It's easy to design a well-rounded benefits package with Health Net. We offer a number of options to enhance our medical plans, so that members can design a custom plan that meets their unique health needs.

Please read the following pages for more information on our offerings. For benefit grids and to learn more about our **2022 multi-product bundling discount program**, please visit our **2022 Ancillary Product Guide**.

Health Net Dental Plans that Make Them Smile



Dental Plans

Health Net offers a choice of HMO and PPO dental plan designs for individual or family coverage, along with access to one of the largest dental networks in California. Health Net Dental HMO and Dental PPO plans include most dental services. Members may purchase any of our dental plans on a standalone basis or they may pair them with a medical plan bought directly through Health Net. Pediatric dental coverage (ages newborn through 18) is included on all medical plans purchased through Health Net.

Dental plan highlights

Dental HMO

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

- Access to more than 21,000 DHMO providers in California.
- Added cleanings and adult fluoride.
- Material upgrades, such as porcelain and semiprecious or precious metal molar crowns.
- General anesthesia, and cosmetic and elective dentistry – services typically not covered under most other carriers' dental plans.
- Implants.

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

Dental PPO

Health Net offers a range of affordable, flexible Dental PPO plans (DPPO).³ DPPO plans include:

- Large statewide and national network of Dental PPO providers, which includes more than 45,000 providers in California and over 402,753 providers nationwide.
- Periodontics, endodontics and oral surgery are covered under General Services on the Classic and Essential plans.

(continued)

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

³Health Net Dental PPO insurance plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company. Unimerica Life Insurance Company is not affiliated with Health Net.

- Classic plans reimburse out-of-network benefits at usual, customary and reasonable (UCR)⁴ amounts.
- Essential plans reimburse out-of-network benefits on a limited fee schedule.
- No waiting periods on any of our DPPO plans.
- All Health Net DPPO plans offer pregnant women added cleanings and periodontal maintenance when medically necessary. These services are not subject to the deductible and do not apply to the calendar year maximum.
- Members and dependents receive the full amount of the orthodontia lifetime maximum even if they started treatment under another carrier's dental PPO plan. This applies only to DPPO plans with orthodontia coverage.

Underwriting highlights

- Dual option available – group may select 2 DPPO plans, 2 DHMO plans, or 1 DHMO and 1 DPPO plan. (Please see “Small Business Group Dental and Vision buy-up guidelines” to determine if the group qualifies for dual option.)
- Voluntary DPPO plans without orthodontia are available to groups with at least two enrolled members.
- Voluntary DPPO plans with orthodontia are available to groups of 10 or more enrolled members.



⁴Usual, Customary and Reasonable (UCR) is the maximum allowable amount for a dental care service, determined by FAIR Health, Inc., on the basis of the fee usually charged by the provider and data obtained by FAIR Health, Inc. regarding fees charged by providers of similar training and experience for the same service within the same geographic area.



Vision and Chiropractic Plans

Our vision plans have a clear advantage

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

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

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

Chiropractic coverage

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

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



Chiropractic benefits are included with many of our PPO and EnhancedCare PPO plans.⁷

There's no need to buy extra coverage!

- **Platinum 250/15, Gold 0/30, Gold 500/20, Gold 1000/30, Gold 1500/0, Silver 2250/55, and Value plans: \$25 copayment per visit, 12 visits per year, no deductible**
- **Silver HDHP plan: \$25 copayment per visit, unlimited visits, deductible applies**

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

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

⁶Chiropractic care is offered by Health Net of California, Inc. for HMO and HSP plans. Chiropractic care is underwritten by Health Net Life Insurance Company for PPO insurance plans. Chiropractic care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁷Chiropractic services are neither covered nor available for purchase on Health Net's five "Standard" PPO plans: Platinum 0/15, Gold 350/25, Silver 2250/50, Bronze 6300/65, and Bronze HDHP 7000/0%.



Life and AD&D Plans

Life and AD&D

Many small businesses want an employee benefits package that includes group term life and accidental death & dismemberment (AD&D) insurance with desirable benefit levels. This allows a small business employer to:

- Enhance their benefit package.
- Offer life insurance benefits at economical rates.

One way employers can enhance their benefits package and lower administrative costs is to consolidate health and life insurance carriers. This removes some of the extra administrative costs that come with managing an employee benefits package. Health Net Life Insurance Company underwrites Group Term Life Benefit Insurance, Accidental Death & Dismemberment, and Dependent Life Insurance.

Group Life plan features

- **Waiver of premium provision** – A life benefit can be extended during a period of total disability under terms specified in the group Certificate of Insurance.⁸
- **Accelerated death benefit** – Provides financial protection to the insured in time of need, while also protecting the interest of the beneficiary. The accelerated benefit is a portion of the basic life insurance amount and is payable in a lump sum.
- **Conversion privilege** – A conversion privilege to whole life insurance is available to certain members whose coverage terminates due to reasons specified in the group policy.

Accidental Death & Dismemberment (AD&D)

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

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

Group Term Life Insurance Life options

Option A	\$15,000 flat amount for all employees
Option B	\$25,000 flat amount for all employees (15–100 employees)
Option C	\$50,000 flat amount for all employees (25–100 employees)

⁸Group Term Life, Supplemental Group Term Life and AD&D products are underwritten by Health Net Life Insurance Company, a subsidiary of Health Net, LLC.



Small Group Solutions 2022

Your guide to Health Net plans for 1-100 employees

HMO Portfolio

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HMO Platinum \$0

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$3,000 / \$6,000
Professional services	
PCP office visit	\$0
Specialist office visit	\$0
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$5
Rehabilitation therapy	\$0
X-ray procedures	\$0
Laboratory procedures	\$0
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$250
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$200 / \$500
Inpatient hospital	\$500 per day up to 4 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$0
Emergency room facility	\$250
Ambulance (ground and air)	\$250
Mental health and substance use disorder services	
Outpatient office visit	\$0
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$500 per day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$0 / \$30 / \$50
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Platinum \$10

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$1,750 / \$3,500
Professional services	
PCP office visit	\$10
Specialist office visit	\$30
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$10
Rehabilitation therapy	\$10
X-ray procedures	\$20
Laboratory procedures	\$20
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$150
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$60 / \$150
Inpatient hospital	\$250 per day up to 3 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$30
Emergency room facility	\$150
Ambulance (ground and air)	\$150
Mental health and substance use disorder services	
Outpatient office visit	\$10
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$250 per day up to 3 days
Other services	
Durable medical equipment	10%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$5 / \$30 / \$50
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Platinum \$20

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$2,500 / \$5,000
Professional services	
PCP office visit	\$20
Specialist office visit	\$40
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$20
Rehabilitation therapy	\$20
X-ray procedures	\$20
Laboratory procedures	\$20
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$200
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$200 / \$500
Inpatient hospital	\$350 per day up to 3 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$40
Emergency room facility	\$200
Ambulance (ground and air)	\$200
Mental health and substance use disorder services	
Outpatient office visit	\$20
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$350 per day up to 3 days
Other services	
Durable medical equipment	20%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$5 / \$30 / \$50
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Platinum \$30

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$2,500 / \$5,000
Professional services	
PCP office visit	\$30
Specialist office visit	\$50
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$30
X-ray procedures	\$30
Laboratory procedures	\$30
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$250
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$200 / \$500
Inpatient hospital	\$600 per day up to 4 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$50
Emergency room facility	\$250
Ambulance (ground and air)	\$250
Mental health and substance use disorder services	
Outpatient office visit	\$30
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$600 per day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$5 / \$30 / \$50
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$30

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$6,000 / \$12,000
Professional services	
PCP office visit	\$30
Specialist office visit	\$50
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$30
X-ray procedures	\$40
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$300
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$360 / \$900
Inpatient hospital	\$750 per day up to 3 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$50
Emergency room facility	\$300
Ambulance (ground and air)	\$300
Mental health and substance use disorder services	\$30
Outpatient office visit	
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$750 per day up to 3 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$15 / \$50 / \$70
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$35

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$6,500 / \$13,000
Professional services	
PCP office visit	\$35
Specialist office visit	\$55
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$35
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$300
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$480 / \$1,200
Inpatient hospital	\$750 per day up to 4 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$55
Emergency room facility	\$300
Ambulance (ground and air)	\$300
Mental health and substance use disorder services	
Outpatient office visit	\$35
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$750 per day up to 4 days
Other services	
Durable medical equipment	30%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$15 / \$50 / \$70
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$40

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$6,500 / \$13,000
Professional services	
PCP office visit	\$40
Specialist office visit	\$60
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$40
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$300
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$480 / \$1,200
Inpatient hospital	\$750 per day up to 5 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$60
Emergency room facility	\$300
Ambulance (ground and air)	\$300
Mental health and substance use disorder services	
Outpatient office visit	\$40
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$750 per day up to 5 days
Other services	
Durable medical equipment	40%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$15 / \$50 / \$70
Tier 4 Specialty drugs ⁵	30%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Gold \$50

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$7,000 / \$14,000
Professional services	
PCP office visit	\$50
Specialist office visit	\$70
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$50
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$300
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	\$520 / \$1,300
Inpatient hospital	\$900 per day up to 5 days
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$70
Emergency room facility	\$300
Ambulance (ground and air)	\$300
Mental health and substance use disorder services	
Outpatient office visit	\$50
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	\$900 per day up to 5 days
Other services	
Durable medical equipment	40%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$450 / \$900
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$15 ded waived / \$50 ded applies / \$70 ded applies
Tier 4 Specialty drugs ⁵	40% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

HMO Silver \$50

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

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$7,950 / \$15,900
Professional services	
PCP office visit	\$50
Specialist office visit	\$70
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
MinuteClinic ³	\$30
Rehabilitation therapy	\$50
X-ray procedures	\$50
Laboratory procedures	\$40
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	50%
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	40% / 50%
Inpatient hospital	50%
Skilled nursing facility	\$25 per day
Emergency services	
Urgent care services	\$70
Emergency room facility	50%
Ambulance (ground and air)	50%
Mental health and substance use disorder services	
Outpatient office visit	\$50
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	50%
Other services	
Durable medical equipment	50%
Acupuncture services	\$10
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$750 / \$1,500
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$20 ded waived / 50% ded applies / 50% ded applies
Tier 4 Specialty drugs ⁵	50% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

Salud HMO y Más – SIMNSA network

Available only with the Salud HMO y Más network. The SIMNSA tier benefits are the same regardless of which Salud HMO y Más plan design is selected.

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



Small Group Solutions 2022

Your guide to Health Net plans for 1-100 employees

CommunityCare HMO Portfolio

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CommunityCare HMO Silver

\$1750/\$50

Available with the following networks: CommunityCare HMO

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$1,750 / \$3,500
Out-of-pocket maximum (individual / family)	\$7,800 / \$15,600
Professional services	
PCP office visit	\$50 ded waived
Specialist office visit	\$70 ded waived
Preventive care services ¹	\$0 ded waived
Telehealth services through Babylon ²	\$0 ded waived
MinuteClinic ³	\$30 ded waived
Rehabilitation therapy	\$50 ded waived
X-ray procedures	\$50 ded applies
Laboratory procedures	\$40 ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	\$300 ded applies
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 40% ded applies
Inpatient hospital	40% ded applies
Skilled nursing facility	\$25/day ded waived
Emergency services	
Urgent care services	\$70 ded waived
Emergency room facility	40% ded applies
Ambulance (ground and air)	40% ded applies
Mental health and substance use disorder services	
Outpatient office visit	\$50 ded waived
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived
Inpatient	40% ded applies
Other services	
Durable medical equipment	40% ded applies
Acupuncture services	\$10 ded waived
Chiropractic services	\$10 ded waived (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$250 / \$500
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$15 ded waived / 40% ded applies / 40% ded applies
Tier 4 Specialty drugs ⁵	40% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0 ded waived
Pediatric vision	
Routine eye exam	\$0 ded waived
Glasses	\$0 ded waived

CommunityCare Bronze 60 HMO

6300/65

Available with the following networks: CommunityCare HMO

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$6,300 / \$12,600
Out-of-pocket maximum (individual / family)	\$8,200 / \$16,400
Professional services	
PCP office visit	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Specialist office visit	visits 1-3 \$95 ded waived / visits 4+ \$95 ded applies
Preventive care services ¹	\$0 ded waived
Telehealth services through Babylon ²	\$0 ded waived
MinuteClinic ³	\$30 ded waived
Rehabilitation therapy	\$65 ded waived
X-ray procedures	40% ded applies
Laboratory procedures	\$40 ded waived
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies
Inpatient hospital	40% ded applies
Skilled nursing facility	40% ded applies
Emergency services	
Urgent care services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Emergency room facility	40% ded applies
Ambulance (ground and air)	40% ded applies
Mental health and substance use disorder services	
Outpatient office visit	\$65 ded waived
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived
Inpatient	40% ded applies
Other services	
Durable medical equipment	40% ded applies
Acupuncture services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Chiropractic services	\$10 ded waived (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁴	\$18 ded applies / 40% ded applies / 40% ded applies
Tier 4 Specialty drugs ⁵	40% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0 ded waived
Pediatric vision	
Routine eye exam	\$0 ded waived
Glasses	\$0 ded waived



Small Group Solutions 2022

Your guide to Health Net plans for 1-100 employees

PureCare HSP Portfolio

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PureCare Platinum 90 HSP 0/15

Available with the following networks: PureCare HSP

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$0 / \$0
Out-of-pocket maximum (individual / family)	\$4,500 / \$9,000
Professional services	
PCP office visit	\$15
Specialist office visit	\$30
Preventive care services ¹	\$0
Telehealth services through Babylon ²	\$0
Rehabilitation therapy	\$15
X-ray procedures	\$30
Laboratory procedures	\$15
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	10%
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	10% / 10%
Inpatient hospital	10%
Skilled nursing facility	10%
Emergency services	
Urgent care services	\$15
Emergency room facility	\$200
Ambulance (ground and air)	\$150
Mental health and substance use disorder services	
Outpatient office visit	\$15
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0
Inpatient	10%
Other services	
Durable medical equipment	10%
Acupuncture services	\$15
Chiropractic services	\$10 (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ³	\$10 / \$25 / \$40
Tier 4 Specialty drugs ⁴	10%
Pediatric dental	
Diagnostic and preventive services	\$0
Pediatric vision	
Routine eye exam	\$0
Glasses	\$0

PureCare Gold 80 HSP 350/25

Available with the following networks: PureCare HSP

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$350 / \$700
Out-of-pocket maximum (individual / family)	\$7,800 / \$15,600
Professional services	
PCP office visit	\$25 ded waived
Specialist office visit	\$50 ded waived
Preventive care services ¹	\$0 ded waived
Telehealth services through Babylon ²	\$0 ded waived
Rehabilitation therapy	\$25 ded waived
X-ray procedures	\$65 ded waived
Laboratory procedures	\$25 ded waived
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% ded waived
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	20% ded waived / 20% ded waived
Inpatient hospital	20% ded applies
Skilled nursing facility	20% ded applies
Emergency services	
Urgent care services	\$25 ded waived
Emergency room facility	20% ded applies
Ambulance (ground and air)	20% ded applies
Mental health and substance use disorder services	
Outpatient office visit	\$25 ded waived
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived
Inpatient	20% ded applies
Other services	
Durable medical equipment	20% ded waived
Acupuncture services	\$25 ded waived
Chiropractic services	\$10 ded waived (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$0 / \$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 ³	\$15 / \$50 / \$80
Tier 4 Specialty drugs ⁴	20%
Pediatric dental	
Diagnostic and preventive services	\$0 ded waived
Pediatric vision	
Routine eye exam	\$0 ded waived
Glasses	\$0 ded waived

PureCare Silver 70 HSP 2250/50

Available with the following networks: PureCare HSP

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$2,250 / \$4,500
Out-of-pocket maximum (individual / family)	\$8,200 / \$16,400
Professional services	
PCP office visit	\$50 ded waived
Specialist office visit	\$85 ded waived
Preventive care services ¹	\$0 ded waived
Telehealth services through Babylon ²	\$0 ded waived
Rehabilitation therapy	\$50 ded waived
X-ray procedures	\$85 ded waived
Laboratory procedures	\$50 ded waived
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies
Inpatient hospital	30% ded applies
Skilled nursing facility	30% ded applies
Emergency services	
Urgent care services	\$50 ded waived
Emergency room facility	30% ded applies
Ambulance (ground and air)	30% ded applies
Mental health and substance use disorder services	
Outpatient office visit	\$50 ded waived
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived
Inpatient	30% ded applies
Other services	
Durable medical equipment	30% ded waived
Acupuncture services	\$50 ded waived
Chiropractic services	\$10 ded waived (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$300 / \$600
Prescription drugs Tier 1 / Tier 2 / Tier 3 ³	\$17 ded waived / \$70 ded applies / \$100 ded applies
Tier 4 Specialty drugs ⁴	30% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0 ded waived
Pediatric vision	
Routine eye exam	\$0 ded waived
Glasses	\$0 ded waived

PureCare Bronze 60 HSP 6300/65

Available with the following networks: PureCare HSP

Benefit description	Member Responsibility
Plan maximums	
Calendar year deductible (individual / family)	\$6,300 / \$12,600
Out-of-pocket maximum (individual / family)	\$8,200 / \$16,400
Professional services	
PCP office visit	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Specialist office visit	visits 1-3 \$95 ded waived / visits 4+ \$95 ded applies
Preventive care services ¹	\$0 ded waived
Telehealth services through Babylon ²	\$0 ded waived
Rehabilitation therapy	\$65 ded waived
X-ray procedures	40% ded applies
Laboratory procedures	\$40 ded waived
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies
Facility services	
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies
Inpatient hospital	40% ded applies
Skilled nursing facility	40% ded applies
Emergency services	
Urgent care services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Emergency room facility	40% ded applies
Ambulance (ground and air)	40% ded applies
Mental health and substance use disorder services	
Outpatient office visit	\$65 ded waived
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	visits 1-3 40% up to \$65 ded waived / visits 4+ 40% up to \$65 ded applies
Inpatient	40% ded applies
Other services	
Durable medical equipment	40% ded applies
Acupuncture services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies
Chiropractic services	\$10 ded waived (If Chiro Rider is Purchased)
Prescription drug coverage	
Prescription drug deductible (individual / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 ³	\$18 ded applies / 40% ded applies / 40% ded applies
Tier 4 Specialty drugs ⁴	40% ded applies
Pediatric dental	
Diagnostic and preventive services	\$0 ded waived
Pediatric vision	
Routine eye exam	\$0 ded waived
Glasses	\$0 ded waived



Small Group Solutions 2022

Your guide to Health Net plans for 1-100 employees

PPO Portfolio

Platinum 90 PPO 0/15

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$0 / \$0	\$1,000 / \$2,000
Out-of-pocket maximum (individual / family) ²	\$4,500 / \$9,000	\$9,000 / \$18,000
Professional services		
PCP office visit	\$15	50% ded applies
Specialist office visit	\$30	50% ded applies
Preventive care services ³	\$0	50% ded applies
Telehealth services through Babylon ⁴	\$0	Not Covered
Rehabilitation therapy	\$15	50% ded applies
X-ray procedures	\$30	50% ded applies
Laboratory procedures	\$15	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	10%	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	10% / 10%	50% ded applies / 50% ded applies
Inpatient hospital	10%	50% ded applies
Skilled nursing facility	10%	50% ded applies
Emergency services		
Urgent care services	\$15	50% ded applies
Emergency room facility	\$200 ded waived	\$200 ded waived
Ambulance (ground and air)	\$150 ded waived	\$150 ded waived
Mental health and substance use disorder services		
Outpatient office visit	\$15	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	10% (up to \$15)	50% ded applies
Inpatient	10%	50% ded applies
Other services		
Durable medical equipment	10%	50% ded applies
Acupuncture services	\$15	50% ded applies
Chiropractic services	Not Covered	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$10 / \$25 / \$40	Not Covered
Tier 4 Specialty drugs ⁶	10%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0	10% ded waived
Pediatric vision		
Routine eye exam	\$0	Not Covered
Glasses	\$0	Not Covered

Platinum 90 PPO 250/15

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$250 / \$500	\$1,000 / \$2,000
Out-of-pocket maximum (individual / family) ²	\$3,800 / \$7,600	\$9,000 / \$18,000
Professional services		
PCP office visit	\$15 ded waived	50% ded applies
Specialist office visit	\$30 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$15 ded waived	50% ded applies
X-ray procedures	\$30 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	10% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	10% ded applies / 10% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	10% ded applies	50% ded applies
Skilled nursing facility	10% ded applies	50% ded applies
Emergency services		
Urgent care services	\$30 ded waived	50% ded applies
Emergency room facility	10% ded applies	10% ded applies
Ambulance (ground and air)	10% ded applies	10% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$15 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	10% ded applies	50% ded applies
Inpatient	10% ded applies	50% ded applies
Other services		
Durable medical equipment	10% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$25 ded waived	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$10 / \$35 / \$60	Not Covered
Tier 4 Specialty drugs ⁶	10%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold 80 PPO 0/30

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$0 / \$0	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,600 / \$15,200	\$15,200 / \$30,400
Professional services		
PCP office visit	\$30	50% ded applies
Specialist office visit	\$50	50% ded applies
Preventive care services ³	\$0	50% ded applies
Telehealth services through Babylon ⁴	\$0	Not Covered
Rehabilitation therapy	\$30	50% ded applies
X-ray procedures	\$40	50% ded applies
Laboratory procedures	\$30	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30%	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% / 30%	50% ded applies / 50% ded applies
Inpatient hospital	30%	50% ded applies
Skilled nursing facility	30%	50% ded applies
Emergency services		
Urgent care services	\$50	50% ded applies
Emergency room facility	30% ded waived	30% ded waived
Ambulance (ground and air)	30% ded waived	30% ded waived
Mental health and substance use disorder services		
Outpatient office visit	\$30	50% ded applies
Outpatient other (includes partial hospitalization / day treatment /intensive outpatient programs)	30%	50% ded applies
Inpatient	30%	50% ded applies
Other services		
Durable medical equipment	30%	50% ded applies
Acupuncture services	\$30	50% ded applies
Chiropractic services	\$25	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 / \$40 / \$70	Not Covered
Tier 4 Specialty drugs ⁶	30%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0	10% ded waived
Pediatric vision		
Routine eye exam	\$0	Not Covered
Glasses	\$0	Not Covered

Gold 80 PPO 350/25

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$350 / \$700	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,800 / \$15,600	\$15,600 / \$31,200
Professional services		
PCP office visit	\$25 ded waived	50% ded applies
Specialist office visit	\$50 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$25 ded waived	50% ded applies
X-ray procedures	\$65 ded waived	50% ded applies
Laboratory procedures	\$25 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	20% ded waived	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	20% ded waived / 20% ded waived	50% ded applies / 50% ded applies
Inpatient hospital	20% ded applies	50% ded applies
Skilled nursing facility	20% ded applies	50% ded applies
Emergency services		
Urgent care services	\$25 ded waived	50% ded applies
Emergency room facility	20% ded applies	20% ded applies
Ambulance (ground and air)	20% ded applies	20% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$25 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	20% ded waived (up to \$25)	50% ded applies
Inpatient	20% ded applies	50% ded applies
Other services		
Durable medical equipment	20% ded waived	50% ded applies
Acupuncture services	\$25 ded waived	50% ded applies
Chiropractic services	Not Covered	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 / \$50 / \$80	Not Covered
Tier 4 Specialty drugs ⁶	20%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold 80 PPO 500/20

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$500 / \$1,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,600 / \$15,200	\$15,200 / \$30,400
Professional services		
PCP office visit	\$20 ded waived	50% ded applies
Specialist office visit	\$40 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$20 ded waived	50% ded applies
X-ray procedures	\$40 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$40 ded waived	50% ded applies
Emergency room facility	30% ded applies	30% ded applies
Ambulance (ground and air)	30% ded applies	30% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$20 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30% ded applies	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	50% ded applies
Acupuncture services	\$20 ded waived	50% ded applies
Chiropractic services	\$25 ded waived	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$40 ded applies / \$70 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold 80 PPO 1000/30

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,600 / \$15,200	\$15,200 / \$30,400
Professional services		
PCP office visit	\$30 ded waived	50% ded applies
Specialist office visit	\$50 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$30 ded waived	50% ded applies
X-ray procedures	\$40 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$50 ded waived	50% ded applies
Emergency room facility	30% ded applies	30% ded applies
Ambulance (ground and air)	30% ded applies	30% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$30 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	50% ded applies
Acupuncture services	\$30 ded waived	50% ded applies
Chiropractic services	\$25 ded waived	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$40 ded applies / \$70 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold 80 PPO 1500/0

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-pocket maximum (individual / family) ²	\$8,000 / \$16,000	\$16,000 / \$32,000
Professional services		
PCP office visit	\$0 ded waived	50% ded applies
Specialist office visit	\$70 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$0 ded waived	50% ded applies
X-ray procedures	\$0 ded waived	50% ded applies
Laboratory procedures	\$0 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$70 ded waived	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$0 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$0 ded waived	50% ded applies
Chiropractic services	\$25 ded waived	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$0 ded waived / \$50 ded applies / \$90 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Gold 80 Value PPO 750/15

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-pocket maximum (individual / family) ²	\$7,800 / \$15,600	\$15,600 / \$31,200
Professional services		
PCP office visit	\$15 ded waived	50% ded applies
Specialist office visit	\$30 ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$15 ded waived	50% ded applies
X-ray procedures	\$25 ded applies	50% ded applies
Laboratory procedures	\$25 ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$30 ded applies	50% ded applies
Emergency room facility	\$250 ded applies	\$250 ded applies
Ambulance (ground and air)	\$250 ded applies	\$250 ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$15 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment /intensive outpatient programs)	\$0 ded applies	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	50% ded applies
Acupuncture services	\$15 ded waived	50% ded applies
Chiropractic services	\$25 ded waived	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$40 ded applies / \$70 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver 70 PPO 2250/50

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$2,250 / \$4,500	\$4,500 / \$9,000
Out-of-pocket maximum (individual / family) ²	\$8,200 / \$16,400	\$16,400 / \$32,800
Professional services		
PCP office visit	\$50 ded waived	50% ded applies
Specialist office visit	\$85 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$50 ded waived	50% ded applies
X-ray procedures	\$85 ded waived	50% ded applies
Laboratory procedures	\$50 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$50 ded waived	50% ded applies
Emergency room facility	30% ded applies	30% ded applies
Ambulance (ground and air)	30% ded applies	30% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$50 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30% ded waived (up to \$50)	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded waived	50% ded applies
Acupuncture services	\$50 ded waived	50% ded applies
Chiropractic services	Not Covered	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$17 ded waived / \$70 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver 70 PPO 2250/55

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$2,250 / \$4,500	\$4,500 / \$9,000
Out-of-pocket maximum (individual / family) ²	\$8,000 / \$16,000	\$16,000 / \$32,000
Professional services		
PCP office visit	\$55 ded waived	50% ded applies
Specialist office visit	\$80 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$55 ded waived	50% ded applies
X-ray procedures	\$65 ded waived	50% ded applies
Laboratory procedures	\$40 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$80 ded waived	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$55 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment /intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$55 ded waived	50% ded applies
Chiropractic services	\$25 ded waived	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$19 ded waived / \$65 ded applies / \$85 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver 70 Value PPO 1700/50

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,700 / \$3,400	\$3,400 / \$6,800
Out-of-pocket maximum (individual / family) ²	\$8,000 / \$16,000	\$16,000 / \$32,000
Professional services		
PCP office visit	\$50 ded waived	50% ded applies
Specialist office visit	\$75 ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$50 ded waived	50% ded applies
X-ray procedures	\$50 ded applies	50% ded applies
Laboratory procedures	\$40 ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$75 ded applies	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$50 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment /intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	\$50 ded waived	50% ded applies
Chiropractic services	\$25 ded waived	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$19 ded waived / \$65 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

Silver 70 HDHP PPO 1400/40%

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,400 / \$2,800	\$2,800 / \$5,600
Out-of-pocket maximum (individual / family) ²	\$7,000 / \$14,000	\$14,000 / \$28,000
Professional services		
PCP office visit	40% ded applies	50% ded applies
Specialist office visit	40% ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded applies	Not Covered
Rehabilitation therapy	40% ded applies	50% ded applies
X-ray procedures	40% ded applies	50% ded applies
Laboratory procedures	40% ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	40% ded applies	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	40% ded applies	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	40% ded applies	50% ded applies
Chiropractic services	\$25 ded applies	50% ded applies
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$19 ded applies / \$80 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered



Small Business Group

Bronze 60 PPO 6300/65

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$6,300 / \$12,600	\$12,600 / \$25,200
Out-of-pocket maximum (individual / family) ²	\$8,200 / \$16,400	\$16,400 / \$32,800
Professional services		
PCP office visit	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies	50% ded applies
Specialist office visit	visits 1-3 \$95 ded waived / visits 4+ \$95 ded applies"	50% ded applies
Preventive care services ³	\$0 ded waived	50% ded applies
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$65 ded waived	50% ded applies
X-ray procedures	40% ded applies	50% ded applies
Laboratory procedures	\$40 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$65 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment /intensive outpatient programs)	40% ded applies (up to \$65 after the deductible)	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	50% ded applies
Acupuncture services	visits 1-3 \$65 ded waived / visits 4+ \$65 ded applies	50% ded applies
Chiropractic services	Not Covered	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$500 / \$1,000	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$18 ded applies / 40% ded applies / 40% ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

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Small Business Group

Bronze 60 HDHP PPO 7000/0%

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



Small Group Solutions 2022

Your guide to Health Net plans for 1-100 employees

EnhancedCare PPO Portfolio

EnhancedCare Platinum 90 PPO 250/15

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$250 / \$500	\$1,000 / \$2,000
Out-of-pocket maximum (individual / family) ²	\$3,800 / \$7,600	\$9,000 / \$18,000
Professional services		
PCP office visit	\$15 ded waived	50% ded applies
Specialist office visit	\$30 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$15 ded waived	Not Covered
X-ray procedures	\$30 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	10% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	10% ded applies / 10% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	10% ded applies	50% ded applies
Skilled nursing facility	10% ded applies	50% ded applies
Emergency services		
Urgent care services	\$30 ded waived	50% ded applies
Emergency room facility	10% ded applies	10% ded applies
Ambulance (ground and air)	10% ded applies	10% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$15 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	10% ded applies	50% ded applies
Inpatient	10% ded applies	50% ded applies
Other services		
Durable medical equipment	10% ded applies	Not Covered
Acupuncture services	\$15 ded waived	Not Covered
Chiropractic services	\$25 ded waived	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$10 / \$35 / \$60	Not Covered
Tier 4 Specialty drugs ⁶	10%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

EnhancedCare Gold 80 PPO 0/30

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$0 / \$0	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,600 / \$15,200	\$15,200 / \$30,400
Professional services		
PCP office visit	\$30	50% ded applies
Specialist office visit	\$50	50% ded applies
Preventive care services ³	\$0	Not Covered
Telehealth services through Babylon ⁴	\$0	Not Covered
Rehabilitation therapy	\$30	Not Covered
X-ray procedures	\$40	50% ded applies
Laboratory procedures	\$30	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30%	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% / 30%	50% ded applies / 50% ded applies
Inpatient hospital	30%	50% ded applies
Skilled nursing facility	30%	50% ded applies
Emergency services		
Urgent care services	\$50	50% ded applies
Emergency room facility	30% ded waived	30% ded waived
Ambulance (ground and air)	30% ded waived	30% ded waived
Mental health and substance use disorder services		
Outpatient office visit	\$30	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30%	50% ded applies
Inpatient	30%	50% ded applies
Other services		
Durable medical equipment	30%	Not Covered
Acupuncture services	\$30	Not Covered
Chiropractic services	\$25	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$0 / \$0	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 / \$40 / \$70	Not Covered
Tier 4 Specialty drugs ⁶	30%	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0	10% ded waived
Pediatric vision		
Routine eye exam	\$0	Not Covered
Glasses	\$0	Not Covered

EnhancedCare Gold 80 PPO 500/20

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$500 / \$1,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,600 / \$15,200	\$15,200 / \$30,400
Professional services		
PCP office visit	\$20 ded waived	50% ded applies
Specialist office visit	\$40 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$20 ded waived	Not Covered
X-ray procedures	\$40 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$40 ded waived	50% ded applies
Emergency room facility	30% ded applies	30% ded applies
Ambulance (ground and air)	30% ded applies	30% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$20 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	30% ded applies	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	Not Covered
Acupuncture services	\$20 ded waived	Not Covered
Chiropractic services	\$25 ded waived	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$40 ded applies / \$70 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

EnhancedCare Gold 80 PPO 1000/30

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual / family) ²	\$7,600 / \$15,200	\$15,200 / \$30,400
Professional services		
PCP office visit	\$30 ded waived	50% ded applies
Specialist office visit	\$50 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$30 ded waived	Not Covered
X-ray procedures	\$40 ded waived	50% ded applies
Laboratory procedures	\$30 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$50 ded waived	50% ded applies
Emergency room facility	30% ded applies	30% ded applies
Ambulance (ground and air)	30% ded applies	30% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$30 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded waived	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	Not Covered
Acupuncture services	\$30 ded waived	Not Covered
Chiropractic services	\$25 ded waived	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$250 / \$500	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$40 ded applies / \$70 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

EnhancedCare Gold 80 PPO 1500/0

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-pocket maximum (individual / family) ²	\$8,000 / \$16,000	\$16,000 / \$32,000
Professional services		
PCP office visit	\$0 ded waived	50% ded applies
Specialist office visit	\$70 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$0 ded waived	Not Covered
X-ray procedures	\$0 ded waived	50% ded applies
Laboratory procedures	\$0 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$70 ded waived	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$0 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	Not Covered
Acupuncture services	\$0 ded waived	Not Covered
Chiropractic services	\$25 ded waived	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$0 ded waived / \$50 ded applies / \$90 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

EnhancedCare Gold 80 Value PPO 750/15

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-pocket maximum (individual / family) ²	\$7,800 / \$15,600	\$15,600 / \$31,200
Professional services		
PCP office visit	\$15 ded waived	50% ded applies
Specialist office visit	\$30 ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$15 ded waived	Not Covered
X-ray procedures	\$25 ded applies	50% ded applies
Laboratory procedures	\$25 ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	30% ded applies / 30% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	30% ded applies	50% ded applies
Skilled nursing facility	30% ded applies	50% ded applies
Emergency services		
Urgent care services	\$30 ded applies	50% ded applies
Emergency room facility	\$250 ded applies	\$250 ded applies
Ambulance (ground and air)	\$250 ded applies	\$250 ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$15 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	\$0 ded applies	50% ded applies
Inpatient	30% ded applies	50% ded applies
Other services		
Durable medical equipment	30% ded applies	Not Covered
Acupuncture services	\$15 ded waived	Not Covered
Chiropractic services	\$25 ded waived	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$15 ded waived / \$40 ded applies / \$70 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	30% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

EnhancedCare Silver 70 PPO 2250/55

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$2,250 / \$4,500	\$4,500 / \$9,000
Out-of-pocket maximum (individual / family) ²	\$8,000 / \$16,000	\$16,000 / \$32,000
Professional services		
PCP office visit	\$55 ded waived	50% ded applies
Specialist office visit	\$80 ded waived	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$55 ded waived	Not Covered
X-ray procedures	\$65 ded waived	50% ded applies
Laboratory procedures	\$40 ded waived	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$80 ded waived	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$55 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	Not Covered
Acupuncture services	\$55 ded waived	Not Covered
Chiropractic services	\$25 ded waived	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	\$300 / \$600	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$19 ded waived / \$65 ded applies / \$85 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

EnhancedCare Silver 70 Value PPO

1700/50

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,700 / \$3,400	\$3,400 / \$6,800
Out-of-pocket maximum (individual / family) ²	\$8,000 / \$16,000	\$16,000 / \$32,000
Professional services		
PCP office visit	\$50 ded waived	50% ded applies
Specialist office visit	\$75 ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded waived	Not Covered
Rehabilitation therapy	\$50 ded waived	Not Covered
X-ray procedures	\$50 ded applies	50% ded applies
Laboratory procedures	\$40 ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	\$75 ded applies	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	\$50 ded waived	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	Not Covered
Acupuncture services	\$50 ded waived	Not Covered
Chiropractic services	\$25 ded waived	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$19 ded waived / \$65 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

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EnhancedCare Silver 70 HDHP PPO

1400/40%

Benefit description	Member responsibility	
	In-network	Out-of-network
Plan maximums		
Calendar year deductible (individual / family) ¹	\$1,400 / \$2,800	\$2,800 / \$5,600
Out-of-pocket maximum (individual / family) ²	\$7,000 / \$14,000	\$14,000 / \$28,000
Professional services		
PCP office visit	40% ded applies	50% ded applies
Specialist office visit	40% ded applies	50% ded applies
Preventive care services ³	\$0 ded waived	Not Covered
Telehealth services through Babylon ⁴	\$0 ded applies	Not Covered
Rehabilitation therapy	40% ded applies	Not Covered
X-ray procedures	40% ded applies	50% ded applies
Laboratory procedures	40% ded applies	50% ded applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	40% ded applies	50% ded applies
Facility services		
Outpatient surgery (ambulatory surgery center / hospital)	40% ded applies / 40% ded applies	50% ded applies / 50% ded applies
Inpatient hospital	40% ded applies	50% ded applies
Skilled nursing facility	40% ded applies	50% ded applies
Emergency services		
Urgent care services	40% ded applies	50% ded applies
Emergency room facility	40% ded applies	40% ded applies
Ambulance (ground and air)	40% ded applies	40% ded applies
Mental health and substance use disorder services		
Outpatient office visit	40% ded applies	50% ded applies
Outpatient other (includes partial hospitalization / day treatment / intensive outpatient programs)	40% ded applies	50% ded applies
Inpatient	40% ded applies	50% ded applies
Other services		
Durable medical equipment	40% ded applies	Not Covered
Acupuncture services	40% ded applies	Not Covered
Chiropractic services	\$25 ded applies	Not Covered
Prescription drug coverage		
Prescription drug deductible (individual / family)	Combined Medical/Rx Deductible	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁵	\$19 ded applies / \$80 ded applies / \$100 ded applies	Not Covered
Tier 4 Specialty drugs ⁶	40% ded applies	Not Covered
Pediatric dental		
Diagnostic and preventive services	\$0 ded waived	10% ded waived
Pediatric vision		
Routine eye exam	\$0 ded waived	Not Covered
Glasses	\$0 ded waived	Not Covered

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Small Group Solutions 2022

Your guide to Health Net plans for 1-100 employees

Plan Codes

Plan Name	Plan code without infertility	Plan code with infertility
Full Network HMO Platinum \$0	GT0 (G-T-zero)	GT1 (G-T-one)
Full Network HMO Platinum \$10	GT2	GT3
Full Network HMO Platinum \$20	GT4	GT5
Full Network HMO Platinum \$30	GT6	GT7
Full Network HMO Gold \$30	GSO (G-S-Opera)	GSP
Full Network HMO Gold \$35	GSQ	GSR
Full Network HMO Gold \$40	GSS	GST
Full Network HMO Gold \$50	GSU	GSV
Full Network HMO Silver \$50	GTD	GTE
WholeCare HMO Platinum \$0	GS7	GS8
WholeCare HMO Platinum \$10	GS9	GSB
WholeCare HMO Platinum \$20	GSC	GSD
WholeCare HMO Platinum \$30	GSE	GSF
WholeCare HMO Gold \$30	GRT	GRU
WholeCare HMO Gold \$35	GRV	GRW
WholeCare HMO Gold \$40	GRX	GRY
WholeCare HMO Gold \$50	GRZ	GS0 (G-S-zero)
WholeCare HMO Silver \$50	GSK	GSL
SmartCare HMO Platinum \$0	GR1 (G-R-one)	GR2
SmartCare HMO Platinum \$10	GR3	GR4
SmartCare HMO Platinum \$20	GR5	GR6
SmartCare HMO Platinum \$30	GR7	GR8
SmartCare HMO Gold \$30	GQT	GQU
SmartCare HMO Gold \$35	GQV	GQW
SmartCare HMO Gold \$40	GQX	GQY
SmartCare HMO Gold \$50	GQZ	GR0 (G-R-zero)
SmartCare HMO Silver \$50	GR9	GRB
Salud HMO y Mas Platinum \$0	GTP	GTQ
Salud HMO y Mas Platinum \$10	GTR	GTS
Salud HMO y Mas Platinum \$20	GTT	GTU
Salud HMO y Mas Platinum \$30	GTV	GTW
Salud HMO y Mas Gold \$30	GTF	GTG
Salud HMO y Mas Gold \$35	GTH	GTI (G-T-India)
Salud HMO y Mas Gold \$40	GTJ	GTK
Salud HMO y Mas Gold \$50	GTL	GTM
Salud HMO y Mas Silver \$50	GU1 (G-U-one)	GU2
CommunityCare HMO Silver \$1750/\$50	GRG	GRH
CommunityCare Bronze 60 HMO 6300/65 + Child Dental	GRC	GRD

(continued)

Plan Name	Plan code without infertility	Plan code with infertility
PureCare Platinum 90 HSP 0/15 + Child Dental	GRO (G-R-Opera)	GRQ
PureCare Gold 80 HSP 350/25 + Child Dental	GRM	GRN
PureCare Silver 70 HSP 2250/50 + Child Dental	GRR	GRS
PureCare Bronze 60 HSP 6300/65 + Child Dental	GRK	GRL
Platinum 90 PPO 0/15 + Child Dental	GP7	GP8
Platinum 90 PPO 250/15 + Child Dental Alt	GP9	GPB
Gold 80 PPO 0/30 + Child Dental Alt	GOV (G-Opera-V)	GOW (G-Opera-W)
Gold 80 PPO 350/25 + Child Dental	GOX (G-Opera-X)	GOY (G-Opera-Y)
Gold 80 PPO 500/20 + Child Dental Alt	GOZ (G-Opera-Z)	GP0 (G-P-zero)
Gold 80 PPO 1000/30 + Child Dental Alt	GP1 (G-P-one)	GP2
Gold 80 PPO 1500/0 + Child Dental Alt	GP3	GP4
Gold 80 Value PPO 750/15 + Child Dental Alt	GP5	GP6
Silver 70 PPO 2250/50 + Child Dental	GPC	GPD
Silver 70 PPO 2250/55 + Child Dental Alt	GPE	GPF
Silver 70 Value PPO 1700/50 + Child Dental Alt	GPI (G-P-India)	GPJ
Silver 70 HDHP PPO 1400/40% + Child Dental Alt	GPG	GPH
Bronze 60 PPO 6300/65 + Child Dental	GOR (G-Opera-R)	GOS (G-Opera-S)
Bronze 60 HDHP PPO 7000/0% + Child Dental	GOT (G-Opera-T)	GOU (G-Opera-U)
EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	GPU	GPV
EnhancedCare Gold 80 PPO 0/30 + Child Dental Alt	GPK	GPL
EnhancedCare Gold 80 PPO 500/20 + Child Dental Alt	GPM	GPN
EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	GPO (G-P-Opera)	GPP
EnhancedCare Gold 80 PPO 1500/0 + Child Dental Alt	GPQ	GPR
EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt	GPS	GPT
EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt	GPW	GPX
EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt	GQ0 (G-Q-zero)	GQ1 (G-Q-one)
EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	GPY	GPZ

Infertility buy-up details

For HMO/HSP plans only

- There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility.
- Infertility benefits do not apply to the calendar year out-of-pocket maximum.

For PPO/EnhancedCare PPO insurance plans only

- There is a \$2,000 lifetime maximum on infertility services and a separate \$2,000 lifetime limit on prescription medications for infertility.
- Infertility benefits do not apply to the calendar year out-of-pocket maximum (with the exception of HDHP plans).

Infertility Benefits

Health Net offers an infertility option with each of our California Small Business Group plans. The same plans are available without infertility benefits at a lower cost.

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

Covered services (infertility services are covered only for the Health Net member):

- ✓ Artificial insemination.
- ✓ Office visits (professional services).
- ✓ Gamete intrafallopian transfer (GIFT).
- ✓ Follicle ultrasounds.
- ✓ Sperm washing.
- ✓ Prescription drugs (oral).
- ✓ Inpatient and outpatient care.
- ✓ Treatment by injections (only when provided in connection with services that are covered by the plan).
- ✓ Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility are covered. Iatrogenic infertility is infertility that is caused by a medical intervention, including reactions from prescribed drugs or from medical or surgical procedures for conditions such as cancer or gender dysphoria.¹



Excluded services:

- ⊗ In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum, other than GIFT. Also not covered are services or supplies (including injections and injectable medications) which prepare the member to receive these services.
- ⊗ The collection, storage or purchase of sperm.
- ⊗ Gamete or embryo storage.
- ⊗ Use of frozen gametes or embryos to achieve future conception.
- ⊗ Pre-implantation genetic diagnosis.
- ⊗ Donor eggs, sperm or embryos.
- ⊗ Gestational carriers (surrogates).

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

Small Group Solutions 2022

Your guide to Health Net plans for 1–100 employees

Footnotes

Platinum \$0, Platinum \$10, Platinum \$20, Platinum \$30, Gold \$30, Gold \$35, Gold \$40, Gold \$50, Silver \$50

- ¹Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).
- ²Listed cost share is for services provided through Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.
- ³MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁴The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website.
- ⁵Tier 4 drugs when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

Salud HMO y Mas – SIMNSA Network

- ¹In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA Network, except for emergency services.
- ²Any copayment or coinsurance paid for covered services in either the Salud Network or the SIMNSA Network will be credited to the individual OOPM of both networks.
- ³Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).
- ⁴Listed cost share is for services provided through Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.
- ⁵MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁶The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website.
- ⁷Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

CommunityCare HMO

- ¹Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).
- ²Listed cost share is for services provided through Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.
- ³MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁴The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website.
- ⁵Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

PureCare HSP

- ¹Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).
- ²Listed cost share is for services provided through Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.
- ³The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website.
- ⁴Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

PPO and EnhancedCare PPO

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

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

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

⁴Listed cost share is for services provided through Babylon; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

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

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

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1-877-891-9053 (*Mandarin*)

1-800-331-1777 (*Spanish*)

1-877-891-9051 (*Tagalog*)

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