

We built our Starting Line-Up (SLU) portfolio for large group employers looking for the simplicity and innovation of our bestselling plans and networks – with sustainable cost-savings. We know that for large groups affordability is a top priority. Our marketable SLU portfolio helps you find the right answers to fit every client’s business needs.

Large Group HMO/EOA medical benefits

Plan code	Plan name	Office visit	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
SmartCare HMO							
FDN	10/250a	\$10	\$10	\$250/admit	Hospital: \$250 ASC: \$100	\$1,500 / \$3,000	\$100
FDO	15/250a	\$15	\$15	\$250/admit	Hospital: \$250 ASC: \$100	\$2,500 / \$5,000	\$100
FDP	20/20%	\$20	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
FDQ	20/500a	\$20	\$20	\$500/admit	Hospital: \$500 ASC: \$200	\$3,500 / \$7,000	\$100
FDR	30/250d	\$30	\$30	\$250/day	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$100
FDS	40/500d	\$40	\$30	\$500/day	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$100
FDT	50/50%	\$50	\$30	50%	Hospital: 50% ASC: 40%	\$5,500 / \$11,000	\$100
FDU	50/1500d	\$50	\$30	\$1,500/day	50%	\$5,850 / \$11,700	30%
FDV	60/1500a	\$60	\$30	\$1,500/admit + 40%	50%	\$5,850 / \$11,700	30%
FDW	60/1500a	\$60	\$30	\$1,500/admit + 40%	50%	\$7,900 / \$15,800	\$300 + 30%
Salud HMO y Más / Salud San Diego							
FEH / FEQ	10/250a	SIMNSA: \$10 \$5 HN: \$10	\$10	SIMNSA: \$0 HN: \$250	SIMNSA: \$0 HN: 20%	\$1,500 / \$3,000	SIMNSA: \$10 HN: \$50
FEJ / FES	15/250a	SIMNSA: \$15 \$5 HN: \$15	\$15	SIMNSA: \$0 HN: \$250	SIMNSA: \$0 HN: 20%	\$2,500 / \$7,500	SIMNSA: \$10 HN: \$50
FEI / FER	15/20%	SIMNSA: \$15 \$5 HN: \$15	\$15	SIMNSA: \$0 HN: 20%	SIMNSA: \$0 HN: 20%	\$2,500 / \$7,500	SIMNSA: \$10 HN: \$50
FEK / FET	30/20%	SIMNSA: \$30 \$5 HN: \$30	\$30	SIMNSA: \$0 HN: 20%	SIMNSA: \$0 HN: 20%	\$2,500 / \$7,500	SIMNSA: \$10 HN: \$50
FEL / FEU	30/30%	SIMNSA: \$30 \$5 HN: \$30	\$30	SIMNSA: \$0 HN: 30%	SIMNSA: \$0 HN: 30%	\$3,000 / \$9,000	SIMNSA: \$10 HN: \$50
FEM / FEV	40/40%	SIMNSA: \$40 \$5 HN: \$40	\$30	SIMNSA: \$0 HN: 40%	SIMNSA: \$0 HN: 40%	SIMNSA: \$1,500 / \$4,500 HN: \$5,500 / \$11,000	SIMNSA: \$10 HN: \$100

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Large Group HMO/EOA medical benefits (continued)

Plan code	Plan name	Office visit	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
FEN / FEW	50/1500d	SIMNSA: \$5 HN: \$50	\$30	SIMNSA: \$0 HN: \$1,500 copay/day	SIMNSA: \$0 HN: 50%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	SIMNSA: \$10 HN: 30%
FEO / FEX	60/1500a	SIMNSA: \$5 HN: \$60	\$30	SIMNSA: \$0 HN: \$1,500/admit + 40%	SIMNSA: \$0 HN: 50%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	SIMNSA: \$10 HN: 30%
FEP / FEY	60/1500a	SIMNSA: \$5 HN: \$60	\$30	SIMNSA: \$0 HN: \$1,500/admit + 40%	SIMNSA: \$0 HN: 50%	SIMNSA: \$1,500 / \$4,500 HN: \$7,900 / \$15,800	SIMNSA: \$10 HN: \$300 + 30%
Salud Mexico – SIMNSA network							
FEG	5/0	\$5		\$0	\$0	\$1,500 / \$4,500	\$10
POS – Elect Open Access (EOA)							
FDX	10/0	HMO: \$10 PPO: \$30	\$10	HMO: \$0	HMO: \$0	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FDY	10/250a	HMO: \$10 PPO: \$35	\$10	HMO: \$250/admit	HMO: \$250	HMO: \$1,500 / \$3,000 PPO: \$4,500 / \$9,000	HMO: \$100
FDZ	15/250a	HMO: \$15 PPO: \$35	\$15	HMO: \$250/admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FE1	20/250a	HMO: \$20 PPO: \$40	\$20	HMO: \$250/admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FE2	20/500a	HMO: \$20 PPO: \$40	\$20	HMO: \$500/admit	HMO: \$500	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FE3	20/500d (4-day max copay per admit)	HMO: \$20 PPO: \$40	\$20	HMO: \$500/day	HMO: \$500	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FE0	20/20%	HMO: \$20 PPO: \$40	\$20	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FE6	30/1000a	HMO: \$30 PPO: \$50	\$30	HMO: \$1,000/admit	HMO: \$1,000	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FE4	30/20%	HMO: \$30 PPO: \$50	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FE5	30/30%	HMO: \$30 PPO: \$50	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100

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Large Group HMO/EOA medical benefits (continued)

Plan code	Plan name	Office visit	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
FE7	40/20%	HMO: \$40 PPO: \$60	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FE8	40/30%	HMO: \$40 PPO: \$60	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FE9	40/40%	HMO: \$40 PPO: \$60	\$30	HMO: 40%	HMO: 40%	HMO: \$5,500 / \$11,000 PPO: \$5,500 / \$11,000	HMO: \$100
FEB	50/1500d (3-day max copay per admit)	HMO: \$50 PPO: \$70	\$30	HMO: \$1,500/day	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	HMO: 30%
FEC	60/1500 + 40%a	HMO: \$60 PPO: \$80	\$30	HMO: \$1,500/admit + 40%	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	HMO: 30%
FEF	60/1500 + 40%a	HMO: \$60 PPO: \$80	\$30	HMO: \$1,500/admit + 40%	HMO: 50%	HMO: \$7,900 / \$15,800 PPO: \$7,900 / \$15,800	HMO: \$300 + 30%
HMO							
FF0	15/0	\$15	\$15	\$0	\$0	\$2,500 / \$7,500	\$100
FEZ	10/250a	\$10	\$10	\$250/admit	\$250	\$1,500 / \$3,000	\$100
FF2	20/250a	\$20	\$20	\$250/admit	\$250	\$2,500 / \$7,500	\$100
FF3	20/500a	\$20	\$20	\$500/admit	\$500	\$3,000 / \$9,000	\$100
FF4	20/500d (4-day max copay per admit)	\$20	\$20	\$500/day	\$500	\$3,000 / \$9,000	\$100
FF1	20/20%	\$20	\$20	20%	20%	\$2,500 / \$7,500	\$100
FF7	30/1000a	\$30	\$30	\$1,000/admit	\$1,000	\$3,000 / \$9,000	\$100
FF5	30/20%	\$30	\$30	20%	20%	\$2,500 / \$7,500	\$100
FF6	30/30%	\$30	\$30	30%	30%	\$3,000 / \$9,000	\$100
FF8	40/20%	\$40	\$30	20%	20%	\$2,500 / \$7,500	\$100
FF9	40/30%	\$40	\$30	30%	30%	\$3,000 / \$9,000	\$100
FFB	40/40%	\$40	\$30	40%	40%	\$5,500 / \$11,000	\$100
FFC	50/1500d (3-day max copay per admit)	\$50	\$30	\$1,500/day	50%	\$5,850 / \$11,700	30%
FFD	60/1500a + 40%	\$60	\$30	\$1,500/admit + 40%	50%	\$5,850 / \$11,700	30%
FFE	60/1500a + 40%	\$60	\$30	\$1,500/admit + 40%	50%	\$7,900 / \$15,800	\$300 + 30%

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Large Group HMO/EOA medical benefits (continued)

Plan code	Plan name	Office visit	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
ExcelCare EOA							
FGO	10/250a	HMO: \$10 PPO: \$35	\$10	HMO: \$250/admit	HMO: \$250	HMO: \$1,500 / \$3,000 PPO: \$4,500 / \$9,000	HMO: \$100
FGP	15/250a	HMO: \$15 PPO: \$35	\$15	HMO: \$250/admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FGR	20/250a	HMO: \$20 PPO: \$40	\$20	HMO: \$250/admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FGS	20/500a	HMO: \$20 PPO: \$40	\$20	HMO: \$500/admit	HMO: \$500	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FGQ	20/20%	HMO: \$20 PPO: \$40	\$20	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FGV	30/1000a	HMO: \$30 PPO: \$50	\$30	HMO: \$1,000/admit	HMO: \$1,000	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FGT	30/20%	HMO: \$30 PPO: \$50	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FGU	30/30%	HMO: \$30 PPO: \$50	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FGW	40/20%	HMO: \$40 PPO: \$60	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	HMO: \$100
FGX	40/30%	HMO: \$40 PPO: \$60	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	HMO: \$100
FGY	40/40%	HMO: \$40 PPO: \$60	\$30	HMO: 40%	HMO: 40%	HMO: \$5,500 / \$11,000 PPO: \$5,500 / \$11,000	HMO: \$100
FGZ	50/1500d (3-day max copay per admit)	HMO: \$50 PPO: \$70	\$30	HMO: \$1,500/day	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	HMO: 30%
FH0	60/1500a + 40%	HMO: \$60 PPO: \$80	\$30	HMO: \$1,500/admit + 40%	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	HMO: 30%
FH1	60/1500a + 40%	HMO: \$60 PPO: \$80	\$30	HMO: \$1,500/admit + 40%	HMO: 50%	HMO: \$7,900 / \$15,800 PPO: \$7,900 / \$15,800	HMO: \$300 + 30%

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Large Group HMO/EOA medical benefits (continued)

<i>Plan code</i>	<i>Plan name</i>	<i>Office visit</i>	<i>MinuteClinic</i>	<i>Inpatient hospital</i>	<i>Outpatient surgery</i>	<i>Out-of-pocket maximum (single / family)</i>	<i>Emergency room</i>
ExcelCare HMO							
FGD	10/250a	\$10	\$10	HMO: \$250/admit	\$250	\$1,500 / \$3,000	\$100
FGF	20/250a	\$20	\$20	HMO: \$250/admit	\$250	\$2,500 / \$7,500	\$100
FGG	20/500a	\$20	\$20	HMO: \$500/admit	\$500	\$3,000 / \$9,000	\$100
FGE	20/20%	\$20	\$20	HMO: 30%	30%	\$2,500 / \$7,500	\$100
FGI	30/1000a	\$30	\$30	HMO: \$1,000/admit	\$1,000	\$3,000 / \$9,000	\$100
FGH	30/30%	\$30	\$30	HMO: 30%	30%	\$3,000 / \$9,000	\$100
FGJ	40/30%	\$40	\$30	HMO: 30%	30%	\$3,000 / \$9,000	\$100
FGK	40/40%	\$40	\$30	HMO: 40%	40%	\$5,500 / \$11,000	\$100
FGL	50/1500d (3-day max copay per admit)	\$50	\$30	HMO: \$1,500/day	50%	\$5,850 / \$11,700	30%
FGM	60/1500a + 40%	\$60	\$30	HMO: \$1,500/admit + 40%	50%	\$5,850 / \$11,700	30%
FGN	60/1500a + 40%	\$60	\$30	HMO: \$1,500/admit + 40%	50%	\$7,900 / \$15,800	\$300 + 30%

Large Group PPO medical benefits

<i>Plan code</i>	<i>Plan name</i>	<i>Office visit</i>	<i>Inpatient hospital</i>	<i>Outpatient surgery</i>	<i>Out-of-pocket maximum (single / family)</i>	<i>Emergency room</i>
PPO¹						
FFF	10/0/90/70	\$10 (ded waived)	10%	10%	\$2,000 / \$6,000	\$100 + 10%
FFG	10/0/90/70	\$10 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%
FGC	10/250/80/60	\$10 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%
FFH	10/250/90/70	\$10 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%
FFI	15/250/90/70	\$15 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%
FFK	15/500/90/70	\$15 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%
FFJ	15/500/80/60	\$15 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%
FFM	20/250/90/70	\$20 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%
FFL	20/250/80/60	\$20 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%
FFN	20/500/80/60	\$20 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%
FFQ	30/500/90/70	\$30 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%
FFP	30/500/80/60	\$30 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%
FFS	30/1000/80/60	\$30 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%
FFO	30/500/70/50	\$30 (ded waived)	30%	30%	\$4,000 / \$12,000	\$100 + 30%
FFT	30/2000/70/50	\$30 (ded waived)	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FFV	30/3000/70/50	\$30 (ded waived)	30%	30%	\$6,000 / \$12,000	\$100 + 30%
FFX	30/4000/70/50	\$30 (ded waived)	30%	30%	\$6,600 / \$13,200	\$100 + 30%
FFR	30/1000/80/60	\$30 (ded waived)	20%	20%	\$3,000 / \$9,000	\$100 + 20%
FFU	30/3000/70/50	\$30 (ded waived)	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FFW	30/4000/70/50	\$30 (ded waived)	30%	30%	\$5,600 / \$11,200	\$100 + 30%
FFY	60/5000/70/50	Visits 1–3: \$60 (ded waived) / Visits 4+: \$60 (ded applies)	30%	30%	\$6,350 / \$12,700	\$300
FFZ	60/5000/70/50	Visits 1–3: \$60 (ded waived) / Visits 4+: \$60 (ded applies)	30%	30%	\$7,900 / \$15,800	\$300
PPO¹ HSA-compatible (Includes pre-set pharmacy plans)						
FG3	2700/70/50 (family plan paired with FG0)	30%	30%	30%	\$3,000 / \$6,000	\$100 + 30%
FG0	1500/70/50 (individual plan paired with FG3)	30%	30%	30%	\$3,000	\$100 + 30%
FHT	2700/70/50	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FG4	2700/100/50	\$0 (ded not waived)	0%	0%	\$2,700 / \$5,400	0%
FG2	2700/70/50	30%	30%	30%	\$3,000 / \$6,000	\$100 + 30%
FG6	3000/70/50	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FG5	2700/100/50 (family plan paired with FG1)	\$0 (ded not waived)	0%	0%	\$2,700 / \$5,400	0%
FG1	2000/100/50 (individual plan paired with FG5)	\$0 (ded not waived)	0%	0%	\$2,000	0%
FG8	3000/100/50	\$0 (ded not waived)	0%	0%	\$3,000 / \$6,000	0%
FG7	3000/80/60	50%	20%	20%	\$4,000 / \$8,000	\$100 + 20%
FGB	5000/80/60	50%	20%	20%	\$6,000 / \$12,000	\$100 + 20%
FG9	4000/100/50	\$0 (ded not waived)	0%	0%	\$4,000 / \$8,000	0%

Large Group HMO/EOA pharmacy benefits

<i>Pharmacy brand deductible</i>	<i>Deductible type (brand only, none)</i>	<i>Retail tier 1</i>	<i>Retail tier 2</i>	<i>Retail tier 3</i>	<i>Associated medical plan</i>
SmartCare HMO Rx choices					
\$0	Brand	\$10	\$30	\$50	Pairable with any SLU SmartCare HMO medical plan
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	
Salud HMO y Más Rx choices					
\$0	None	\$5	\$25	\$45	Pairable with any SLU Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	
EOA Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any SLU EOA/ExcelCare EOA medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	
HMO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any SLU HMO/ExcelCare HMO medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	

Large Group PPO pharmacy benefits

<i>Pharmacy brand deductible</i>	<i>Deductible type (brand only/none)</i>	<i>Retail tier 1</i>	<i>Retail tier 2</i>	<i>Retail tier 3</i>	<i>Associated medical plan</i>
PPO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any SLU PPO medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

Large Group chiropractic and acupuncture benefits

HMO/EOA/ExcelCare EOA/ExcelCare HMO/Salud HMO y Más/Salud San Diego

Acupuncture and chiropractic plan code	Chiropractic-only plan code	Copayment / Visit limit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
BHH	BHB	\$10 / 30 visits	\$1,500 / \$3,000
BHG	BHA	\$10 / 30 visits	\$2,500 / \$7,500
BHI	BHC	\$10 / 30 visits	\$3,000 / \$9,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHK	BHE	\$10 / 30 visits	\$5,850 / \$11,700
BHL	BHF	\$10 / 30 visits	\$7,900 / \$15,800
BHT	BHN	\$25 / 30 visits	\$1,500 / \$3,000
BHS	BHM	\$25 / 30 visits	\$2,500 / \$7,500
BHU	BHO	\$25 / 30 visits	\$3,000 / \$9,000
BHV	BHP	\$25 / 30 visits	\$5,500 / \$11,000
BHW	BHQ	\$25 / 30 visits	\$5,850 / \$11,700
BHX	BHR	\$25 / 30 visits	\$7,900 / \$15,800

SmartCare HMO

Acupuncture and chiropractic plan code	Copayment / Visit limit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
BI2	\$15 / 10 visits	\$1,500 / \$3,000
BHY	\$15 / 10 visits	\$2,500 / \$5,000
BHZ	\$15 / 10 visits	\$2,500 / \$7,500
BI4	\$15 / 10 visits	\$3,500 / \$7,500
BI3	\$15 / 10 visits	\$4,500 / \$9,000
BI5	\$15 / 10 visits	\$5,500 / \$11,000
BI6	\$25 / 10 visits	\$5,850 / \$11,700 (with plans FDU, FDV, FDW)
BI7	\$25 / 10 visits	\$7,900 / \$15,800 (with plans FDU, FDV, FDW)

¹PPO plans can also be paired with an HRA. Please contact your Health Net account executive for more information.

This is a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the plan-specific *Evidence of Coverage*, *Certificate of Insurance* or *Summary of Benefits and Coverage* for all terms and conditions of coverage.

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