

Health Net offers a defined contribution solution to give your midsize clients the same advantage as large group businesses with flexible, cost-saving choices. **New rate guarantee!** Qualified new groups can take advantage of a **second year rate cap**<sup>10</sup> on all Enhanced Choice plans for effective dates 8/1/16-1/1/17. Call your Health Net sales consultant today for details!

### How it works

**101** or more eligible employees, up to 500 **+** flexible employee participation requirements **+** **50%** Employer pays minimum of of the base plan monthly premium<sup>1</sup> **+** Employer selects a maximum of **6** plans<sup>2</sup>  
**= Access to Health Net's Enhanced Choice Large Group Portfolio!**

### Large Group HMO/EOA benefits

Medical							Pharmacy		
Plan code <sup>3</sup>	Plan name	Office visit	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room	Plan code	Rx brand deductible	Rx drug copays
<b>SmartCare HMO</b>							<b>SmartCare HMO Rx choices</b>		
BJ6	15/250a	\$15	\$250	\$100	\$1,500 / \$3,000	\$100	17Q	\$100	\$10 / \$30 / \$50
BJ7	20/500a	\$20	\$500	\$200	\$2,500 / \$5,000	\$100	17R	\$100	\$15 / \$30 / \$50
BJ8	30/250d	\$30	\$250/day	\$100	\$3,500 / \$7,000	\$100	22Y	\$300	\$20 / \$40 / \$60
BJ9	40/500d	\$40	\$500/day	\$200	\$3,500 / \$7,000	\$100			
BJB	50/50%	\$50	50%	40%	\$4,500 / \$9,000	\$100			
CK9	50/1500d	\$50	\$1,500/day	50%	\$4,850 / \$9,700	30%			
CKB	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	30%			
CNV	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	\$300 + 30%			
<b>Salud HMO y Más<sup>3</sup></b>							<b>Salud HMO y Más Rx choices</b>		
BKD	15/250a	\$15	\$250	20%	\$1,500 / \$4,500	\$50	17Y	None	\$5 / \$25 / \$45
BKG	15/20%	\$15	20%	20%	\$1,500 / \$4,500	\$50	17Z	None	\$10 / \$30 / \$50
BKJ	30/20%	\$30	20%	20%	\$1,500 / \$4,500	\$50			
BKH	30/30%	\$30	30%	30%	\$2,000 / \$6,000	\$50			
C8B	40/40%	\$40	40%	40%	\$4,500 / \$9,000	\$100			
D3P	50/1500d	\$50	\$1,500/day	50%	\$4,850 / \$9,700	30%			
D3Q	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	30%			
D3R	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	\$300 + 30%			
<b>EOA<sup>4</sup></b>							<b>EOA Rx choices</b>		
BK2	20/500a	HMO: \$20 PPO: \$40	\$500	\$500	HMO: \$2,000 / \$6,000 PPO: \$4,500 / \$9,000	\$100	17X	None	\$10 / \$30 / \$50
BK3	30/1000a	HMO: \$30 PPO: \$50	\$1,000	\$1,000	HMO: \$2,000 / \$6,000 PPO: \$4,500 / \$9,000	\$100	17V	\$100	\$15 / \$35 / \$55
BK8	30/30%	HMO: \$30 PPO: \$50	30%	30%	HMO: \$2,000 / \$6,000 PPO: \$4,500 / \$9,000	\$100	22Z	\$300	\$20 / \$40 / \$60
BKC	40/40%	HMO: \$40 PPO: \$60	40%	40%	HMO: \$4,500 / \$9,000 PPO: \$4,500 / \$9,000	\$100			
CKG	50/1500d	HMO: \$50 PPO: \$70	\$1,500/day	50%	HMO: \$4,850 / \$9,700 PPO: \$4,850 / \$9,700	30%			
CKE	60/1500a	HMO: \$60 PPO: \$80	\$1,500 + 40%	50%	HMO: \$4,850 / \$9,700 PPO: \$4,850 / \$9,700	30%			
CNW	60/1500a	HMO: \$60 PPO: \$80	\$1,500 + 40%	50%	HMO: \$4,850 / \$9,700 PPO: \$4,850 / \$9,700	\$300 + 30%			
<b>HMO<sup>4</sup></b>							<b>HMO Rx choices</b>		
BJK	20/500a	\$20	\$500	\$500	\$2,000 / \$6,000	\$100	17S	None	\$10 / \$30 / \$50
BJL	30/1000a	\$30	\$1,000	\$1,000	\$2,000 / \$6,000	\$100	17M	\$100	\$15 / \$35 / \$55
BJS	30/30%	\$30	30%	30%	\$2,000 / \$6,000	\$100	22X	\$300	\$20 / \$40 / \$60
BJU	40/40%	\$40	40%	40%	\$4,500 / \$9,000	\$100			
CK7	50/1500d	\$50	\$1,500/day	50%	\$4,850 / \$9,700	30%			
CK8	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	30%			
CNX	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	\$300 + 30%			
<b>ExcelCare EOA</b>							<b>ExcelCare EOA Rx choices</b>		
BMV	20/500a	HMO: \$20 PPO: \$40	\$500	\$500	HMO: \$2,000 / \$6,000 PPO: \$4,500 / \$9,000	\$100	17X	None	\$10 / \$30 / \$50
BMW	30/1000a	HMO: \$30 PPO: \$50	\$1,000	\$1,000	HMO: \$2,000 / \$6,000 PPO: \$4,500 / \$9,000	\$100	17V	\$100	\$15 / \$35 / \$55
BN1	30/30%	HMO: \$30 PPO: \$50	30%	30%	HMO: \$2,000 / \$6,000 PPO: \$4,500 / \$9,000	\$100	22Z	\$300	\$20 / \$40 / \$60
BN4	40/40%	HMO: \$40 PPO: \$60	40%	40%	HMO: \$4,500 / \$9,000 PPO: \$4,500 / \$9,000	\$100			
CKH	50/1500d	HMO: \$50 PPO: \$70	\$1,500/day	50%	HMO: \$4,850 / \$9,700 PPO: \$4,850 / \$9,700	30%			
CKF	60/1500a	HMO: \$60 PPO: \$80	\$1,500 + 40%	50%	HMO: \$4,850 / \$9,700 PPO: \$4,850 / \$9,700	30%			
CNZ	60/1500a	HMO: \$60 PPO: \$80	\$1,500 + 40%	50%	HMO: \$4,850 / \$9,700 PPO: \$4,850 / \$9,700	\$300 + 30%			

(continued)

## Large Group HMO/EOA benefits (continued)

Medical								Pharmacy		
Plan code <sup>3</sup>	Plan name	Office visit	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room	Plan code	Rx brand deductible	Rx drug copays	
<b>ExcelCare HMO</b>								<b>ExcelCare HMO Rx choices</b>		
BM8	20/500a	\$20	\$500	\$500	\$2,000 / \$6,000	\$100	17S	None	\$10 / \$30 / \$50	
BM9	30/1000a	\$30	\$1,000	\$1,000	\$2,000 / \$6,000	\$100	17M	\$100	\$15 / \$35 / \$55	
BMG	30/30%	\$30	30%	30%	\$2,000 / \$6,000	\$100	22X	\$300	\$20 / \$40 / \$60	
BMM	40/40%	\$40	40%	40%	\$4,500 / \$9,000	\$100				
CKC	50/1500d	\$50	\$1,500/day	50%	\$4,850 / \$9,700	30%				
CKD	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	30%				
CNY	60/1500a	\$60	\$1,500 + 40%	50%	\$4,850 / \$9,700	\$300 + 30%				

## Large Group PPO benefits

Medical									Pharmacy		
Plan code	Plan name	Office visit	Deductible (single / family)	Coinsurance	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room	Plan code	Rx brand deductible	Rx drug copays
<b>PPO/OOS PPO</b>									<b>PPO/OOS PPO Rx choices</b>		
BL6	20/250/80/60	\$20	\$250 / \$750	20%	20%	20%	\$3,000 / \$9,000	\$100 + 20%	18T <sup>9</sup> / 19T <sup>9</sup>	None	\$10 / \$30 / \$50
BL7	20/500/80/60	\$20	\$500 / \$1,500	20%	20%	20%	\$3,000 / \$9,000	\$100 + 20%	18Z <sup>9</sup> / 19Z <sup>9</sup>	\$100	\$15 / \$35 / \$55
BL8	30/500/90/70	\$30	\$500 / \$1,500	10%	10%	10%	\$2,000 / \$6,000	\$100 + 10%	18C <sup>5,9</sup> / 19C <sup>5,9</sup>	\$300	\$15 / \$40 / \$60
BLB <sup>9</sup>	30/1000/80/60	\$30	\$1,000 / \$3,000	20%	20%	20%	\$3,000 / \$9,000	\$100 + 20%	18Y <sup>8,9</sup> / 19Y <sup>8,9</sup>	\$100	\$15 / \$35 / \$55
BLC <sup>9</sup>	30/2000/70/50	\$30	\$2,000 / \$6,000	30%	30%	30%	\$4,000 / \$8,000	\$100 + 30%	18A <sup>8,9</sup> / 19A <sup>8,9</sup>	\$300	\$15 / \$40 / \$60
BLD <sup>9</sup>	30/3000/70/50	\$30	\$3,000 / \$9,000	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%			
BA3 <sup>9</sup>	60/5000/70/50	\$60	\$5,000 / \$10,000	30%	30%	30%	\$6,350 / \$12,700	\$300			

## HSA/HRA PPO and OOS PPO<sup>9</sup>

Medical									Pharmacy		
Plan code	Plan name	Office visit	Deductible (single / family)	Coinsurance	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room	Plan code	Rx brand deductible	Rx drug copays
<b>HSA/HRA PPO and OOS PPO Rx required plans</b>									<b>HSA/HRA PPO and OOS PPO Rx required plans</b>		
CHF <sup>6,C</sup> / CH4 <sup>7,C</sup>	1500/70/50	30%	\$1,500 / \$3,000	30%	30%	30%	\$3,000 / \$6,000	\$100 + 10%	41A <sup>6</sup> / 42A <sup>6</sup> 41E <sup>7</sup> / 42E <sup>7</sup>	Subject to annual ded.	\$15 / \$30 / \$50
BM1 <sup>6,C</sup> / CUX <sup>7,C</sup>	2000/100/50	\$0	\$2,000 / \$4,000	20%	20%	20%	\$2,000 / \$4,000	\$100 + 20%	18K <sup>6</sup> / 19K <sup>6</sup> 21U <sup>7</sup> / 21V <sup>7</sup>	Subject to annual ded.	\$0
CHG <sup>6,E</sup> / CH5 <sup>7,E</sup>	2600/70/50	30%	\$2,600 / \$5,200	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%	41B <sup>6</sup> / 42B <sup>6</sup> 41F <sup>7</sup> / 42F <sup>7</sup>	Subject to annual ded.	\$15 / \$30 / \$50
BM2 <sup>6,C</sup> / CUW <sup>7,C</sup>	3000/100/50	\$0	\$3,000 / \$6,000	0%	0%	0%	\$3,000 / \$6,000	0%	18L <sup>6</sup> / 19L <sup>6</sup> 21W <sup>7</sup> / 21X <sup>7</sup>	Subject to annual ded.	\$0
CHE <sup>6,E</sup> / CH6 <sup>7,E</sup>	3000/70/50	30%	\$3,000 / \$6,000	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%	41C <sup>6</sup> / 42C <sup>6</sup> 41G <sup>7</sup> / 42G <sup>7</sup>	Subject to annual ded.	\$15 / \$30 / \$50
D3L <sup>6,E</sup> / CH7 <sup>7,E</sup>	3000/80/60	50%	\$3,000 / \$6,000	20%	20%	20%	\$4,000 / \$8,000	\$100 + 20%	43N <sup>6</sup> / 43P <sup>6</sup> 41H <sup>7</sup> / 42H <sup>7</sup>	Subject to annual ded.	\$10 / \$25 / \$50
D3M <sup>6,E</sup> / CH8 <sup>7,E</sup>	5000/80/60	50%	\$5,000 / \$10,000	20%	20%	20%	\$6,000 / \$12,000	\$100 + 20%	43Q <sup>6</sup> / 43R <sup>6</sup> 41J <sup>7</sup> / 42J <sup>7</sup>	Subject to annual ded.	\$10 / \$25 / \$50
CHH <sup>6,E</sup> / CUV <sup>7,E</sup>	4000/100/50	\$0	\$4,000 / \$8,000	0%	0%	0%	\$4,000 / \$8,000	0%	41D <sup>6</sup> / 42D <sup>6</sup> 21Y <sup>7</sup> / 21Z <sup>7</sup>	Subject to annual ded.	\$0

## Large Group chiropractic benefits

### HMO/EOA/ExcelCare EOA/ExcelCare HMO/Salud HMO y Más

Plan code	Plan name	Office visit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
5O	Chiro \$10 / 30 visits	\$10	\$1,500 / \$4,500
CI	Chiro \$10 / 30 visits	\$10	\$2,000 / \$6,000
EM	Chiro \$10 / 30 visits	\$10	\$4,500 / \$9,000
B2T	Chiro \$25 / 30 visits	\$25	\$4,850 / \$9,700

### How it works

<sup>1</sup>There are different minimum employer contribution requirements for employer groups with no prior coverage (a.k.a. virgin groups). Please contact your Health Net sales consultant for further details.

<sup>2</sup>Choose up to 3 plans if you are an employer offering benefits for the first time.

### Large Group HMO/EOA benefits

<sup>3</sup>Plan codes could differ by geography.

<sup>4</sup>Only one full network option can be chosen (HMO or EOA).

### Large Group PPO and HSA/HRA PPO benefits

<sup>5</sup>Must be packaged with PPO plan BA3.

<sup>6</sup>Health Net's non-integrated Compatible HSA/HRA plan.

<sup>7</sup>Health Net's Integrated HSA/HRA with HealthEquity plan.

### Large Group PPO and HSA/HRA PPO benefits (continued)

<sup>8</sup>Must be packaged with PPO plan BLD.

<sup>9</sup>Plan(s) is/are available in the PPO-Only Package. Choose up to 3 PPO plans: one PPO high option (BLB or BLC), one PPO low option (BLD or BA3), and any HSA PPO or HRA PPO plan. Pair with specified pharmacy plan. Contact your Health Net sales consultant for more details.

<sup>C</sup>Comprehensive.

<sup>E</sup>Embedded.

<sup>10</sup>Rate guarantee eligibility is determined on a case by case basis. For qualifications and other important details, terms and conditions, refer to the New Business Rate Guarantee

Agreement document, available from your Health Net sales consultant.

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