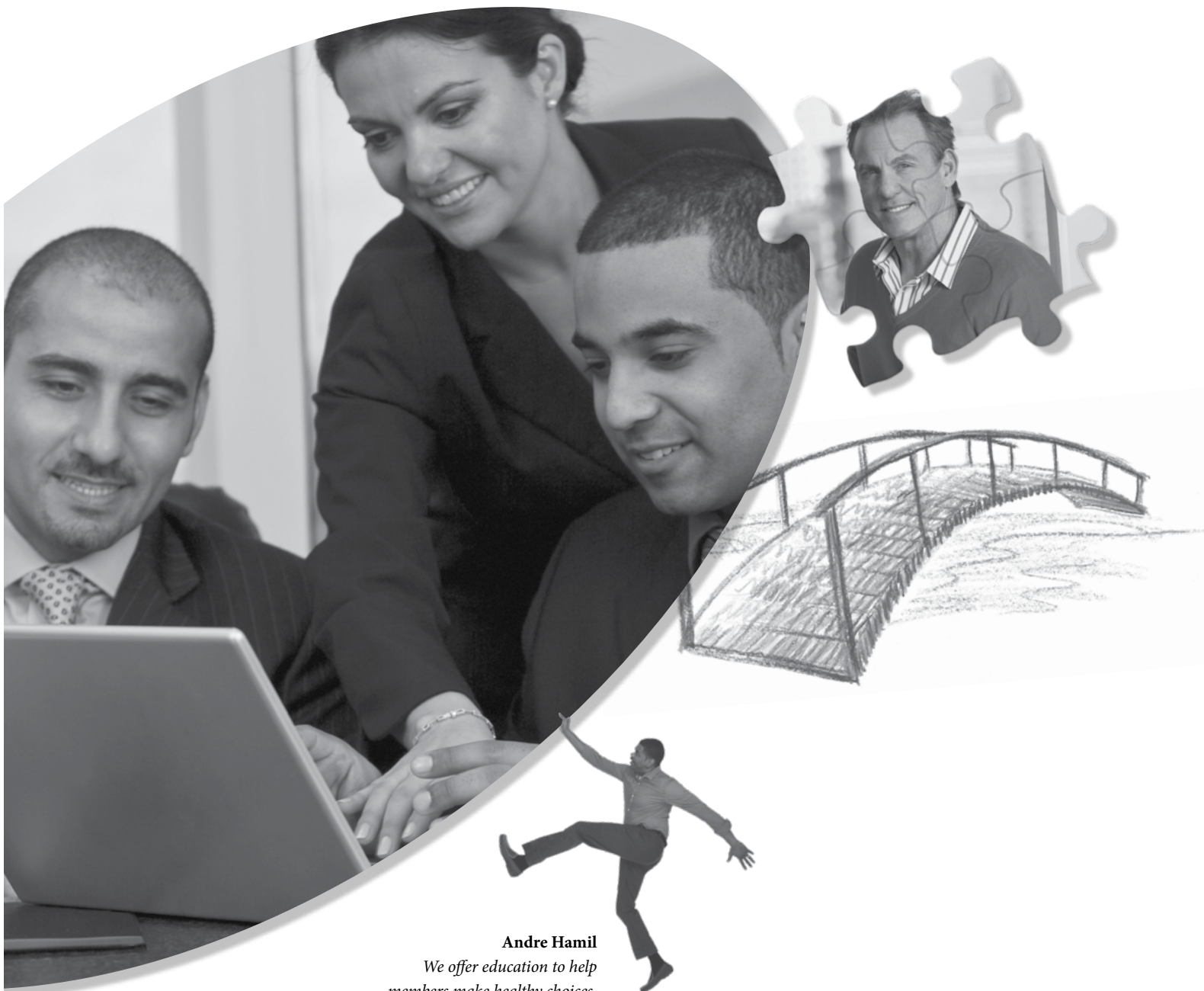


Monthly Premium Rate Guide

Health coverage made easy
Effective January 1, 2017



Andre Hamil

*We offer education to help
members make healthy choices.*

We are your Health Net.™



Health Net®

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Find your rate

Finding the rate that applies to you is easy:

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

CommunityCare HMO Health Plans

Region 15 Los Angeles County: ZIP codes starting with 906-912, 915, 917, 918, 935.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	186.85	168.52	133.74
21	294.24	265.39	210.61
22	294.24	265.39	210.61
23	294.24	265.39	210.61

Calculate your monthly rate

The medical rate is subject to the Affordable Care Act (ACA) rules, which states for children under 21, no more than the three oldest children covered on the plan will be taken into account. Please see the examples to the right to assist you in calculating your family rate.

- 4 Add all of the monthly medical costs for each member of your family. (Remember: You do not include more than the three oldest children if they are younger than 21.)
- 5 Add in dental and vision costs if you want to purchase adult dental and vision coverage. Pediatric dental and vision services, for children age 18 and under, are already included in the medical rate.
- 6 Add #4 and #5 together to determine your total monthly costs.

Example A: Family of five in Region 15, Silver 70 HMO, with adult dental and vision coverage

	Age	Medical cost	Adult dental and vision cost
Subscriber	43	\$285.79	\$7.93
Spouse	35	\$257.36	\$7.93
Child 1	21	\$210.61	\$7.93
Child 2	12	\$133.74	\$0
Child 3	10	\$133.74	\$0
Family Premium		\$1,021.24	+ \$23.79 = \$1,045.03

Example B: Family of seven in Region 15, Silver 70 HMO, with adult dental and vision coverage

	Age	Medical cost	Adult dental and vision cost
Subscriber	43	\$285.79	\$7.93
Spouse	42	\$279.05	\$7.93
Child 1	20	\$133.74	\$0
Child 2	19	\$133.74	\$0
Child 3	14	\$133.74	\$0
Child 4	10	\$0	\$0
Child 5	7	\$0	\$0
Family Premium		\$966.06	+ \$15.86 = \$981.92

Medical and dental rating regions

Medical and dental premiums are calculated based on the subscriber's home address. Please refer to the counties on page 5 to determine the rating region.

Go to www.healthnet.com and select *Search*, and then choose *Provider* to see the preferred providers within our network. If there is a question regarding area availability, please contact your authorized Health Net Life Insurance Company or Health Net of California, Inc. (Health Net) broker or call 1-800-909-3447, option 2.

Choices *by Location*

Plans available directly through Health Net

Region	Plan name
Region 1 Nevada County ¹ Region 3 El Dorado ¹ , Placer ¹ , Sacramento, and Yolo counties Region 11 Fresno ¹ , Kings and Madera counties	PureCare HSP Health Net Platinum 90 HSP Health Net Gold 80 HSP Health Net Silver 70 HSP Health Net Bronze 60 HSP Health Net Minimum Coverage HSP
Region 7 Santa Clara County ¹ Note: See PPO and EPO options below for Region 7	PureCare HSP Health Net Platinum 90 HSP Health Net Gold 80 HSP Health Net Silver 70 HSP Health Net Bronze 60 HSP Health Net Minimum Coverage HSP
Region 2 Marin, Napa, Solano, and Sonoma counties Region 4 San Francisco County Region 5 Contra Costa County Region 7 Santa Clara County Region 8 San Mateo County Region 9 Santa Cruz County Region 10 Merced, San Joaquin, Stanislaus, and Tulare counties	PPO Health Net Platinum 90 PPO Health Net Gold 80 PPO Health Net Silver 70 PPO Health Net Bronze 60 PPO Health Net Minimum Coverage PPO PureCare One EPO Health Net Platinum 90 EPO Health Net Gold 80 EPO Health Net Silver 70 EPO Health Net Bronze 60 EPO Health Net Minimum Coverage EPO
Region 14 Kern County ¹ Region 15 Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935 Region 17 Riverside ¹ and San Bernardino ¹ counties Region 18 Orange County Region 19 San Diego County	CommunityCare HMO Health Net Platinum 90 HMO Health Net Gold 80 HMO Health Net Silver 70 HMO PPO Health Net Platinum 90 PPO Health Net Gold 80 PPO Health Net Silver 70 PPO Health Net Bronze 60 PPO Health Net Minimum Coverage PPO PureCare One EPO Health Net Platinum 90 EPO Health Net Gold 80 EPO Health Net Silver 70 EPO Health Net Bronze 60 EPO Health Net Minimum Coverage EPO PureCare HSP Health Net Platinum 90 HSP Health Net Gold 80 HSP Health Net Silver 70 HSP Health Net Bronze 60 HSP Health Net Minimum Coverage HSP
Region 16 Los Angeles County: ZIP codes not in Region 15	CommunityCare HMO Health Net Platinum 90 HMO Health Net Gold 80 HMO Health Net Silver 70 HMO PureCare HSP Health Net Platinum 90 HSP Health Net Gold 80 HSP Health Net Silver 70 HSP Health Net Bronze 60 HSP Health Net Minimum Coverage HSP

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Partial counties – Plans are available in the following ZIP codes

<i>Region</i>
El Dorado County – Region 3 95613, 95614, 95619, 95623, 95633, 95634, 95635, 95636, 95651, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762
Fresno County – Region 11 93210, 93234, 93242, 93602, 93605, 93606, 93607, 93608, 93609, 93611, 93612, 93613, 93616, 93619, 93621, 93622, 93624, 93625, 93626, 93627, 93628, 93630, 93631, 93634, 93640, 93641, 93642, 93646, 93648, 93649, 93650, 93651, 93652, 93654, 93656, 93657, 93660, 93662, 93664, 93667, 93668, 93675, 93701, 93702, 93703, 93704, 93705, 93706, 93707, 93708, 93709, 93710, 93711, 93712, 93714, 93715, 93716, 93717, 93718, 93720, 93721, 93722, 93723, 93724, 93725, 93726, 93727, 93728, 93729, 93730, 93737, 93740, 93741, 93744, 93745, 93747, 93750, 93755, 93760, 93761, 93764, 93765, 93771, 93772, 93773, 93774, 93775, 93776, 93777, 93778, 93779, 93786, 93790, 93791, 93792, 93793, 93794
Kern County – Region 14 93203, 93205, 93206, 93215, 93216, 93220, 93222, 93224, 93225, 93226, 93238, 93240, 93241, 93243, 93249, 93250, 93251, 93252, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314, 93380, 93383, 93384, 93385, 93386, 93387, 93388, 93389, 93390, 93501, 93502, 93504, 93505, 93516, 93518, 93519, 93523, 93524, 93531, 93560, 93561, 93581, 93596
Nevada County – Region 1 95712, 95924, 95945, 95946, 95949, 95959, 95960, 95975
Placer County – Region 3 95602, 95603, 95604, 95631, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95701, 95703, 95713, 95714, 95722, 95736, 95746, 95747, 95765
Riverside County – Region 17 91752, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92515, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92549, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883
San Bernardino County – Region 17 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91761, 91762, 91763, 91764, 91784, 91785, 91786, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92301, 92305, 92307, 92308, 92309, 92310, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92327, 92329, 92331, 92333, 92334, 92335, 92336, 92337, 92339, 92340, 92341, 92342, 92344, 92345, 92346, 92347, 92350, 92352, 92354, 92356, 92357, 92358, 92359, 92365, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92398, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92413, 92415, 92418, 92423, 92427
Santa Clara County – Region 7 – PureCare HSP only 94023, 94024, 94035, 94039, 94040, 94041, 94042, 94043, 94085, 94086, 94087, 94088, 94089, 94302, 94309, 95002, 95008, 95009, 95011, 95013, 95014, 95015, 95020, 95021, 95026, 95030, 95031, 95032, 95033, 95035, 95036, 95037, 95038, 95042, 95044, 95046, 95050, 95051, 95052, 95053, 95054, 95055, 95056, 95070, 95071, 95101, 95103, 95106, 95108, 95109, 95110, 95111, 95112, 95113, 95115, 95116, 95117, 95118, 95119, 95120, 95121, 95122, 95123, 95124, 95125, 95126, 95127, 95128, 95129, 95130, 95131, 95132, 95133, 95134, 95135, 95136, 95138, 95139, 95140, 95141, 95148, 95150, 95151, 95152, 95153, 95154, 95155, 95156, 95157, 95158, 95159, 95160, 95161, 95164, 95170, 95172, 95173, 95190, 95191, 95192, 95193, 95194, 95196

PPO Health Insurance Plans

Health Net Life Insurance Company
Rates effective January 1, 2017

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

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	473.67	371.11	284.87	202.07	164.68
21	745.94	584.43	448.62	318.21	259.34
22	745.94	584.43	448.62	318.21	259.34
23	745.94	584.43	448.62	318.21	259.34
24	745.94	584.43	448.62	318.21	259.34
25	748.92	586.77	450.41	319.49	260.38
26	763.84	598.46	459.38	325.85	265.57
27	781.74	612.48	470.15	333.49	271.79
28	810.83	635.28	487.65	345.90	281.91
29	834.70	653.98	502.00	356.08	290.21
30	846.64	663.33	509.18	361.17	294.36
31	864.54	677.36	519.95	368.81	300.58
32	882.44	691.38	530.71	376.45	306.80
33	893.63	700.15	537.44	381.22	310.69
34	905.57	709.50	544.62	386.31	314.84
35	911.53	714.18	548.21	388.86	316.92
36	917.50	718.85	551.80	391.40	318.99
37	923.47	723.53	555.39	393.95	321.07
38	929.44	728.20	558.98	396.49	323.14
39	941.37	737.55	566.15	401.59	327.29
40	953.31	746.90	573.33	406.68	331.44
41	971.21	760.93	584.10	414.31	337.67
42	988.37	774.37	594.42	421.63	343.63
43	1,012.24	793.07	608.77	431.82	351.93
44	1,042.07	816.45	626.72	444.54	362.30
45	1,077.13	843.92	647.80	459.50	374.49
46	1,118.90	876.65	672.92	477.32	389.02
47	1,165.90	913.47	701.19	497.37	405.35
48	1,219.61	955.55	733.49	520.28	424.03
49	1,272.57	997.04	765.34	542.87	442.44
50	1,332.24	1,043.80	801.23	568.33	463.19
51	1,391.17	1,089.97	836.67	593.47	483.68
52	1,456.07	1,140.81	875.70	621.15	506.24
53	1,521.71	1,192.24	915.18	649.16	529.06
54	1,592.57	1,247.76	957.80	679.39	553.70
55	1,663.44	1,303.28	1,000.41	709.62	578.34
56	1,740.27	1,363.48	1,046.62	742.39	605.05
57	1,817.85	1,424.26	1,093.28	775.49	632.02
58	1,900.65	1,489.13	1,143.07	810.81	660.81
59	1,941.67	1,521.28	1,167.75	828.31	675.07
60	2,024.47	1,586.15	1,217.54	863.63	703.86
61	2,096.08	1,642.25	1,260.61	894.18	728.76
62	2,143.08	1,679.07	1,288.87	914.23	745.10
63	2,202.00	1,725.24	1,324.32	939.37	765.58
64	2,237.82	1,753.29	1,345.86	954.63	778.02
65 and over.	2,237.82	1,753.29	1,345.86	954.63	778.02

Region 4 San Francisco County.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	490.48	384.29	294.98	209.24	170.53
21	772.41	605.17	464.54	329.51	268.55
22	772.41	605.17	464.54	329.51	268.55
23	772.41	605.17	464.54	329.51	268.55
24	772.41	605.17	464.54	329.51	268.55
25	775.50	607.59	466.40	330.83	269.62
26	790.95	619.70	475.69	337.42	274.99
27	809.49	634.22	486.84	345.32	281.44
28	839.61	657.82	504.95	358.17	291.91
29	864.33	677.19	519.82	368.72	300.51
30	876.69	686.87	527.25	373.99	304.80
31	895.22	701.40	538.40	381.90	311.25
32	913.76	715.92	549.55	389.81	317.69
33	925.35	725.00	556.52	394.75	321.72
34	937.71	734.68	563.95	400.02	326.02
35	943.89	739.52	567.67	402.66	328.17
36	950.07	744.36	571.38	405.29	330.31
37	956.24	749.21	575.10	407.93	332.46
38	962.42	754.05	578.81	410.57	334.61
39	974.78	763.73	586.25	415.84	338.91
40	987.14	773.41	593.68	421.11	343.20
41	1,005.68	787.94	604.83	429.02	349.65
42	1,023.44	801.86	615.51	436.60	355.83
43	1,048.16	821.22	630.38	447.14	364.42
44	1,079.06	845.43	648.96	460.32	375.16
45	1,115.36	873.87	670.79	475.81	387.78
46	1,158.62	907.76	696.81	494.26	402.82
47	1,207.28	945.89	726.07	515.02	419.74
48	1,262.89	989.46	759.52	538.74	439.08
49	1,317.73	1,032.43	792.50	562.14	458.14
50	1,379.53	1,080.84	829.67	588.50	479.63
51	1,440.55	1,128.65	866.36	614.53	500.84
52	1,507.75	1,181.30	906.78	643.20	524.21
53	1,575.72	1,234.55	947.66	672.19	547.84
54	1,649.10	1,292.05	991.79	703.50	573.35
55	1,722.48	1,349.54	1,035.92	734.80	598.86
56	1,802.03	1,411.87	1,083.77	768.74	626.52
57	1,882.36	1,474.81	1,132.08	803.01	654.45
58	1,968.10	1,541.98	1,183.64	839.58	684.26
59	2,010.58	1,575.27	1,209.19	857.71	699.03
60	2,096.32	1,642.44	1,260.76	894.28	728.84
61	2,170.47	1,700.54	1,305.35	925.92	754.62
62	2,219.14	1,738.66	1,334.62	946.67	771.54
63	2,280.16	1,786.47	1,371.32	972.71	792.75
64	2,317.23	1,815.51	1,393.62	988.53	805.65
65 and over.	2,317.23	1,815.51	1,393.62	988.53	805.65

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PPO Health Insurance Plans

Rates effective January 1, 2017

Region 5 Contra Costa County.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	464.67	364.06	279.46	198.23	161.55
21	731.76	573.33	440.09	312.17	254.42
22	731.76	573.33	440.09	312.17	254.42
23	731.76	573.33	440.09	312.17	254.42
24	731.76	573.33	440.09	312.17	254.42
25	734.69	575.62	441.85	313.42	255.43
26	749.33	587.09	450.66	319.66	260.52
27	766.89	600.85	461.22	327.15	266.63
28	795.43	623.21	478.38	339.33	276.55
29	818.84	641.55	492.46	349.32	284.69
30	830.55	650.73	499.51	354.31	288.76
31	848.11	664.49	510.07	361.80	294.87
32	865.68	678.25	520.63	369.29	300.97
33	876.65	686.85	527.23	373.98	304.79
34	888.36	696.02	534.27	378.97	308.86
35	894.22	700.61	537.79	381.47	310.90
36	900.07	705.19	541.31	383.97	312.93
37	905.92	709.78	544.84	386.46	314.97
38	911.78	714.37	548.36	388.96	317.00
39	923.49	723.54	555.40	393.96	321.07
40	935.19	732.71	562.44	398.95	325.14
41	952.76	746.47	573.00	406.44	331.25
42	969.59	759.66	583.12	413.62	337.10
43	993.00	778.01	597.21	423.61	345.24
44	1,022.27	800.94	614.81	436.10	355.42
45	1,056.67	827.89	635.49	450.77	367.38
46	1,097.65	859.99	660.14	468.25	381.63
47	1,143.75	896.11	687.87	487.92	397.65
48	1,196.43	937.39	719.55	510.39	415.97
49	1,248.39	978.10	750.80	532.56	434.03
50	1,306.93	1,023.96	786.01	557.53	454.39
51	1,364.74	1,069.26	820.77	582.19	474.49
52	1,428.40	1,119.14	859.06	609.35	496.62
53	1,492.80	1,169.59	897.79	636.82	519.01
54	1,562.32	1,224.06	939.60	666.48	543.18
55	1,631.83	1,278.52	981.41	696.13	567.35
56	1,707.21	1,337.57	1,026.74	728.29	593.55
57	1,783.31	1,397.20	1,072.51	760.75	620.01
58	1,864.54	1,460.84	1,121.36	795.40	648.25
59	1,904.78	1,492.37	1,145.56	812.57	662.25
60	1,986.01	1,556.01	1,194.41	847.22	690.49
61	2,056.26	1,611.05	1,236.66	877.19	714.91
62	2,102.36	1,647.17	1,264.39	896.86	730.94
63	2,160.17	1,692.46	1,299.16	921.52	751.04
64	2,195.28	1,719.99	1,320.27	936.51	763.26
65 and over.	2,195.28	1,719.99	1,320.27	936.51	763.26

Region 7 Santa Clara County.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	444.66	348.39	267.43	189.69	154.60
21	700.26	548.64	421.14	298.73	243.46
22	700.26	548.64	421.14	298.73	243.46
23	700.26	548.64	421.14	298.73	243.46
24	700.26	548.64	421.14	298.73	243.46
25	703.06	550.84	422.83	299.92	244.44
26	717.06	561.81	431.25	305.90	249.31
27	733.87	574.98	441.36	313.07	255.15
28	761.18	596.37	457.78	324.72	264.64
29	783.59	613.93	471.26	334.28	272.43
30	794.79	622.71	478.00	339.05	276.33
31	811.60	635.88	488.11	346.22	282.17
32	828.40	649.04	498.21	353.39	288.02
33	838.91	657.27	504.53	357.87	291.67
34	850.11	666.05	511.27	362.65	295.56
35	855.71	670.44	514.64	365.04	297.51
36	861.32	674.83	518.01	367.43	299.46
37	866.92	679.22	521.38	369.82	301.41
38	872.52	683.61	524.75	372.21	303.35
39	883.72	692.39	531.48	376.99	307.25
40	894.93	701.16	538.22	381.77	311.14
41	911.73	714.33	548.33	388.94	316.99
42	927.84	726.95	558.02	395.81	322.59
43	950.25	744.51	571.49	405.37	330.38
44	978.26	766.45	588.34	417.32	340.12
45	1,011.17	792.24	608.13	431.36	351.56
46	1,050.38	822.96	631.72	448.09	365.19
47	1,094.50	857.53	658.25	466.91	380.53
48	1,144.92	897.03	688.57	488.42	398.06
49	1,194.64	935.98	718.47	509.63	415.35
50	1,250.66	979.87	752.16	533.53	434.82
51	1,305.98	1,023.22	785.43	557.13	454.06
52	1,366.90	1,070.95	822.07	583.11	475.24
53	1,428.52	1,119.23	859.13	609.40	496.66
54	1,495.05	1,171.35	899.14	637.78	519.79
55	1,561.57	1,223.47	939.15	666.16	542.92
56	1,633.70	1,279.98	982.53	696.93	568.00
57	1,706.53	1,337.04	1,026.33	728.00	593.32
58	1,784.25	1,397.94	1,073.07	761.16	620.34
59	1,822.77	1,428.12	1,096.24	777.59	633.73
60	1,900.50	1,489.01	1,142.98	810.74	660.76
61	1,967.72	1,541.68	1,183.41	839.42	684.13
62	2,011.84	1,576.25	1,209.95	858.24	699.47
63	2,067.16	1,619.59	1,243.22	881.84	718.70
64	2,100.78	1,645.92	1,263.42	896.19	730.38
65 and over.	2,100.78	1,645.92	1,263.42	896.19	730.38

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PPO Health Insurance Plans

Rates effective January 1, 2017

Region 8 San Mateo County.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	506.60	396.91	304.67	216.11	176.13
21	797.79	625.06	479.80	340.33	277.37
22	797.79	625.06	479.80	340.33	277.37
23	797.79	625.06	479.80	340.33	277.37
24	797.79	625.06	479.80	340.33	277.37
25	800.98	627.56	481.72	341.70	278.48
26	816.94	640.06	491.32	348.50	284.03
27	836.08	655.06	502.83	356.67	290.69
28	867.20	679.44	521.54	369.94	301.50
29	892.73	699.44	536.90	380.83	310.38
30	905.49	709.44	544.58	386.28	314.82
31	924.64	724.44	556.09	394.45	321.47
32	943.79	739.44	567.61	402.62	328.13
33	955.75	748.82	574.80	407.72	332.29
34	968.52	758.82	582.48	413.17	336.73
35	974.90	763.82	586.32	415.89	338.95
36	981.28	768.82	590.16	418.61	341.17
37	987.66	773.82	593.99	421.33	343.39
38	994.05	778.82	597.83	424.06	345.61
39	1,006.81	788.82	605.51	429.50	350.04
40	1,019.58	798.82	613.19	434.95	354.48
41	1,038.72	813.83	624.70	443.11	361.14
42	1,057.07	828.20	635.74	450.94	367.52
43	1,082.60	848.20	651.09	461.83	376.39
44	1,114.51	873.21	670.28	475.45	387.49
45	1,152.01	902.58	692.83	491.44	400.53
46	1,196.69	937.59	719.70	510.50	416.06
47	1,246.95	976.97	749.93	531.94	433.53
48	1,304.39	1,021.97	784.48	556.45	453.50
49	1,361.03	1,066.35	818.54	580.61	473.20
50	1,424.85	1,116.35	856.93	607.84	495.39
51	1,487.88	1,165.73	894.83	634.72	517.30
52	1,557.29	1,220.11	936.57	664.33	541.43
53	1,627.49	1,275.12	978.80	694.28	565.84
54	1,703.28	1,334.50	1,024.38	726.61	592.19
55	1,779.07	1,393.88	1,069.96	758.94	618.54
56	1,861.24	1,458.26	1,119.38	794.00	647.11
57	1,944.21	1,523.27	1,169.28	829.39	675.96
58	2,032.77	1,592.65	1,222.54	867.17	706.74
59	2,076.65	1,627.03	1,248.92	885.89	722.00
60	2,165.20	1,696.41	1,302.18	923.67	752.79
61	2,241.79	1,756.41	1,348.24	956.34	779.42
62	2,292.05	1,795.79	1,378.47	977.78	796.89
63	2,355.08	1,845.17	1,416.38	1,004.67	818.80
64	2,393.37	1,875.18	1,439.40	1,020.99	832.11
65 and over.	2,393.37	1,875.18	1,439.40	1,020.99	832.11

Region 9 Santa Cruz County.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	489.69	383.66	294.50	208.90	170.25
21	771.16	604.19	463.79	328.97	268.11
22	771.16	604.19	463.79	328.97	268.11
23	771.16	604.19	463.79	328.97	268.11
24	771.16	604.19	463.79	328.97	268.11
25	774.24	606.61	465.64	330.29	269.19
26	789.67	618.69	474.92	336.87	274.55
27	808.18	633.20	486.05	344.76	280.98
28	838.25	656.76	504.14	357.59	291.44
29	862.93	676.09	518.98	368.12	300.02
30	875.27	685.76	526.40	373.39	304.31
31	893.77	700.26	537.53	381.28	310.74
32	912.28	714.76	548.66	389.18	317.18
33	923.85	723.82	555.62	394.11	321.20
34	936.19	733.49	563.04	399.37	325.49
35	942.36	738.33	566.75	402.01	327.63
36	948.53	743.16	570.46	404.64	329.78
37	954.70	747.99	574.17	407.27	331.92
38	960.87	752.83	577.88	409.90	334.07
39	973.20	762.49	585.30	415.16	338.36
40	985.54	772.16	592.72	420.43	342.65
41	1,004.05	786.66	603.85	428.32	349.08
42	1,021.79	800.56	614.52	435.89	355.25
43	1,046.46	819.89	629.36	446.42	363.83
44	1,077.31	844.06	647.91	459.58	374.55
45	1,113.55	872.46	669.71	475.04	387.16
46	1,156.74	906.29	695.68	493.46	402.17
47	1,205.32	944.36	724.90	514.19	419.06
48	1,260.85	987.86	758.29	537.87	438.37
49	1,315.60	1,030.75	791.22	561.23	457.40
50	1,377.29	1,079.09	828.32	587.55	478.85
51	1,438.21	1,126.82	864.96	613.54	500.03
52	1,505.30	1,179.39	905.31	642.16	523.36
53	1,573.17	1,232.56	946.12	671.11	546.95
54	1,646.43	1,289.95	990.18	702.36	572.42
55	1,719.69	1,347.35	1,034.24	733.61	597.89
56	1,799.12	1,409.58	1,082.01	767.50	625.51
57	1,879.32	1,472.42	1,130.25	801.71	653.39
58	1,964.92	1,539.49	1,181.73	838.23	683.15
59	2,007.33	1,572.72	1,207.24	856.32	697.90
60	2,092.93	1,639.78	1,258.72	892.83	727.66
61	2,166.96	1,697.79	1,303.24	924.42	753.40
62	2,215.54	1,735.85	1,332.46	945.14	770.29
63	2,276.46	1,783.58	1,369.10	971.13	791.47
64	2,313.48	1,812.57	1,391.37	986.91	804.33
65 and over.	2,313.48	1,812.57	1,391.37	986.91	804.33

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PPO Health Insurance Plans

Rates effective January 1, 2017

Region 10 Merced, San Joaquin, Stanislaus, and Tulare counties.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	439.96	344.70	264.60	187.68	152.96
21	692.85	542.84	416.69	295.57	240.89
22	692.85	542.84	416.69	295.57	240.89
23	692.85	542.84	416.69	295.57	240.89
24	692.85	542.84	416.69	295.57	240.89
25	695.62	545.01	418.35	296.75	241.85
26	709.47	555.86	426.69	302.66	246.67
27	726.10	568.89	436.69	309.75	252.45
28	753.12	590.06	452.94	321.28	261.84
29	775.29	607.43	466.27	330.74	269.55
30	786.38	616.12	472.94	335.47	273.41
31	803.01	629.15	482.94	342.56	279.19
32	819.64	642.17	492.94	349.65	284.97
33	830.03	650.32	499.19	354.09	288.58
34	841.11	659.00	505.86	358.82	292.43
35	846.66	663.34	509.19	361.18	294.36
36	852.20	667.69	512.52	363.54	296.29
37	857.74	672.03	515.86	365.91	298.22
38	863.29	676.37	519.19	368.27	300.14
39	874.37	685.06	525.86	373.00	304.00
40	885.46	693.74	532.53	377.73	307.85
41	902.08	706.77	542.53	384.83	313.63
42	918.02	719.26	552.11	391.62	319.17
43	940.19	736.63	565.44	401.08	326.88
44	967.90	758.34	582.11	412.90	336.52
45	1,000.47	783.85	601.70	426.80	347.84
46	1,039.27	814.25	625.03	443.35	361.33
47	1,082.92	848.45	651.28	461.97	376.50
48	1,132.80	887.54	681.28	483.25	393.85
49	1,181.99	926.08	710.87	504.23	410.95
50	1,237.42	969.50	744.20	527.88	430.22
51	1,292.16	1,012.39	777.12	551.23	449.25
52	1,352.43	1,059.61	813.37	576.94	470.21
53	1,413.40	1,107.38	850.04	602.95	491.41
54	1,479.22	1,158.95	889.63	631.03	514.29
55	1,545.05	1,210.52	929.21	659.11	537.17
56	1,616.41	1,266.44	972.13	689.55	561.99
57	1,688.46	1,322.89	1,015.47	720.29	587.04
58	1,765.37	1,383.14	1,061.72	753.10	613.78
59	1,803.48	1,413.00	1,084.64	769.36	627.02
60	1,880.38	1,473.26	1,130.89	802.16	653.76
61	1,946.90	1,525.37	1,170.89	830.54	676.89
62	1,990.54	1,559.57	1,197.14	849.16	692.06
63	2,045.28	1,602.45	1,230.06	872.51	711.09
64	2,078.55	1,628.52	1,250.07	886.71	722.67
65 and over.	2,078.55	1,628.52	1,250.07	886.71	722.67

Region 14 Kern County¹.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	361.98	283.60	217.70	154.42	125.85
21	570.04	446.62	342.83	243.18	198.19
22	570.04	446.62	342.83	243.18	198.19
23	570.04	446.62	342.83	243.18	198.19
24	570.04	446.62	342.83	243.18	198.19
25	572.32	448.41	344.20	244.15	198.98
26	583.72	457.34	351.06	249.01	202.95
27	597.40	468.06	359.29	254.85	207.70
28	619.63	485.48	372.66	264.33	215.43
29	637.88	499.77	383.63	272.11	221.77
30	647.00	506.91	389.11	276.01	224.94
31	660.68	517.63	397.34	281.84	229.70
32	674.36	528.35	405.57	287.68	234.46
33	682.91	535.05	410.71	291.33	237.43
34	692.03	542.20	416.20	295.22	240.60
35	696.59	545.77	418.94	297.16	242.19
36	701.15	549.34	421.68	299.11	243.77
37	705.71	552.91	424.42	301.05	245.36
38	710.27	556.49	427.17	303.00	246.94
39	719.39	563.63	432.65	306.89	250.11
40	728.51	570.78	438.14	310.78	253.29
41	742.19	581.50	446.36	316.62	258.04
42	755.30	591.77	454.25	322.21	262.60
43	773.54	606.06	465.22	329.99	268.94
44	796.35	623.93	478.93	339.72	276.87
45	823.14	644.92	495.05	351.15	286.19
46	855.06	669.93	514.25	364.77	297.28
47	890.97	698.07	535.84	380.09	309.77
48	932.02	730.22	560.53	397.59	324.04
49	972.49	761.93	584.87	414.86	338.11
50	1,018.09	797.66	612.29	434.31	353.97
51	1,063.13	832.95	639.38	453.52	369.62
52	1,112.72	871.80	669.20	474.68	386.87
53	1,162.88	911.10	699.37	496.08	404.31
54	1,217.04	953.53	731.94	519.18	423.13
55	1,271.19	995.96	764.51	542.28	441.96
56	1,329.90	1,041.96	799.82	567.33	462.38
57	1,389.19	1,088.41	835.48	592.62	482.99
58	1,452.46	1,137.99	873.53	619.61	504.99
59	1,483.81	1,162.55	892.39	632.99	515.89
60	1,547.09	1,212.12	930.44	659.98	537.89
61	1,601.81	1,255.00	963.35	683.33	556.91
62	1,637.73	1,283.14	984.95	698.65	569.40
63	1,682.76	1,318.42	1,012.03	717.86	585.05
64	1,710.12	1,339.86	1,028.49	729.54	594.57
65 and over.	1,710.12	1,339.86	1,028.49	729.54	594.57

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PPO Health Insurance Plans

Rates effective January 1, 2017

Region 15 Los Angeles County: ZIP codes starting with 906-912, 915, 917, 918, 935.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	351.43	275.34	211.35	149.92	122.18
21	553.43	433.61	332.84	236.09	192.41
22	553.43	433.61	332.84	236.09	192.41
23	553.43	433.61	332.84	236.09	192.41
24	553.43	433.61	332.84	236.09	192.41
25	555.64	435.34	334.17	237.04	193.18
26	566.71	444.01	340.83	241.76	197.03
27	579.99	454.42	348.82	247.42	201.65
28	601.58	471.33	361.80	256.63	209.15
29	619.29	485.20	372.45	264.19	215.31
30	628.14	492.14	377.77	267.96	218.39
31	641.42	502.55	385.76	273.63	223.01
32	654.71	512.95	393.75	279.30	227.63
33	663.01	519.46	398.74	282.84	230.51
34	671.86	526.40	404.07	286.61	233.59
35	676.29	529.87	406.73	288.50	235.13
36	680.72	533.33	409.39	290.39	236.67
37	685.15	536.80	412.06	292.28	238.21
38	689.57	540.27	414.72	294.17	239.75
39	698.43	547.21	420.04	297.95	242.83
40	707.28	554.15	425.37	301.72	245.91
41	720.57	564.55	433.36	307.39	250.52
42	733.29	574.53	441.01	312.82	254.95
43	751.00	588.40	451.66	320.38	261.11
44	773.14	605.75	464.98	329.82	268.80
45	799.15	626.13	480.62	340.92	277.85
46	830.14	650.41	499.26	354.14	288.62
47	865.01	677.72	520.23	369.01	300.74
48	904.86	708.94	544.19	386.01	314.60
49	944.15	739.73	567.83	402.77	328.26
50	988.43	774.42	594.45	421.66	343.65
51	1,032.15	808.67	620.75	440.31	358.85
52	1,080.29	846.40	649.70	460.85	375.59
53	1,129.00	884.55	678.99	481.63	392.52
54	1,181.57	925.75	710.61	504.05	410.80
55	1,234.15	966.94	742.23	526.48	429.08
56	1,291.15	1,011.60	776.52	550.80	448.90
57	1,348.71	1,056.70	811.13	575.35	468.91
58	1,410.14	1,104.83	848.08	601.56	490.27
59	1,440.58	1,128.67	866.38	614.54	500.85
60	1,502.01	1,176.80	903.33	640.75	522.21
61	1,555.14	1,218.43	935.28	663.42	540.68
62	1,590.00	1,245.75	956.25	678.29	552.81
63	1,633.72	1,280.00	982.54	696.94	568.01
64	1,660.29	1,300.83	998.52	708.27	577.23
65 and over.	1,660.29	1,300.83	998.52	708.27	577.23

Region 17 Riverside¹ and San Bernardino¹ counties.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	377.47	295.75	227.02	161.03	131.24
21	594.45	465.74	357.51	253.59	206.67
22	594.45	465.74	357.51	253.59	206.67
23	594.45	465.74	357.51	253.59	206.67
24	594.45	465.74	357.51	253.59	206.67
25	596.82	467.60	358.94	254.60	207.50
26	608.71	476.92	366.09	259.67	211.63
27	622.98	488.10	374.67	265.76	216.59
28	646.16	506.26	388.61	275.65	224.66
29	665.19	521.16	400.05	283.77	231.27
30	674.70	528.62	405.77	287.82	234.58
31	688.96	539.79	414.35	293.91	239.54
32	703.23	550.97	422.93	300.00	244.50
33	712.15	557.96	428.29	303.80	247.60
34	721.66	565.41	434.02	307.86	250.90
35	726.41	569.14	436.88	309.89	252.56
36	731.17	572.86	439.74	311.91	254.21
37	735.92	576.59	442.60	313.94	255.86
38	740.68	580.31	445.46	315.97	257.52
39	750.19	587.77	451.18	320.03	260.82
40	759.70	595.22	456.90	324.09	264.13
41	773.97	606.40	465.48	330.17	269.09
42	787.64	617.11	473.70	336.00	273.84
43	806.66	632.01	485.14	344.12	280.46
44	830.44	650.64	499.44	354.26	288.72
45	858.38	672.53	516.24	366.18	298.44
46	891.67	698.61	536.26	380.38	310.01
47	929.12	727.95	558.79	396.36	323.03
48	971.92	761.49	584.53	414.62	337.91
49	1,014.13	794.55	609.91	432.62	352.59
50	1,061.68	831.81	638.51	452.91	369.12
51	1,108.64	868.61	666.75	472.94	385.45
52	1,160.36	909.13	697.86	495.00	403.43
53	1,212.67	950.11	729.32	517.32	421.62
54	1,269.14	994.36	763.28	541.41	441.25
55	1,325.62	1,038.60	797.24	565.50	460.88
56	1,386.84	1,086.57	834.07	591.62	482.17
57	1,448.67	1,135.01	871.25	618.00	503.67
58	1,514.65	1,186.71	910.93	646.14	526.61
59	1,547.34	1,212.32	930.59	660.09	537.97
60	1,613.33	1,264.02	970.28	688.24	560.91
61	1,670.39	1,308.73	1,004.60	712.58	580.76
62	1,707.84	1,338.07	1,027.12	728.56	593.78
63	1,754.81	1,374.87	1,055.36	748.59	610.10
64	1,783.35	1,397.22	1,072.53	760.77	620.01
65 and over.	1,783.35	1,397.22	1,072.53	760.77	620.01

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PPO Health Insurance Plans

Rates effective January 1, 2017

Region 18 Orange County.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	387.13	303.31	232.83	165.15	134.60
21	609.66	477.66	366.66	260.08	211.96
22	609.66	477.66	366.66	260.08	211.96
23	609.66	477.66	366.66	260.08	211.96
24	609.66	477.66	366.66	260.08	211.96
25	612.10	479.57	368.12	261.12	212.81
26	624.29	489.12	375.46	266.32	217.05
27	638.92	500.59	384.26	272.56	222.14
28	662.70	519.21	398.55	282.70	230.40
29	682.21	534.50	410.29	291.03	237.19
30	691.96	542.14	416.15	295.19	240.58
31	706.59	553.61	424.95	301.43	245.66
32	721.22	565.07	433.75	307.67	250.75
33	730.37	572.23	439.25	311.57	253.93
34	740.12	579.88	445.12	315.73	257.32
35	745.00	583.70	448.05	317.81	259.02
36	749.88	587.52	450.99	319.89	260.71
37	754.75	591.34	453.92	321.98	262.41
38	759.63	595.16	456.85	324.06	264.11
39	769.39	602.80	462.72	328.22	267.50
40	779.14	610.45	468.59	332.38	270.89
41	793.77	621.91	477.39	338.62	275.98
42	807.79	632.90	485.82	344.60	280.85
43	827.30	648.18	497.55	352.92	287.63
44	851.69	667.29	512.22	363.33	296.11
45	880.34	689.74	529.45	375.55	306.07
46	914.48	716.49	549.98	390.12	317.94
47	952.89	746.58	573.08	406.50	331.30
48	996.79	780.97	599.48	425.23	346.56
49	1,040.07	814.88	625.51	443.69	361.61
50	1,088.85	853.10	654.85	464.50	378.57
51	1,137.01	890.83	683.81	485.04	395.31
52	1,190.05	932.39	715.71	507.67	413.75
53	1,243.70	974.42	747.98	530.56	432.40
54	1,301.62	1,019.80	782.81	555.26	452.54
55	1,359.53	1,065.18	817.64	579.97	472.68
56	1,422.33	1,114.38	855.41	606.76	494.51
57	1,485.73	1,164.05	893.54	633.81	516.55
58	1,553.40	1,217.07	934.24	662.68	540.08
59	1,586.94	1,243.34	954.40	676.98	551.74
60	1,654.61	1,296.36	995.10	705.85	575.27
61	1,713.13	1,342.22	1,030.30	730.82	595.62
62	1,751.54	1,372.31	1,053.40	747.20	608.97
63	1,799.71	1,410.05	1,082.37	767.75	625.71
64	1,828.98	1,432.98	1,099.98	780.24	635.88
65 and over.	1,828.98	1,432.98	1,099.98	780.24	635.88

Region 19 San Diego County.

Age	Health Net Platinum 90 PPO	Health Net Gold 80 PPO	Health Net Silver 70 PPO	Health Net Bronze 60 PPO	Health Net Minimum Coverage PPO
0-20	393.02	307.93	236.37	167.66	136.64
21	618.93	484.93	372.24	264.03	215.19
22	618.93	484.93	372.24	264.03	215.19
23	618.93	484.93	372.24	264.03	215.19
24	618.93	484.93	372.24	264.03	215.19
25	621.41	486.87	373.72	265.09	216.05
26	633.79	496.57	381.17	270.37	220.35
27	648.64	508.20	390.10	276.71	225.52
28	672.78	527.12	404.62	287.01	233.91
29	692.59	542.63	416.53	295.45	240.80
30	702.49	550.39	422.49	299.68	244.24
31	717.34	562.03	431.42	306.02	249.40
32	732.20	573.67	440.35	312.35	254.57
33	741.48	580.94	445.94	316.31	257.80
34	751.39	588.70	451.89	320.54	261.24
35	756.34	592.58	454.87	322.65	262.96
36	761.29	596.46	457.85	324.76	264.68
37	766.24	600.34	460.83	326.87	266.40
38	771.19	604.22	463.81	328.99	268.12
39	781.09	611.98	469.76	333.21	271.57
40	791.00	619.74	475.72	337.44	275.01
41	805.85	631.37	484.65	343.77	280.18
42	820.09	642.53	493.21	349.85	285.12
43	839.89	658.05	505.12	358.30	292.01
44	864.65	677.44	520.01	368.86	300.62
45	893.74	700.23	537.51	381.27	310.73
46	928.40	727.39	558.35	396.05	322.78
47	967.39	757.94	581.80	412.69	336.34
48	1,011.96	792.86	608.60	431.70	351.83
49	1,055.90	827.29	635.03	450.44	367.11
50	1,105.42	866.08	664.81	471.57	384.33
51	1,154.31	904.39	694.22	492.42	401.33
52	1,208.16	946.58	726.60	515.40	420.05
53	1,262.63	989.25	759.36	538.63	438.98
54	1,321.42	1,035.32	794.72	563.71	459.43
55	1,380.22	1,081.39	830.08	588.80	479.87
56	1,443.97	1,131.33	868.43	615.99	502.03
57	1,508.34	1,181.77	907.14	643.45	524.41
58	1,577.04	1,235.59	948.46	672.76	548.30
59	1,611.09	1,262.26	968.93	687.28	560.14
60	1,679.79	1,316.09	1,010.25	716.59	584.02
61	1,739.20	1,362.64	1,045.98	741.94	604.68
62	1,778.20	1,393.19	1,069.43	758.57	618.24
63	1,827.09	1,431.50	1,098.84	779.43	635.24
64	1,856.79	1,454.79	1,116.72	792.09	645.57
65 and over.	1,856.79	1,454.79	1,116.72	792.09	645.57

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare One EPO Health Insurance Plans

Health Net Life Insurance Company
Rates effective January 1, 2017

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

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	368.44	311.85	250.20	188.55	148.60
21	580.23	491.10	394.02	296.93	234.01
22	580.23	491.10	394.02	296.93	234.01
23	580.23	491.10	394.02	296.93	234.01
24	580.23	491.10	394.02	296.93	234.01
25	582.55	493.06	395.60	298.12	234.95
26	594.15	502.89	403.48	304.06	239.63
27	608.08	514.67	412.93	311.18	245.24
28	630.71	533.82	428.30	322.76	254.37
29	649.28	549.54	440.91	332.26	261.86
30	658.56	557.40	447.21	337.01	265.60
31	672.48	569.18	456.67	344.14	271.22
32	686.41	580.97	466.13	351.27	276.83
33	695.11	588.34	472.04	355.72	280.34
34	704.40	596.19	478.34	360.47	284.09
35	709.04	600.12	481.49	362.85	285.96
36	713.68	604.05	484.64	365.22	287.83
37	718.32	607.98	487.80	367.60	289.70
38	722.96	611.91	490.95	369.97	291.58
39	732.25	619.77	497.25	374.72	295.32
40	741.53	627.62	503.56	379.47	299.07
41	755.46	639.41	513.01	386.60	304.68
42	768.80	650.71	522.08	393.43	310.06
43	787.37	666.42	534.68	402.93	317.55
44	810.58	686.07	550.45	414.81	326.91
45	837.85	709.15	568.96	428.77	337.91
46	870.34	736.65	591.03	445.39	351.02
47	906.90	767.59	615.85	464.10	365.76
48	948.67	802.95	644.22	485.48	382.61
49	989.87	837.81	672.20	506.56	399.22
50	1,036.29	877.10	703.72	530.31	417.94
51	1,082.13	915.90	734.85	553.77	436.43
52	1,132.60	958.63	769.13	579.60	456.79
53	1,183.66	1,001.84	803.80	605.73	477.38
54	1,238.79	1,048.50	841.23	633.94	499.61
55	1,293.91	1,095.15	878.66	662.15	521.84
56	1,353.67	1,145.73	919.25	692.73	545.95
57	1,414.02	1,196.81	960.23	723.62	570.28
58	1,478.42	1,251.32	1,003.96	756.57	596.26
59	1,510.33	1,278.33	1,025.63	772.91	609.13
60	1,574.74	1,332.84	1,069.37	805.86	635.10
61	1,630.44	1,379.99	1,107.19	834.37	657.57
62	1,666.99	1,410.93	1,132.02	853.08	672.31
63	1,712.83	1,449.72	1,163.15	876.53	690.80
64	1,740.69	1,473.30	1,182.06	890.79	702.03
65 and over.	1,740.69	1,473.30	1,182.06	890.79	702.03

Region 4 San Francisco County.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	397.45	336.40	269.90	203.39	160.29
21	625.91	529.76	425.04	320.30	252.43
22	625.91	529.76	425.04	320.30	252.43
23	625.91	529.76	425.04	320.30	252.43
24	625.91	529.76	425.04	320.30	252.43
25	628.41	531.88	426.74	321.59	253.44
26	640.93	542.47	435.24	327.99	258.49
27	655.95	555.19	445.44	335.68	264.55
28	680.36	575.85	462.02	348.17	274.39
29	700.39	592.80	475.62	358.42	282.47
30	710.40	601.28	482.42	363.55	286.51
31	725.42	613.99	492.62	371.23	292.57
32	740.45	626.71	502.82	378.92	298.63
33	749.83	634.65	509.20	383.72	302.41
34	759.85	643.13	516.00	388.85	306.45
35	764.86	647.37	519.40	391.41	308.47
36	769.86	651.60	522.80	393.97	310.49
37	774.87	655.84	526.20	396.54	312.51
38	779.88	660.08	529.60	399.10	314.53
39	789.89	668.56	536.40	404.22	318.57
40	799.91	677.03	543.20	409.35	322.61
41	814.93	689.75	553.40	417.04	328.67
42	829.32	701.93	563.18	424.40	334.47
43	849.35	718.88	576.78	434.65	342.55
44	874.39	740.07	593.78	447.46	352.65
45	903.81	764.97	613.76	462.52	364.51
46	938.86	794.64	637.56	480.46	378.65
47	978.29	828.01	664.33	500.64	394.55
48	1,023.36	866.16	694.94	523.70	412.73
49	1,067.79	903.77	725.12	546.44	430.65
50	1,117.87	946.15	759.12	572.06	450.84
51	1,167.31	988.00	792.70	597.37	470.79
52	1,221.77	1,034.09	829.67	625.23	492.75
53	1,276.85	1,080.71	867.08	653.42	514.96
54	1,336.31	1,131.04	907.46	683.85	538.94
55	1,395.77	1,181.36	947.84	714.28	562.92
56	1,460.24	1,235.93	991.61	747.27	588.92
57	1,525.33	1,291.03	1,035.82	780.58	615.18
58	1,594.81	1,349.83	1,083.00	816.13	643.20
59	1,629.23	1,378.97	1,106.37	833.75	657.08
60	1,698.71	1,437.77	1,153.55	869.31	685.10
61	1,758.79	1,488.63	1,194.36	900.05	709.33
62	1,798.23	1,522.00	1,221.13	920.23	725.24
63	1,847.67	1,563.85	1,254.71	945.54	745.18
64	1,877.73	1,589.28	1,275.12	960.90	757.29
65 and over.	1,877.73	1,589.28	1,275.12	960.90	757.29

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare One EPO Health Insurance Plans

Rates effective January 1, 2017

Region 5 Contra Costa County.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	358.11	303.10	243.19	183.26	144.43
21	563.96	477.33	382.97	288.60	227.45
22	563.96	477.33	382.97	288.60	227.45
23	563.96	477.33	382.97	288.60	227.45
24	563.96	477.33	382.97	288.60	227.45
25	566.21	479.24	384.50	289.76	228.36
26	577.49	488.78	392.16	295.53	232.91
27	591.03	500.24	401.35	302.45	238.36
28	613.02	518.85	416.29	313.71	247.24
29	631.07	534.13	428.54	322.95	254.51
30	640.09	541.77	434.67	327.56	258.15
31	653.62	553.22	443.86	334.49	263.61
32	667.16	564.68	453.05	341.42	269.07
33	675.62	571.84	458.80	345.74	272.48
34	684.64	579.47	464.92	350.36	276.12
35	689.15	583.29	467.99	352.67	277.94
36	693.67	587.11	471.05	354.98	279.76
37	698.18	590.93	474.12	357.29	281.58
38	702.69	594.75	477.18	359.60	283.40
39	711.71	602.39	483.31	364.22	287.04
40	720.74	610.02	489.43	368.83	290.68
41	734.27	621.48	498.63	375.76	296.14
42	747.24	632.46	507.43	382.40	301.37
43	765.29	647.73	519.69	391.63	308.65
44	787.85	666.82	535.01	403.18	317.74
45	814.35	689.26	553.01	416.74	328.43
46	845.93	715.99	574.45	432.90	341.17
47	881.46	746.06	598.58	451.08	355.50
48	922.07	780.43	626.16	471.86	371.88
49	962.11	814.32	653.35	492.35	388.03
50	1,007.22	852.50	683.98	515.44	406.22
51	1,051.78	890.21	714.24	538.24	424.19
52	1,100.84	931.74	747.56	563.35	443.98
53	1,150.47	973.75	781.26	588.75	463.99
54	1,204.05	1,019.09	817.64	616.16	485.60
55	1,257.62	1,064.44	854.02	643.58	507.21
56	1,315.71	1,113.60	893.47	673.31	530.63
57	1,374.36	1,163.24	933.30	703.32	554.29
58	1,436.96	1,216.23	975.81	735.36	579.54
59	1,467.98	1,242.48	996.87	751.23	592.05
60	1,530.58	1,295.46	1,039.38	783.26	617.29
61	1,584.72	1,341.29	1,076.14	810.97	639.13
62	1,620.24	1,371.36	1,100.27	829.15	653.46
63	1,664.80	1,409.07	1,130.53	851.95	671.42
64	1,691.88	1,431.99	1,148.91	865.80	682.35
65 and over.	1,691.88	1,431.99	1,148.91	865.80	682.35

Region 7 Santa Clara County.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	354.11	299.72	240.47	181.21	142.82
21	557.65	471.99	378.69	285.38	224.91
22	557.65	471.99	378.69	285.38	224.91
23	557.65	471.99	378.69	285.38	224.91
24	557.65	471.99	378.69	285.38	224.91
25	559.89	473.88	380.21	286.52	225.81
26	571.04	483.32	387.78	292.23	230.30
27	584.42	494.65	396.87	299.07	235.70
28	606.17	513.06	411.64	310.20	244.47
29	624.02	528.16	423.75	319.34	251.67
30	632.94	535.71	429.81	323.90	255.27
31	646.32	547.04	438.90	330.75	260.67
32	659.71	558.37	447.99	337.60	266.06
33	668.07	565.45	453.67	341.88	269.44
34	676.99	573.00	459.73	346.45	273.04
35	681.45	576.78	462.76	348.73	274.84
36	685.92	580.55	465.79	351.01	276.63
37	690.38	584.33	468.82	353.30	278.43
38	694.84	588.10	471.85	355.58	280.23
39	703.76	595.66	477.91	360.15	283.83
40	712.68	603.21	483.97	364.71	287.43
41	726.07	614.53	493.05	371.56	292.83
42	738.89	625.39	501.76	378.12	298.00
43	756.74	640.49	513.88	387.26	305.20
44	779.04	659.37	529.03	398.67	314.19
45	805.25	681.56	546.83	412.08	324.76
46	836.48	707.99	568.04	428.07	337.36
47	871.61	737.73	591.89	446.04	351.53
48	911.77	771.71	619.16	466.59	367.72
49	951.36	805.22	646.05	486.85	383.69
50	995.97	842.98	676.34	509.68	401.68
51	1,040.03	880.27	706.26	532.23	419.45
52	1,088.54	921.33	739.20	557.06	439.02
53	1,137.62	962.87	772.53	582.17	458.81
54	1,190.59	1,007.71	808.50	609.28	480.17
55	1,243.57	1,052.54	844.48	636.39	501.54
56	1,301.01	1,101.16	883.48	665.78	524.71
57	1,359.00	1,150.25	922.87	695.46	548.10
58	1,420.90	1,202.64	964.90	727.14	573.06
59	1,451.57	1,228.60	985.73	742.84	585.43
60	1,513.47	1,280.99	1,027.77	774.51	610.40
61	1,567.01	1,326.30	1,064.12	801.91	631.99
62	1,602.14	1,356.04	1,087.98	819.89	646.16
63	1,646.20	1,393.32	1,117.89	842.43	663.92
64	1,672.95	1,415.97	1,136.07	856.14	674.73
65 and over.	1,672.95	1,415.97	1,136.07	856.14	674.73

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare One EPO Health Insurance Plans

Rates effective January 1, 2017

Region 8 San Mateo County.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	427.52	361.85	290.32	218.78	172.42
21	673.26	569.84	457.19	344.54	271.53
22	673.26	569.84	457.19	344.54	271.53
23	673.26	569.84	457.19	344.54	271.53
24	673.26	569.84	457.19	344.54	271.53
25	675.95	572.12	459.02	345.91	272.62
26	689.42	583.51	468.17	352.81	278.05
27	705.57	597.19	479.14	361.07	284.56
28	731.83	619.41	496.97	374.51	295.15
29	753.38	637.65	511.60	385.54	303.84
30	764.15	646.77	518.92	391.05	308.19
31	780.31	660.44	529.89	399.32	314.70
32	796.46	674.12	540.86	407.59	321.22
33	806.56	682.67	547.72	412.75	325.29
34	817.33	691.78	555.03	418.27	329.64
35	822.72	696.34	558.69	421.02	331.81
36	828.11	700.90	562.35	423.78	333.98
37	833.49	705.46	566.01	426.54	336.15
38	838.88	710.02	569.66	429.29	338.33
39	849.65	719.14	576.98	434.80	342.67
40	860.42	728.25	584.29	440.32	347.01
41	876.58	741.93	595.27	448.59	353.53
42	892.07	755.04	605.78	456.51	359.78
43	913.61	773.27	620.41	467.54	368.47
44	940.54	796.06	638.70	481.32	379.33
45	972.18	822.85	660.19	497.51	392.09
46	1,009.89	854.76	685.79	516.80	407.29
47	1,052.30	890.66	714.59	538.51	424.40
48	1,100.78	931.69	747.51	563.32	443.95
49	1,148.58	972.14	779.97	587.78	463.23
50	1,202.44	1,017.73	816.55	615.34	484.95
51	1,255.63	1,062.75	852.67	642.56	506.40
52	1,314.20	1,112.32	892.44	672.53	530.03
53	1,373.45	1,162.47	932.68	702.85	553.92
54	1,437.40	1,216.60	976.11	735.58	579.72
55	1,501.36	1,270.74	1,019.54	768.32	605.51
56	1,570.71	1,329.43	1,066.63	803.80	633.48
57	1,640.73	1,388.70	1,114.18	839.63	661.72
58	1,715.46	1,451.95	1,164.93	877.88	691.86
59	1,752.49	1,483.29	1,190.08	896.83	706.79
60	1,827.22	1,546.54	1,240.82	935.07	736.93
61	1,891.85	1,601.25	1,284.71	968.15	763.00
62	1,934.27	1,637.15	1,313.52	989.85	780.10
63	1,987.46	1,682.16	1,349.64	1,017.07	801.56
64	2,019.78	1,709.52	1,371.57	1,033.62	814.59
65 and over.	2,019.78	1,709.52	1,371.57	1,033.62	814.59

Region 9 Santa Cruz County.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	373.00	315.70	253.29	190.88	150.43
21	587.39	497.16	398.89	300.60	236.90
22	587.39	497.16	398.89	300.60	236.90
23	587.39	497.16	398.89	300.60	236.90
24	587.39	497.16	398.89	300.60	236.90
25	589.74	499.15	400.48	301.80	237.85
26	601.49	509.10	408.46	307.81	242.59
27	615.59	521.03	418.03	315.02	248.27
28	638.50	540.42	433.59	326.75	257.51
29	657.29	556.33	446.35	336.37	265.09
30	666.69	564.28	452.74	341.18	268.88
31	680.79	576.21	462.31	348.39	274.57
32	694.89	588.15	471.88	355.60	280.25
33	703.70	595.60	477.87	360.11	283.81
34	713.10	603.56	484.25	364.92	287.60
35	717.80	607.53	487.44	367.33	289.49
36	722.49	611.51	490.63	369.73	291.39
37	727.19	615.49	493.82	372.14	293.28
38	731.89	619.47	497.01	374.54	295.18
39	741.29	627.42	503.39	379.35	298.97
40	750.69	635.38	509.78	384.16	302.76
41	764.79	647.31	519.35	391.38	308.44
42	778.30	658.74	528.52	398.29	313.89
43	797.09	674.65	541.29	407.91	321.47
44	820.59	694.54	557.24	419.93	330.95
45	848.20	717.90	575.99	434.06	342.08
46	881.09	745.75	598.33	450.89	355.35
47	918.10	777.07	623.46	469.83	370.28
48	960.39	812.86	652.18	491.47	387.33
49	1,002.09	848.16	680.50	512.82	404.15
50	1,049.09	887.94	712.41	536.86	423.10
51	1,095.49	927.21	743.92	560.61	441.82
52	1,146.59	970.46	778.62	586.76	462.43
53	1,198.28	1,014.21	813.73	613.22	483.28
54	1,254.09	1,061.45	851.62	641.77	505.78
55	1,309.89	1,108.68	889.52	670.33	528.29
56	1,370.39	1,159.88	930.60	701.29	552.69
57	1,431.48	1,211.59	972.08	732.55	577.33
58	1,496.68	1,266.77	1,016.36	765.92	603.62
59	1,528.99	1,294.12	1,038.30	782.45	616.65
60	1,594.19	1,349.30	1,082.58	815.82	642.95
61	1,650.58	1,397.03	1,120.87	844.67	665.69
62	1,687.58	1,428.35	1,146.00	863.61	680.61
63	1,733.99	1,467.63	1,177.51	887.36	699.33
64	1,762.17	1,491.48	1,196.67	901.80	710.70
65 and over.	1,762.17	1,491.48	1,196.67	901.80	710.70

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare One EPO Health Insurance Plans

Rates effective January 1, 2017

Region 10 Mariposa, Merced, San Joaquin, Stanislaus, and Tulare counties.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	364.98	308.91	247.85	186.77	147.20
21	574.77	486.48	390.31	294.13	231.81
22	574.77	486.48	390.31	294.13	231.81
23	574.77	486.48	390.31	294.13	231.81
24	574.77	486.48	390.31	294.13	231.81
25	577.06	488.42	391.87	295.31	232.73
26	588.56	498.15	399.68	301.19	237.37
27	602.35	509.83	409.05	308.25	242.93
28	624.77	528.80	424.27	319.72	251.97
29	643.16	544.37	436.76	329.14	259.39
30	652.36	552.15	443.00	333.84	263.10
31	666.15	563.83	452.37	340.90	268.66
32	679.95	575.50	461.74	347.96	274.23
33	688.57	582.80	467.59	352.37	277.71
34	697.77	590.58	473.84	357.08	281.41
35	702.36	594.47	476.96	359.43	283.27
36	706.96	598.37	480.08	361.78	285.12
37	711.56	602.26	483.20	364.14	286.98
38	716.16	606.15	486.33	366.49	288.83
39	725.35	613.93	492.57	371.20	292.54
40	734.55	621.72	498.82	375.90	296.25
41	748.35	633.39	508.18	382.96	301.81
42	761.56	644.58	517.16	389.73	307.14
43	779.96	660.15	529.65	399.14	314.56
44	802.95	679.61	545.26	410.90	323.83
45	829.96	702.47	563.61	424.73	334.73
46	862.15	729.71	585.47	441.20	347.71
47	898.36	760.36	610.06	459.73	362.31
48	939.74	795.39	638.16	480.91	379.01
49	980.55	829.93	665.87	501.79	395.46
50	1,026.53	868.85	697.09	525.32	414.01
51	1,071.94	907.28	727.93	548.56	432.32
52	1,121.94	949.60	761.89	574.15	452.49
53	1,172.52	992.41	796.23	600.03	472.89
54	1,227.13	1,038.63	833.31	627.98	494.91
55	1,281.73	1,084.84	870.39	655.92	516.93
56	1,340.93	1,134.95	910.59	686.21	540.81
57	1,400.70	1,185.54	951.19	716.80	564.91
58	1,464.50	1,239.54	994.51	749.45	590.65
59	1,496.12	1,266.30	1,015.98	765.63	603.39
60	1,559.91	1,320.30	1,059.30	798.28	629.13
61	1,615.09	1,367.00	1,096.77	826.52	651.38
62	1,651.30	1,397.65	1,121.36	845.05	665.98
63	1,696.71	1,436.08	1,152.20	868.28	684.30
64	1,724.31	1,459.44	1,170.93	882.39	695.43
65 and over.	1,724.31	1,459.44	1,170.93	882.39	695.43

Region 14 Kern County¹.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	286.34	242.36	194.45	146.53	115.48
21	450.93	381.66	306.22	230.76	181.86
22	450.93	381.66	306.22	230.76	181.86
23	450.93	381.66	306.22	230.76	181.86
24	450.93	381.66	306.22	230.76	181.86
25	452.73	383.19	307.44	231.68	182.59
26	461.75	390.82	313.56	236.30	186.23
27	472.57	399.98	320.91	241.84	190.59
28	490.16	414.87	332.86	250.84	197.68
29	504.59	427.08	342.66	258.22	203.50
30	511.80	433.19	347.55	261.91	206.41
31	522.63	442.35	354.90	267.45	210.78
32	533.45	451.51	362.25	272.99	215.14
33	540.21	457.23	366.85	276.45	217.87
34	547.43	463.34	371.75	280.14	220.78
35	551.03	466.39	374.20	281.99	222.24
36	554.64	469.44	376.65	283.84	223.69
37	558.25	472.50	379.09	285.68	225.15
38	561.86	475.55	381.54	287.53	226.60
39	569.07	481.66	386.44	291.22	229.51
40	576.29	487.76	391.34	294.91	232.42
41	587.11	496.92	398.69	300.45	236.79
42	597.48	505.70	405.74	305.76	240.97
43	611.91	517.91	415.53	313.14	246.79
44	629.95	533.18	427.78	322.37	254.06
45	651.14	551.12	442.18	333.22	262.61
46	676.39	572.49	459.32	346.14	272.79
47	704.80	596.54	478.61	360.68	284.25
48	737.27	624.02	500.66	377.29	297.35
49	769.28	651.11	522.40	393.68	310.26
50	805.36	681.65	546.90	412.14	324.81
51	840.98	711.80	571.09	430.37	339.17
52	880.21	745.00	597.73	450.44	355.00
53	919.89	778.59	624.68	470.75	371.00
54	962.73	814.85	653.77	492.67	388.28
55	1,005.57	851.11	682.86	514.60	405.55
56	1,052.02	890.42	714.40	538.36	424.29
57	1,098.91	930.11	746.25	562.36	443.20
58	1,148.97	972.47	780.24	587.98	463.39
59	1,173.77	993.46	797.08	600.67	473.39
60	1,223.82	1,035.83	831.07	626.28	493.58
61	1,267.11	1,072.47	860.47	648.44	511.03
62	1,295.52	1,096.51	879.76	662.98	522.49
63	1,331.14	1,126.66	903.95	681.21	536.86
64	1,352.79	1,144.98	918.66	692.28	545.58
65 and over.	1,352.79	1,144.98	918.66	692.28	545.58

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare One EPO Health Insurance Plans

Rates effective January 1, 2017

Region 15 Los Angeles County: ZIP codes starting with 906-912, 915, 917, 918, 935.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	262.09	221.83	177.98	134.12	105.70
21	412.73	349.33	280.28	211.21	166.46
22	412.73	349.33	280.28	211.21	166.46
23	412.73	349.33	280.28	211.21	166.46
24	412.73	349.33	280.28	211.21	166.46
25	414.38	350.73	281.40	212.06	167.12
26	422.64	357.72	287.00	216.28	170.45
27	432.54	366.10	293.73	221.35	174.45
28	448.64	379.73	304.66	229.59	180.94
29	461.85	390.90	313.63	236.35	186.27
30	468.45	396.49	318.12	239.73	188.93
31	478.36	404.88	324.84	244.80	192.93
32	488.26	413.26	331.57	249.87	196.92
33	494.45	418.50	335.77	253.03	199.42
34	501.06	424.09	340.26	256.41	202.08
35	504.36	426.89	342.50	258.10	203.41
36	507.66	429.68	344.74	259.79	204.74
37	510.96	432.47	346.98	261.48	206.08
38	514.27	435.27	349.23	263.17	207.41
39	520.87	440.86	353.71	266.55	210.07
40	527.47	446.45	358.19	269.93	212.73
41	537.38	454.83	364.92	275.00	216.73
42	546.87	462.87	371.37	279.86	220.56
43	560.08	474.05	380.34	286.62	225.88
44	576.59	488.02	391.55	295.07	232.54
45	595.99	504.44	404.72	304.99	240.37
46	619.10	524.00	420.42	316.82	249.69
47	645.10	546.01	438.07	330.13	260.17
48	674.82	571.16	458.25	345.34	272.16
49	704.12	595.96	478.15	360.33	283.98
50	737.14	623.91	500.58	377.23	297.29
51	769.75	651.51	522.72	393.91	310.44
52	805.66	681.90	547.10	412.29	324.93
53	841.98	712.64	571.77	430.88	339.58
54	881.19	745.83	598.39	450.94	355.39
55	920.40	779.01	625.02	471.01	371.20
56	962.91	814.99	653.89	492.76	388.35
57	1,005.83	851.32	683.04	514.73	405.66
58	1,051.64	890.10	714.15	538.17	424.14
59	1,074.34	909.31	729.56	549.79	433.29
60	1,120.16	948.09	760.67	573.24	451.77
61	1,159.78	981.63	787.58	593.51	467.75
62	1,185.78	1,003.63	805.24	606.82	478.23
63	1,218.39	1,031.23	827.38	623.50	491.39
64	1,238.19	1,047.99	840.84	633.63	499.38
65 and over.	1,238.19	1,047.99	840.84	633.63	499.38

Region 17 Riverside¹ and San Bernardino¹ counties.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	296.75	251.17	201.52	151.86	119.68
21	467.33	395.54	317.35	239.15	188.48
22	467.33	395.54	317.35	239.15	188.48
23	467.33	395.54	317.35	239.15	188.48
24	467.33	395.54	317.35	239.15	188.48
25	469.20	397.12	318.62	240.11	189.23
26	478.54	405.04	324.97	244.89	193.00
27	489.76	414.53	332.59	250.63	197.52
28	507.99	429.95	344.96	259.96	204.87
29	522.94	442.61	355.12	267.61	210.91
30	530.42	448.94	360.19	271.44	213.92
31	541.63	458.43	367.81	277.18	218.44
32	552.85	467.93	375.43	282.92	222.97
33	559.86	473.86	380.19	286.51	225.80
34	567.34	480.19	385.27	290.33	228.81
35	571.08	483.35	387.80	292.25	230.32
36	574.81	486.52	390.34	294.16	231.83
37	578.55	489.68	392.88	296.07	233.33
38	582.29	492.85	395.42	297.98	234.84
39	589.77	499.17	400.50	301.81	237.86
40	597.25	505.50	405.58	305.64	240.87
41	608.46	515.00	413.19	311.38	245.40
42	619.21	524.09	420.49	316.88	249.73
43	634.16	536.75	430.65	324.53	255.76
44	652.86	552.57	443.34	334.10	263.30
45	674.82	571.16	458.26	345.34	272.16
46	700.99	593.31	476.03	358.73	282.72
47	730.43	618.23	496.02	373.80	294.59
48	764.08	646.71	518.87	391.02	308.16
49	797.26	674.79	541.40	408.00	321.54
50	834.65	706.44	566.79	427.13	336.62
51	871.57	737.69	591.86	446.02	351.51
52	912.23	772.10	619.47	466.83	367.91
53	953.35	806.91	647.40	487.87	384.49
54	997.75	844.48	677.55	510.59	402.40
55	1,042.14	882.06	707.70	533.31	420.30
56	1,090.28	922.80	740.38	557.94	439.72
57	1,138.88	963.94	773.39	582.82	459.32
58	1,190.75	1,007.84	808.61	609.36	480.24
59	1,216.46	1,029.60	826.07	622.52	490.61
60	1,268.33	1,073.50	861.29	649.06	511.53
61	1,313.19	1,111.47	891.76	672.02	529.62
62	1,342.64	1,136.39	911.75	687.09	541.49
63	1,379.55	1,167.64	936.82	705.98	556.38
64	1,401.99	1,186.62	952.05	717.45	565.44
65 and over.	1,401.99	1,186.62	952.05	717.45	565.44

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare One EPO Health Insurance Plans

Rates effective January 1, 2017

Region 18 Orange County.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	283.13	239.64	192.27	144.89	114.19
21	445.87	377.38	302.78	228.17	179.82
22	445.87	377.38	302.78	228.17	179.82
23	445.87	377.38	302.78	228.17	179.82
24	445.87	377.38	302.78	228.17	179.82
25	447.66	378.89	303.99	229.09	180.54
26	456.57	386.44	310.05	233.65	184.14
27	467.27	395.50	317.32	239.13	188.46
28	484.66	410.21	329.12	248.02	195.47
29	498.93	422.29	338.81	255.33	201.22
30	506.07	428.33	343.66	258.98	204.10
31	516.77	437.39	350.92	264.45	208.42
32	527.47	446.44	358.19	269.93	212.73
33	534.16	452.10	362.73	273.35	215.43
34	541.29	458.14	367.58	277.00	218.31
35	544.86	461.16	370.00	278.83	219.74
36	548.42	464.18	372.42	280.65	221.18
37	551.99	467.20	374.84	282.48	222.62
38	555.56	470.22	377.27	284.30	224.06
39	562.69	476.26	382.11	287.95	226.94
40	569.83	482.29	386.96	291.61	229.81
41	580.53	491.35	394.22	297.08	234.13
42	590.78	500.03	401.19	302.33	238.27
43	605.05	512.11	410.88	309.63	244.02
44	622.88	527.20	422.99	318.76	251.21
45	643.84	544.94	437.22	329.48	259.67
46	668.81	566.07	454.17	342.26	269.74
47	696.90	589.85	473.25	356.63	281.06
48	729.00	617.02	495.05	373.06	294.01
49	760.66	643.81	516.55	389.26	306.78
50	796.33	674.00	540.77	407.52	321.17
51	831.55	703.82	564.69	425.54	335.37
52	870.34	736.65	591.03	445.39	351.02
53	909.58	769.86	617.68	465.47	366.84
54	951.94	805.71	646.44	487.15	383.92
55	994.30	841.56	675.20	508.83	401.01
56	1,040.22	880.43	706.39	532.33	419.53
57	1,086.59	919.68	737.88	556.06	438.23
58	1,136.08	961.57	771.49	581.39	458.19
59	1,160.61	982.33	788.14	593.93	468.08
60	1,210.10	1,024.21	821.75	619.26	488.04
61	1,252.90	1,060.44	850.82	641.17	505.30
62	1,280.99	1,084.22	869.89	655.54	516.63
63	1,316.22	1,114.03	893.81	673.57	530.84
64	1,337.61	1,132.14	908.34	684.51	539.46
65 and over.	1,337.61	1,132.14	908.34	684.51	539.46

Region 19 San Diego County.

Age	Health Net Platinum 90 EPO	Health Net Gold 80 EPO	Health Net Silver 70 EPO	Health Net Bronze 60 EPO	Health Net Minimum Coverage EPO
0-20	286.00	242.07	194.22	146.36	115.35
21	450.39	381.21	305.85	230.49	181.65
22	450.39	381.21	305.85	230.49	181.65
23	450.39	381.21	305.85	230.49	181.65
24	450.39	381.21	305.85	230.49	181.65
25	452.19	382.73	307.07	231.41	182.37
26	461.20	390.36	313.19	236.02	186.01
27	472.01	399.50	320.53	241.55	190.37
28	489.58	414.37	332.46	250.54	197.45
29	503.99	426.57	342.25	257.91	203.26
30	511.19	432.67	347.14	261.60	206.17
31	522.00	441.82	354.48	267.13	210.53
32	532.81	450.97	361.82	272.66	214.89
33	539.57	456.69	366.41	276.12	217.61
34	546.78	462.78	371.30	279.81	220.52
35	550.38	465.83	373.75	281.65	221.97
36	553.98	468.88	376.20	283.50	223.42
37	557.58	471.93	378.64	285.34	224.88
38	561.19	474.98	381.09	287.18	226.33
39	568.39	481.08	385.98	290.87	229.24
40	575.60	487.18	390.88	294.56	232.14
41	586.41	496.33	398.22	300.09	236.50
42	596.77	505.10	405.25	305.39	240.68
43	611.18	517.30	415.04	312.77	246.49
44	629.20	532.55	427.27	321.99	253.76
45	650.37	550.46	441.65	332.82	262.30
46	675.59	571.81	458.78	345.73	272.47
47	703.96	595.83	478.04	360.25	283.91
48	736.39	623.27	500.07	376.84	296.99
49	768.37	650.34	521.78	393.21	309.89
50	804.40	680.83	546.25	411.65	324.42
51	839.98	710.95	570.41	429.86	338.77
52	879.16	744.12	597.02	449.91	354.57
53	918.80	777.66	623.94	470.19	370.56
54	961.59	813.88	652.99	492.09	387.81
55	1,004.37	850.09	682.05	513.98	405.07
56	1,050.76	889.35	713.55	537.72	423.78
57	1,097.60	929.00	745.36	561.69	442.67
58	1,147.60	971.31	779.31	587.28	462.83
59	1,172.37	992.28	796.13	599.95	472.82
60	1,222.36	1,034.59	830.08	625.54	492.99
61	1,265.60	1,071.19	859.44	647.66	510.43
62	1,293.97	1,095.21	878.71	662.18	521.87
63	1,329.56	1,125.32	902.87	680.39	536.22
64	1,351.17	1,143.63	917.55	691.47	544.95
65 and over.	1,351.17	1,143.63	917.55	691.47	544.95

Refer to pages 5-6 for county details. Health Net Life Insurance Company will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

CommunityCare HMO Health Plans

Health Net of California, Inc.
Rates effective January 1, 2017

Region 14 Kern County¹.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	207.04	186.74	148.19
21	326.05	294.08	233.37
22	326.05	294.08	233.37
23	326.05	294.08	233.37
24	326.05	294.08	233.37
25	327.35	295.26	234.30
26	333.87	301.14	238.97
27	341.70	308.19	244.57
28	354.42	319.66	253.67
29	364.85	329.07	261.14
30	370.07	333.78	264.88
31	377.89	340.84	270.48
32	385.72	347.90	276.08
33	390.61	352.31	279.58
34	395.82	357.01	283.31
35	398.43	359.36	285.18
36	401.04	361.72	287.05
37	403.65	364.07	288.91
38	406.26	366.42	290.78
39	411.47	371.13	294.51
40	416.69	375.83	298.25
41	424.52	382.89	303.85
42	432.02	389.65	309.22
43	442.45	399.07	316.69
44	455.49	410.83	326.02
45	470.82	424.65	336.99
46	489.07	441.12	350.06
47	509.62	459.65	364.76
48	533.09	480.82	381.56
49	556.24	501.70	398.13
50	582.32	525.23	416.80
51	608.08	548.46	435.24
52	636.45	574.04	455.54
53	665.14	599.92	476.08
54	696.12	627.86	498.25
55	727.09	655.80	520.42
56	760.67	686.09	544.46
57	794.58	716.67	568.73
58	830.77	749.31	594.63
59	848.71	765.49	607.47
60	884.90	798.13	633.37
61	916.20	826.36	655.77
62	936.74	844.89	670.48
63	962.50	868.12	688.91
64	978.15	882.24	700.11
65 and over.	978.15	882.24	700.11

Region 15 Los Angeles County: ZIP codes starting with 906-912, 915, 917, 918, 935.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	186.85	168.52	133.74
21	294.24	265.39	210.61
22	294.24	265.39	210.61
23	294.24	265.39	210.61
24	294.24	265.39	210.61
25	295.42	266.45	211.45
26	301.31	271.76	215.66
27	308.37	278.13	220.72
28	319.84	288.48	228.93
29	329.26	296.97	235.67
30	333.97	301.22	239.04
31	341.03	307.59	244.09
32	348.09	313.96	249.15
33	352.50	317.94	252.31
34	357.21	322.19	255.68
35	359.57	324.31	257.36
36	361.92	326.43	259.05
37	364.27	328.56	260.73
38	366.63	330.68	262.42
39	371.34	334.93	265.79
40	376.04	339.17	269.16
41	383.11	345.54	274.21
42	389.87	351.64	279.05
43	399.29	360.14	285.79
44	411.06	370.75	294.22
45	424.89	383.23	304.12
46	441.37	398.09	315.91
47	459.90	414.81	329.18
48	481.09	433.92	344.34
49	501.98	452.76	359.29
50	525.52	473.99	376.14
51	548.77	494.96	392.78
52	574.36	518.05	411.10
53	600.26	541.40	429.64
54	628.21	566.61	449.64
55	656.16	591.82	469.65
56	686.47	619.16	491.35
57	717.07	646.76	513.25
58	749.73	676.22	536.63
59	765.92	690.82	548.21
60	798.58	720.27	571.59
61	826.83	745.75	591.80
62	845.36	762.47	605.07
63	868.61	783.44	621.71
64	882.72	796.17	631.83
65 and over.	882.72	796.17	631.83

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5-6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

CommunityCare HMO Health Plans

Rates effective January 1, 2017

Region 16 Los Angeles County: ZIP codes not in Region 15.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	200.71	181.03	143.66
21	316.07	285.08	226.23
22	316.07	285.08	226.23
23	316.07	285.08	226.23
24	316.07	285.08	226.23
25	317.34	286.22	227.13
26	323.66	291.92	231.66
27	331.24	298.76	237.09
28	343.57	309.88	245.91
29	353.68	319.00	253.15
30	358.74	323.57	256.77
31	366.33	330.41	262.20
32	373.91	337.25	267.63
33	378.65	341.53	271.02
34	383.71	346.09	274.64
35	386.24	348.37	276.45
36	388.77	350.65	278.26
37	391.30	352.93	280.07
38	393.83	355.21	281.88
39	398.88	359.77	285.50
40	403.94	364.33	289.12
41	411.53	371.17	294.55
42	418.80	377.73	299.75
43	428.91	386.85	306.99
44	441.55	398.26	316.04
45	456.41	411.66	326.68
46	474.11	427.62	339.35
47	494.02	445.58	353.60
48	516.78	466.11	369.89
49	539.22	486.35	385.95
50	564.50	509.15	404.05
51	589.47	531.67	421.92
52	616.97	556.48	441.60
53	644.79	581.56	461.51
54	674.81	608.65	483.00
55	704.84	635.73	504.49
56	737.40	665.09	527.79
57	770.27	694.74	551.32
58	805.35	726.38	576.43
59	822.74	742.06	588.88
60	857.82	773.71	613.99
61	888.16	801.07	635.71
62	908.08	819.03	649.96
63	933.05	841.56	667.83
64	948.21	855.24	678.69
65 and over.	948.21	855.24	678.69

Region 17 Riverside¹ and San Bernardino¹ counties.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	185.83	167.61	133.01
21	292.65	263.95	209.47
22	292.65	263.95	209.47
23	292.65	263.95	209.47
24	292.65	263.95	209.47
25	293.82	265.01	210.30
26	299.67	270.29	214.49
27	306.70	276.62	219.52
28	318.11	286.92	227.69
29	327.47	295.36	234.39
30	332.16	299.59	237.74
31	339.18	305.92	242.77
32	346.20	312.26	247.80
33	350.59	316.22	250.94
34	355.28	320.44	254.29
35	357.62	322.55	255.97
36	359.96	324.66	257.64
37	362.30	326.77	259.32
38	364.64	328.89	260.99
39	369.32	333.11	264.34
40	374.01	337.33	267.70
41	381.03	343.67	272.72
42	387.76	349.74	277.54
43	397.13	358.19	284.24
44	408.83	368.74	292.62
45	422.59	381.15	302.47
46	438.97	395.93	314.20
47	457.41	412.56	327.39
48	478.48	431.56	342.48
49	499.26	450.31	357.35
50	522.67	471.42	374.10
51	545.79	492.27	390.65
52	571.25	515.24	408.88
53	597.00	538.47	427.31
54	624.81	563.54	447.21
55	652.61	588.62	467.11
56	682.75	615.80	488.68
57	713.19	643.26	510.47
58	745.67	672.55	533.72
59	761.77	687.07	545.24
60	794.25	716.37	568.49
61	822.34	741.71	588.60
62	840.78	758.34	601.79
63	863.90	779.19	618.34
64	877.95	791.85	628.41
65 and over.	877.95	791.85	628.41

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5–6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

CommunityCare HMO Health Plans

Rates effective January 1, 2017

Region 18 Orange County.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	207.82	187.44	148.75
21	327.27	295.18	234.25
22	327.27	295.18	234.25
23	327.27	295.18	234.25
24	327.27	295.18	234.25
25	328.58	296.36	235.18
26	335.13	302.27	239.87
27	342.98	309.35	245.49
28	355.75	320.86	254.63
29	366.22	330.31	262.12
30	371.46	335.03	265.87
31	379.31	342.12	271.49
32	387.17	349.20	277.12
33	392.07	353.63	280.63
34	397.31	358.35	284.38
35	399.93	360.71	286.25
36	402.55	363.08	288.13
37	405.17	365.44	290.00
38	407.78	367.80	291.87
39	413.02	372.52	295.62
40	418.26	377.24	299.37
41	426.11	384.33	304.99
42	433.64	391.12	310.38
43	444.11	400.56	317.87
44	457.20	412.37	327.24
45	472.58	426.25	338.25
46	490.91	442.78	351.37
47	511.53	461.37	366.13
48	535.09	482.63	383.00
49	558.33	503.58	399.63
50	584.51	527.20	418.37
51	610.37	550.52	436.87
52	638.84	576.20	457.25
53	667.64	602.17	477.87
54	698.73	630.22	500.12
55	729.82	658.26	522.37
56	763.53	688.66	546.50
57	797.57	719.36	570.86
58	833.90	752.13	596.86
59	851.90	768.36	609.75
60	888.22	801.13	635.75
61	919.64	829.47	658.24
62	940.26	848.06	672.99
63	966.11	871.38	691.50
64	981.81	885.54	702.75
65 and over.	981.81	885.54	702.75

Region 19 San Diego County.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	213.06	192.16	152.50
21	335.52	302.62	240.15
22	335.52	302.62	240.15
23	335.52	302.62	240.15
24	335.52	302.62	240.15
25	336.86	303.83	241.11
26	343.57	309.88	245.91
27	351.63	317.15	251.68
28	364.71	328.95	261.04
29	375.45	338.63	268.73
30	380.82	343.48	272.57
31	388.87	350.74	278.33
32	396.92	358.00	284.10
33	401.95	362.54	287.70
34	407.32	367.38	291.54
35	410.01	369.80	293.46
36	412.69	372.22	295.39
37	415.38	374.65	297.31
38	418.06	377.07	299.23
39	423.43	381.91	303.07
40	428.80	386.75	306.91
41	436.85	394.01	312.68
42	444.57	400.97	318.20
43	455.30	410.66	325.88
44	468.72	422.76	335.49
45	484.49	436.99	346.78
46	503.28	453.93	360.23
47	524.42	473.00	375.36
48	548.58	494.79	392.65
49	572.40	516.27	409.70
50	599.24	540.48	428.91
51	625.75	564.39	447.88
52	654.94	590.72	468.77
53	684.46	617.35	489.91
54	716.34	646.10	512.72
55	748.21	674.85	535.54
56	782.77	706.02	560.27
57	817.66	737.49	585.25
58	854.91	771.08	611.90
59	873.36	787.72	625.11
60	910.60	821.32	651.77
61	942.81	850.37	674.82
62	963.95	869.43	689.95
63	990.46	893.34	708.92
64	1,006.56	907.86	720.45
65 and over.	1,006.56	907.86	720.45

Refer to pages 5–6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Region 1 Nevada County¹.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	380.03	321.65	258.07	194.48	153.27
21	598.47	506.54	406.41	306.26	241.37
22	598.47	506.54	406.41	306.26	241.37
23	598.47	506.54	406.41	306.26	241.37
24	598.47	506.54	406.41	306.26	241.37
25	600.86	508.56	408.03	307.49	242.33
26	612.83	518.69	416.16	313.61	247.16
27	627.20	530.85	425.91	320.96	252.95
28	650.54	550.61	441.76	332.91	262.36
29	669.69	566.82	454.77	342.71	270.09
30	679.26	574.92	461.27	347.61	273.95
31	693.63	587.08	471.03	354.96	279.74
32	707.99	599.23	480.78	362.31	285.54
33	716.97	606.83	486.88	366.90	289.16
34	726.54	614.94	493.38	371.80	293.02
35	731.33	618.99	496.63	374.25	294.95
36	736.12	623.04	499.88	376.70	296.88
37	740.90	627.09	503.13	379.15	298.81
38	745.69	631.15	506.38	381.60	300.74
39	755.27	639.25	512.89	386.50	304.60
40	764.84	647.36	519.39	391.40	308.46
41	779.21	659.51	529.14	398.75	314.26
42	792.97	671.16	538.49	405.80	319.81
43	812.12	687.37	551.49	415.60	327.53
44	836.06	707.63	567.75	427.85	337.19
45	864.19	731.44	586.85	442.24	348.53
46	897.70	759.81	609.61	459.40	362.05
47	935.41	791.72	635.21	478.69	377.25
48	978.50	828.19	664.47	500.74	394.63
49	1,020.99	864.15	693.33	522.49	411.77
50	1,068.87	904.68	725.84	546.99	431.08
51	1,116.14	944.69	757.95	571.18	450.15
52	1,168.21	988.76	793.31	597.83	471.15
53	1,220.88	1,033.34	829.07	624.78	492.39
54	1,277.73	1,081.46	867.68	653.87	515.31
55	1,334.59	1,129.58	906.29	682.97	538.24
56	1,396.23	1,181.75	948.15	714.51	563.11
57	1,458.47	1,234.43	990.41	746.36	588.21
58	1,524.90	1,290.66	1,035.52	780.36	615.00
59	1,557.81	1,318.52	1,057.88	797.20	628.27
60	1,624.24	1,374.74	1,102.99	831.20	655.07
61	1,681.70	1,423.37	1,142.00	860.60	678.24
62	1,719.40	1,455.28	1,167.61	879.89	693.44
63	1,766.68	1,495.30	1,199.71	904.09	712.51
64	1,795.41	1,519.62	1,219.23	918.78	724.11
65 and over.	1,795.41	1,519.62	1,219.23	918.78	724.11

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Region 3 El Dorado¹, Placer¹, Sacramento, and Yolo counties.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	366.80	310.45	249.08	187.71	147.93
21	577.63	488.90	392.26	295.60	232.96
22	577.63	488.90	392.26	295.60	232.96
23	577.63	488.90	392.26	295.60	232.96
24	577.63	488.90	392.26	295.60	232.96
25	579.94	490.86	393.83	296.78	233.89
26	591.50	500.64	401.67	302.70	238.55
27	605.36	512.37	411.09	309.79	244.14
28	627.89	531.44	426.38	321.32	253.23
29	646.37	547.08	438.94	330.78	260.69
30	655.62	554.91	445.21	335.51	264.41
31	669.48	566.64	454.63	342.60	270.00
32	683.34	578.37	464.04	349.70	275.59
33	692.01	585.71	469.93	354.13	279.09
34	701.25	593.53	476.20	358.86	282.82
35	705.87	597.44	479.34	361.23	284.68
36	710.49	601.35	482.48	363.59	286.54
37	715.11	605.26	485.62	365.95	288.41
38	719.73	609.17	488.75	368.32	290.27
39	728.97	617.00	495.03	373.05	294.00
40	738.22	624.82	501.31	377.78	297.73
41	752.08	636.55	510.72	384.87	303.32
42	765.37	647.80	519.74	391.67	308.68
43	783.85	663.44	532.29	401.13	316.13
44	806.96	683.00	547.98	412.96	325.45
45	834.10	705.98	566.42	426.85	336.40
46	866.45	733.36	588.39	443.40	349.44
47	902.84	764.16	613.10	462.03	364.12
48	944.43	799.36	641.34	483.31	380.89
49	985.44	834.07	669.19	504.30	397.43
50	1,031.66	873.18	700.57	527.94	416.07
51	1,077.29	911.81	731.56	551.30	434.48
52	1,127.54	954.34	765.69	577.01	454.74
53	1,178.37	997.36	800.21	603.03	475.24
54	1,233.25	1,043.81	837.47	631.11	497.38
55	1,288.12	1,090.26	874.74	659.19	519.51
56	1,347.62	1,140.61	915.14	689.64	543.50
57	1,407.70	1,191.46	955.93	720.38	567.73
58	1,471.81	1,245.73	999.47	753.19	593.59
59	1,503.58	1,272.62	1,021.05	769.45	606.40
60	1,567.70	1,326.88	1,064.59	802.26	632.26
61	1,623.15	1,373.82	1,102.25	830.64	654.63
62	1,659.54	1,404.62	1,126.96	849.26	669.30
63	1,705.18	1,443.24	1,157.95	872.62	687.71
64	1,732.89	1,466.70	1,176.78	886.80	698.88
65 and over.	1,732.89	1,466.70	1,176.78	886.80	698.88

Refer to pages 5-6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare HSP Health Plans

Rates effective January 1, 2017

Region 7 Santa Clara County¹

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	351.36	297.39	238.60	179.81	141.71
21	553.32	468.33	375.75	283.16	223.16
22	553.32	468.33	375.75	283.16	223.16
23	553.32	468.33	375.75	283.16	223.16
24	553.32	468.33	375.75	283.16	223.16
25	555.54	470.20	377.25	284.29	224.05
26	566.60	479.57	384.77	289.96	228.51
27	579.88	490.81	393.79	296.75	233.87
28	601.46	509.07	408.44	307.80	242.57
29	619.17	524.06	420.46	316.86	249.71
30	628.02	531.55	426.48	321.39	253.28
31	641.30	542.79	435.49	328.18	258.64
32	654.58	554.03	444.51	334.98	264.00
33	662.88	561.06	450.15	339.23	267.34
34	671.74	568.55	456.16	343.76	270.91
35	676.16	572.30	459.17	346.02	272.70
36	680.59	576.04	462.17	348.29	274.48
37	685.02	579.79	465.18	350.55	276.27
38	689.44	583.54	468.18	352.82	278.06
39	698.29	591.03	474.20	357.35	281.63
40	707.15	598.52	480.21	361.88	285.20
41	720.43	609.76	489.23	368.68	290.55
42	733.15	620.53	497.87	375.19	295.68
43	750.86	635.52	509.89	384.25	302.83
44	772.99	654.25	524.92	395.58	311.75
45	799.00	676.27	542.58	408.88	322.24
46	829.99	702.49	563.62	424.74	334.74
47	864.85	732.00	587.30	442.58	348.80
48	904.68	765.72	614.35	462.97	364.86
49	943.97	798.97	641.03	483.07	380.71
50	988.24	836.43	671.09	505.73	398.56
51	1,031.95	873.43	700.77	528.09	416.19
52	1,080.09	914.18	733.46	552.73	435.60
53	1,128.78	955.39	766.53	577.65	455.24
54	1,181.35	999.88	802.23	604.55	476.44
55	1,233.91	1,044.37	837.92	631.45	497.64
56	1,290.91	1,092.61	876.62	660.61	520.63
57	1,348.45	1,141.31	915.70	690.06	543.84
58	1,409.87	1,193.30	957.41	721.49	568.61
59	1,440.30	1,219.06	978.08	737.07	580.88
60	1,501.72	1,271.04	1,019.78	768.50	605.65
61	1,554.84	1,316.00	1,055.86	795.68	627.07
62	1,589.70	1,345.51	1,079.53	813.52	641.13
63	1,633.41	1,382.50	1,109.21	835.89	658.76
64	1,659.96	1,404.99	1,127.25	849.48	669.48
65 and over.	1,659.96	1,404.99	1,127.25	849.48	669.48

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Region 11 Fresno¹, Kings and Madera counties.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	326.89	276.68	221.98	167.28	131.84
21	514.79	435.71	349.58	263.44	207.62
22	514.79	435.71	349.58	263.44	207.62
23	514.79	435.71	349.58	263.44	207.62
24	514.79	435.71	349.58	263.44	207.62
25	516.85	437.45	350.98	264.49	208.45
26	527.14	446.17	357.97	269.76	212.60
27	539.50	456.63	366.36	276.09	217.58
28	559.57	473.62	379.99	286.36	225.68
29	576.05	487.56	391.18	294.79	232.32
30	584.28	494.53	396.77	299.00	235.64
31	596.64	504.99	405.16	305.33	240.63
32	608.99	515.45	413.55	311.65	245.61
33	616.72	521.98	418.80	315.60	248.72
34	624.95	528.95	424.39	319.82	252.05
35	629.07	532.44	427.19	321.92	253.71
36	633.19	535.92	429.98	324.03	255.37
37	637.31	539.41	432.78	326.14	257.03
38	641.43	542.90	435.58	328.25	258.69
39	649.66	549.87	441.17	332.46	262.01
40	657.90	556.84	446.76	336.68	265.33
41	670.25	567.30	455.15	343.00	270.32
42	682.09	577.32	463.19	349.06	275.09
43	698.57	591.26	474.38	357.49	281.74
44	719.16	608.69	488.36	368.03	290.04
45	743.35	629.17	504.79	380.41	299.80
46	772.18	653.57	524.37	395.16	311.42
47	804.61	681.02	546.39	411.76	324.50
48	841.68	712.39	571.56	430.72	339.45
49	878.23	743.32	596.38	449.43	354.19
50	919.41	778.18	624.35	470.50	370.80
51	960.08	812.60	651.97	491.32	387.20
52	1,004.87	850.51	682.38	514.23	405.27
53	1,050.17	888.85	713.14	537.42	423.54
54	1,099.07	930.24	746.35	562.44	443.26
55	1,147.98	971.64	779.56	587.47	462.98
56	1,201.00	1,016.51	815.57	614.61	484.37
57	1,254.54	1,061.83	851.93	642.00	505.96
58	1,311.68	1,110.19	890.73	671.25	529.01
59	1,339.99	1,134.16	909.96	685.73	540.43
60	1,397.13	1,182.52	948.76	714.98	563.47
61	1,446.55	1,224.35	982.32	740.27	583.40
62	1,478.98	1,251.80	1,004.35	756.86	596.48
63	1,519.65	1,286.22	1,031.96	777.67	612.88
64	1,544.37	1,307.13	1,048.74	790.32	622.86
65 and over.	1,544.37	1,307.13	1,048.74	790.32	622.86

Refer to pages 5-6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare HSP Health Plans

Rates effective January 1, 2017

Region 14 Kern County¹

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	284.12	240.47	192.94	145.40	114.59
21	447.43	378.70	303.84	228.97	180.45
22	447.43	378.70	303.84	228.97	180.45
23	447.43	378.70	303.84	228.97	180.45
24	447.43	378.70	303.84	228.97	180.45
25	449.22	380.21	305.05	229.88	181.17
26	458.17	387.79	311.13	234.46	184.78
27	468.90	396.88	318.42	239.96	189.11
28	486.35	411.64	330.27	248.89	196.15
29	500.67	423.76	339.99	256.22	201.92
30	507.83	429.82	344.86	259.88	204.81
31	518.57	438.91	352.15	265.37	209.14
32	529.31	448.00	359.44	270.87	213.47
33	536.02	453.68	364.00	274.30	216.18
34	543.18	459.74	368.86	277.97	219.07
35	546.76	462.77	371.29	279.80	220.51
36	550.34	465.80	373.72	281.63	221.95
37	553.91	468.83	376.15	283.46	223.40
38	557.49	471.86	378.58	285.29	224.84
39	564.65	477.92	383.44	288.96	227.73
40	571.81	483.98	388.30	292.62	230.61
41	582.55	493.06	395.60	298.12	234.95
42	592.84	501.77	402.58	303.38	239.10
43	607.16	513.89	412.31	310.71	244.87
44	625.06	529.04	424.46	319.87	252.09
45	646.08	546.84	438.74	330.63	260.57
46	671.14	568.05	455.76	343.45	270.67
47	699.33	591.90	474.90	357.88	282.04
48	731.54	619.17	496.77	374.36	295.03
49	763.31	646.06	518.35	390.62	307.85
50	799.10	676.35	542.65	408.94	322.28
51	834.45	706.27	566.66	427.03	336.54
52	873.38	739.22	593.09	446.95	352.24
53	912.75	772.54	619.83	467.10	368.12
54	955.26	808.52	648.69	488.85	385.26
55	997.76	844.50	677.56	510.60	402.40
56	1,043.85	883.50	708.85	534.18	420.99
57	1,090.38	922.89	740.45	558.00	439.76
58	1,140.04	964.92	774.18	583.41	459.79
59	1,164.65	985.75	790.89	596.01	469.71
60	1,214.32	1,027.79	824.62	621.42	489.74
61	1,257.27	1,064.14	853.78	643.40	507.06
62	1,285.46	1,088.00	872.93	657.83	518.43
63	1,320.80	1,117.92	896.93	675.92	532.69
64	1,342.29	1,136.10	911.52	686.91	541.35
65 and over	1,342.29	1,136.10	911.52	686.91	541.35

Region 15 Los Angeles County: ZIP codes starting with 906-912, 915, 917, 918, 935.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	260.05	220.11	176.60	133.08	104.88
21	409.53	346.62	278.10	209.58	165.17
22	409.53	346.62	278.10	209.58	165.17
23	409.53	346.62	278.10	209.58	165.17
24	409.53	346.62	278.10	209.58	165.17
25	411.17	348.01	279.22	210.41	165.83
26	419.36	354.94	284.78	214.60	169.13
27	429.19	363.26	291.45	219.63	173.09
28	445.16	376.78	302.30	227.81	179.53
29	458.26	387.87	311.20	234.51	184.82
30	464.82	393.42	315.65	237.87	187.46
31	474.65	401.74	322.32	242.90	191.43
32	484.47	410.05	329.00	247.93	195.39
33	490.62	415.25	333.17	251.07	197.87
34	497.17	420.80	337.62	254.42	200.51
35	500.45	423.57	339.84	256.10	201.83
36	503.72	426.35	342.07	257.78	203.15
37	507.00	429.12	344.29	259.45	204.47
38	510.27	431.89	346.52	261.13	205.80
39	516.83	437.44	350.97	264.48	208.44
40	523.38	442.98	355.42	267.84	211.08
41	533.21	451.30	362.09	272.87	215.05
42	542.63	459.27	368.49	277.69	218.84
43	555.73	470.37	377.39	284.39	224.13
44	572.11	484.23	388.51	292.78	230.74
45	591.36	500.52	401.58	302.63	238.50
46	614.30	519.93	417.15	314.36	247.75
47	640.10	541.77	434.67	327.57	258.15
48	669.58	566.73	454.70	342.66	270.05
49	698.66	591.34	474.44	357.53	281.77
50	731.42	619.07	496.69	374.30	294.99
51	763.77	646.45	518.66	390.86	308.03
52	799.40	676.61	542.86	409.09	322.40
53	835.44	707.11	567.33	427.53	336.94
54	874.35	740.04	593.75	447.44	352.63
55	913.25	772.97	620.17	467.35	368.32
56	955.43	808.67	648.81	488.94	385.33
57	998.02	844.72	677.74	510.73	402.51
58	1,043.48	883.19	708.61	534.00	420.84
59	1,066.01	902.26	723.90	545.52	429.93
60	1,111.46	940.73	754.77	568.79	448.26
61	1,150.78	974.01	781.47	588.91	464.11
62	1,176.58	995.85	798.99	602.11	474.52
63	1,208.93	1,023.23	820.96	618.67	487.57
64	1,228.59	1,039.86	834.30	628.74	495.51
65 and over	1,228.59	1,039.86	834.30	628.74	495.51

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5-6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare HSP Health Plans

Rates effective January 1, 2017

Region 16 Los Angeles County: ZIP codes not in Region 15.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	301.14	254.88	204.49	154.10	121.45
21	474.23	401.38	322.04	242.68	191.26
22	474.23	401.38	322.04	242.68	191.26
23	474.23	401.38	322.04	242.68	191.26
24	474.23	401.38	322.04	242.68	191.26
25	476.13	402.99	323.33	243.66	192.02
26	485.61	411.02	329.77	248.51	195.85
27	496.99	420.65	337.50	254.33	200.44
28	515.49	436.30	350.06	263.80	207.90
29	530.66	449.15	360.36	271.56	214.02
30	538.25	455.57	365.51	275.45	217.08
31	549.63	465.20	373.24	281.27	221.67
32	561.01	474.84	380.97	287.10	226.26
33	568.13	480.86	385.80	290.74	229.13
34	575.71	487.28	390.95	294.62	232.19
35	579.51	490.49	393.53	296.56	233.72
36	583.30	493.70	396.11	298.50	235.25
37	587.10	496.91	398.68	300.44	236.78
38	590.89	500.12	401.26	302.38	238.31
39	598.48	506.54	406.41	306.27	241.37
40	606.06	512.97	411.56	310.15	244.43
41	617.45	522.60	419.29	315.97	249.02
42	628.35	531.83	426.70	321.56	253.42
43	643.53	544.68	437.01	329.32	259.54
44	662.50	560.73	449.89	339.03	267.19
45	684.79	579.60	465.02	350.44	276.18
46	711.34	602.07	483.06	364.03	286.89
47	741.22	627.36	503.35	379.32	298.94
48	775.36	656.26	526.53	396.79	312.71
49	809.03	684.76	549.40	414.02	326.29
50	846.97	716.87	575.16	433.43	341.59
51	884.44	748.58	600.60	452.61	356.70
52	925.69	783.50	628.62	473.72	373.34
53	967.43	818.82	656.96	495.08	390.17
54	1,012.48	856.95	687.55	518.13	408.34
55	1,057.53	895.08	718.14	541.19	426.51
56	1,106.38	936.43	751.31	566.18	446.21
57	1,155.70	978.17	784.81	591.42	466.10
58	1,208.34	1,022.72	820.55	618.36	487.33
59	1,234.42	1,044.80	838.27	631.71	497.85
60	1,287.06	1,089.35	874.01	658.65	519.08
61	1,332.58	1,127.88	904.93	681.94	537.44
62	1,362.46	1,153.17	925.22	697.23	549.49
63	1,399.92	1,184.88	950.66	716.40	564.60
64	1,422.69	1,204.14	966.12	728.04	573.78
65 and over.	1,422.69	1,204.14	966.12	728.04	573.78

Region 17 Riverside¹ and San Bernardino¹ counties.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	294.44	249.21	199.95	150.68	118.75
21	463.69	392.46	314.88	237.29	187.01
22	463.69	392.46	314.88	237.29	187.01
23	463.69	392.46	314.88	237.29	187.01
24	463.69	392.46	314.88	237.29	187.01
25	465.54	394.03	316.14	238.24	187.76
26	474.82	401.88	322.44	242.99	191.50
27	485.95	411.30	330.00	248.68	195.98
28	504.03	426.61	342.28	257.94	203.28
29	518.87	439.17	352.35	265.53	209.26
30	526.29	445.44	357.39	269.33	212.25
31	537.42	454.86	364.95	275.02	216.74
32	548.55	464.28	372.50	280.72	221.23
33	555.50	470.17	377.23	284.27	224.04
34	562.92	476.45	382.27	288.07	227.03
35	566.63	479.59	384.78	289.97	228.52
36	570.34	482.73	387.30	291.87	230.02
37	574.05	485.87	389.82	293.77	231.52
38	577.76	489.01	392.34	295.66	233.01
39	585.18	495.29	397.38	299.46	236.00
40	592.60	501.57	402.42	303.26	239.00
41	603.72	510.99	409.98	308.95	243.48
42	614.39	520.01	417.22	314.41	247.79
43	629.23	532.57	427.29	322.00	253.77
44	647.77	548.27	439.89	331.50	261.25
45	669.57	566.72	454.69	342.65	270.04
46	695.53	588.69	472.32	355.94	280.51
47	724.75	613.42	492.16	370.89	292.29
48	758.13	641.68	514.83	387.97	305.76
49	791.05	669.54	537.19	404.82	319.04
50	828.15	700.94	562.38	423.80	334.00
51	864.78	731.94	587.25	442.55	348.77
52	905.12	766.09	614.65	463.19	365.04
53	945.93	800.62	642.36	484.07	381.50
54	989.98	837.91	672.27	506.62	399.26
55	1,034.03	875.19	702.19	529.16	417.03
56	1,081.79	915.61	734.62	553.60	436.29
57	1,130.01	956.43	767.37	578.28	455.74
58	1,181.48	999.99	802.32	604.62	476.50
59	1,206.98	1,021.58	819.64	617.67	486.78
60	1,258.45	1,065.14	854.59	644.01	507.54
61	1,302.97	1,102.82	884.82	666.79	525.49
62	1,332.18	1,127.54	904.65	681.74	537.27
63	1,368.81	1,158.55	929.53	700.48	552.05
64	1,391.07	1,177.38	944.64	711.87	561.03
65 and over.	1,391.07	1,177.38	944.64	711.87	561.03

¹Partial county only. See page 6 for list of ZIP codes where plans are available.

Refer to pages 5-6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

PureCare HSP Health Plans

Rates effective January 1, 2017

Region 18 Orange County.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	280.93	237.78	190.77	143.76	113.30
21	442.41	374.45	300.43	226.40	178.43
22	442.41	374.45	300.43	226.40	178.43
23	442.41	374.45	300.43	226.40	178.43
24	442.41	374.45	300.43	226.40	178.43
25	444.18	375.95	301.63	227.31	179.14
26	453.03	383.44	307.64	231.83	182.71
27	463.65	392.43	314.85	237.27	186.99
28	480.90	407.03	326.57	246.10	193.95
29	495.06	419.01	336.18	253.34	199.66
30	502.14	425.00	340.99	256.97	202.51
31	512.75	433.99	348.20	262.40	206.80
32	523.37	442.98	355.41	267.83	211.08
33	530.01	448.59	359.92	271.23	213.75
34	537.09	454.58	364.72	274.85	216.61
35	540.63	457.58	367.13	276.66	218.04
36	544.16	460.58	369.53	278.47	219.46
37	547.70	463.57	371.93	280.28	220.89
38	551.24	466.57	374.34	282.10	222.32
39	558.32	472.56	379.14	285.72	225.17
40	565.40	478.55	383.95	289.34	228.03
41	576.02	487.54	391.16	294.77	232.31
42	586.19	496.15	398.07	299.98	236.41
43	600.35	508.13	407.68	307.23	242.12
44	618.05	523.11	419.70	316.28	249.26
45	638.84	540.71	433.82	326.92	257.65
46	663.62	561.68	450.65	339.60	267.64
47	691.49	585.27	469.57	353.87	278.88
48	723.34	612.23	491.20	370.17	291.73
49	754.75	638.81	512.53	386.24	304.39
50	790.14	668.77	536.57	404.35	318.67
51	825.09	698.35	560.30	422.24	332.76
52	863.58	730.93	586.44	441.94	348.29
53	902.52	763.88	612.88	461.86	363.99
54	944.55	799.45	641.42	483.37	380.94
55	986.57	835.03	669.96	504.87	397.89
56	1,032.14	873.60	700.90	528.19	416.27
57	1,078.15	912.54	732.15	551.74	434.82
58	1,127.26	954.10	765.50	576.87	454.63
59	1,151.59	974.70	782.02	589.32	464.44
60	1,200.70	1,016.26	815.37	614.45	484.25
61	1,243.17	1,052.21	844.21	636.19	501.38
62	1,271.04	1,075.80	863.14	650.45	512.62
63	1,305.99	1,105.38	886.87	668.34	526.71
64	1,327.23	1,123.35	901.29	679.20	535.29
65 and over.	1,327.23	1,123.35	901.29	679.20	535.29

Region 19 San Diego County.

Age	Health Net Platinum 90 HSP	Health Net Gold 80 HSP	Health Net Silver 70 HSP	Health Net Bronze 60 HSP	Health Net Minimum Coverage HSP
0-20	283.77	240.18	192.70	145.22	114.45
21	446.89	378.24	303.47	228.69	180.23
22	446.89	378.24	303.47	228.69	180.23
23	446.89	378.24	303.47	228.69	180.23
24	446.89	378.24	303.47	228.69	180.23
25	448.68	379.75	304.69	229.61	180.95
26	457.61	387.32	310.75	234.18	184.56
27	468.34	396.40	318.04	239.67	188.88
28	485.77	411.15	329.87	248.59	195.91
29	500.07	423.25	339.58	255.91	201.68
30	507.22	429.30	344.44	259.57	204.56
31	517.94	438.38	351.72	265.05	208.89
32	528.67	447.46	359.01	270.54	213.21
33	535.37	453.13	363.56	273.97	215.92
34	542.52	459.19	368.41	277.63	218.80
35	546.10	462.21	370.84	279.46	220.24
36	549.67	465.24	373.27	281.29	221.69
37	553.25	468.26	375.70	283.12	223.13
38	556.82	471.29	378.13	284.95	224.57
39	563.97	477.34	382.98	288.61	227.45
40	571.12	483.39	387.84	292.27	230.34
41	581.85	492.47	395.12	297.76	234.66
42	592.13	501.17	402.10	303.02	238.81
43	606.43	513.27	411.81	310.34	244.57
44	624.30	528.40	423.95	319.48	251.78
45	645.31	546.18	438.21	330.23	260.26
46	670.33	567.36	455.21	343.04	270.35
47	698.49	591.19	474.33	357.45	281.70
48	730.66	618.42	496.18	373.91	294.68
49	762.39	645.28	517.72	390.15	307.48
50	798.14	675.54	542.00	408.45	321.89
51	833.45	705.42	565.97	426.51	336.13
52	872.33	738.33	592.38	446.41	351.81
53	911.65	771.61	619.08	466.53	367.67
54	954.11	807.55	647.91	488.26	384.80
55	996.56	843.48	676.74	509.98	401.92
56	1,042.59	882.44	708.00	533.54	420.48
57	1,089.07	921.77	739.56	557.32	439.23
58	1,138.67	963.76	773.25	582.71	459.23
59	1,163.25	984.56	789.94	595.29	469.14
60	1,212.85	1,026.55	823.62	620.67	489.15
61	1,255.76	1,062.86	852.75	642.63	506.45
62	1,283.91	1,086.69	871.87	657.03	517.81
63	1,319.21	1,116.57	895.85	675.10	532.04
64	1,340.67	1,134.72	910.41	686.07	540.69
65 and over.	1,340.67	1,134.72	910.41	686.07	540.69

Refer to pages 5-6 for county details. Health Net of California, Inc. will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2017. These rates are effective for all of 2017 and do not change for a birthdate during the year. To be eligible for the Minimum Coverage plan, you must be under 30 years of age or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

IFP dental and vision

Pediatric dental and vision

Pediatric dental and vision services for children ages 18 and under are part of the essential health benefits required under the health care reform Affordable Care Act (ACA). Pediatric dental and vision coverage is included in your medical rate.



Adult dental and vision

Adult dental and vision coverage is optional, and it can be added at an additional cost. If you do not elect to add the optional adult dental and vision coverage, your plan will still include coverage for pediatric dental and vision services.

IFP adult dental and vision rates

<i>IFP adult dental and vision rider</i>	
EPO adult dental and vision rider	\$14.68
PPO adult dental and vision rider	\$14.68
HMO and HSP adult dental and vision rider	\$7.93

Adult rates do not vary by age and apply per person on the plan. Product is optional coverage for adults 19 and older. All family members age 19 and older at initial enrollment will be included in the adult dental and vision rider. Family members who turn 19 outside of the enrollment period will be added to the rider during the open enrollment period the following year.

PPO insurance plans, Policy Form # P30601, and PPO dental and vision benefits are underwritten by Health Net Life Insurance Company.

Health Net EPO dental plans are underwritten by Health Net Life Insurance Company and serviced by Dental Benefit Administrative Services.

Health Net EPO vision plans are underwritten by Health Net Life Insurance Company and serviced by EyeMed Vision Care, LLC.

Health Net HMO and HSP health plans, and dental and vision benefits are provided by Health Net of California, Inc. Dental benefits are administered by Dental Benefit Providers of California, Inc. (DBP). DBP is a California licensed specialized dental plan and is not affiliated with Health Net of California, Inc. Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to provide and administer vision benefits. EyeMed Vision Care, LLC is not affiliated with Health Net of California, Inc.

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

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

If you need these services, contact Health Net's Customer Contact Center at **1-800-522-0088 (TTY: 711)**.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you. You can also file a grievance by mail: Health Net Appeals and Grievances, PO Box 10348, Van Nuys, California 91410-0348, by fax: 1-877-831-6019, or online: healthnet.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

Pending state regulatory review.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, or employer group applicants please call 1-800-522-0088 (TTY: 711). Individual & Family Plan (IFP) applicants please call 1-877-609-8711 (TTY: 711). For more help: If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو يرجى من مقدمي طلبات مجموعة أصحاب العمل الاتصال بمركز الاتصال 1-800-522-0088 (TTY: 711).. يرجى من مقدمي طلبات خطة الأفراد والعائلة (IFP) الاتصال على الرقم 1-877-609-8711 (TTY: 711). وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من Health Net Life Insurance Company، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով, իսկ գործատուի խմբի դիմորդներին խնդրում ենք զանգահարել 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Անհատական և Շրագրի անգլերեն հապավումը (IFP) դիմորդներին խնդրում ենք զանգահարել 1-877-609-8711 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար, եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO ապահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության գիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，雇主團體申請人請致電 1-800-522-0088 (TTY: 711)。個人與家庭計畫 (IFP) 申請人請致電 1-877-609-8711 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

Hindi

बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज अपनी भाषा में पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या नियोक्ता समूह आवेदक कृपया 1-800-522-0088 (TTY: 711) संपर्क केंद्र पर कॉल करें। कृपया व्यक्तिगत और पारिवारिक प्लैन (IFP) के आवेदक 1-877-609-8711 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc., एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएचसी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau xav tau kev pab, hu peb tau rau ntawm tus xov tooj nyob ntawm koj daim npav, los yog tias koj yog tus neeg tso npe xav tau kev pab kho mob los ntawm koj txoj hauj-lwm thov hu rau 1-800-522-0088 (TTY: 711). Yog koj yog tus tso npe xav tau kev pab kho mob rau Ib Tug Neeg & Tsev Neeg Individual & Family Plan (IFP) thov hu 1-877-609-8711 (TTY: 711). Xav tau kev pab ntxiv: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

Japanese

無料の言語サービス。通訳をご利用いただけます。日本語で文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、雇用主を通じた団体保険の申込者の方は、1-800-522-0088、(TTY: 711) までお電話ください。個人および家族向けプラン (IFP) の申込者の方は、1-877-609-8711 (TTY: 711) までお電話ください。さらに援助が必要な場合: Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMO またはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

Khmer

សេវាកម្មដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នកនៅក្នុងភាសារបស់អ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ បេក្ខជនក្រុមនិយោជក អាចទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បេក្ខជនផែនការគ្រួសារ និងបេក្ខជនផែនការបុគ្គល សូមទូរសព្ទទៅលេខ 1-877-609-8711 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះ ឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO Health Net Life Insurance Company សូមទាក់ទងទៅនា យកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 고용주 그룹 신청인의 경우 1-800-522-0088 (TTY: 711) 번으로 전화해 주십시오. Individual & Family Plan (IFP) 신청인의 경우, 1-877-609-8711 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hólǫ. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowot nínízingo naaltsoos bee néího'dóliníngíí bikáa'gi béesh bee hane'í bikáá' áají' hodíílnih éí doodaii' employer groupqjí ninaaltsoos sihtsoozgo éí 1-800-522-0088 (TTY: 711). T'áá hó dóo ha'áichíní bił hak'é'ésti'ígíí [IFP wolyéhígíí] éí kojí' hojilnih 1-877-609-8711 (TTY: 711). Shíká anáa'doowot jinízingo: PPO éí doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'ááqáa naa'nil biniyé hwe'iina' bik'é'ésti'go éí CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éí doodaii' HSPqjí Health Net of Californiaqjí béeso ách'ááqáa naa'nil biniyé hats'íis bik'é'ésti'go éí kojí' hojilnih DMHC Helpline 1-888-HMO-2219.

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد به زبان شما برایتان قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید، یا درخواست کنندگان گروه کارفرما لطفاً با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. درخواست کنندگان برنامه انفرادی یا خانواده (IFP) لطفاً با شماره 1-877-609-8711 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Panjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਤ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਾਰਿਵਾਰਕ ਪਲੈਨ (IFP) ਦੇ ਆਵੇਦਕ ਕਿਰਪਾ ਕਰਕੇ 1-877-609-8711 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ Health Net Life Insurance Company ਤੋਂ ਇੱਕ ਪੀਪੀਓ PPO ਜਾਂ ਈਓਏ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆਂ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਹੈਲਥ ਨੈੱਟ ਆਫ ਕੈਲੀਫੋਰਨੀਆਂ, ਇੱਕ ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы в переводе на ваш родной язык. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы хотите стать участником группового плана, предоставляемого работодателем, звоните в коммерческий контактный центр компании 1-800-522-0088 (TTY: 711). Если вы хотите стать участником плана для семей и частных лиц (IFP), звоните по телефону 1-877-609-8711 (TTY: 711). Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния CA Dept. of Insurance, телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания (DMHC), телефон 1-888-HMO-2219.

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación. Los solicitantes del grupo del empleador deben llamar al 1-800-522-0088 (TTY: 711). Los solicitantes de planes individuales y familiares deben llamar al 1-877-609-8711 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card, o para sa grupo ng mga aplikante ng employer, mangyaring tawagan ang 1-800-522-0088 (TTY: 711). Para sa mga aplikante ng Plano para sa Indibiduwal at Pamilya Individual & Family Plan, (IFP), mangyaring tawagan ang 1-877-609-8711 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ สำหรับความช่วยเหลือโทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ ผู้สมัครกลุ่มนายจ้าง กรุณาโทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) ผู้สมัครแผนบุคคลและครอบครัว Individual & Family Plan (IFP) กรุณาโทร 1-877-609-8711 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị, hoặc người nộp đơn vào chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi 1-800-522-0088 (TTY: 711). Người nộp đơn thuộc Chương Trình Cá Nhân & Gia Đình viết tắt trong tiếng Anh là (IFP) vui lòng gọi số 1-877-609-8711 (TTY: 711). Để nhận thêm trợ giúp: Nếu quý vị đăng ký hợp đồng bảo hiểm PPO hoặc EPO từ Health Net Life Insurance Company, vui lòng gọi Sở Y Tế CA theo số 1-800-927-4357. Nếu quý vị đăng ký vào chương trình HMO hoặc HSP từ Health Net of California, Inc., vui lòng gọi Đường Dây Trợ Giúp DMHC theo số 1-888-HMO-2219.

We are your Health Net.TM

For more information please contact

Health Net

PO Box 1150

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Individual & Family Plans

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Assistance for the hearing and speech impaired

TTY: 711

www.healthnet.com

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