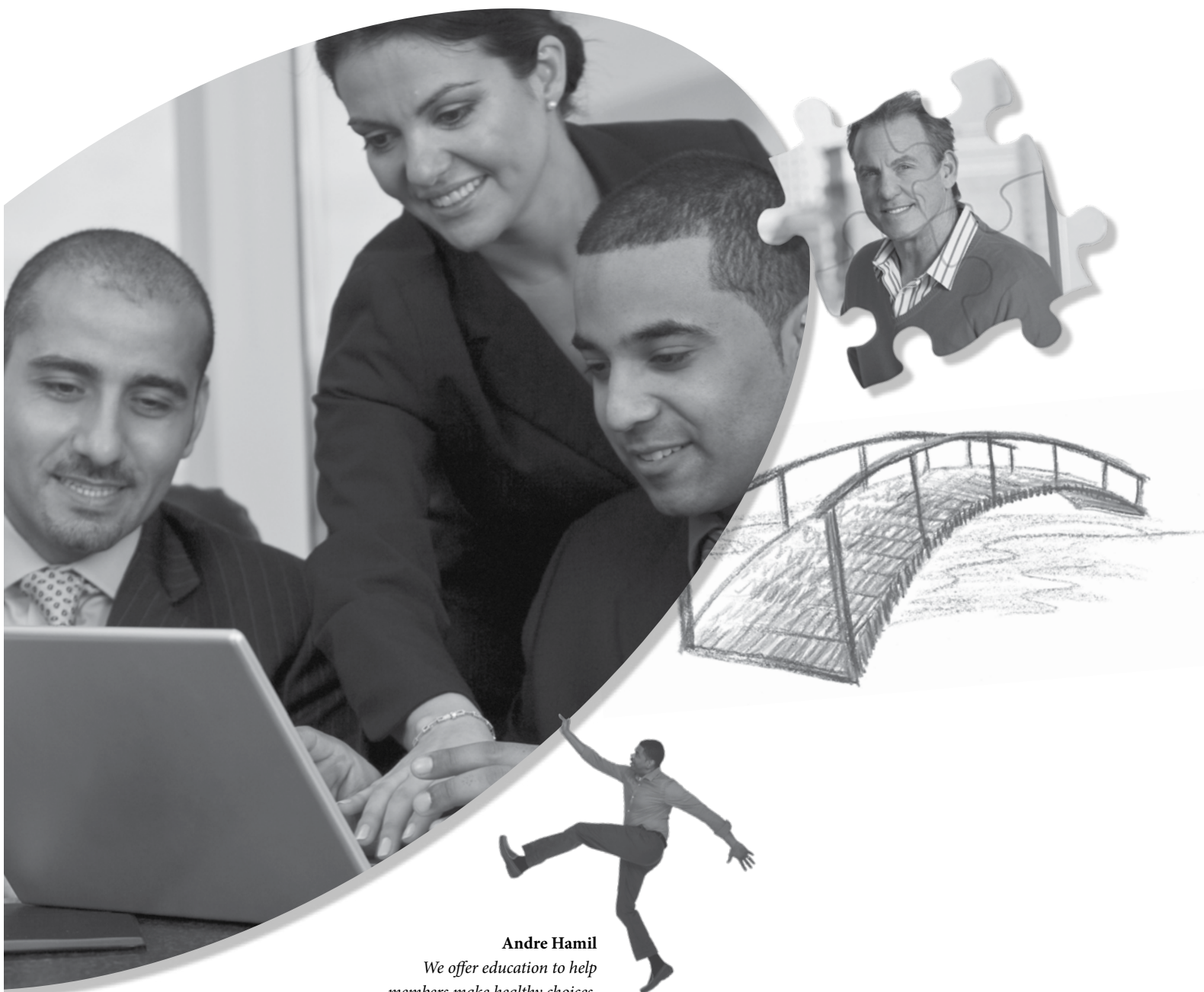


Monthly Premium Rate Guide

Health coverage made easy
Effective January 1, 2016



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.

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	153.38	138.81	120.65
21	241.54	218.60	190.00
22	241.54	218.60	190.00
23	241.54	218.60	190.00

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	\$257.82	\$7.38	
Spouse	35	\$232.17	\$7.38	
Child 1	21	\$190.00	\$7.38	
Child 2	12	\$120.65	\$0	
Child 3	10	\$120.65	\$0	
Family Premium		\$921.29	+ \$22.14	= \$943.43

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	\$257.82	\$7.38	
Spouse	42	\$251.74	\$7.38	
Child 1	20	\$120.65	\$0	
Child 2	19	\$120.65	\$0	
Child 3	14	\$120.65	\$0	
Child 4	10	\$0	\$0	
Child 5	7	\$0	\$0	
Family Premium		\$871.51	+ \$14.76	= \$886.27

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 broker or call 1-800-909-3447, option 2.

Choices *by Location*

Plans available direct 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, 2016

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

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	430.96	337.56	259.18	183.92	149.90
21	678.67	531.59	408.16	289.64	236.06
22	678.67	531.59	408.16	289.64	236.06
23	678.67	531.59	408.16	289.64	236.06
24	678.67	531.59	408.16	289.64	236.06
25	681.39	533.72	409.79	290.80	237.00
26	694.96	544.35	417.95	296.59	241.72
27	711.25	557.11	427.75	303.54	247.39
28	737.71	577.84	443.67	314.84	256.59
29	759.43	594.85	456.73	324.11	264.15
30	770.29	603.36	463.26	328.74	267.92
31	786.58	616.11	473.05	335.69	273.59
32	802.87	628.87	482.85	342.64	279.26
33	813.05	636.85	488.97	346.99	282.80
34	823.91	645.35	495.50	351.62	286.57
35	829.34	649.60	498.77	353.94	288.46
36	834.76	653.86	502.03	356.26	290.35
37	840.19	658.11	505.30	358.57	292.24
38	845.62	662.36	508.56	360.89	294.13
39	856.48	670.87	515.09	365.53	297.90
40	867.34	679.37	521.62	370.16	301.68
41	883.63	692.13	531.42	377.11	307.35
42	899.24	704.36	540.81	383.77	312.78
43	920.96	721.37	553.87	393.04	320.33
44	948.10	742.63	570.19	404.63	329.77
45	980.00	767.62	589.38	418.24	340.87
46	1,018.01	797.39	612.23	434.46	354.09
47	1,060.76	830.88	637.95	452.71	368.96
48	1,109.63	869.15	667.34	473.56	385.95
49	1,157.81	906.90	696.31	494.13	402.71
50	1,212.11	949.42	728.97	517.30	421.60
51	1,265.72	991.42	761.21	540.18	440.25
52	1,324.76	1,037.67	796.72	565.38	460.78
53	1,384.49	1,084.45	832.64	590.87	481.56
54	1,448.96	1,134.95	871.41	618.38	503.98
55	1,513.44	1,185.45	910.19	645.90	526.41
56	1,583.34	1,240.20	952.23	675.73	550.72
57	1,653.92	1,295.49	994.68	705.85	575.27
58	1,729.25	1,354.50	1,039.98	738.00	601.47
59	1,766.58	1,383.73	1,062.43	753.93	614.46
60	1,841.91	1,442.74	1,107.74	786.08	640.66
61	1,907.06	1,493.77	1,146.92	813.89	663.32
62	1,949.82	1,527.26	1,172.63	832.14	678.19
63	2,003.44	1,569.26	1,204.88	855.02	696.84
64	2,036.01	1,594.77	1,224.48	868.92	708.18
65 and over.	2,036.01	1,594.77	1,224.48	868.92	708.18

Region 4 San Francisco County.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	446.25	349.54	268.38	190.45	155.22
21	702.76	550.46	422.64	299.92	244.43
22	702.76	550.46	422.64	299.92	244.43
23	702.76	550.46	422.64	299.92	244.43
24	702.76	550.46	422.64	299.92	244.43
25	705.57	552.66	424.33	301.12	245.41
26	719.62	563.67	432.79	307.12	250.30
27	736.49	576.88	442.93	314.32	256.17
28	763.90	598.35	459.41	326.01	265.70
29	786.39	615.96	472.94	335.61	273.52
30	797.63	624.77	479.70	340.41	277.43
31	814.50	637.98	489.84	347.61	283.30
32	831.36	651.19	499.99	354.81	289.17
33	841.90	659.45	506.33	359.30	292.83
34	853.15	668.26	513.09	364.10	296.74
35	858.77	672.66	516.47	366.50	298.70
36	864.39	677.06	519.85	368.90	300.65
37	870.01	681.47	523.23	371.30	302.61
38	875.64	685.87	526.61	373.70	304.57
39	886.88	694.68	533.37	378.50	308.48
40	898.12	703.49	540.14	383.30	312.39
41	914.99	716.70	550.28	390.50	318.25
42	931.15	729.36	560.00	397.39	323.88
43	953.64	746.97	573.53	406.99	331.70
44	981.75	768.99	590.43	418.99	341.48
45	1,014.78	794.86	610.30	433.08	352.96
46	1,054.14	825.69	633.96	449.88	366.65
47	1,098.41	860.37	660.59	468.78	382.05
48	1,149.01	900.00	691.02	490.37	399.65
49	1,198.90	939.08	721.03	511.66	417.01
50	1,255.12	983.12	754.84	535.66	436.56
51	1,310.64	1,026.60	788.23	559.35	455.87
52	1,371.78	1,074.49	825.00	585.44	477.14
53	1,433.62	1,122.93	862.19	611.84	498.65
54	1,500.39	1,175.23	902.34	640.33	521.87
55	1,567.15	1,227.52	942.49	668.82	545.09
56	1,639.53	1,284.22	986.02	699.71	570.27
57	1,712.62	1,341.47	1,029.98	730.91	595.69
58	1,790.63	1,402.57	1,076.89	764.20	622.82
59	1,829.28	1,432.84	1,100.14	780.69	636.26
60	1,907.28	1,493.94	1,147.05	813.98	663.40
61	1,974.75	1,546.79	1,187.62	842.78	686.86
62	2,019.02	1,581.47	1,214.25	861.67	702.26
63	2,074.54	1,624.95	1,247.64	885.36	721.57
64	2,108.28	1,651.38	1,267.92	899.76	733.29
65 and over.	2,108.28	1,651.38	1,267.92	899.76	733.29

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

Region 5 Contra Costa County.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	422.77	331.15	254.26	180.43	147.05
21	665.78	521.49	400.40	284.14	231.57
22	665.78	521.49	400.40	284.14	231.57
23	665.78	521.49	400.40	284.14	231.57
24	665.78	521.49	400.40	284.14	231.57
25	668.44	523.58	402.00	285.27	232.50
26	681.76	534.01	410.01	290.96	237.13
27	697.73	546.52	419.62	297.78	242.69
28	723.70	566.86	435.24	308.86	251.72
29	745.00	583.55	448.05	317.95	259.13
30	755.66	591.89	454.46	322.50	262.83
31	771.63	604.41	464.07	329.32	268.39
32	787.61	616.92	473.68	336.13	273.95
33	797.60	624.75	479.68	340.40	277.42
34	808.25	633.09	486.09	344.94	281.13
35	813.58	637.26	489.29	347.22	282.98
36	818.91	641.43	492.49	349.49	284.83
37	824.23	645.61	495.70	351.76	286.69
38	829.56	649.78	498.90	354.04	288.54
39	840.21	658.12	505.31	358.58	292.24
40	850.86	666.47	511.71	363.13	295.95
41	866.84	678.98	521.32	369.95	301.51
42	882.15	690.98	530.53	376.48	306.83
43	903.46	707.66	543.34	385.57	314.24
44	930.09	728.52	559.36	396.94	323.51
45	961.38	753.03	578.18	410.29	334.39
46	998.66	782.24	600.60	426.21	347.36
47	1,040.61	815.09	625.83	444.11	361.95
48	1,088.54	852.64	654.66	464.56	378.62
49	1,135.81	889.67	683.09	484.74	395.06
50	1,189.08	931.38	715.12	507.47	413.59
51	1,241.67	972.58	746.75	529.92	431.88
52	1,299.60	1,017.95	781.58	554.64	452.03
53	1,358.18	1,063.84	816.82	579.64	472.41
54	1,421.43	1,113.39	854.86	606.63	494.41
55	1,484.68	1,162.93	892.90	633.63	516.41
56	1,553.26	1,216.64	934.14	662.89	540.26
57	1,622.50	1,270.88	975.78	692.44	564.34
58	1,696.40	1,328.76	1,020.22	723.98	590.05
59	1,733.02	1,357.44	1,042.25	739.61	602.78
60	1,806.92	1,415.33	1,086.69	771.15	628.49
61	1,870.83	1,465.39	1,125.13	798.43	650.72
62	1,912.78	1,498.25	1,150.35	816.33	665.31
63	1,965.37	1,539.44	1,181.99	838.77	683.60
64	1,997.34	1,564.47	1,201.20	852.42	694.71
65 and over.	1,997.34	1,564.47	1,201.20	852.42	694.71

Region 7 Santa Clara County.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	404.56	316.89	243.31	172.66	140.72
21	637.11	499.04	383.16	271.90	221.60
22	637.11	499.04	383.16	271.90	221.60
23	637.11	499.04	383.16	271.90	221.60
24	637.11	499.04	383.16	271.90	221.60
25	639.66	501.03	384.69	272.99	222.49
26	652.40	511.01	392.36	278.43	226.92
27	667.69	522.99	401.55	284.95	232.24
28	692.54	542.45	416.50	295.56	240.88
29	712.93	558.42	428.76	304.26	247.97
30	723.12	566.41	434.89	308.61	251.52
31	738.41	578.38	444.08	315.14	256.84
32	753.70	590.36	453.28	321.66	262.15
33	763.26	597.85	459.03	325.74	265.48
34	773.45	605.83	465.16	330.09	269.02
35	778.55	609.82	468.22	332.27	270.80
36	783.65	613.82	471.29	334.44	272.57
37	788.74	617.81	474.35	336.62	274.34
38	793.84	621.80	477.42	338.79	276.12
39	804.03	629.79	483.55	343.14	279.66
40	814.23	637.77	489.68	347.49	283.21
41	829.52	649.75	498.88	354.02	288.52
42	844.17	661.22	507.69	360.27	293.62
43	864.56	677.19	519.95	368.97	300.71
44	890.04	697.16	535.28	379.85	309.58
45	919.99	720.61	553.28	392.63	319.99
46	955.66	748.56	574.74	407.85	332.40
47	995.80	780.00	598.88	424.98	346.36
48	1,041.67	815.93	626.47	444.56	362.32
49	1,086.91	851.36	653.67	463.87	378.05
50	1,137.88	891.28	684.33	485.62	395.78
51	1,188.21	930.71	714.60	507.10	413.29
52	1,243.64	974.12	747.93	530.76	432.57
53	1,299.70	1,018.04	781.65	554.68	452.07
54	1,360.23	1,065.45	818.05	580.51	473.12
55	1,420.75	1,112.85	854.45	606.34	494.17
56	1,486.38	1,164.25	893.92	634.35	517.00
57	1,552.64	1,216.15	933.76	662.63	540.04
58	1,623.36	1,271.55	976.30	692.81	564.64
59	1,658.40	1,299.00	997.37	707.76	576.83
60	1,729.12	1,354.39	1,039.90	737.95	601.43
61	1,790.28	1,402.30	1,076.68	764.05	622.70
62	1,830.42	1,433.74	1,100.82	781.18	636.66
63	1,880.75	1,473.16	1,131.09	802.66	654.17
64	1,911.33	1,497.12	1,149.48	815.70	664.80
65 and over.	1,911.33	1,497.12	1,149.48	815.70	664.80

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

Region 8 San Mateo County.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	460.91	361.03	277.20	196.71	160.32
21	725.85	568.55	436.53	309.77	252.47
22	725.85	568.55	436.53	309.77	252.47
23	725.85	568.55	436.53	309.77	252.47
24	725.85	568.55	436.53	309.77	252.47
25	728.75	570.82	438.28	311.01	253.48
26	743.27	582.19	447.01	317.21	258.53
27	760.69	595.84	457.48	324.64	264.58
28	789.00	618.01	474.51	336.73	274.43
29	812.22	636.20	488.48	346.64	282.51
30	823.84	645.30	495.46	351.59	286.55
31	841.26	658.94	505.94	359.03	292.61
32	858.68	672.59	516.41	366.46	298.67
33	869.57	681.12	522.96	371.11	302.45
34	881.18	690.21	529.95	376.07	306.49
35	886.99	694.76	533.44	378.54	308.51
36	892.79	699.31	536.93	381.02	310.53
37	898.60	703.86	540.42	383.50	312.55
38	904.41	708.41	543.92	385.98	314.57
39	916.02	717.50	550.90	390.94	318.61
40	927.63	726.60	557.88	395.89	322.65
41	945.05	740.25	568.36	403.33	328.71
42	961.75	753.32	578.40	410.45	334.52
43	984.98	771.52	592.37	420.36	342.60
44	1,014.01	794.26	609.83	432.76	352.70
45	1,048.12	820.98	630.35	447.31	364.56
46	1,088.77	852.82	654.79	464.66	378.70
47	1,134.50	888.64	682.29	484.18	394.60
48	1,186.76	929.57	713.73	506.48	412.78
49	1,238.30	969.94	744.72	528.48	430.71
50	1,296.36	1,015.42	779.64	553.26	450.90
51	1,353.71	1,060.34	814.13	577.73	470.85
52	1,416.86	1,109.80	852.10	604.68	492.81
53	1,480.73	1,159.83	890.52	631.94	515.03
54	1,549.69	1,213.84	931.99	661.37	539.02
55	1,618.64	1,267.86	973.46	690.80	563.00
56	1,693.40	1,326.42	1,018.42	722.70	589.00
57	1,768.89	1,385.54	1,063.82	754.92	615.26
58	1,849.46	1,448.65	1,112.28	789.31	643.28
59	1,889.38	1,479.92	1,136.29	806.34	657.17
60	1,969.95	1,543.03	1,184.74	840.73	685.19
61	2,039.63	1,597.61	1,226.65	870.47	709.43
62	2,085.36	1,633.43	1,254.15	889.98	725.34
63	2,142.70	1,678.35	1,288.63	914.45	745.28
64	2,177.55	1,705.65	1,309.59	929.31	757.41
65 and over.	2,177.55	1,705.65	1,309.59	929.31	757.41

Region 9 Santa Cruz County.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	445.53	348.98	267.94	190.14	154.96
21	701.62	549.57	421.96	299.43	244.04
22	701.62	549.57	421.96	299.43	244.04
23	701.62	549.57	421.96	299.43	244.04
24	701.62	549.57	421.96	299.43	244.04
25	704.43	551.77	423.65	300.63	245.02
26	718.46	562.76	432.08	306.62	249.90
27	735.30	575.95	442.21	313.81	255.75
28	762.66	597.38	458.67	325.49	265.27
29	785.11	614.97	472.17	335.07	273.08
30	796.34	623.76	478.92	339.86	276.98
31	813.18	636.95	489.05	347.04	282.84
32	830.02	650.14	499.18	354.23	288.70
33	840.54	658.38	505.51	358.72	292.36
34	851.77	667.17	512.26	363.51	296.26
35	857.38	671.57	515.63	365.91	298.22
36	862.99	675.97	519.01	368.30	300.17
37	868.60	680.36	522.38	370.70	302.12
38	874.22	684.76	525.76	373.10	304.07
39	885.44	693.55	532.51	377.89	307.98
40	896.67	702.35	539.26	382.68	311.88
41	913.51	715.54	549.39	389.86	317.74
42	929.65	728.18	559.09	396.75	323.35
43	952.10	745.76	572.60	406.33	331.16
44	980.16	767.75	589.47	418.31	340.92
45	1,013.14	793.57	609.31	432.38	352.39
46	1,052.43	824.35	632.94	449.15	366.06
47	1,096.63	858.97	659.52	468.02	381.43
48	1,147.15	898.54	689.90	489.58	399.00
49	1,196.96	937.56	719.86	510.84	416.33
50	1,253.09	981.53	753.62	534.79	435.85
51	1,308.52	1,024.94	786.95	558.45	455.13
52	1,369.56	1,072.75	823.66	584.50	476.36
53	1,431.30	1,121.12	860.79	610.85	497.84
54	1,497.96	1,173.33	900.88	639.29	521.02
55	1,564.61	1,225.53	940.97	667.74	544.21
56	1,636.88	1,282.14	984.43	698.58	569.34
57	1,709.85	1,339.29	1,028.31	729.72	594.72
58	1,787.73	1,400.30	1,075.15	762.96	621.81
59	1,826.32	1,430.52	1,098.36	779.43	635.23
60	1,904.20	1,491.52	1,145.19	812.67	662.32
61	1,971.55	1,544.28	1,185.70	841.41	685.75
62	2,015.75	1,578.91	1,212.28	860.28	701.12
63	2,071.18	1,622.32	1,245.62	883.93	720.40
64	2,104.86	1,648.71	1,265.88	898.29	732.12
65 and over.	2,104.86	1,648.71	1,265.88	898.29	732.12

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

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

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	400.28	313.54	240.73	170.83	139.23
21	630.37	493.76	379.11	269.03	219.26
22	630.37	493.76	379.11	269.03	219.26
23	630.37	493.76	379.11	269.03	219.26
24	630.37	493.76	379.11	269.03	219.26
25	632.89	495.73	380.62	270.10	220.13
26	645.50	505.61	388.20	275.48	224.52
27	660.62	517.46	397.30	281.94	229.78
28	685.21	536.71	412.09	292.43	238.33
29	705.38	552.51	424.22	301.04	245.35
30	715.47	560.41	430.29	305.34	248.86
31	730.60	572.26	439.38	311.80	254.12
32	745.72	584.11	448.48	318.26	259.38
33	755.18	591.52	454.17	322.29	262.67
34	765.27	599.42	460.23	326.60	266.18
35	770.31	603.37	463.27	328.75	267.93
36	775.35	607.32	466.30	330.90	269.68
37	780.39	611.27	469.33	333.05	271.44
38	785.44	615.22	472.37	335.21	273.19
39	795.52	623.12	478.43	339.51	276.70
40	805.61	631.02	484.50	343.81	280.21
41	820.74	642.87	493.60	350.27	285.47
42	835.24	654.23	502.32	356.46	290.51
43	855.41	670.03	514.45	365.07	297.53
44	880.62	689.78	529.61	375.83	306.30
45	910.25	712.98	547.43	388.47	316.61
46	945.55	740.63	568.66	403.54	328.88
47	985.26	771.74	592.54	420.49	342.70
48	1,030.65	807.29	619.84	439.86	358.48
49	1,075.41	842.35	646.76	458.96	374.05
50	1,125.84	881.85	677.08	480.48	391.59
51	1,175.63	920.86	707.03	501.73	408.91
52	1,230.48	963.81	740.02	525.14	427.99
53	1,285.95	1,007.26	773.38	548.81	447.28
54	1,345.83	1,054.17	809.39	574.37	468.11
55	1,405.72	1,101.08	845.41	599.93	488.94
56	1,470.65	1,151.93	884.45	627.64	511.52
57	1,536.20	1,203.28	923.88	655.62	534.33
58	1,606.17	1,258.09	965.96	685.48	558.66
59	1,640.85	1,285.25	986.81	700.27	570.72
60	1,710.82	1,340.05	1,028.89	730.14	595.06
61	1,771.33	1,387.45	1,065.29	755.96	616.11
62	1,811.04	1,418.56	1,089.17	772.91	629.92
63	1,860.84	1,457.57	1,119.12	794.16	647.24
64	1,891.11	1,481.28	1,137.33	807.09	657.78
65 and over.	1,891.11	1,481.28	1,137.33	807.09	657.78

Region 14 Kern County¹.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	329.33	257.96	198.06	140.55	114.55
21	518.64	406.24	311.91	221.34	180.39
22	518.64	406.24	311.91	221.34	180.39
23	518.64	406.24	311.91	221.34	180.39
24	518.64	406.24	311.91	221.34	180.39
25	520.71	407.86	313.16	222.23	181.11
26	531.08	415.99	319.40	226.65	184.72
27	543.53	425.74	326.88	231.97	189.05
28	563.76	441.58	339.05	240.60	196.09
29	580.35	454.58	349.03	247.68	201.86
30	588.65	461.08	354.02	251.22	204.75
31	601.10	470.83	361.50	256.53	209.08
32	613.55	480.58	368.99	261.85	213.41
33	621.33	486.67	373.67	265.17	216.11
34	629.62	493.17	378.66	268.71	219.00
35	633.77	496.42	381.15	270.48	220.44
36	637.92	499.67	383.65	272.25	221.88
37	642.07	502.92	386.15	274.02	223.33
38	646.22	506.17	388.64	275.79	224.77
39	654.52	512.67	393.63	279.33	227.66
40	662.82	519.17	398.62	282.87	230.54
41	675.26	528.92	406.11	288.19	234.87
42	687.19	538.27	413.28	293.28	239.02
43	703.79	551.27	423.26	300.36	244.79
44	724.53	567.52	435.74	309.21	252.01
45	748.91	586.61	450.40	319.62	260.49
46	777.95	609.36	467.87	332.01	270.59
47	810.63	634.95	487.52	345.96	281.95
48	847.97	664.20	509.97	361.89	294.94
49	884.79	693.04	532.12	377.61	307.75
50	926.28	725.54	557.07	395.32	322.18
51	967.26	757.64	581.71	412.80	336.43
52	1,012.38	792.98	608.85	432.06	352.13
53	1,058.02	828.73	636.30	451.54	368.00
54	1,107.29	867.32	665.93	472.56	385.14
55	1,156.56	905.91	695.56	493.59	402.28
56	1,209.98	947.76	727.69	516.39	420.86
57	1,263.92	990.00	760.13	539.41	439.62
58	1,321.48	1,035.10	794.75	563.98	459.64
59	1,350.01	1,057.44	811.90	576.15	469.56
60	1,407.58	1,102.53	846.53	600.72	489.59
61	1,457.37	1,141.53	876.47	621.97	506.91
62	1,490.04	1,167.13	896.12	635.91	518.27
63	1,531.01	1,199.22	920.76	653.40	532.52
64	1,555.92	1,218.72	935.73	664.02	541.17
65 and over.	1,555.92	1,218.72	935.73	664.02	541.17

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 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, 2016. These rates are effective for all of 2016 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, 2016

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

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	319.74	250.45	192.29	136.46	111.21
21	503.52	394.40	302.82	214.89	175.14
22	503.52	394.40	302.82	214.89	175.14
23	503.52	394.40	302.82	214.89	175.14
24	503.52	394.40	302.82	214.89	175.14
25	505.54	395.98	304.03	215.75	175.84
26	515.61	403.87	310.09	220.05	179.34
27	527.69	413.33	317.36	225.21	183.54
28	547.33	428.71	329.17	233.59	190.37
29	563.44	441.34	338.86	240.46	195.98
30	571.50	447.65	343.70	243.90	198.78
31	583.58	457.11	350.97	249.06	202.98
32	595.67	466.58	358.24	254.22	207.19
33	603.22	472.49	362.78	257.44	209.81
34	611.28	478.80	367.63	260.88	212.62
35	615.31	481.96	370.05	262.60	214.02
36	619.33	485.11	372.47	264.32	215.42
37	623.36	488.27	374.89	266.04	216.82
38	627.39	491.42	377.32	267.76	218.22
39	635.45	497.73	382.16	271.19	221.02
40	643.50	504.05	387.01	274.63	223.82
41	655.59	513.51	394.27	279.79	228.03
42	667.17	522.58	401.24	284.73	232.06
43	683.28	535.20	410.93	291.61	237.66
44	703.42	550.98	423.04	300.20	244.67
45	727.09	569.52	437.27	310.30	252.90
46	755.28	591.60	454.23	322.34	262.71
47	787.01	616.45	473.31	335.88	273.74
48	823.26	644.85	495.11	351.35	286.35
49	859.01	672.85	516.61	366.61	298.78
50	899.29	704.40	540.84	383.80	312.79
51	939.07	735.56	564.76	400.77	326.63
52	982.88	769.87	591.11	419.47	341.87
53	1,027.19	804.58	617.76	438.38	357.28
54	1,075.02	842.05	646.52	458.79	373.92
55	1,122.86	879.52	675.29	479.21	390.55
56	1,174.72	920.14	706.48	501.34	408.59
57	1,227.09	961.16	737.98	523.69	426.81
58	1,282.98	1,004.94	771.59	547.54	446.25
59	1,310.67	1,026.63	788.24	559.36	455.88
60	1,366.56	1,070.41	821.86	583.22	475.32
61	1,414.90	1,108.27	850.93	603.85	492.13
62	1,446.62	1,133.12	870.01	617.38	503.17
63	1,486.40	1,164.27	893.93	634.36	517.00
64	1,510.56	1,183.20	908.46	644.67	525.42
65 and over.	1,510.56	1,183.20	908.46	644.67	525.42

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

Region 17 Riverside¹ and San Bernardino¹ counties.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	343.43	269.01	206.54	146.57	119.45
21	540.84	423.63	325.26	230.82	188.12
22	540.84	423.63	325.26	230.82	188.12
23	540.84	423.63	325.26	230.82	188.12
24	540.84	423.63	325.26	230.82	188.12
25	543.00	425.33	326.57	231.74	188.87
26	553.82	433.80	333.07	236.36	192.63
27	566.80	443.97	340.88	241.90	197.15
28	587.89	460.49	353.56	250.90	204.48
29	605.20	474.04	363.97	258.29	210.50
30	613.85	480.82	369.18	261.98	213.51
31	626.84	490.99	376.98	267.52	218.03
32	639.82	501.16	384.79	273.06	222.54
33	647.93	507.51	389.67	276.52	225.36
34	656.58	514.29	394.87	280.21	228.37
35	660.91	517.68	397.47	282.06	229.88
36	665.23	521.07	400.08	283.91	231.38
37	669.56	524.46	402.68	285.75	232.89
38	673.89	527.85	405.28	287.60	234.39
39	682.54	534.62	410.48	291.29	237.40
40	691.20	541.40	415.69	294.99	240.41
41	704.18	551.57	423.49	300.53	244.93
42	716.61	561.31	430.98	305.83	249.25
43	733.92	574.87	441.38	313.22	255.27
44	755.56	591.81	454.40	322.45	262.80
45	780.97	611.72	469.68	333.30	271.64
46	811.26	635.45	487.90	346.23	282.18
47	845.34	662.14	508.39	360.77	294.03
48	884.28	692.64	531.81	377.39	307.57
49	922.68	722.72	554.90	393.78	320.93
50	965.94	756.61	580.92	412.24	335.98
51	1,008.67	790.07	606.62	430.48	350.84
52	1,055.72	826.93	634.92	450.56	367.20
53	1,103.32	864.21	663.54	470.87	383.76
54	1,154.70	904.45	694.44	492.80	401.63
55	1,206.08	944.70	725.34	514.72	419.50
56	1,261.78	988.33	758.84	538.50	438.88
57	1,318.03	1,032.39	792.67	562.50	458.44
58	1,378.06	1,079.41	828.78	588.12	479.32
59	1,407.81	1,102.71	846.66	600.82	489.67
60	1,467.84	1,149.74	882.77	626.44	510.55
61	1,519.76	1,190.41	913.99	648.60	528.61
62	1,553.84	1,217.10	934.49	663.14	540.46
63	1,596.56	1,250.56	960.18	681.38	555.32
64	1,622.52	1,270.89	975.78	692.46	564.36
65 and over.	1,622.52	1,270.89	975.78	692.46	564.36

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

Region 18 Orange County.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	352.22	275.89	211.83	150.32	122.51
21	554.68	434.47	333.59	236.72	192.93
22	554.68	434.47	333.59	236.72	192.93
23	554.68	434.47	333.59	236.72	192.93
24	554.68	434.47	333.59	236.72	192.93
25	556.90	436.21	334.92	237.67	193.70
26	567.99	444.90	341.59	242.41	197.56
27	581.30	455.33	349.60	248.09	202.19
28	602.94	472.27	362.61	257.32	209.72
29	620.69	486.17	373.28	264.89	215.89
30	629.56	493.13	378.62	268.68	218.98
31	642.87	503.55	386.63	274.36	223.61
32	656.19	513.98	394.63	280.04	228.24
33	664.51	520.50	399.64	283.60	231.13
34	673.38	527.45	404.98	287.38	234.22
35	677.82	530.92	407.64	289.28	235.76
36	682.26	534.40	410.31	291.17	237.30
37	686.69	537.88	412.98	293.06	238.85
38	691.13	541.35	415.65	294.96	240.39
39	700.01	548.30	420.99	298.75	243.48
40	708.88	555.25	426.32	302.53	246.56
41	722.19	565.68	434.33	308.21	251.20
42	734.95	575.67	442.00	313.66	255.63
43	752.70	589.58	452.68	321.23	261.81
44	774.89	606.96	466.02	330.70	269.52
45	800.96	627.38	481.70	341.83	278.59
46	832.02	651.71	500.38	355.09	289.40
47	866.96	679.08	521.40	370.00	301.55
48	906.90	710.36	545.42	387.04	315.44
49	946.28	741.21	569.10	403.85	329.14
50	990.66	775.97	595.79	422.79	344.57
51	1,034.48	810.29	622.14	441.49	359.81
52	1,082.73	848.09	651.16	462.09	376.60
53	1,131.55	886.32	680.52	482.92	393.58
54	1,184.24	927.60	712.21	505.41	411.91
55	1,236.94	968.87	743.90	527.89	430.23
56	1,294.07	1,013.62	778.26	552.28	450.11
57	1,351.75	1,058.81	812.95	576.90	470.17
58	1,413.32	1,107.03	849.98	603.17	491.59
59	1,443.83	1,130.93	868.33	616.19	502.20
60	1,505.40	1,179.16	905.36	642.47	523.61
61	1,558.65	1,220.87	937.38	665.19	542.13
62	1,593.59	1,248.24	958.40	680.11	554.29
63	1,637.41	1,282.56	984.75	698.81	569.53
64	1,664.04	1,303.41	1,000.77	710.16	578.79
65 and over.	1,664.04	1,303.41	1,000.77	710.16	578.79

Region 19 San Diego County.

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Bronze 60 PPO	Minimum Coverage PPO
0-20	357.58	280.09	215.05	152.61	124.37
21	563.12	441.08	338.66	240.33	195.87
22	563.12	441.08	338.66	240.33	195.87
23	563.12	441.08	338.66	240.33	195.87
24	563.12	441.08	338.66	240.33	195.87
25	565.37	442.85	340.02	241.29	196.65
26	576.64	451.67	346.79	246.09	200.57
27	590.15	462.26	354.92	251.86	205.27
28	612.11	479.46	368.13	261.23	212.91
29	630.13	493.57	378.96	268.93	219.17
30	639.14	500.63	384.38	272.77	222.31
31	652.66	511.22	392.51	278.54	227.01
32	666.17	521.80	400.64	284.31	231.71
33	674.62	528.42	405.72	287.91	234.65
34	683.63	535.48	411.14	291.76	237.78
35	688.13	539.00	413.85	293.68	239.35
36	692.64	542.53	416.56	295.60	240.92
37	697.14	546.06	419.27	297.52	242.48
38	701.65	549.59	421.98	299.45	244.05
39	710.66	556.65	427.39	303.29	247.18
40	719.67	563.70	432.81	307.14	250.32
41	733.18	574.29	440.94	312.91	255.02
42	746.13	584.44	448.73	318.43	259.52
43	764.15	598.55	459.57	326.12	265.79
44	786.68	616.19	473.11	335.74	273.62
45	813.15	636.92	489.03	347.03	282.83
46	844.68	661.62	508.00	360.49	293.80
47	880.16	689.41	529.33	375.63	306.14
48	920.70	721.17	553.72	392.93	320.24
49	960.68	752.49	577.76	410.00	334.15
50	1,005.73	787.77	604.85	429.22	349.82
51	1,050.22	822.62	631.61	448.21	365.29
52	1,099.21	860.99	661.07	469.12	382.33
53	1,148.77	899.81	690.87	490.27	399.57
54	1,202.26	941.71	723.05	513.10	418.17
55	1,255.76	983.62	755.22	535.93	436.78
56	1,313.76	1,029.05	790.10	560.68	456.96
57	1,372.32	1,074.92	825.32	585.68	477.33
58	1,434.83	1,123.88	862.92	612.35	499.07
59	1,465.80	1,148.14	881.54	625.57	509.84
60	1,528.31	1,197.10	919.13	652.25	531.58
61	1,582.37	1,239.44	951.65	675.32	550.38
62	1,617.85	1,267.23	972.98	690.46	562.72
63	1,662.33	1,302.08	999.74	709.44	578.20
64	1,689.36	1,323.24	1,015.98	720.99	587.61
65 and over.	1,689.36	1,323.24	1,015.98	720.99	587.61

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

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

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	297.90	253.53	201.85	154.55	121.80
21	469.14	399.26	317.87	243.39	191.82
22	469.14	399.26	317.87	243.39	191.82
23	469.14	399.26	317.87	243.39	191.82
24	469.14	399.26	317.87	243.39	191.82
25	471.01	400.86	319.14	244.36	192.58
26	480.40	408.84	325.50	249.23	196.42
27	491.65	418.42	333.13	255.07	201.02
28	509.95	434.00	345.52	264.56	208.50
29	524.96	446.77	355.70	272.35	214.64
30	532.47	453.16	360.78	276.24	217.71
31	543.73	462.74	368.41	282.09	222.31
32	554.99	472.32	376.04	287.93	226.92
33	562.02	478.31	380.81	291.58	229.79
34	569.53	484.70	385.89	295.47	232.86
35	573.28	487.90	388.44	297.42	234.40
36	577.04	491.09	390.98	299.37	235.93
37	580.79	494.28	393.52	301.31	237.47
38	584.54	497.48	396.06	303.26	239.00
39	592.05	503.87	401.15	307.16	242.07
40	599.56	510.25	406.24	311.05	245.14
41	610.82	519.84	413.87	316.89	249.74
42	621.61	529.02	421.18	322.49	254.16
43	636.62	541.80	431.35	330.28	260.29
44	655.38	557.77	444.06	340.01	267.97
45	677.43	576.53	459.00	351.45	276.98
46	703.70	598.89	476.80	365.08	287.72
47	733.26	624.04	496.83	380.41	299.81
48	767.04	652.79	519.72	397.94	313.62
49	800.35	681.14	542.28	415.22	327.24
50	837.88	713.08	567.71	434.69	342.58
51	874.94	744.62	592.83	453.92	357.74
52	915.75	779.36	620.48	475.09	374.42
53	957.04	814.49	648.45	496.51	391.30
54	1,001.61	852.42	678.65	519.63	409.53
55	1,046.17	890.35	708.85	542.75	427.75
56	1,094.49	931.47	741.59	567.82	447.51
57	1,143.28	973.00	774.65	593.14	467.45
58	1,195.36	1,017.31	809.93	620.15	488.75
59	1,221.16	1,039.27	827.41	633.54	499.30
60	1,273.24	1,083.59	862.70	660.55	520.59
61	1,318.27	1,121.92	893.21	683.92	539.00
62	1,347.83	1,147.07	913.24	699.25	551.09
63	1,384.89	1,178.62	938.35	718.48	566.24
64	1,407.42	1,197.78	953.61	730.17	575.46
65 and over.	1,407.42	1,197.78	953.61	730.17	575.46

Region 4 San Francisco County.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	321.35	273.49	217.74	166.72	131.39
21	506.07	430.69	342.89	262.55	206.92
22	506.07	430.69	342.89	262.55	206.92
23	506.07	430.69	342.89	262.55	206.92
24	506.07	430.69	342.89	262.55	206.92
25	508.09	432.41	344.26	263.60	207.74
26	518.21	441.03	351.12	268.85	211.88
27	530.36	451.36	359.35	275.15	216.85
28	550.10	468.16	372.72	285.39	224.92
29	566.29	481.94	383.70	293.79	231.54
30	574.39	488.83	389.18	297.99	234.85
31	586.53	499.17	397.41	304.29	239.82
32	598.68	509.51	405.64	310.59	244.78
33	606.27	515.97	410.79	314.53	247.89
34	614.37	522.86	416.27	318.73	251.20
35	618.42	526.30	419.02	320.83	252.85
36	622.46	529.75	421.76	322.93	254.51
37	626.51	533.20	424.50	325.03	256.16
38	630.56	536.64	427.24	327.13	257.82
39	638.66	543.53	432.73	331.34	261.13
40	646.76	550.42	438.22	335.54	264.44
41	658.90	560.76	446.45	341.84	269.40
42	670.54	570.67	454.33	347.88	274.16
43	686.73	584.45	465.31	356.28	280.78
44	706.98	601.68	479.02	366.78	289.06
45	730.76	621.92	495.14	379.12	298.79
46	759.10	646.04	514.34	393.82	310.37
47	790.98	673.17	535.94	410.36	323.41
48	827.42	704.18	560.63	429.27	338.31
49	863.35	734.76	584.98	447.91	353.00
50	903.84	769.21	612.41	468.91	369.55
51	943.82	803.24	639.50	489.65	385.90
52	987.85	840.71	669.33	512.49	403.90
53	1,032.38	878.61	699.50	535.60	422.11
54	1,080.46	919.53	732.08	560.54	441.77
55	1,128.53	960.44	764.65	585.48	461.42
56	1,180.66	1,004.80	799.97	612.52	482.73
57	1,233.29	1,049.59	835.63	639.83	504.25
58	1,289.46	1,097.40	873.69	668.97	527.22
59	1,317.30	1,121.09	892.55	683.41	538.60
60	1,373.47	1,168.90	930.61	712.56	561.57
61	1,422.05	1,210.24	963.53	737.76	581.43
62	1,453.93	1,237.38	985.13	754.30	594.47
63	1,493.91	1,271.40	1,012.22	775.04	610.82
64	1,518.21	1,292.07	1,028.67	787.65	620.76
65 and over.	1,518.21	1,292.07	1,028.67	787.65	620.76

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

Region 5 Contra Costa County.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	289.55	246.42	196.19	150.22	118.39
21	455.98	388.06	308.95	236.56	186.44
22	455.98	388.06	308.95	236.56	186.44
23	455.98	388.06	308.95	236.56	186.44
24	455.98	388.06	308.95	236.56	186.44
25	457.80	389.62	310.19	237.51	187.18
26	466.92	397.38	316.37	242.24	190.91
27	477.87	406.69	323.78	247.92	195.39
28	495.65	421.82	335.83	257.14	202.66
29	510.24	434.24	345.72	264.71	208.62
30	517.54	440.45	350.66	268.50	211.61
31	528.48	449.76	358.08	274.18	216.08
32	539.42	459.08	365.49	279.85	220.55
33	546.26	464.90	370.13	283.40	223.35
34	553.56	471.11	375.07	287.19	226.33
35	557.21	474.21	377.54	289.08	227.82
36	560.85	477.32	380.01	290.97	229.32
37	564.50	480.42	382.49	292.86	230.81
38	568.15	483.53	384.96	294.76	232.30
39	575.45	489.74	389.90	298.54	235.28
40	582.74	495.94	394.84	302.33	238.27
41	593.69	505.26	402.26	308.00	242.74
42	604.17	514.18	409.36	313.44	247.03
43	618.76	526.60	419.25	321.01	252.99
44	637.00	542.12	431.61	330.48	260.45
45	658.43	560.36	446.13	341.60	269.21
46	683.97	582.09	463.43	354.84	279.65
47	712.70	606.54	482.90	369.75	291.40
48	745.53	634.48	505.14	386.78	304.82
49	777.90	662.04	527.08	403.57	318.06
50	814.38	693.08	551.79	422.50	332.97
51	850.40	723.74	576.20	441.19	347.70
52	890.07	757.50	603.08	461.77	363.92
53	930.20	791.65	630.27	482.59	380.33
54	973.52	828.51	659.62	505.06	398.04
55	1,016.83	865.38	688.97	527.53	415.75
56	1,063.80	905.35	720.79	551.90	434.96
57	1,111.22	945.71	752.92	576.50	454.34
58	1,161.84	988.78	787.22	602.76	475.04
59	1,186.91	1,010.13	804.21	615.77	485.29
60	1,237.53	1,053.20	838.50	642.03	505.99
61	1,281.30	1,090.46	868.16	664.74	523.89
62	1,310.03	1,114.90	887.63	679.64	535.63
63	1,346.05	1,145.56	912.03	698.33	550.36
64	1,367.94	1,164.18	926.85	709.68	559.32
65 and over.	1,367.94	1,164.18	926.85	709.68	559.32

Region 7 Santa Clara County.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	286.31	243.67	193.99	148.54	117.06
21	450.88	383.73	305.50	233.92	184.35
22	450.88	383.73	305.50	233.92	184.35
23	450.88	383.73	305.50	233.92	184.35
24	450.88	383.73	305.50	233.92	184.35
25	452.69	385.26	306.72	234.85	185.09
26	461.71	392.94	312.83	239.53	188.78
27	472.53	402.15	320.17	245.15	193.20
28	490.11	417.11	332.08	254.27	200.39
29	504.54	429.39	341.86	261.76	206.29
30	511.75	435.53	346.75	265.50	209.24
31	522.58	444.74	354.08	271.11	213.67
32	533.40	453.95	361.41	276.73	218.09
33	540.16	459.70	365.99	280.23	220.85
34	547.37	465.84	370.88	283.98	223.80
35	550.98	468.91	373.32	285.85	225.28
36	554.59	471.98	375.77	287.72	226.75
37	558.20	475.05	378.21	289.59	228.23
38	561.80	478.12	380.66	291.46	229.70
39	569.02	484.26	385.54	295.21	232.65
40	576.23	490.40	390.43	298.95	235.60
41	587.05	499.61	397.76	304.56	240.03
42	597.42	508.44	404.79	309.94	244.27
43	611.85	520.72	414.57	317.43	250.17
44	629.89	536.07	426.79	326.78	257.54
45	651.08	554.10	441.15	337.78	266.21
46	676.33	575.59	458.25	350.88	276.53
47	704.73	599.77	477.50	365.61	288.14
48	737.20	627.39	499.50	382.46	301.42
49	769.21	654.64	521.19	399.07	314.51
50	805.28	685.34	545.63	417.78	329.25
51	840.90	715.65	569.76	436.26	343.82
52	880.13	749.04	596.34	456.61	359.86
53	919.80	782.80	623.23	477.19	376.08
54	962.64	819.26	652.25	499.42	393.59
55	1,005.47	855.71	681.27	521.64	411.11
56	1,051.91	895.24	712.74	545.73	430.10
57	1,098.81	935.14	744.51	570.06	449.27
58	1,148.85	977.74	778.42	596.02	469.73
59	1,173.65	998.84	795.22	608.89	479.87
60	1,223.70	1,041.44	829.13	634.86	500.33
61	1,266.99	1,078.27	858.46	657.31	518.03
62	1,295.39	1,102.45	877.71	672.05	529.65
63	1,331.01	1,132.76	901.84	690.53	544.21
64	1,352.64	1,151.19	916.50	701.76	553.05
65 and over.	1,352.64	1,151.19	916.50	701.76	553.05

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PureCare One EPO Health Insurance Plans

Rates effective January 1, 2016

Region 8 San Mateo County.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	345.66	294.18	234.21	179.33	141.33
21	544.35	463.27	368.83	282.41	222.57
22	544.35	463.27	368.83	282.41	222.57
23	544.35	463.27	368.83	282.41	222.57
24	544.35	463.27	368.83	282.41	222.57
25	546.53	465.13	370.31	283.54	223.46
26	557.42	474.39	377.69	289.19	227.91
27	570.48	485.51	386.54	295.97	233.25
28	591.71	503.58	400.92	306.98	241.93
29	609.13	518.40	412.73	316.02	249.06
30	617.84	525.82	418.63	320.54	252.62
31	630.91	536.94	427.48	327.31	257.96
32	643.97	548.05	436.33	334.09	263.30
33	652.14	555.00	441.86	338.33	266.64
34	660.85	562.42	447.76	342.85	270.20
35	665.20	566.12	450.72	345.11	271.98
36	669.56	569.83	453.67	347.37	273.76
37	673.91	573.53	456.62	349.62	275.54
38	678.27	577.24	459.57	351.88	277.32
39	686.97	584.65	465.47	356.40	280.88
40	695.68	592.06	471.37	360.92	284.44
41	708.75	603.18	480.22	367.70	289.79
42	721.27	613.84	488.71	374.19	294.91
43	738.69	628.66	500.51	383.23	302.03
44	760.46	647.19	515.26	394.53	310.93
45	786.05	668.97	532.60	407.80	321.39
46	816.53	694.91	553.25	423.62	333.85
47	850.83	724.10	576.49	441.41	347.88
48	890.02	757.45	603.04	461.74	363.90
49	928.67	790.35	629.23	481.79	379.70
50	972.22	827.41	658.74	504.39	397.51
51	1,015.22	864.01	687.88	526.70	415.09
52	1,062.58	904.31	719.96	551.27	434.46
53	1,110.48	945.08	752.42	576.12	454.04
54	1,162.20	989.09	787.46	602.95	475.19
55	1,213.91	1,033.10	822.50	629.78	496.33
56	1,269.98	1,080.82	860.49	658.86	519.26
57	1,326.59	1,129.00	898.85	688.23	542.40
58	1,387.01	1,180.42	939.79	719.58	567.11
59	1,416.95	1,205.90	960.07	735.11	579.35
60	1,477.38	1,257.33	1,001.02	766.46	604.05
61	1,529.63	1,301.80	1,036.42	793.57	625.42
62	1,563.93	1,330.99	1,059.66	811.37	639.44
63	1,606.93	1,367.59	1,088.80	833.68	657.03
64	1,633.05	1,389.81	1,106.49	847.23	667.71
65 and over.	1,633.05	1,389.81	1,106.49	847.23	667.71

Region 9 Santa Cruz County.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	301.58	256.66	204.34	156.46	123.31
21	474.93	404.19	321.79	246.39	194.18
22	474.93	404.19	321.79	246.39	194.18
23	474.93	404.19	321.79	246.39	194.18
24	474.93	404.19	321.79	246.39	194.18
25	476.83	405.81	323.08	247.38	194.96
26	486.33	413.89	329.52	252.31	198.84
27	497.73	423.59	337.24	258.22	203.51
28	516.25	439.36	349.79	267.83	211.08
29	531.45	452.29	360.09	275.71	217.29
30	539.05	458.76	365.24	279.66	220.40
31	550.44	468.46	372.96	285.57	225.06
32	561.84	478.16	380.68	291.48	229.72
33	568.97	484.22	385.51	295.18	232.63
34	576.56	490.69	390.66	299.12	235.74
35	580.36	493.92	393.23	301.09	237.29
36	584.16	497.15	395.81	303.06	238.85
37	587.96	500.39	398.38	305.04	240.40
38	591.76	503.62	400.96	307.01	241.95
39	599.36	510.09	406.11	310.95	245.06
40	606.96	516.56	411.25	314.89	248.17
41	618.36	526.26	418.98	320.80	252.83
42	629.28	535.55	426.38	326.47	257.29
43	644.48	548.49	436.68	334.36	263.51
44	663.48	564.65	449.55	344.21	271.28
45	685.80	583.65	464.67	355.79	280.40
46	712.39	606.29	482.69	369.59	291.28
47	742.32	631.75	502.97	385.11	303.51
48	776.51	660.85	526.13	402.85	317.49
49	810.23	689.55	548.98	420.35	331.28
50	848.22	721.88	574.73	440.06	346.81
51	885.74	753.82	600.15	459.52	362.15
52	927.06	788.98	628.14	480.96	379.05
53	968.86	824.55	656.46	502.64	396.14
54	1,013.98	862.95	687.03	526.05	414.58
55	1,059.09	901.35	717.60	549.46	433.03
56	1,108.01	942.98	750.75	574.84	453.03
57	1,157.40	985.01	784.21	600.46	473.23
58	1,210.12	1,029.88	819.93	627.81	494.78
59	1,236.24	1,052.11	837.63	641.36	505.46
60	1,288.96	1,096.97	873.35	668.71	527.02
61	1,334.55	1,135.78	904.24	692.37	545.66
62	1,364.47	1,161.24	924.52	707.89	557.89
63	1,401.99	1,193.17	949.94	727.35	573.23
64	1,424.79	1,212.57	965.37	739.17	582.54
65 and over.	1,424.79	1,212.57	965.37	739.17	582.54

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

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

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	295.10	251.14	199.95	153.10	120.66
21	464.72	395.50	314.88	241.10	190.01
22	464.72	395.50	314.88	241.10	190.01
23	464.72	395.50	314.88	241.10	190.01
24	464.72	395.50	314.88	241.10	190.01
25	466.58	397.08	316.14	242.06	190.77
26	475.87	404.99	322.43	246.88	194.57
27	487.03	414.49	329.99	252.67	199.13
28	505.15	429.91	342.27	262.07	206.54
29	520.02	442.57	352.35	269.79	212.62
30	527.46	448.89	357.39	273.64	215.66
31	538.61	458.39	364.94	279.43	220.22
32	549.76	467.88	372.50	285.22	224.78
33	556.73	473.81	377.22	288.83	227.63
34	564.17	480.14	382.26	292.69	230.67
35	567.89	483.30	384.78	294.62	232.19
36	571.61	486.47	387.30	296.55	233.71
37	575.32	489.63	389.82	298.48	235.23
38	579.04	492.79	392.34	300.41	236.75
39	586.48	499.12	397.37	304.26	239.79
40	593.91	505.45	402.41	308.12	242.83
41	605.07	514.94	409.97	313.91	247.39
42	615.75	524.04	417.21	319.45	251.76
43	630.62	536.70	427.29	327.17	257.84
44	649.21	552.52	439.88	336.81	265.44
45	671.06	571.10	454.68	348.14	274.37
46	697.08	593.25	472.32	361.64	285.01
47	726.36	618.17	492.15	376.83	296.99
48	759.82	646.65	514.82	394.19	310.67
49	792.81	674.73	537.18	411.31	324.16
50	829.99	706.37	562.37	430.60	339.36
51	866.70	737.61	587.25	449.64	354.37
52	907.13	772.02	614.64	470.62	370.90
53	948.03	806.82	642.35	491.84	387.62
54	992.18	844.40	672.26	514.74	405.67
55	1,036.33	881.97	702.18	537.65	423.72
56	1,084.19	922.71	734.61	562.48	443.29
57	1,132.52	963.84	767.36	587.55	463.05
58	1,184.11	1,007.74	802.31	614.31	484.15
59	1,209.67	1,029.49	819.62	627.57	494.60
60	1,261.25	1,073.39	854.58	654.34	515.69
61	1,305.86	1,111.36	884.80	677.48	533.93
62	1,335.14	1,136.28	904.64	692.67	545.90
63	1,371.85	1,167.52	929.52	711.72	560.91
64	1,394.16	1,186.50	944.64	723.30	570.03
65 and over.	1,394.16	1,186.50	944.64	723.30	570.03

Region 14 Kern County¹.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	231.52	197.03	156.87	120.11	94.66
21	364.59	310.29	247.03	189.15	149.07
22	364.59	310.29	247.03	189.15	149.07
23	364.59	310.29	247.03	189.15	149.07
24	364.59	310.29	247.03	189.15	149.07
25	366.05	311.53	248.02	189.91	149.67
26	373.34	317.74	252.96	193.69	152.65
27	382.09	325.18	258.89	198.23	156.23
28	396.31	337.28	268.53	205.61	162.04
29	407.98	347.21	276.43	211.66	166.81
30	413.81	352.18	280.38	214.69	169.20
31	422.56	359.62	286.31	219.23	172.77
32	431.31	367.07	292.24	223.77	176.35
33	436.78	371.73	295.95	226.60	178.59
34	442.62	376.69	299.90	229.63	180.97
35	445.53	379.17	301.88	231.14	182.16
36	448.45	381.65	303.85	232.66	183.36
37	451.37	384.14	305.83	234.17	184.55
38	454.28	386.62	307.81	235.68	185.74
39	460.12	391.58	311.76	238.71	188.13
40	465.95	396.55	315.71	241.73	190.51
41	474.70	404.00	321.64	246.27	194.09
42	483.09	411.13	327.32	250.62	197.52
43	494.75	421.06	335.23	256.68	202.29
44	509.34	433.47	345.11	264.24	208.25
45	526.47	448.06	356.72	273.13	215.26
46	546.89	465.43	370.55	283.73	223.61
47	569.86	484.98	386.12	295.64	233.00
48	596.11	507.32	403.90	309.26	243.73
49	622.00	529.35	421.44	322.69	254.32
50	651.16	554.17	441.20	337.82	266.24
51	679.97	578.69	460.72	352.77	278.02
52	711.69	605.68	482.21	369.22	290.99
53	743.77	632.99	503.95	385.87	304.10
54	778.41	662.47	527.42	403.84	318.27
55	813.04	691.94	550.89	421.81	332.43
56	850.60	723.90	576.33	441.29	347.78
57	888.51	756.17	602.02	460.96	363.29
58	928.98	790.61	629.44	481.96	379.83
59	949.04	807.68	643.03	492.36	388.03
60	989.50	842.12	670.45	513.35	404.58
61	1,024.51	871.91	694.17	531.51	418.89
62	1,047.48	891.46	709.73	543.43	428.28
63	1,076.28	915.97	729.25	558.37	440.06
64	1,093.77	930.87	741.09	567.45	447.21
65 and over.	1,093.77	930.87	741.09	567.45	447.21

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 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, 2016. These rates are effective for all of 2016 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, 2016

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

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	211.91	180.34	143.58	109.94	86.64
21	333.71	284.00	226.11	173.13	136.44
22	333.71	284.00	226.11	173.13	136.44
23	333.71	284.00	226.11	173.13	136.44
24	333.71	284.00	226.11	173.13	136.44
25	335.04	285.14	227.01	173.82	136.99
26	341.72	290.82	231.54	177.28	139.72
27	349.73	297.64	236.96	181.44	142.99
28	362.74	308.71	245.78	188.19	148.31
29	373.42	317.80	253.02	193.73	152.68
30	378.76	322.34	256.63	196.50	154.86
31	386.77	329.16	262.06	200.66	158.14
32	394.78	335.98	267.49	204.81	161.41
33	399.78	340.24	270.88	207.41	163.46
34	405.12	344.78	274.50	210.18	165.64
35	407.79	347.05	276.30	211.56	166.73
36	410.46	349.33	278.11	212.95	167.83
37	413.13	351.60	279.92	214.33	168.92
38	415.80	353.87	281.73	215.72	170.01
39	421.14	358.41	285.35	218.49	172.19
40	426.48	362.96	288.97	221.26	174.37
41	434.49	369.77	294.39	225.41	177.65
42	442.16	376.31	299.59	229.39	180.79
43	452.84	385.39	306.83	234.93	185.15
44	466.19	396.75	315.87	241.86	190.61
45	481.88	410.10	326.50	250.00	197.02
46	500.56	426.01	339.16	259.69	204.67
47	521.59	443.90	353.41	270.60	213.26
48	545.61	464.35	369.69	283.06	223.09
49	569.31	484.51	385.74	295.36	232.77
50	596.00	507.23	403.83	309.21	243.69
51	622.37	529.67	421.69	322.88	254.47
52	651.40	554.38	441.36	337.95	266.34
53	680.77	579.37	461.26	353.18	278.34
54	712.47	606.35	482.74	369.63	291.31
55	744.17	633.33	504.22	386.08	304.27
56	778.54	662.58	527.51	403.91	318.32
57	813.25	692.12	551.03	421.91	332.51
58	850.29	723.64	576.13	441.13	347.66
59	868.64	739.26	588.56	450.65	355.16
60	905.69	770.79	613.66	469.87	370.31
61	937.72	798.05	635.37	486.49	383.41
62	958.75	815.94	649.61	497.40	392.00
63	985.11	838.38	667.47	511.07	402.78
64	1,001.13	852.00	678.33	519.39	409.32
65 and over.	1,001.13	852.00	678.33	519.39	409.32

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

Region 17 Riverside¹ and San Bernardino¹ counties.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	239.93	204.20	162.57	124.48	98.10
21	377.85	321.57	256.02	196.03	154.49
22	377.85	321.57	256.02	196.03	154.49
23	377.85	321.57	256.02	196.03	154.49
24	377.85	321.57	256.02	196.03	154.49
25	379.36	322.86	257.04	196.81	155.11
26	386.92	329.29	262.16	200.73	158.20
27	395.98	337.00	268.30	205.44	161.91
28	410.72	349.55	278.29	213.08	167.93
29	422.81	359.84	286.48	219.35	172.88
30	428.86	364.98	290.58	222.49	175.35
31	437.93	372.70	296.72	227.20	179.05
32	446.99	380.42	302.87	231.90	182.76
33	452.66	385.24	306.71	234.84	185.08
34	458.71	390.38	310.80	237.98	187.55
35	461.73	392.96	312.85	239.55	188.79
36	464.75	395.53	314.90	241.11	190.02
37	467.78	398.10	316.95	242.68	191.26
38	470.80	400.68	319.00	244.25	192.50
39	476.84	405.82	323.09	247.39	194.97
40	482.89	410.97	327.19	250.52	197.44
41	491.96	418.68	333.33	255.23	201.15
42	500.65	426.08	339.22	259.74	204.70
43	512.74	436.37	347.41	266.01	209.64
44	527.85	449.23	357.65	273.85	215.82
45	545.61	464.35	369.69	283.06	223.08
46	566.77	482.35	384.02	294.04	231.74
47	590.58	502.61	400.15	306.39	241.47
48	617.78	525.77	418.59	320.50	252.59
49	644.61	548.60	436.76	334.42	263.56
50	674.84	574.32	457.24	350.11	275.92
51	704.69	599.73	477.47	365.59	288.13
52	737.56	627.70	499.74	382.65	301.57
53	770.81	656.00	522.27	399.90	315.16
54	806.71	686.55	546.59	418.52	329.84
55	842.60	717.10	570.92	437.14	344.51
56	881.52	750.22	597.29	457.33	360.43
57	920.82	783.66	623.91	477.72	376.49
58	962.76	819.36	652.33	499.48	393.64
59	983.54	837.04	666.41	510.26	402.14
60	1,025.48	872.74	694.83	532.02	419.29
61	1,061.75	903.61	719.40	550.84	434.12
62	1,085.56	923.87	735.53	563.19	443.85
63	1,115.41	949.27	755.76	578.67	456.06
64	1,133.55	964.71	768.06	588.09	463.47
65 and over.	1,133.55	964.71	768.06	588.09	463.47

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

Region 18 Orange County.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	228.92	194.82	155.11	118.76	93.60
21	360.50	306.81	244.26	187.03	147.40
22	360.50	306.81	244.26	187.03	147.40
23	360.50	306.81	244.26	187.03	147.40
24	360.50	306.81	244.26	187.03	147.40
25	361.94	308.03	245.24	187.78	147.99
26	369.15	314.17	250.12	191.52	150.94
27	377.80	321.53	255.99	196.00	154.47
28	391.86	333.50	265.51	203.30	160.22
29	403.40	343.32	273.33	209.28	164.94
30	409.17	348.22	277.24	212.28	167.30
31	417.82	355.59	283.10	216.77	170.83
32	426.47	362.95	288.96	221.25	174.37
33	431.88	367.55	292.63	224.06	176.58
34	437.65	372.46	296.53	227.05	178.94
35	440.53	374.92	298.49	228.55	180.12
36	443.42	377.37	300.44	230.04	181.30
37	446.30	379.83	302.40	231.54	182.48
38	449.18	382.28	304.35	233.04	183.66
39	454.95	387.19	308.26	236.03	186.02
40	460.72	392.10	312.17	239.02	188.37
41	469.37	399.46	318.03	243.51	191.91
42	477.66	406.52	323.65	247.81	195.30
43	489.20	416.34	331.46	253.80	200.02
44	503.62	428.61	341.23	261.28	205.91
45	520.56	443.03	352.71	270.07	212.84
46	540.75	460.21	366.39	280.54	221.10
47	563.46	479.54	381.78	292.32	230.38
48	589.42	501.63	399.37	305.79	241.00
49	615.01	523.41	416.71	319.07	251.46
50	643.85	547.95	436.25	334.03	263.25
51	672.33	572.19	455.55	348.81	274.90
52	703.70	598.88	476.80	365.08	287.72
53	735.42	625.88	498.29	381.54	300.69
54	769.67	655.03	521.50	399.30	314.69
55	803.92	684.18	544.70	417.07	328.70
56	841.05	715.78	569.86	436.34	343.88
57	878.54	747.69	595.27	455.79	359.21
58	918.56	781.74	622.38	476.55	375.57
59	938.38	798.61	635.81	486.83	383.68
60	978.40	832.67	662.93	507.59	400.04
61	1,013.01	862.12	686.38	525.55	414.19
62	1,035.72	881.45	701.76	537.33	423.47
63	1,064.20	905.69	721.06	552.11	435.12
64	1,081.50	920.43	732.78	561.09	442.20
65 and over.	1,081.50	920.43	732.78	561.09	442.20

Region 19 San Diego County.

Age	Platinum 90 EPO	Gold 80 EPO	Silver 70 EPO	Bronze 60 EPO	Minimum Coverage EPO
0-20	231.24	196.80	156.68	119.97	94.55
21	364.15	309.92	246.74	188.92	148.89
22	364.15	309.92	246.74	188.92	148.89
23	364.15	309.92	246.74	188.92	148.89
24	364.15	309.92	246.74	188.92	148.89
25	365.61	311.16	247.72	189.68	149.49
26	372.89	317.35	252.66	193.46	152.47
27	381.63	324.79	258.58	197.99	156.04
28	395.84	336.88	268.20	205.36	161.85
29	407.49	346.80	276.10	211.41	166.61
30	413.32	351.75	280.05	214.43	168.99
31	422.06	359.19	285.97	218.96	172.57
32	430.80	366.63	291.89	223.50	176.14
33	436.26	371.28	295.59	226.33	178.37
34	442.08	376.24	299.54	229.35	180.75
35	445.00	378.72	301.51	230.86	181.95
36	447.91	381.20	303.49	232.38	183.14
37	450.82	383.68	305.46	233.89	184.33
38	453.74	386.15	307.44	235.40	185.52
39	459.56	391.11	311.38	238.42	187.90
40	465.39	396.07	315.33	241.44	190.28
41	474.13	403.51	321.25	245.98	193.86
42	482.51	410.64	326.93	250.32	197.28
43	494.16	420.56	334.82	256.37	202.05
44	508.72	432.95	344.69	263.93	208.00
45	525.84	447.52	356.29	272.81	215.00
46	546.23	464.87	370.11	283.39	223.34
47	569.17	484.40	385.65	295.29	232.72
48	595.39	506.71	403.42	308.89	243.44
49	621.25	528.72	420.93	322.30	254.01
50	650.38	553.51	440.67	337.42	265.92
51	679.15	577.99	460.17	352.34	277.68
52	710.83	604.95	481.63	368.78	290.64
53	742.88	632.23	503.35	385.40	303.74
54	777.47	661.67	526.79	403.35	317.88
55	812.07	691.11	550.23	421.30	332.03
56	849.57	723.03	575.64	440.76	347.36
57	887.45	755.26	601.30	460.41	362.85
58	927.87	789.66	628.69	481.38	379.38
59	947.90	806.71	642.26	491.77	387.57
60	988.32	841.11	669.65	512.74	404.09
61	1,023.28	870.86	693.33	530.87	418.39
62	1,046.22	890.39	708.88	542.78	427.77
63	1,074.99	914.87	728.37	557.70	439.53
64	1,092.45	929.76	740.22	566.76	446.67
65 and over.	1,092.45	929.76	740.22	566.76	446.67

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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, 2016

Region 14 Kern County¹.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	185.43	167.82	145.86
21	292.02	264.28	229.70
22	292.02	264.28	229.70
23	292.02	264.28	229.70
24	292.02	264.28	229.70
25	293.19	265.34	230.62
26	299.03	270.63	235.21
27	306.03	276.97	240.72
28	317.42	287.28	249.68
29	326.77	295.73	257.03
30	331.44	299.96	260.71
31	338.45	306.31	266.22
32	345.46	312.65	271.73
33	349.84	316.61	275.18
34	354.51	320.84	278.85
35	356.85	322.96	280.69
36	359.18	325.07	282.53
37	361.52	327.18	284.37
38	363.85	329.30	286.20
39	368.53	333.53	289.88
40	373.20	337.75	293.55
41	380.21	344.10	299.07
42	386.92	350.18	304.35
43	396.27	358.63	311.70
44	407.95	369.20	320.89
45	421.67	381.63	331.68
46	438.03	396.43	344.55
47	456.42	413.08	359.02
48	477.45	432.10	375.56
49	498.18	450.87	391.87
50	521.54	472.01	410.24
51	544.61	492.89	428.39
52	570.02	515.88	448.37
53	595.72	539.14	468.59
54	623.46	564.25	490.41
55	651.20	589.35	512.23
56	681.28	616.57	535.89
57	711.65	644.06	559.78
58	744.06	673.40	585.27
59	760.12	687.93	597.91
60	792.54	717.27	623.40
61	820.57	742.64	645.45
62	838.97	759.29	659.92
63	862.04	780.17	678.07
64	876.06	792.84	689.10
65 and over.	876.06	792.84	689.10

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	153.38	138.81	120.65
21	241.54	218.60	190.00
22	241.54	218.60	190.00
23	241.54	218.60	190.00
24	241.54	218.60	190.00
25	242.51	219.48	190.76
26	247.34	223.85	194.55
27	253.14	229.10	199.11
28	262.56	237.62	206.52
29	270.29	244.62	212.60
30	274.15	248.11	215.64
31	279.95	253.36	220.20
32	285.74	258.61	224.76
33	289.37	261.89	227.61
34	293.23	265.38	230.65
35	295.16	267.13	232.17
36	297.10	268.88	233.69
37	299.03	270.63	235.21
38	300.96	272.38	236.73
39	304.83	275.88	239.77
40	308.69	279.37	242.81
41	314.49	284.62	247.37
42	320.04	289.65	251.74
43	327.77	296.64	257.82
44	337.43	305.39	265.42
45	348.79	315.66	274.35
46	362.31	327.90	284.99
47	377.53	341.68	296.96
48	394.92	357.41	310.64
49	412.07	372.94	324.13
50	431.39	390.42	339.33
51	450.48	407.69	354.34
52	471.49	426.71	370.87
53	492.75	445.95	387.59
54	515.69	466.72	405.64
55	538.64	487.48	423.69
56	563.52	510.00	443.26
57	588.64	532.73	463.02
58	615.45	557.00	484.11
59	628.73	569.02	494.56
60	655.55	593.29	515.65
61	678.73	614.27	533.89
62	693.95	628.04	545.86
63	713.03	645.31	560.87
64	724.62	655.80	570.00
65 and over.	724.62	655.80	570.00

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 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, 2016. These rates are effective for all of 2016 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, 2016

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	160.98	145.69	126.63
21	253.51	229.44	199.41
22	253.51	229.44	199.41
23	253.51	229.44	199.41
24	253.51	229.44	199.41
25	254.53	230.36	200.21
26	259.60	234.94	204.20
27	265.68	240.45	208.98
28	275.57	249.40	216.76
29	283.68	256.74	223.14
30	287.74	260.41	226.33
31	293.82	265.92	231.12
32	299.91	271.42	235.90
33	303.71	274.87	238.90
34	307.77	278.54	242.09
35	309.79	280.37	243.68
36	311.82	282.21	245.28
37	313.85	284.04	246.87
38	315.88	285.88	248.47
39	319.93	289.55	251.66
40	323.99	293.22	254.85
41	330.08	298.73	259.63
42	335.91	304.00	264.22
43	344.02	311.35	270.60
44	354.16	320.52	278.58
45	366.07	331.31	287.95
46	380.27	344.16	299.12
47	396.24	358.61	311.68
48	414.50	375.13	326.04
49	432.50	391.42	340.20
50	452.78	409.78	356.15
51	472.80	427.90	371.90
52	494.86	447.86	389.25
53	517.17	468.05	406.80
54	541.25	489.85	425.75
55	565.34	511.65	444.69
56	591.45	535.28	465.23
57	617.81	559.14	485.97
58	645.95	584.61	508.10
59	659.90	597.23	519.07
60	688.04	622.69	541.20
61	712.37	644.72	560.35
62	728.35	659.17	572.91
63	748.37	677.30	588.67
64	760.53	688.32	598.23
65 and over.	760.53	688.32	598.23

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	164.99	149.32	129.78
21	259.83	235.15	204.38
22	259.83	235.15	204.38
23	259.83	235.15	204.38
24	259.83	235.15	204.38
25	260.87	236.09	205.20
26	266.07	240.80	209.29
27	272.30	246.44	214.19
28	282.44	255.61	222.16
29	290.75	263.14	228.70
30	294.91	266.90	231.97
31	301.14	272.54	236.88
32	307.38	278.19	241.78
33	311.28	281.71	244.85
34	315.43	285.48	248.12
35	317.51	287.36	249.75
36	319.59	289.24	251.39
37	321.67	291.12	253.02
38	323.75	293.00	254.66
39	327.91	296.76	257.93
40	332.06	300.53	261.20
41	338.30	306.17	266.10
42	344.28	311.58	270.80
43	352.59	319.10	277.34
44	362.98	328.51	285.52
45	375.20	339.56	295.13
46	389.75	352.73	306.57
47	406.12	367.55	319.45
48	424.82	384.48	334.16
49	443.27	401.17	348.67
50	464.06	419.99	365.02
51	484.58	438.56	381.17
52	507.19	459.02	398.95
53	530.05	479.71	416.94
54	554.74	502.05	436.35
55	579.42	524.39	455.77
56	606.19	548.61	476.82
57	633.21	573.07	498.08
58	662.05	599.17	520.76
59	676.34	612.11	532.00
60	705.18	638.21	554.69
61	730.12	660.78	574.31
62	746.49	675.60	587.19
63	767.02	694.17	603.33
64	779.49	705.45	613.14
65 and over.	779.49	705.45	613.14

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 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, 2016. These rates are effective for all of 2016 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, 2016

Region 18 Orange County.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	185.43	167.82	145.86
21	292.02	264.28	229.70
22	292.02	264.28	229.70
23	292.02	264.28	229.70
24	292.02	264.28	229.70
25	293.19	265.34	230.62
26	299.03	270.63	235.21
27	306.03	276.97	240.72
28	317.42	287.28	249.68
29	326.77	295.73	257.03
30	331.44	299.96	260.71
31	338.45	306.31	266.22
32	345.46	312.65	271.73
33	349.84	316.61	275.18
34	354.51	320.84	278.85
35	356.85	322.96	280.69
36	359.18	325.07	282.53
37	361.52	327.18	284.37
38	363.85	329.30	286.20
39	368.53	333.53	289.88
40	373.20	337.75	293.55
41	380.21	344.10	299.07
42	386.92	350.18	304.35
43	396.27	358.63	311.70
44	407.95	369.20	320.89
45	421.67	381.63	331.68
46	438.03	396.43	344.55
47	456.42	413.08	359.02
48	477.45	432.10	375.56
49	498.18	450.87	391.87
50	521.54	472.01	410.24
51	544.61	492.89	428.39
52	570.02	515.88	448.37
53	595.72	539.14	468.59
54	623.46	564.25	490.41
55	651.20	589.35	512.23
56	681.28	616.57	535.89
57	711.65	644.06	559.78
58	744.06	673.40	585.27
59	760.12	687.93	597.91
60	792.54	717.27	623.40
61	820.57	742.64	645.45
62	838.97	759.29	659.92
63	862.04	780.17	678.07
64	876.06	792.84	689.10
65 and over.	876.06	792.84	689.10

Region 19 San Diego County.

Age	Health Net Platinum 90 HMO	Health Net Gold 80 HMO	Health Net Silver 70 HMO
0-20	186.94	169.19	147.05
21	294.39	266.43	231.57
22	294.39	266.43	231.57
23	294.39	266.43	231.57
24	294.39	266.43	231.57
25	295.57	267.50	232.49
26	301.46	272.83	237.12
27	308.52	279.22	242.68
28	320.01	289.61	251.71
29	329.43	298.14	259.12
30	334.14	302.40	262.83
31	341.20	308.80	268.39
32	348.27	315.19	273.94
33	352.68	319.19	277.42
34	357.39	323.45	281.12
35	359.75	325.58	282.98
36	362.10	327.71	284.83
37	364.46	329.85	286.68
38	366.81	331.98	288.53
39	371.52	336.24	292.24
40	376.23	340.50	295.94
41	383.30	346.90	301.50
42	390.07	353.02	306.83
43	399.49	361.55	314.24
44	411.27	372.21	323.50
45	425.10	384.73	334.38
46	441.59	399.65	347.35
47	460.14	416.44	361.94
48	481.33	435.62	378.61
49	502.23	454.54	395.05
50	525.79	475.85	413.58
51	549.04	496.90	431.87
52	574.66	520.08	452.02
53	600.56	543.53	472.40
54	628.53	568.84	494.40
55	656.50	594.15	516.39
56	686.82	621.59	540.25
57	717.44	649.30	564.33
58	750.11	678.87	590.03
59	766.31	693.53	602.77
60	798.98	723.10	628.47
61	827.24	748.68	650.70
62	845.79	765.46	665.29
63	869.05	786.51	683.59
64	883.17	799.29	694.71
65 and over.	883.17	799.29	694.71

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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 HSP Health Plans

Health Net of California, Inc.
Rates effective January 1, 2016

Region 1 Nevada County¹.

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	309.67	263.55	209.82	160.66	126.61
21	487.67	415.03	330.43	253.00	199.39
22	487.67	415.03	330.43	253.00	199.39
23	487.67	415.03	330.43	253.00	199.39
24	487.67	415.03	330.43	253.00	199.39
25	489.62	416.69	331.75	254.02	200.19
26	499.38	425.00	338.36	259.08	204.18
27	511.08	434.96	346.29	265.15	208.96
28	530.10	451.14	359.18	275.01	216.74
29	545.70	464.42	369.75	283.11	223.12
30	553.51	471.06	375.04	287.16	226.31
31	565.21	481.02	382.97	293.23	231.09
32	576.91	490.99	390.90	299.30	235.88
33	584.23	497.21	395.85	303.10	238.87
34	592.03	503.85	401.14	307.15	242.06
35	595.93	507.17	403.78	309.17	243.66
36	599.84	510.49	406.43	311.19	245.25
37	603.74	513.81	409.07	313.22	246.85
38	607.64	517.13	411.71	315.24	248.44
39	615.44	523.77	417.00	319.29	251.63
40	623.24	530.41	422.29	323.34	254.82
41	634.95	540.37	430.22	329.41	259.61
42	646.16	549.92	437.82	335.23	264.19
43	661.77	563.20	448.39	343.33	270.57
44	681.28	579.80	461.61	353.45	278.55
45	704.20	599.31	477.14	365.34	287.92
46	731.51	622.55	495.64	379.51	299.09
47	762.23	648.70	516.46	395.44	311.65
48	797.34	678.58	540.25	413.66	326.00
49	831.97	708.05	563.71	431.62	340.16
50	870.98	741.25	590.14	451.86	356.11
51	909.51	774.04	616.25	471.85	371.86
52	951.93	810.15	645.00	493.86	389.21
53	994.85	846.67	674.07	516.13	406.76
54	1,041.18	886.10	705.46	540.16	425.70
55	1,087.51	925.53	736.85	564.20	444.64
56	1,137.74	968.28	770.89	590.26	465.18
57	1,188.45	1,011.44	805.25	616.57	485.92
58	1,242.59	1,057.51	841.93	644.65	508.05
59	1,269.41	1,080.33	860.10	658.57	519.02
60	1,323.54	1,126.40	896.78	686.65	541.15
61	1,370.36	1,166.25	928.50	710.94	560.29
62	1,401.08	1,192.39	949.32	726.88	572.85
63	1,439.61	1,225.18	975.42	746.87	588.60
64	1,463.01	1,245.09	991.29	759.00	598.17
65 and over.	1,463.01	1,245.09	991.29	759.00	598.17

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	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	298.89	254.37	202.52	155.06	122.21
21	470.69	400.59	318.92	244.20	192.45
22	470.69	400.59	318.92	244.20	192.45
23	470.69	400.59	318.92	244.20	192.45
24	470.69	400.59	318.92	244.20	192.45
25	472.58	402.19	320.20	245.17	193.22
26	481.99	410.20	326.58	250.06	197.07
27	493.29	419.81	334.23	255.92	201.69
28	511.64	435.44	346.67	265.44	209.19
29	526.71	448.26	356.88	273.26	215.35
30	534.24	454.66	361.98	277.16	218.43
31	545.53	464.28	369.63	283.02	223.05
32	556.83	473.89	377.29	288.88	227.67
33	563.89	479.90	382.07	292.55	230.56
34	571.42	486.31	387.17	296.45	233.63
35	575.19	489.52	389.73	298.41	235.17
36	578.95	492.72	392.28	300.36	236.71
37	582.72	495.93	394.83	302.31	238.25
38	586.48	499.13	397.38	304.27	239.79
39	594.02	505.54	402.48	308.18	242.87
40	601.55	511.95	407.59	312.08	245.95
41	612.84	521.56	415.24	317.94	250.57
42	623.67	530.78	422.58	323.56	255.00
43	638.73	543.59	432.78	331.37	261.15
44	657.56	559.62	445.54	341.14	268.85
45	679.68	578.45	460.53	352.62	277.90
46	706.04	600.88	478.39	366.29	288.67
47	735.69	626.12	498.48	381.68	300.80
48	769.58	654.96	521.44	399.26	314.66
49	803.00	683.40	544.09	416.60	328.32
50	840.66	715.45	569.60	436.13	343.72
51	877.84	747.09	594.79	455.43	358.92
52	918.79	781.94	622.54	476.67	375.66
53	960.22	817.20	650.61	498.16	392.60
54	1,004.93	855.25	680.90	521.36	410.88
55	1,049.65	893.31	711.20	544.56	429.16
56	1,098.13	934.57	744.05	569.71	448.99
57	1,147.08	976.23	777.22	595.11	469.00
58	1,199.33	1,020.69	812.62	622.21	490.36
59	1,225.22	1,042.72	830.16	635.64	500.95
60	1,277.46	1,087.19	865.56	662.75	522.31
61	1,322.65	1,125.65	896.18	686.19	540.78
62	1,352.30	1,150.88	916.27	701.57	552.91
63	1,389.49	1,182.53	941.47	720.87	568.11
64	1,412.07	1,201.77	956.76	732.60	577.35
65 and over.	1,412.07	1,201.77	956.76	732.60	577.35

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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 HSP Health Plans

Rates effective January 1, 2016

Region 7 Santa Clara County¹

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	286.31	243.67	193.99	148.54	117.06
21	450.88	383.73	305.50	233.92	184.35
22	450.88	383.73	305.50	233.92	184.35
23	450.88	383.73	305.50	233.92	184.35
24	450.88	383.73	305.50	233.92	184.35
25	452.69	385.26	306.72	234.85	185.09
26	461.71	392.94	312.83	239.53	188.77
27	472.53	402.15	320.17	245.15	193.20
28	490.11	417.11	332.08	254.27	200.39
29	504.54	429.39	341.86	261.75	206.29
30	511.75	435.53	346.75	265.50	209.24
31	522.57	444.74	354.08	271.11	213.66
32	533.40	453.95	361.41	276.73	218.09
33	540.16	459.70	365.99	280.23	220.85
34	547.37	465.84	370.88	283.98	223.80
35	550.98	468.91	373.32	285.85	225.28
36	554.59	471.98	375.77	287.72	226.75
37	558.19	475.05	378.21	289.59	228.23
38	561.80	478.12	380.66	291.46	229.70
39	569.02	484.26	385.54	295.21	232.65
40	576.23	490.40	390.43	298.95	235.60
41	587.05	499.61	397.76	304.56	240.02
42	597.42	508.44	404.79	309.94	244.26
43	611.85	520.72	414.57	317.43	250.16
44	629.89	536.07	426.79	326.78	257.54
45	651.08	554.10	441.15	337.78	266.20
46	676.33	575.59	458.25	350.88	276.53
47	704.73	599.76	477.50	365.61	288.14
48	737.20	627.39	499.50	382.46	301.41
49	769.21	654.64	521.19	399.07	314.50
50	805.28	685.34	545.63	417.78	329.25
51	840.90	715.65	569.76	436.26	343.81
52	880.13	749.03	596.34	456.61	359.85
53	919.80	782.80	623.22	477.19	376.08
54	962.64	819.26	652.25	499.42	393.59
55	1,005.47	855.71	681.27	521.64	411.10
56	1,051.91	895.23	712.74	545.73	430.09
57	1,098.80	935.14	744.51	570.06	449.26
58	1,148.85	977.74	778.42	596.02	469.73
59	1,173.65	998.84	795.22	608.89	479.86
60	1,223.70	1,041.43	829.13	634.86	500.33
61	1,266.98	1,078.27	858.46	657.31	518.03
62	1,295.39	1,102.45	877.71	672.05	529.64
63	1,331.01	1,132.76	901.84	690.53	544.20
64	1,352.64	1,151.19	916.50	701.76	553.05
65 and over.	1,352.64	1,151.19	916.50	701.76	553.05

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

Region 11 Fresno¹, Kings and Madera counties.

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	266.37	226.70	180.48	138.19	108.91
21	419.48	357.00	284.23	217.63	171.51
22	419.48	357.00	284.23	217.63	171.51
23	419.48	357.00	284.23	217.63	171.51
24	419.48	357.00	284.23	217.63	171.51
25	421.16	358.43	285.36	218.50	172.20
26	429.55	365.57	291.05	222.85	175.63
27	439.62	374.14	297.87	228.07	179.74
28	455.98	388.06	308.95	236.56	186.43
29	469.40	399.49	318.05	243.52	191.92
30	476.11	405.20	322.60	247.01	194.67
31	486.18	413.77	329.42	252.23	198.78
32	496.25	422.33	336.24	257.45	202.90
33	502.54	427.69	340.50	260.72	205.47
34	509.25	433.40	345.05	264.20	208.21
35	512.61	436.26	347.32	265.94	209.59
36	515.96	439.11	349.60	267.68	210.96
37	519.32	441.97	351.87	269.42	212.33
38	522.67	444.82	354.15	271.16	213.70
39	529.39	450.54	358.69	274.65	216.45
40	536.10	456.25	363.24	278.13	219.19
41	546.17	464.82	370.06	283.35	223.31
42	555.81	473.03	376.60	288.36	227.25
43	569.24	484.45	385.69	295.32	232.74
44	586.02	498.73	397.06	304.03	239.60
45	605.73	515.51	410.42	314.25	247.66
46	629.22	535.50	426.34	326.44	257.27
47	655.65	557.99	444.24	340.15	268.07
48	685.85	583.70	464.71	355.82	280.42
49	715.64	609.05	484.89	371.27	292.60
50	749.20	637.61	507.63	388.68	306.32
51	782.33	665.81	530.08	405.87	319.87
52	818.83	696.87	554.81	424.81	334.79
53	855.74	728.28	579.82	443.96	349.88
54	895.59	762.20	606.82	464.63	366.18
55	935.45	796.11	633.82	485.31	382.47
56	978.65	832.89	663.10	507.72	400.14
57	1,022.28	870.01	692.66	530.36	417.97
58	1,068.84	909.64	724.21	554.51	437.01
59	1,091.91	929.28	739.84	566.48	446.44
60	1,138.47	968.90	771.39	590.64	465.48
61	1,178.75	1,003.18	798.67	611.53	481.95
62	1,205.17	1,025.67	816.58	625.24	492.75
63	1,238.31	1,053.87	839.03	642.44	506.30
64	1,258.44	1,071.00	852.69	652.89	514.53
65 and over.	1,258.44	1,071.00	852.69	652.89	514.53

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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 HSP Health Plans

Rates effective January 1, 2016

Region 14 Kern County¹

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	231.52	197.03	156.87	120.11	94.66
21	364.59	310.29	247.03	189.15	149.07
22	364.59	310.29	247.03	189.15	149.07
23	364.59	310.29	247.03	189.15	149.07
24	364.59	310.29	247.03	189.15	149.07
25	366.05	311.53	248.02	189.91	149.67
26	373.34	317.73	252.96	193.69	152.65
27	382.09	325.18	258.89	198.23	156.22
28	396.31	337.28	268.53	205.61	162.04
29	407.98	347.21	276.43	211.66	166.81
30	413.81	352.18	280.38	214.69	169.19
31	422.56	359.62	286.31	219.23	172.77
32	431.31	367.07	292.24	223.77	176.35
33	436.78	371.72	295.95	226.60	178.58
34	442.62	376.69	299.90	229.63	180.97
35	445.53	379.17	301.88	231.14	182.16
36	448.45	381.65	303.85	232.66	183.35
37	451.37	384.14	305.83	234.17	184.55
38	454.28	386.62	307.80	235.68	185.74
39	460.12	391.58	311.76	238.71	188.13
40	465.95	396.55	315.71	241.73	190.51
41	474.70	403.99	321.64	246.27	194.09
42	483.09	411.13	327.32	250.62	197.52
43	494.75	421.06	335.23	256.68	202.29
44	509.34	433.47	345.11	264.24	208.25
45	526.47	448.06	356.72	273.13	215.26
46	546.89	465.43	370.55	283.73	223.60
47	569.86	484.98	386.11	295.64	232.99
48	596.11	507.32	403.90	309.26	243.73
49	621.99	529.35	421.44	322.69	254.31
50	651.16	554.17	441.20	337.82	266.24
51	679.97	578.69	460.72	352.77	278.01
52	711.68	605.68	482.21	369.22	290.98
53	743.77	632.99	503.95	385.87	304.10
54	778.41	662.46	527.42	403.84	318.26
55	813.04	691.94	550.89	421.81	332.42
56	850.59	723.90	576.33	441.29	347.78
57	888.51	756.17	602.02	460.96	363.28
58	928.98	790.61	629.44	481.96	379.83
59	949.03	807.68	643.03	492.36	388.03
60	989.50	842.12	670.45	513.35	404.57
61	1,024.51	871.91	694.17	531.51	418.88
62	1,047.47	891.46	709.73	543.43	428.28
63	1,076.28	915.97	729.25	558.37	440.05
64	1,093.77	930.87	741.09	567.45	447.21
65 and over.	1,093.77	930.87	741.09	567.45	447.21

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

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

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	211.91	180.34	143.58	109.94	86.64
21	333.71	284.01	226.11	173.13	136.44
22	333.71	284.01	226.11	173.13	136.44
23	333.71	284.01	226.11	173.13	136.44
24	333.71	284.01	226.11	173.13	136.44
25	335.05	285.14	227.02	173.82	136.99
26	341.72	290.82	231.54	177.28	139.72
27	349.73	297.64	236.96	181.44	142.99
28	362.74	308.72	245.78	188.19	148.31
29	373.42	317.80	253.02	193.73	152.68
30	378.76	322.35	256.64	196.50	154.86
31	386.77	329.16	262.06	200.66	158.14
32	394.78	335.98	267.49	204.81	161.41
33	399.79	340.24	270.88	207.41	163.46
34	405.13	344.78	274.50	210.18	165.64
35	407.80	347.06	276.31	211.56	166.73
36	410.47	349.33	278.12	212.95	167.82
37	413.14	351.60	279.92	214.33	168.92
38	415.80	353.87	281.73	215.72	170.01
39	421.14	358.42	285.35	218.49	172.19
40	426.48	362.96	288.97	221.26	174.37
41	434.49	369.78	294.40	225.41	177.65
42	442.17	376.31	299.60	229.40	180.79
43	452.85	385.40	306.83	234.94	185.15
44	466.20	396.76	315.88	241.86	190.61
45	481.88	410.11	326.50	250.00	197.02
46	500.57	426.01	339.17	259.69	204.66
47	521.59	443.90	353.41	270.60	213.26
48	545.62	464.35	369.69	283.07	223.08
49	569.31	484.52	385.74	295.36	232.77
50	596.01	507.24	403.83	309.21	243.69
51	622.37	529.67	421.70	322.89	254.47
52	651.41	554.38	441.37	337.95	266.34
53	680.77	579.37	461.27	353.18	278.34
54	712.47	606.35	482.75	369.63	291.31
55	744.18	633.33	504.23	386.08	304.27
56	778.55	662.59	527.52	403.91	318.32
57	813.26	692.12	551.03	421.92	332.51
58	850.30	723.65	576.13	441.13	347.66
59	868.65	739.27	588.57	450.66	355.16
60	905.69	770.79	613.66	469.87	370.31
61	937.73	798.06	635.37	486.49	383.40
62	958.75	815.95	649.62	497.40	392.00
63	985.12	838.39	667.48	511.08	402.78
64	1,001.13	852.03	678.33	519.39	409.32
65 and over.	1,001.13	852.03	678.33	519.39	409.32

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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 HSP Health Plans

Rates effective January 1, 2016

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

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	245.38	208.84	166.26	127.31	100.33
21	386.43	328.87	261.83	200.48	158.00
22	386.43	328.87	261.83	200.48	158.00
23	386.43	328.87	261.83	200.48	158.00
24	386.43	328.87	261.83	200.48	158.00
25	387.98	330.19	262.88	201.28	158.63
26	395.71	336.77	268.12	205.29	161.79
27	404.98	344.66	274.40	210.10	165.58
28	420.05	357.49	284.61	217.92	171.74
29	432.42	368.01	292.99	224.34	176.80
30	438.60	373.27	297.18	227.55	179.33
31	447.88	381.17	303.46	232.36	183.12
32	457.15	389.06	309.75	237.17	186.91
33	462.95	393.99	313.68	240.18	189.28
34	469.13	399.25	317.86	243.38	191.81
35	472.22	401.89	319.96	244.99	193.07
36	475.31	404.52	322.05	246.59	194.34
37	478.40	407.15	324.15	248.20	195.60
38	481.49	409.78	326.24	249.80	196.87
39	487.68	415.04	330.43	253.01	199.39
40	493.86	420.30	334.62	256.21	201.92
41	503.14	428.19	340.91	261.03	205.71
42	512.02	435.76	346.93	265.64	209.35
43	524.39	446.28	355.31	272.05	214.40
44	539.85	459.44	365.78	280.07	220.72
45	558.01	474.90	378.09	289.49	228.15
46	579.65	493.31	392.75	300.72	237.00
47	603.99	514.03	409.24	313.35	246.95
48	631.82	537.71	428.10	327.79	258.33
49	659.25	561.06	446.69	342.02	269.55
50	690.17	587.37	467.63	358.06	282.19
51	720.70	613.35	488.32	373.90	294.67
52	754.32	641.96	511.10	391.34	308.41
53	788.32	670.90	534.14	408.98	322.32
54	825.03	702.15	559.01	428.03	337.33
55	861.74	733.39	583.89	447.07	352.34
56	901.55	767.26	610.85	467.72	368.61
57	941.74	801.47	638.09	488.57	385.04
58	984.63	837.97	667.15	510.83	402.58
59	1,005.88	856.06	681.55	521.85	411.27
60	1,048.78	892.57	710.61	544.11	428.81
61	1,085.88	924.14	735.75	563.35	443.98
62	1,110.22	944.86	752.24	575.98	453.93
63	1,140.75	970.84	772.93	591.82	466.41
64	1,159.29	986.61	785.49	601.44	474.00
65 and over.	1,159.29	986.61	785.49	601.44	474.00

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

Region 17 Riverside¹ and San Bernardino¹ counties.

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	239.93	204.19	162.57	124.48	98.10
21	377.84	321.57	256.01	196.03	154.49
22	377.84	321.57	256.01	196.03	154.49
23	377.84	321.57	256.01	196.03	154.49
24	377.84	321.57	256.01	196.03	154.49
25	379.36	322.85	257.04	196.81	155.11
26	386.91	329.28	262.16	200.73	158.19
27	395.98	337.00	268.30	205.43	161.90
28	410.72	349.54	278.29	213.08	167.93
29	422.81	359.83	286.48	219.35	172.87
30	428.85	364.98	290.58	222.49	175.34
31	437.92	372.70	296.72	227.19	179.05
32	446.99	380.41	302.86	231.90	182.76
33	452.66	385.24	306.70	234.84	185.08
34	458.70	390.38	310.80	237.98	187.55
35	461.73	392.95	312.85	239.54	188.78
36	464.75	395.53	314.90	241.11	190.02
37	467.77	398.10	316.94	242.68	191.26
38	470.79	400.67	318.99	244.25	192.49
39	476.84	405.82	323.09	247.38	194.96
40	482.89	410.96	327.19	250.52	197.43
41	491.95	418.68	333.33	255.23	201.14
42	500.64	426.07	339.22	259.73	204.70
43	512.74	436.37	347.41	266.01	209.64
44	527.85	449.23	357.65	273.85	215.82
45	545.61	464.34	369.68	283.06	223.08
46	566.77	482.35	384.02	294.04	231.73
47	590.57	502.61	400.15	306.39	241.46
48	617.78	525.76	418.58	320.50	252.59
49	644.60	548.59	436.76	334.42	263.56
50	674.83	574.32	457.24	350.10	275.91
51	704.68	599.72	477.47	365.59	288.12
52	737.55	627.70	499.74	382.64	301.56
53	770.80	655.99	522.27	399.89	315.15
54	806.70	686.54	546.59	418.51	329.83
55	842.59	717.09	570.91	437.14	344.51
56	881.51	750.21	597.28	457.33	360.42
57	920.81	783.66	623.90	477.71	376.49
58	962.75	819.35	652.32	499.47	393.63
59	983.53	837.04	666.40	510.25	402.13
60	1,025.47	872.73	694.82	532.01	419.28
61	1,061.74	903.60	719.40	550.83	434.11
62	1,085.55	923.86	735.53	563.18	443.84
63	1,115.40	949.26	755.75	578.67	456.05
64	1,133.52	964.71	768.03	588.09	463.47
65 and over.	1,133.52	964.71	768.03	588.09	463.47

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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 HSP Health Plans

Rates effective January 1, 2016

Region 18 Orange County.

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	228.92	194.82	155.11	118.76	93.60
21	360.50	306.81	244.26	187.03	147.40
22	360.50	306.81	244.26	187.03	147.40
23	360.50	306.81	244.26	187.03	147.40
24	360.50	306.81	244.26	187.03	147.40
25	361.95	308.04	245.24	187.78	147.99
26	369.16	314.17	250.13	191.52	150.93
27	377.81	321.54	255.99	196.01	154.47
28	391.87	333.50	265.52	203.30	160.22
29	403.40	343.32	273.33	209.29	164.94
30	409.17	348.23	277.24	212.28	167.30
31	417.82	355.59	283.10	216.77	170.83
32	426.48	362.95	288.96	221.26	174.37
33	431.88	367.56	292.63	224.06	176.58
34	437.65	372.47	296.54	227.05	178.94
35	440.54	374.92	298.49	228.55	180.12
36	443.42	377.37	300.45	230.05	181.30
37	446.30	379.83	302.40	231.54	182.48
38	449.19	382.28	304.35	233.04	183.66
39	454.96	387.19	308.26	236.03	186.02
40	460.72	392.10	312.17	239.02	188.37
41	469.38	399.46	318.03	243.51	191.91
42	477.67	406.52	323.65	247.81	195.30
43	489.20	416.34	331.47	253.80	200.02
44	503.62	428.61	341.24	261.28	205.91
45	520.57	443.03	352.72	270.07	212.84
46	540.76	460.21	366.40	280.54	221.10
47	563.47	479.54	381.79	292.33	230.38
48	589.42	501.63	399.37	305.79	240.99
49	615.02	523.42	416.72	319.07	251.46
50	643.86	547.96	436.26	334.03	263.25
51	672.34	572.20	455.55	348.81	274.90
52	703.70	598.89	476.80	365.08	287.72
53	735.43	625.89	498.30	381.54	300.69
54	769.68	655.04	521.50	399.31	314.69
55	803.92	684.18	544.71	417.08	328.70
56	841.06	715.78	569.87	436.34	343.88
57	878.55	747.69	595.27	455.79	359.21
58	918.57	781.75	622.39	476.55	375.57
59	938.39	798.62	635.82	486.84	383.68
60	978.41	832.68	662.93	507.60	400.04
61	1,013.02	862.13	686.38	525.55	414.19
62	1,035.73	881.46	701.77	537.34	423.47
63	1,064.21	905.70	721.07	552.11	435.12
64	1,081.50	920.43	732.78	561.09	442.20
65 and over.	1,081.50	920.43	732.78	561.09	442.20

Region 19 San Diego County.

Age	Platinum 90 HSP	Gold 80 HSP	Silver 70 HSP	Bronze 60 HSP	Minimum Coverage HSP
0-20	231.24	196.80	156.68	119.97	94.54
21	364.15	309.91	246.74	188.92	148.89
22	364.15	309.91	246.74	188.92	148.89
23	364.15	309.91	246.74	188.92	148.89
24	364.15	309.91	246.74	188.92	148.89
25	365.61	311.15	247.72	189.68	149.48
26	372.89	317.35	252.66	193.46	152.46
27	381.63	324.79	258.58	197.99	156.04
28	395.83	336.88	268.20	205.36	161.84
29	407.49	346.79	276.10	211.40	166.61
30	413.31	351.75	280.05	214.43	168.99
31	422.05	359.19	285.97	218.96	172.56
32	430.79	366.63	291.89	223.50	176.14
33	436.26	371.28	295.59	226.33	178.37
34	442.08	376.24	299.54	229.35	180.75
35	445.00	378.71	301.51	230.86	181.94
36	447.91	381.19	303.49	232.37	183.13
37	450.82	383.67	305.46	233.89	184.32
38	453.73	386.15	307.43	235.40	185.52
39	459.56	391.11	311.38	238.42	187.90
40	465.39	396.07	315.33	241.44	190.28
41	474.13	403.51	321.25	245.98	193.85
42	482.50	410.64	326.93	250.32	197.28
43	494.16	420.55	334.82	256.37	202.04
44	508.72	432.95	344.69	263.92	208.00
45	525.84	447.52	356.29	272.80	215.00
46	546.23	464.87	370.11	283.38	223.33
47	569.17	484.40	385.65	295.29	232.71
48	595.39	506.71	403.41	308.89	243.43
49	621.25	528.71	420.93	322.30	254.01
50	650.38	553.51	440.67	337.42	265.92
51	679.15	577.99	460.16	352.34	277.68
52	710.83	604.95	481.63	368.78	290.63
53	742.87	632.22	503.34	385.40	303.73
54	777.47	661.67	526.78	403.35	317.88
55	812.06	691.11	550.22	421.30	332.02
56	849.57	723.03	575.64	440.76	347.36
57	887.44	755.26	601.30	460.40	362.84
58	927.86	789.66	628.69	481.37	379.37
59	947.89	806.71	642.26	491.77	387.56
60	988.31	841.11	669.64	512.74	404.09
61	1,023.27	870.86	693.33	530.87	418.38
62	1,046.21	890.38	708.87	542.77	427.76
63	1,074.98	914.87	728.37	557.70	439.52
64	1,092.45	929.73	740.22	566.76	446.67
65 and over.	1,092.45	929.73	740.22	566.76	446.67

Refer to pages 5-6 for county details. Health Net 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, 2016. These rates are effective for all of 2016 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	\$13.28
PPO adult dental and vision rider	\$13.28
HMO and HSP adult dental and vision rider	\$7.38

Adult rates do not vary by age. Product is optional coverage for adults 19 and older.

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.

We are your Health Net.™

For more information please contact

Health Net

PO Box 1150

Rancho Cordova, CA 95741-1150

Individual & Family Plans

For more information please call 1-877-618-3870

Assistance for the hearing and speech impaired

TTY: 711

www.healthnet.com

Health Net PPO insurance plans, Policy Form # P30601, PPO dental and vision benefits, and Health Net EPO insurance plans, Policy Form # P34401, 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 of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.