

CaliforniaChoice Benefits *and* Rates Guide

Choice made simple

New and renewing business, effective January 1, 2019, to March 15, 2019 – pending regulatory review



Vicki Major,
Health Net

*We put the pieces together for
sustainable affordability.*



Health Net®

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New and renewing business, effective January 1, 2019, to March 15, 2019

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CalChoice WholeCare HMO, SmartCare HMO, Salud HMO y Más, and CommunityCare HMO Rates

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WholeCare HMO

Plan footnotes found on page 33.

Benefit description	WholeCare HMO				
	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
Unlimited lifetime maximum¹	✓	✓	✓	✓	✓
Plan maximums					
Out-of-pocket maximum (single / family)	\$2,250 / \$4,500	\$6,850 / \$13,700	\$7,000 / \$14,000	\$6,000 / \$12,000	\$7,350 / \$14,700
Professional services					
Office visit copay	\$30	\$30	\$45	\$35	\$45
Specialist visit	\$50	\$45	\$60	\$55	\$60
Telehealth services through Teladoc ²	\$0	\$0	\$0	\$0	\$0
MinuteClinic services ³	\$30	\$30	\$30	\$30	\$30
Preventive care services ⁴	\$0	\$0	\$0	\$0	\$0
X-ray / Laboratory procedures	\$50 / \$20	\$50 / \$40	\$50 / \$40	\$50 / \$40	\$50 / \$40
Rehabilitation and habilitation therapy	\$30	\$30	\$45	\$35	\$45
Outpatient services					
Outpatient surgery ASC / Hospital (includes facility fee and physician/surgeon fees)	\$150 / \$150	40%	40%	\$480 / \$1,200	40% / 50%
Hospital services					
Inpatient hospital stay (includes maternity)	\$500 per day (4-day max copayment per admission)	\$650 per admission	\$800 per admission	\$750 per day (3-day max copayment per admission)	50%
Skilled nursing facility	\$25 per day	\$25 per day	\$25 per day	\$25 per day	\$25 per day
Emergency services					
Emergency room (copay waived if admitted)	\$250	\$250	\$300	\$300	50%
Urgent care	\$30	\$45	\$60	\$55	\$60
Ambulance services (ground and air)	\$100	\$250	\$300	\$300	50%
Mental/Behavioral health / Substance use disorder services⁵					
Mental/Behavioral health / Substance use disorder (inpatient)	\$500 per day (4-day max copayment per admission)	\$650 per admission	\$800 per admission	\$750 per day (3-day max copayment per admission)	50%
Mental/Behavioral health / Substance use disorder office visit (outpatient)	\$30	\$30	\$45	\$35	\$45
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0	\$0	\$0	\$0	\$0
Home health care services (100 visits per calendar year)	\$30/visit	\$30	\$45	\$35/visit	\$45
Other services					
Durable medical equipment	30%	40%	40%	30%	50%
Acupuncture (medically necessary) ⁶	\$10	\$10	\$10	\$10	\$10
Chiropractic services	Not covered	Not covered	Not covered	Not covered	Not covered
Self-injectables (other than insulin) ⁷	30%	40%	40%	30%	50%
Prescription drug coverage^{8,9}					
Brand-name calendar year deductible (per member)	\$0	\$0	\$0	\$0	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$20 / \$30	\$10 / \$50 / \$60	\$10 / \$50 / \$60	\$15 / \$50 / \$70	\$20 (ded. waived) / 50% / 50% (\$250 max per 30-day script after deductible)
Tier 4 Specialty drugs ^{7,8}	30%	40%	40%	30%	50%
Pediatric dental¹⁰					
Diagnostic and preventive services	\$0	\$0	\$0	\$0	\$0
Pediatric vision¹¹					
Routine eye exam	\$0	\$0	\$0	\$0	\$0
Glasses (limitations apply)	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year

SmartCare HMO

Plan footnotes found on page 33.

Benefit description	SmartCare HMO	
	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility
Unlimited lifetime maximum¹	✓	✓
Plan maximums		
Out-of-pocket maximum (single / family)	\$2,250 / \$4,500	\$6,000 / \$12,000
Professional services		
Office visit copay	\$30	\$35
Specialist visit	\$50	\$55
Telehealth services through Teladoc ²	\$0	\$0
MinuteClinic services ³	\$30	\$30
Preventive care services ⁴	\$0	\$0
X-ray / Laboratory procedures	\$50 / \$20	\$50 / \$40
Rehabilitation and habilitation therapy	\$30	\$35
Outpatient services		
Outpatient surgery ASC / Hospital (includes facility fee and physician/surgeon fees)	\$150 / \$150	\$480 / \$1,200
Hospital services		
Inpatient hospital stay (includes maternity)	\$500 per day (4-day max copayment per admission)	\$750 per day (3-day max copayment per admission)
Skilled nursing facility	\$25 per day	\$25 per day
Emergency services		
Emergency room (copay waived if admitted)	\$250	\$300
Urgent care	\$30	\$55
Ambulance services (ground and air)	\$100	\$300
Mental/Behavioral health / Substance use disorder services⁵		
Mental/Behavioral health / Substance use disorder (inpatient)	\$500 per day (4-day max copayment per admission)	\$750 per day (3-day max copayment per admission)
Mental/Behavioral health / Substance use disorder office visit (outpatient)	\$30	\$35
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0	\$0
Home health care services (100 visits per calendar year)	\$30/visit	\$35/visit
Other services		
Durable medical equipment	30%	30%
Acupuncture (medically necessary) ⁶	\$10	\$10
Chiropractic services	Not covered	Not covered
Self injectables (other than insulin) ⁷	30%	30%
Prescription drug coverage^{8,9}		
Brand-name calendar year deductible (per member)	\$0	\$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$20 / \$30	\$15 / \$50 / \$70
Tier 4 Specialty drugs ^{7,8}	30%	30%
Pediatric dental¹⁰		
Diagnostic and preventive services	\$0	\$0
Pediatric vision¹¹		
Routine eye exam	\$0	\$0
Glasses (limitations apply)	1 pair per year	1 pair per year

Salud HMO y Más

Plan footnotes found on pages 33–34.

Benefit description	Salud HMO y Más			
	CalChoice Salud HMO y Más Platinum D + Infertility	SIMNSA Network (Mexico members; self-referral for California members) ¹	CalChoice Salud HMO y Más Gold D + Infertility	SIMNSA Network (Mexico members; self-referral for California members) ¹
Unlimited lifetime maximum²	✓	✓	✓	✓
Plan maximums³ Out-of-pocket maximum (single / family)	\$2,250 / \$4,500	\$1,500 / \$4,500	\$6,000 / \$12,000	\$1,500 / \$4,500
Professional services				
Office visit copay	\$30	\$5	\$35	\$5
Specialist visit	\$50	\$5	\$55	\$5
Telehealth services through Teladoc ⁴	\$0	Not covered	\$0	Not covered
MinuteClinic services ⁵	\$30	N/A	\$30	N/A
Preventive care services ⁶	\$0	\$0	\$0	\$0
X-ray / Laboratory procedures	\$50 / \$20	\$0 / \$0	\$50 / \$40	\$0 / \$0
Rehabilitation and habilitation therapy	\$30	\$5	\$35	\$5
Outpatient services				
Outpatient surgery ASC / Hospital (includes facility fee and physician/surgeon fees)	\$150 / \$150	\$0 / \$0	\$480 / \$1,200	\$0 / \$0
Hospital services				
Inpatient hospital stay (includes maternity)	\$500 per day (4-day max copayment per admission)	\$0 per admission	\$750 per day (3-day max copayment per admission)	\$0 per admission
Skilled nursing facility	\$25 per day	\$0 per day	\$25 per day	\$0 per day
Emergency services				
Emergency room (copay waived if admitted)	\$250	\$10	\$300	\$10
Urgent care	\$30	\$10	\$55	\$10
Ambulance services (ground and air)	\$100	\$0	\$300	\$0
Mental/Behavioral health / Substance use disorder services^{7,8}				
Mental/Behavioral health / Substance use disorder (inpatient)	\$500 per day (4-day max copayment per admission)	\$0 per admission ⁸	\$750 per day (3-day max copayment per admission)	\$0 per admission ⁸
Mental/Behavioral health / Substance use disorder office visit (outpatient)	\$30	\$5 ⁸	\$35	\$5 ⁸
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0	\$0	\$0	\$0
Home health care services (100 visits per calendar year)	\$30/visit	Not covered	\$35/visit	Not covered
Other services				
Durable medical equipment	30%	\$0	30%	\$0
Acupuncture (medically necessary) ⁹	\$10	Not covered	\$10	Not covered
Chiropractic services	Not covered	Not covered	Not covered	Not covered
Self injectables (other than insulin) ¹⁰	30%	\$5	30%	\$5
Prescription drug coverage^{11,12}				
Brand-name calendar year deductible (per member)	\$0	\$0	\$0	\$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$20 / \$30	\$5 / \$5 / \$5	\$15 / \$50 / \$70	\$5 / \$5 / \$5
Tier 4 Specialty drugs ^{10,11}	30%	\$5	30%	\$5
Pediatric dental¹³				
Diagnostic and preventive services	\$0	Not covered	\$0	Not covered
Pediatric vision¹⁴				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	1 pair per year	Not covered	1 pair per year	Not covered

CommunityCare HMO

Plan footnotes found on page 34.

Benefit description	CommunityCare HMO
	CalChoice CommunityCare HMO Silver B
Unlimited lifetime maximum	✓
Plan maximums	
Out-of-pocket maximum (single / family)	\$7,350 / \$14,700
Professional services	
Office visit copay	\$45
Specialist visit	\$60
Telehealth services through Teladoc ¹	\$0
MinuteClinic services ²	\$30
Preventive care services ³	\$0
X-ray / Laboratory procedures	\$50 / \$40
Rehabilitation and habilitation therapy	\$45
Outpatient services	
Outpatient surgery ASC / Hospital (includes facility fee and physician/surgeon fees)	40% / 50%
Hospital services	
Inpatient hospital stay (includes maternity)	50%
Skilled nursing facility	\$25 per day
Emergency services	
Emergency room (copay waived if admitted)	50%
Urgent care	\$60
Ambulance services (ground and air)	50%
Mental/Behavioral health / Substance use disorder services⁴	
Mental/Behavioral health / Substance use disorder (inpatient)	50%
Mental/Behavioral health / Substance use disorder office visit (outpatient)	\$45
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0
Home health care services (100 visits per calendar year)	\$45
Other services	
Durable medical equipment	50%
Acupuncture (medically necessary) ⁵	\$10
Chiropractic services	Not covered
Self-injectables (other than insulin) ⁶	50%
Prescription drug coverage^{7,8}	
Brand-name calendar year deductible (per member)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$20 (ded. waived) / 50% / 50% (\$250 max per 30-day script after deductible)
Tier 4 Specialty drugs ^{6,7}	50%
Pediatric dental⁹	
Diagnostic and preventive services	\$0
Pediatric vision¹⁰	
Routine eye exam	\$0
Glasses (limitations apply)	1 pair per year

HSP

Plan footnotes found on page 35.

<i>Benefit description</i>	<i>PureCare HSP</i>	
Unless otherwise noted, deductible applies.	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
Unlimited lifetime maximum¹	✓	✓
Calendar year deductible	\$1,500 / \$3,000	\$5,000 / \$10,000
Plan maximums		
Out-of-pocket maximum (single / family)	\$7,150 / \$14,300	\$7,150 / \$14,300
Professional services		
Office visit copay	\$30	\$45
Specialist visit	\$45	\$60
Telehealth services through Teladoc ²	\$0 (ded. waived)	\$0 (ded. waived)
MinuteClinic services	Not covered	Not covered
Preventive care services ³	\$0 (ded. waived)	\$0 (ded. waived)
X-ray / Laboratory procedures	\$30	50%
Rehabilitation and habilitation therapy	\$30	\$45
Outpatient services		
Outpatient surgery ASC / Hospital (includes facility fee and physician/surgeon fees)	50%	50%
Hospital services		
Inpatient hospital stay (includes maternity)	50%	50%
Skilled nursing facility	50%	50%
Emergency services		
Emergency room (copay waived if admitted)	50%	50%
Urgent care	\$45	\$60
Ambulance services (ground and air)	50%	50%
Mental/Behavioral health / Substance use disorder services⁴		
Mental/Behavioral health / Substance use disorder (inpatient)	50%	50%
Mental/Behavioral health / Substance use disorder (outpatient)	\$30	\$45
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0 (ded. waived)	\$0 (ded. waived)
Home health care services (100 visits per calendar year)	50%	50%
Other services		
Durable medical equipment	50%	50%
Acupuncture (medically necessary) ⁵	\$10	\$10
Chiropractic services	Not covered	Not covered
Self-injectables (other than insulin) ⁶	50%	50%
Prescription drug coverage^{7,8}		
Brand-name calendar year deductible (per member)	\$0	\$500 individual / \$1,000 family
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$10 / \$30 / 50%	\$15 / \$45 / 50% (maximum out-of-pocket cost per 30-day script: \$500 after prescription drug deductible)
Tier 4 Specialty drugs ^{6,7}	50%	50% (maximum out-of-pocket cost per 30-day script: \$500 after prescription drug deductible)
Pediatric dental⁹		
Diagnostic and preventive services	\$0	\$0
Pediatric vision¹⁰		
Routine eye exam	\$0	\$0
Glasses (limitations apply)	1 pair per year	1 pair per year

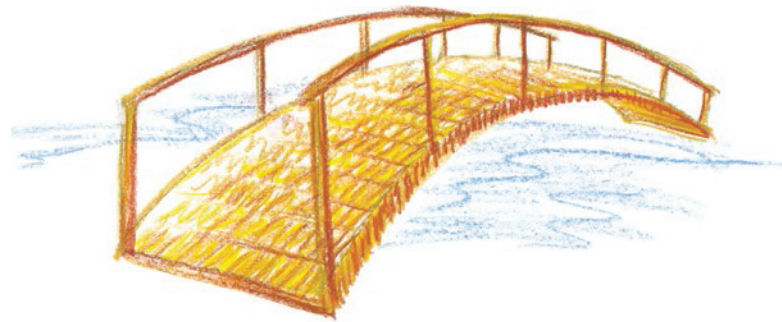
Medical rating regions

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 1	Nevada County
Region 2	Marin, Napa, Solano, and Sonoma counties
Region 3	El Dorado, Placer, Sacramento, and Yolo counties
Region 4	San Francisco County
Region 5	Contra Costa County
Region 6	Alameda 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
Region 11	Fresno, Kings and Madera counties
Region 12	Santa Barbara and Ventura counties
Region 14	Kern County
Region 15	Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935.
Region 16	Los Angeles County. ZIP codes not including ZIP codes in region 15.
Region 17	Riverside and San Bernardino counties
Region 18	Orange County
Region 19	San Diego County

Calculate your rate

The medical premium for a family is calculated using the sum of premiums for each family member 21 years of age and older. To calculate the premiums for all dependents under 21, use the sum of no more than the three oldest covered children.



CalChoice WholeCare HMO,
SmartCare HMO,
Salud HMO y Más, and
CommunityCare HMO
Rates

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 1 Nevada County.

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

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
0-14	390.77	382.25	370.31	369.75	343.31	468.23	458.01	444.54	443.00	411.25
15	425.12	415.85	403.23	402.23	373.44	509.46	498.33	484.06	481.99	447.42
16	438.25	428.69	415.82	414.65	384.96	525.23	513.75	499.17	496.90	461.25
17	451.39	441.53	428.40	427.07	396.48	540.99	529.17	514.27	511.81	475.08
18	465.53	455.36	441.96	440.45	408.88	557.97	545.77	530.55	527.86	489.97
19	479.67	469.20	455.51	453.82	421.29	574.95	562.38	546.82	543.92	504.87
20	494.32	483.52	469.55	467.67	434.14	592.54	579.57	563.67	560.54	520.29
21	509.48	498.34	484.07	482.00	447.43	610.73	597.36	581.10	577.75	536.25
22	509.48	498.34	484.07	482.00	447.43	610.73	597.36	581.10	577.75	536.25
23	509.48	498.34	484.07	482.00	447.43	610.73	597.36	581.10	577.75	536.25
24	509.48	498.34	484.07	482.00	447.43	610.73	597.36	581.10	577.75	536.25
25	511.50	500.32	486.01	483.91	449.21	613.15	599.74	583.43	580.04	538.38
26	521.60	510.20	495.69	493.46	458.07	625.28	611.60	595.05	591.51	549.01
27	533.72	522.05	507.30	504.93	468.70	639.83	625.83	608.99	605.27	561.78
28	553.42	541.32	526.18	523.56	485.98	663.48	648.96	631.66	627.63	582.52
29	569.59	557.13	541.67	538.84	500.16	682.89	667.93	650.25	645.98	599.55
30	577.67	565.03	549.42	546.48	507.25	692.59	677.42	659.55	655.16	608.06
31	589.79	576.89	561.04	557.95	517.88	707.14	691.65	673.50	668.92	620.82
32	601.91	588.74	572.65	569.41	528.52	721.70	705.88	687.44	682.68	633.59
33	609.49	596.15	579.91	576.58	535.16	730.79	714.78	696.16	691.28	641.57
34	617.57	604.06	587.66	584.22	542.25	740.49	724.27	705.46	700.45	650.08
35	621.61	608.01	591.53	588.04	545.80	745.34	729.01	710.11	705.04	654.33
36	625.65	611.96	595.40	591.86	549.34	750.20	733.76	714.75	709.63	658.59
37	629.70	615.91	599.28	595.68	552.89	755.05	738.50	719.40	714.22	662.84
38	633.74	619.86	603.15	599.50	556.43	759.90	743.24	724.05	718.80	667.10
39	641.82	627.77	610.90	607.15	563.52	769.60	752.73	733.35	727.98	675.61
40	649.90	635.67	618.64	614.79	570.61	779.30	762.22	742.65	737.15	684.12
41	662.02	647.53	630.26	626.25	581.24	793.85	776.45	756.59	750.91	696.88
42	673.64	658.89	641.39	637.24	591.43	807.80	790.09	769.96	764.10	709.12
43	689.81	674.70	656.88	652.52	605.61	827.21	809.07	788.55	782.45	726.14
44	710.01	694.46	676.24	671.63	623.34	851.46	832.79	811.80	805.39	747.41
45	733.75	717.67	699.00	694.08	644.16	879.96	860.66	839.11	832.33	772.41
46	762.04	745.34	726.10	720.83	668.97	913.92	893.87	871.65	864.45	802.20
47	793.86	776.46	756.60	750.92	696.89	952.12	931.23	908.26	900.57	835.71
48	830.23	812.03	791.45	785.31	728.79	995.78	973.93	950.10	941.85	874.01
49	866.09	847.10	825.82	819.22	760.25	1,038.83	1,016.03	991.36	982.56	911.77
50	906.50	886.62	864.55	857.43	795.70	1,087.34	1,063.47	1,037.85	1,028.44	954.32
51	946.41	925.65	902.79	895.17	830.70	1,135.25	1,110.32	1,083.75	1,073.73	996.34
52	990.35	968.62	944.90	936.72	869.25	1,188.00	1,161.91	1,134.31	1,123.62	1,042.62
53	1,034.81	1,012.09	987.50	978.76	908.24	1,241.36	1,214.10	1,185.45	1,174.08	1,089.42
54	1,082.79	1,059.02	1,033.49	1,024.13	950.33	1,298.97	1,270.43	1,240.65	1,228.55	1,139.95
55	1,130.78	1,105.95	1,079.47	1,069.51	992.42	1,356.57	1,326.77	1,295.86	1,283.02	1,190.49
56	1,182.81	1,156.83	1,129.33	1,118.71	1,038.06	1,419.03	1,387.85	1,355.71	1,342.08	1,245.27
57	1,235.34	1,208.21	1,179.68	1,168.39	1,084.14	1,482.09	1,449.52	1,416.14	1,401.72	1,300.59
58	1,291.41	1,263.04	1,233.41	1,221.40	1,133.32	1,549.40	1,515.35	1,480.65	1,465.36	1,359.63
59	1,319.19	1,290.21	1,260.03	1,247.68	1,157.69	1,582.75	1,547.96	1,512.61	1,496.90	1,388.88
60	1,375.26	1,345.04	1,313.76	1,300.69	1,206.88	1,650.06	1,613.79	1,577.11	1,560.55	1,447.92
61	1,423.75	1,392.47	1,360.23	1,346.55	1,249.41	1,708.27	1,670.72	1,632.89	1,615.59	1,498.99
62	1,455.58	1,423.59	1,390.73	1,376.64	1,277.33	1,746.48	1,708.08	1,669.50	1,651.72	1,532.50
63	1,495.48	1,462.61	1,428.97	1,414.38	1,312.33	1,794.38	1,754.93	1,715.41	1,697.02	1,574.52
64 +	1,519.74	1,486.32	1,452.21	1,437.30	1,333.59	1,823.49	1,783.38	1,743.30	1,724.55	1,600.05

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 3 El Dorado, Placer, Sacramento, and Yolo counties.

Region 4 San Francisco County.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
0-14	391.22	382.69	370.74	370.18	343.70	409.88	400.94	388.63	387.82	360.07
15	425.61	416.32	403.70	402.70	373.87	445.93	436.19	423.17	421.91	391.69
16	438.76	429.18	416.30	415.13	385.40	459.71	449.67	436.38	434.94	403.78
17	451.91	442.04	428.90	427.56	396.93	473.49	463.15	449.59	447.98	415.87
18	466.07	455.89	442.47	440.95	409.36	488.34	477.67	463.81	462.01	428.89
19	480.23	469.74	456.04	454.34	421.78	503.18	492.18	478.03	476.05	441.91
20	494.89	484.08	470.09	468.21	434.64	518.55	507.22	492.77	490.58	455.39
21	510.06	498.92	484.63	482.56	447.95	534.46	522.77	508.01	505.62	469.34
22	510.06	498.92	484.63	482.56	447.95	534.46	522.77	508.01	505.62	469.34
23	510.06	498.92	484.63	482.56	447.95	534.46	522.77	508.01	505.62	469.34
24	510.06	498.92	484.63	482.56	447.95	534.46	522.77	508.01	505.62	469.34
25	512.09	500.90	486.57	484.47	449.72	536.58	524.84	510.04	507.63	471.20
26	522.20	510.79	496.26	494.03	458.59	547.18	535.21	520.20	517.65	480.50
27	534.34	522.66	507.89	505.51	469.24	559.90	547.66	532.39	529.68	491.66
28	554.06	541.94	526.80	524.16	486.54	580.57	567.87	552.20	549.23	509.80
29	570.24	557.77	542.30	539.46	500.74	597.54	584.46	568.46	565.27	524.68
30	578.33	565.68	550.06	547.11	507.83	606.02	592.76	576.59	573.29	532.12
31	590.47	577.55	561.69	558.59	518.48	618.74	605.20	588.78	585.32	543.28
32	602.61	589.42	573.32	570.07	529.13	631.46	617.64	600.97	597.35	554.44
33	610.19	596.84	580.59	577.24	535.78	639.42	625.42	608.59	604.87	561.41
34	618.29	604.75	588.34	584.89	542.88	647.90	633.71	616.72	612.89	568.85
35	622.33	608.71	592.22	588.72	546.43	652.14	637.86	620.79	616.90	572.57
36	626.38	612.67	596.10	592.54	549.98	656.38	642.01	624.85	620.91	576.29
37	630.42	616.62	599.97	596.37	553.52	660.62	646.16	628.91	624.92	580.01
38	634.47	620.58	603.85	600.20	557.07	664.86	650.30	632.98	628.93	583.73
39	642.56	628.49	611.61	607.85	564.17	673.34	658.60	641.11	636.96	591.17
40	650.65	636.41	619.36	615.50	571.27	681.82	666.89	649.23	644.98	598.61
41	662.79	648.28	630.99	626.98	581.92	694.55	679.33	661.43	657.01	609.77
42	674.42	659.65	642.14	637.97	592.12	706.74	691.26	673.11	668.54	620.47
43	690.60	675.48	657.65	653.28	606.31	723.70	707.85	689.37	684.58	635.35
44	710.83	695.26	677.03	672.41	624.06	744.91	728.58	709.69	704.63	653.95
45	734.60	718.50	699.81	694.88	644.91	769.82	752.95	733.56	728.19	675.80
46	762.92	746.20	726.95	721.66	669.75	799.51	781.98	762.01	756.26	701.84
47	794.78	777.36	757.48	751.79	697.69	832.90	814.64	794.02	787.84	731.14
48	831.19	812.97	792.37	786.22	729.63	871.07	851.97	830.59	823.93	764.62
49	867.10	848.08	826.78	820.17	761.13	908.71	888.78	866.66	859.52	797.63
50	907.55	887.65	865.55	858.43	796.62	951.12	930.25	907.30	899.62	834.83
51	947.51	926.72	903.84	896.21	831.66	993.00	971.21	947.43	939.22	871.56
52	991.50	969.74	946.00	937.81	870.25	1,039.12	1,016.31	991.63	982.83	912.02
53	1,036.01	1,013.27	988.65	979.89	909.29	1,085.76	1,061.93	1,036.34	1,026.94	952.94
54	1,084.05	1,060.25	1,034.69	1,025.32	951.43	1,136.12	1,111.18	1,084.60	1,074.57	997.11
55	1,132.09	1,107.23	1,080.73	1,070.75	993.57	1,186.48	1,160.43	1,132.86	1,122.19	1,041.29
56	1,184.18	1,158.17	1,130.65	1,120.01	1,039.27	1,241.09	1,213.83	1,185.18	1,173.82	1,089.18
57	1,236.77	1,209.61	1,181.05	1,169.74	1,085.40	1,296.22	1,267.74	1,238.01	1,225.95	1,137.54
58	1,292.91	1,264.51	1,234.84	1,222.82	1,134.64	1,355.06	1,325.29	1,294.40	1,281.59	1,189.16
59	1,320.72	1,291.71	1,261.50	1,249.12	1,159.04	1,384.21	1,353.80	1,322.34	1,309.16	1,214.73
60	1,376.86	1,346.60	1,315.29	1,302.20	1,208.28	1,443.06	1,411.34	1,378.73	1,364.80	1,266.34
61	1,425.40	1,394.08	1,361.82	1,348.11	1,250.86	1,493.95	1,461.11	1,427.50	1,412.92	1,310.98
62	1,457.26	1,425.24	1,392.35	1,378.24	1,278.81	1,527.34	1,493.77	1,459.51	1,444.50	1,340.28
63	1,497.22	1,464.31	1,430.64	1,416.02	1,313.85	1,569.22	1,534.73	1,499.64	1,484.10	1,377.01
64 +	1,521.48	1,488.06	1,453.89	1,438.98	1,335.15	1,594.68	1,559.61	1,524.03	1,508.16	1,399.32

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 5 Contra Costa County.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
0-14	420.27	411.10	398.58	397.64	369.18
15	457.24	447.25	434.01	432.60	401.61
16	471.37	461.08	447.55	445.97	414.01
17	485.51	474.90	461.10	459.34	426.41
18	500.73	489.79	475.69	473.73	439.76
19	515.95	504.68	490.28	488.13	453.11
20	531.72	520.10	505.39	503.04	466.95
21	548.03	536.05	521.02	518.46	481.25
22	548.03	536.05	521.02	518.46	481.25
23	548.03	536.05	521.02	518.46	481.25
24	548.03	536.05	521.02	518.46	481.25
25	550.21	538.17	523.10	520.52	483.16
26	561.08	548.81	533.52	530.80	492.70
27	574.13	561.57	546.03	543.14	504.14
28	595.33	582.30	566.35	563.19	522.74
29	612.73	599.32	583.02	579.64	538.00
30	621.43	607.83	591.35	587.86	545.63
31	634.48	620.59	603.86	600.20	557.08
32	647.52	633.35	616.36	612.54	568.53
33	655.68	641.32	624.18	620.25	575.68
34	664.38	649.83	632.51	628.48	583.31
35	668.73	654.08	636.68	632.59	587.12
36	673.08	658.34	640.85	636.70	590.94
37	677.43	662.59	645.02	640.82	594.75
38	681.78	666.84	649.19	644.93	598.57
39	690.47	675.35	657.52	653.16	606.20
40	699.17	683.86	665.86	661.38	613.83
41	712.22	696.62	678.36	673.72	625.28
42	724.73	708.85	690.35	685.54	636.25
43	742.12	725.86	707.02	702.00	651.51
44	763.87	747.13	727.86	722.56	670.58
45	789.42	772.12	752.35	746.72	693.00
46	819.87	801.90	781.53	775.51	719.70
47	854.12	835.39	814.35	807.90	749.75
48	893.27	873.67	851.86	844.92	784.09
49	931.87	911.43	888.85	881.42	817.95
50	975.36	953.96	930.54	922.55	856.10
51	1,018.31	995.97	971.70	963.16	893.77
52	1,065.61	1,042.22	1,017.02	1,007.89	935.26
53	1,113.46	1,089.01	1,062.87	1,053.13	977.23
54	1,165.11	1,139.52	1,112.37	1,101.97	1,022.54
55	1,216.76	1,190.03	1,161.87	1,150.81	1,067.84
56	1,272.76	1,244.80	1,215.53	1,203.77	1,116.96
57	1,329.30	1,300.10	1,269.72	1,257.23	1,166.56
58	1,389.65	1,359.11	1,327.55	1,314.30	1,219.50
59	1,419.55	1,388.36	1,356.21	1,342.58	1,245.73
60	1,479.90	1,447.38	1,414.04	1,399.64	1,298.66
61	1,532.09	1,498.42	1,464.06	1,449.00	1,344.45
62	1,566.34	1,531.92	1,496.88	1,481.38	1,374.49
63	1,609.29	1,573.92	1,538.04	1,522.00	1,412.17
64 +	1,635.39	1,599.45	1,563.06	1,546.68	1,435.05

Region 6 Alameda County.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
0-14	436.48	426.96	414.12	412.98	383.40
15	474.89	464.52	450.93	449.30	417.10
16	489.58	478.88	465.00	463.19	429.98
17	504.27	493.25	479.08	477.07	442.86
18	520.08	508.72	494.23	492.03	456.74
19	535.90	524.18	509.39	506.99	470.61
20	552.28	540.20	525.09	522.48	484.98
21	569.23	556.78	541.33	538.50	499.84
22	569.23	556.78	541.33	538.50	499.84
23	569.23	556.78	541.33	538.50	499.84
24	569.23	556.78	541.33	538.50	499.84
25	571.49	558.99	543.49	540.64	501.83
26	582.78	570.03	554.32	551.32	511.74
27	596.34	583.29	567.31	564.14	523.63
28	618.37	604.84	588.43	584.97	542.95
29	636.45	622.51	605.75	602.07	558.81
30	645.48	631.35	614.41	610.61	566.74
31	659.04	644.61	627.40	623.43	578.63
32	672.60	657.87	640.39	636.25	590.52
33	681.07	666.16	648.51	644.26	597.95
34	690.11	675.00	657.17	652.81	605.88
35	694.63	679.41	661.50	657.08	609.84
36	699.15	683.83	665.84	661.36	613.81
37	703.67	688.25	670.17	665.63	617.77
38	708.19	692.67	674.50	669.90	621.74
39	717.22	701.51	683.16	678.45	629.66
40	726.26	710.35	691.82	687.00	637.59
41	739.82	723.61	704.81	699.82	649.48
42	752.81	736.31	717.26	712.10	660.88
43	770.89	753.99	734.58	729.19	676.74
44	793.48	776.09	756.24	750.56	696.56
45	820.03	802.05	781.68	775.67	719.84
46	851.66	832.99	811.99	805.58	747.59
47	887.25	867.79	846.10	839.23	778.81
48	927.92	907.57	885.07	877.69	814.48
49	968.03	946.79	923.51	915.61	849.66
50	1,013.22	990.98	966.81	958.35	889.30
51	1,057.84	1,034.62	1,009.58	1,000.54	928.45
52	1,106.99	1,082.69	1,056.68	1,047.02	971.56
53	1,156.70	1,131.30	1,104.31	1,094.02	1,015.16
54	1,210.36	1,183.78	1,155.74	1,144.76	1,062.23
55	1,264.02	1,236.26	1,207.16	1,195.51	1,109.30
56	1,322.21	1,293.16	1,262.92	1,250.53	1,160.34
57	1,380.95	1,350.61	1,319.22	1,306.08	1,211.87
58	1,443.66	1,411.93	1,379.31	1,365.37	1,266.87
59	1,474.72	1,442.32	1,409.08	1,394.75	1,294.12
60	1,537.42	1,503.63	1,469.17	1,454.04	1,349.12
61	1,591.65	1,556.67	1,521.14	1,505.32	1,396.69
62	1,627.24	1,591.47	1,555.24	1,538.97	1,427.91
63	1,671.87	1,635.11	1,598.00	1,581.17	1,467.05
64 +	1,698.99	1,661.64	1,623.99	1,606.80	1,490.82

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 7 Santa Clara County.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility
0-14	388.02	379.56	367.67	367.15	340.89	312.77	296.00
15	422.12	412.91	400.36	399.40	370.81	340.19	321.92
16	435.16	425.67	412.85	411.73	382.25	350.67	331.83
17	448.20	438.42	425.35	424.06	393.68	361.15	341.74
18	462.24	452.15	438.81	437.34	406.00	372.44	352.42
19	476.29	465.88	452.26	450.62	418.32	383.73	363.09
20	490.83	480.11	466.20	464.37	431.08	395.42	374.15
21	505.88	494.82	480.62	478.60	444.28	407.52	385.59
22	505.88	494.82	480.62	478.60	444.28	407.52	385.59
23	505.88	494.82	480.62	478.60	444.28	407.52	385.59
24	505.88	494.82	480.62	478.60	444.28	407.52	385.59
25	507.88	496.78	482.54	480.49	446.04	409.13	387.11
26	517.91	506.59	492.15	489.98	454.83	417.19	394.74
27	529.95	518.36	503.69	501.36	465.39	426.87	403.89
28	549.51	537.49	522.43	519.86	482.55	442.59	418.75
29	565.56	553.19	537.81	535.03	496.63	455.49	430.95
30	573.58	561.04	545.50	542.62	503.67	461.94	437.05
31	585.62	572.81	557.04	554.00	514.22	471.62	446.20
32	597.66	584.58	568.57	565.38	524.78	481.29	455.35
33	605.18	591.94	575.78	572.50	531.38	487.34	461.07
34	613.20	599.78	583.47	580.09	538.42	493.79	467.17
35	617.22	603.71	587.32	583.88	541.94	497.02	470.22
36	621.23	607.63	591.16	587.67	545.46	500.24	473.27
37	625.24	611.55	595.01	591.47	548.98	503.47	476.32
38	629.25	615.48	598.85	595.26	552.50	506.69	479.37
39	637.28	623.33	606.54	602.85	559.54	513.14	485.47
40	645.30	631.17	614.23	610.44	566.58	519.59	491.57
41	657.34	642.94	625.77	621.82	577.13	529.27	500.72
42	668.87	654.23	636.82	632.73	587.25	538.54	509.49
43	684.92	669.92	652.20	647.90	601.33	551.44	521.69
44	704.98	689.54	671.43	666.87	618.93	567.57	536.94
45	728.55	712.59	694.02	689.16	639.60	586.52	554.86
46	756.64	740.06	720.93	715.72	664.24	609.10	576.20
47	788.24	770.96	751.21	745.60	691.95	634.50	600.22
48	824.35	806.27	785.81	779.74	723.63	663.52	627.67
49	859.95	841.10	819.94	813.42	754.86	692.15	654.74
50	900.08	880.33	858.39	851.36	790.06	724.40	685.24
51	939.70	919.08	896.36	888.82	824.81	756.25	715.36
52	983.33	961.75	938.17	930.08	863.08	791.33	748.52
53	1,027.46	1,004.91	980.46	971.82	901.80	826.81	782.07
54	1,075.11	1,051.51	1,026.12	1,016.87	943.59	865.11	818.29
55	1,122.75	1,098.10	1,071.78	1,061.92	985.38	903.41	854.51
56	1,174.41	1,148.62	1,121.29	1,110.77	1,030.70	944.93	893.77
57	1,226.57	1,199.63	1,171.27	1,160.09	1,076.45	986.86	933.42
58	1,282.24	1,254.07	1,224.62	1,212.73	1,125.28	1,031.61	975.74
59	1,309.82	1,281.05	1,251.05	1,238.82	1,149.48	1,053.79	996.71
60	1,365.49	1,335.49	1,304.40	1,291.46	1,198.31	1,098.54	1,039.03
61	1,413.64	1,382.58	1,350.54	1,336.99	1,240.54	1,137.24	1,075.62
62	1,445.23	1,413.48	1,380.82	1,366.86	1,268.26	1,162.64	1,099.64
63	1,484.86	1,452.22	1,418.79	1,404.33	1,303.01	1,194.49	1,129.76
64 +	1,508.94	1,475.76	1,441.86	1,427.10	1,324.14	1,213.86	1,148.07

Region 8 San Mateo County.

CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
406.93	398.05	385.80	385.03	357.48
442.71	433.05	420.09	418.87	388.87
456.40	446.43	433.20	431.81	400.87
470.08	459.81	446.31	444.75	412.87
484.81	474.22	460.43	458.68	425.80
499.55	488.63	474.55	472.61	438.72
514.81	503.56	489.18	487.04	452.11
530.60	519.00	504.31	501.97	465.96
530.60	519.00	504.31	501.97	465.96
530.60	519.00	504.31	501.97	465.96
532.70	521.06	506.33	503.96	467.81
543.23	531.35	516.41	513.92	477.04
555.86	543.70	528.52	525.86	488.12
576.38	563.77	548.18	545.27	506.12
593.22	580.24	564.32	561.19	520.89
601.64	588.47	572.39	569.15	528.28
614.27	600.83	584.49	581.09	539.35
626.90	613.18	596.60	593.04	550.43
634.79	620.90	604.16	600.50	557.36
643.21	629.13	612.23	608.46	564.74
647.42	633.25	616.27	612.44	568.44
651.63	637.37	620.30	616.43	572.13
655.84	641.48	624.33	620.41	575.82
660.05	645.60	628.37	624.39	579.51
668.47	653.83	636.44	632.35	586.90
676.89	662.07	644.51	640.31	594.29
689.52	674.42	656.61	652.25	605.37
701.63	686.26	668.21	663.70	615.98
718.47	702.73	684.35	679.62	630.75
739.52	723.31	704.52	699.53	649.22
764.25	747.50	728.22	722.92	670.91
793.72	776.32	756.46	750.78	696.76
826.87	808.74	788.24	782.13	725.85
864.76	845.80	824.55	817.96	759.08
902.13	882.34	860.35	853.29	791.86
944.23	923.51	900.70	893.10	828.78
985.80	964.17	940.54	932.42	865.25
1,031.58	1,008.94	984.41	975.71	905.41
1,077.89	1,054.23	1,028.79	1,019.50	946.03
1,127.89	1,103.12	1,076.70	1,066.77	989.89
1,177.88	1,152.01	1,124.61	1,114.05	1,033.74
1,232.08	1,205.02	1,176.55	1,165.30	1,081.28
1,286.81	1,258.54	1,229.00	1,217.06	1,129.29
1,345.22	1,315.67	1,284.98	1,272.29	1,180.53
1,374.17	1,343.98	1,312.72	1,299.66	1,205.92
1,432.58	1,401.10	1,368.69	1,354.90	1,257.16
1,483.10	1,450.51	1,417.11	1,402.67	1,301.47
1,516.25	1,482.93	1,448.88	1,434.02	1,330.55
1,557.83	1,523.59	1,488.72	1,473.33	1,367.02
1,583.10	1,548.30	1,512.93	1,497.21	1,389.18

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 9 Santa Cruz County.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility
0-14	411.72	402.74	390.39	389.56	361.68	331.82	314.01
15	447.93	438.15	425.09	423.80	393.45	360.93	341.54
16	461.77	451.69	438.36	436.89	405.59	372.06	352.06
17	475.62	465.23	451.62	449.99	417.73	383.19	362.59
18	490.53	479.81	465.91	464.09	430.81	395.18	373.92
19	505.44	494.39	480.20	478.18	443.89	407.16	385.25
20	520.88	509.50	495.00	492.79	457.44	419.58	396.99
21	536.86	525.12	510.31	507.89	471.45	432.42	409.14
22	536.86	525.12	510.31	507.89	471.45	432.42	409.14
23	536.86	525.12	510.31	507.89	471.45	432.42	409.14
24	536.86	525.12	510.31	507.89	471.45	432.42	409.14
25	538.99	527.20	512.35	509.91	473.32	434.13	410.76
26	549.64	537.62	522.56	519.98	482.66	442.69	418.85
27	562.42	550.12	534.80	532.06	493.87	452.97	428.57
28	583.19	570.43	554.71	551.70	512.09	469.66	444.35
29	600.23	587.09	571.04	567.82	527.04	483.36	457.31
30	608.75	595.42	579.20	575.87	534.51	490.21	463.78
31	621.53	607.92	591.45	587.96	545.72	500.48	473.50
32	634.31	620.42	603.70	600.04	556.93	510.76	483.21
33	642.29	628.23	611.35	607.60	563.94	517.18	489.28
34	650.81	636.57	619.52	615.65	571.41	524.03	495.76
35	655.07	640.73	623.60	619.68	575.15	527.45	499.00
36	659.33	644.90	627.68	623.71	578.88	530.88	502.24
37	663.59	649.06	631.76	627.74	582.62	534.30	505.48
38	667.85	653.23	635.85	631.77	586.36	537.73	508.71
39	676.37	661.56	644.01	639.82	593.83	544.57	515.19
40	684.89	669.89	652.18	647.88	601.31	551.42	521.67
41	697.67	682.39	664.42	659.96	612.52	561.70	531.38
42	709.92	694.37	676.16	671.55	623.26	571.54	540.69
43	726.96	711.04	692.49	687.66	638.21	585.24	553.65
44	748.26	731.87	712.90	707.80	656.89	602.36	569.84
45	773.29	756.34	736.89	731.47	678.84	622.48	588.86
46	803.11	785.51	765.46	759.67	705.00	646.45	611.53
47	836.66	818.31	797.61	791.39	734.43	673.42	637.03
48	875.00	855.81	834.36	827.64	768.06	704.24	666.18
49	912.81	892.78	870.59	863.40	801.22	734.64	694.92
50	955.41	934.45	911.41	903.68	838.59	768.88	727.30
51	997.48	975.59	951.73	943.46	875.49	802.70	759.28
52	1,043.80	1,020.89	996.12	987.27	916.13	839.94	794.49
53	1,090.66	1,066.72	1,041.03	1,031.58	957.24	877.61	830.11
54	1,141.25	1,116.19	1,089.51	1,079.42	1,001.61	918.28	868.57
55	1,191.84	1,165.67	1,137.99	1,127.25	1,045.99	958.95	907.02
56	1,246.69	1,219.31	1,190.55	1,179.12	1,094.10	1,003.04	948.72
57	1,302.07	1,273.47	1,243.62	1,231.49	1,142.68	1,047.56	990.81
58	1,361.18	1,331.27	1,300.27	1,287.38	1,194.52	1,095.07	1,035.75
59	1,390.47	1,359.91	1,328.34	1,315.07	1,220.21	1,118.62	1,058.01
60	1,449.57	1,417.72	1,384.98	1,370.97	1,272.06	1,166.13	1,102.94
61	1,500.70	1,467.71	1,433.97	1,419.31	1,316.90	1,207.23	1,141.80
62	1,534.24	1,500.52	1,466.12	1,451.03	1,346.33	1,234.19	1,167.30
63	1,576.31	1,541.66	1,506.43	1,490.81	1,383.23	1,268.01	1,199.28
64 +	1,601.88	1,566.66	1,530.93	1,514.97	1,405.65	1,288.56	1,218.72

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

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
0-14	441.25	431.62	418.68	417.48	387.58
15	480.08	469.60	455.90	454.21	421.65
16	494.93	484.12	470.13	468.25	434.67
17	509.78	498.64	484.36	482.29	447.70
18	525.77	514.28	499.69	497.41	461.73
19	541.76	529.92	515.01	512.53	475.75
20	558.32	546.11	530.88	528.19	490.28
21	575.46	562.87	547.30	544.39	505.31
22	575.46	562.87	547.30	544.39	505.31
23	575.46	562.87	547.30	544.39	505.31
24	575.46	562.87	547.30	544.39	505.31
25	577.74	565.10	549.49	546.55	507.31
26	589.16	576.27	560.44	557.35	517.33
27	602.87	589.68	573.57	570.32	529.36
28	625.14	611.46	594.92	591.38	548.89
29	643.42	629.33	612.43	608.66	564.92
30	652.56	638.27	621.19	617.30	572.94
31	666.26	651.67	634.32	630.26	584.96
32	679.97	665.08	647.46	643.22	596.99
33	688.54	673.46	655.67	651.32	604.50
34	697.67	682.39	664.42	659.96	612.52
35	702.24	686.86	668.80	664.28	616.52
36	706.81	691.33	673.18	668.60	620.53
37	711.38	695.80	677.56	672.92	624.54
38	715.95	700.27	681.94	677.24	628.55
39	725.09	709.20	690.69	685.89	636.56
40	734.22	718.14	699.45	694.53	644.58
41	747.93	731.54	712.58	707.49	656.60
42	761.07	744.39	725.17	719.91	668.12
43	779.34	762.26	742.69	737.19	684.15
44	802.19	784.60	764.58	758.79	704.19
45	829.03	810.85	790.30	784.17	727.74
46	861.01	842.13	820.95	814.42	755.79
47	896.99	877.32	855.43	848.44	787.35
48	938.11	917.53	894.84	887.32	823.42
49	978.66	957.18	933.69	925.66	858.99
50	1,024.35	1,001.87	977.48	968.87	899.06
51	1,069.46	1,045.99	1,020.71	1,011.53	938.64
52	1,119.15	1,094.58	1,068.33	1,058.52	982.22
53	1,169.41	1,143.73	1,116.49	1,106.04	1,026.31
54	1,223.66	1,196.79	1,168.49	1,157.34	1,073.90
55	1,277.92	1,249.85	1,220.48	1,208.65	1,121.49
56	1,336.74	1,307.38	1,276.85	1,264.27	1,173.09
57	1,396.14	1,365.46	1,333.77	1,320.44	1,225.19
58	1,459.53	1,427.46	1,394.52	1,380.38	1,280.80
59	1,490.94	1,458.18	1,424.62	1,410.08	1,308.35
60	1,554.33	1,520.17	1,485.37	1,470.03	1,363.96
61	1,609.16	1,573.79	1,537.91	1,521.87	1,412.05
62	1,645.14	1,608.98	1,572.39	1,555.90	1,443.61
63	1,690.26	1,653.10	1,615.63	1,598.56	1,483.18
64 +	1,717.68	1,679.91	1,641.90	1,624.47	1,507.23

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 11 Fresno, Kings and Madera counties.

Region 12 Santa Barbara and Ventura counties.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility
0-14	346.59	339.04	327.97	327.97	304.55	368.11	360.10	348.60	348.33	323.43
15	377.01	368.79	357.12	356.74	331.23	400.45	391.72	379.59	378.91	351.80
16	388.64	380.17	368.27	367.74	341.44	412.81	403.81	391.44	390.60	362.64
17	400.27	391.54	379.42	378.73	351.64	425.18	415.90	403.28	402.29	373.49
18	412.80	403.79	391.42	390.58	362.63	438.49	428.92	416.04	414.88	385.17
19	425.32	416.04	403.42	402.42	373.62	451.80	441.94	428.80	427.47	396.85
20	438.30	428.73	415.86	414.69	385.00	465.59	455.43	442.02	440.51	408.94
21	451.72	441.86	428.72	427.38	396.77	479.86	469.38	455.69	454.00	421.45
22	451.72	441.86	428.72	427.38	396.77	479.86	469.38	455.69	454.00	421.45
23	451.72	441.86	428.72	427.38	396.77	479.86	469.38	455.69	454.00	421.45
24	451.72	441.86	428.72	427.38	396.77	479.86	469.38	455.69	454.00	421.45
25	453.51	443.61	430.43	429.08	398.34	481.76	471.24	457.51	455.79	423.12
26	462.45	452.36	439.01	437.54	406.19	491.27	480.54	466.62	464.79	431.46
27	473.19	462.86	449.30	447.69	415.60	502.68	491.70	477.56	475.58	441.48
28	490.64	479.92	466.02	464.19	430.91	521.23	509.84	495.33	493.12	457.74
29	504.95	493.92	479.74	477.72	443.47	536.45	524.72	509.91	507.50	471.09
30	512.11	500.92	486.59	484.49	449.74	544.05	532.16	517.21	514.70	477.76
31	522.85	511.42	496.88	494.65	459.16	555.47	543.32	528.14	525.49	487.77
32	533.58	521.92	507.17	504.80	468.58	566.88	554.48	539.08	536.28	497.78
33	540.30	528.48	513.60	511.14	474.47	574.01	561.45	545.91	543.03	504.04
34	547.45	535.48	520.46	517.91	480.75	581.62	568.89	553.20	550.22	510.71
35	551.03	538.98	523.89	521.30	483.89	585.42	572.62	556.85	553.82	514.05
36	554.61	542.48	527.32	524.68	487.02	589.23	576.34	560.50	557.41	517.39
37	558.19	545.98	530.75	528.07	490.16	593.03	580.06	564.14	561.01	520.73
38	561.77	549.48	534.18	531.45	493.30	596.83	583.78	567.79	564.61	524.06
39	568.93	556.48	541.04	538.22	499.58	604.44	591.22	575.08	571.80	530.74
40	576.08	563.48	547.90	544.99	505.86	612.05	598.66	582.37	579.00	537.41
41	586.82	573.98	558.19	555.14	515.28	623.46	609.82	593.31	589.79	547.42
42	597.11	584.05	568.05	564.87	524.30	634.40	620.51	603.79	600.13	557.01
43	611.43	598.05	581.77	578.41	536.86	649.62	635.39	618.37	614.52	570.36
44	629.32	615.55	598.92	595.33	552.56	668.64	654.00	636.60	632.51	587.04
45	650.35	636.11	619.07	615.21	571.00	690.99	675.85	658.01	653.64	606.65
46	675.40	660.61	643.08	638.90	592.98	717.61	701.89	683.53	678.82	630.01
47	703.58	688.17	670.09	665.55	617.70	747.57	731.19	712.24	707.15	656.28
48	735.79	719.67	700.95	696.01	645.95	781.81	764.67	745.05	739.52	686.32
49	767.56	750.74	731.39	726.05	673.82	815.57	797.69	777.40	771.45	715.93
50	803.35	785.74	765.69	759.89	705.21	853.61	834.89	813.86	807.42	749.30
51	838.69	820.30	799.56	793.31	736.21	891.18	871.63	849.86	842.94	782.25
52	877.61	858.36	836.86	830.11	770.35	932.54	912.09	889.50	882.06	818.54
53	916.98	896.86	874.58	867.34	804.88	974.39	953.01	929.60	921.63	855.24
54	959.48	938.43	915.31	907.53	842.16	1,019.56	997.19	972.89	964.34	894.87
55	1,001.98	979.99	956.04	947.72	879.44	1,064.74	1,041.36	1,016.18	1,007.06	934.49
56	1,048.06	1,025.05	1,000.20	991.29	919.86	1,113.71	1,089.26	1,063.12	1,053.37	977.45
57	1,094.58	1,070.55	1,044.79	1,035.28	960.67	1,163.17	1,137.63	1,110.51	1,100.14	1,020.83
58	1,144.24	1,119.12	1,092.37	1,082.24	1,004.23	1,215.95	1,189.24	1,161.09	1,150.05	1,067.13
59	1,168.85	1,143.18	1,115.95	1,105.51	1,025.81	1,242.10	1,214.82	1,186.15	1,174.78	1,090.07
60	1,218.50	1,191.74	1,163.54	1,152.46	1,069.37	1,294.88	1,266.44	1,236.74	1,224.69	1,136.37
61	1,261.45	1,233.74	1,204.70	1,193.07	1,107.05	1,340.53	1,311.08	1,280.48	1,267.85	1,176.41
62	1,289.63	1,261.31	1,231.71	1,219.73	1,131.77	1,370.49	1,340.38	1,309.19	1,296.18	1,202.69
63	1,324.98	1,295.87	1,265.58	1,253.15	1,162.77	1,408.05	1,377.11	1,345.19	1,331.70	1,235.64
64 +	1,346.46	1,316.88	1,286.16	1,273.44	1,181.61	1,430.88	1,399.44	1,367.07	1,353.30	1,255.65

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 14 Kern County.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice Salud HMO y Más Platinum D + Infertility	CalChoice Salud HMO y Más Gold D + Infertility
0-14	304.35	297.74	287.49	288.03	267.50	251.78	238.63
15	331.01	323.81	313.05	313.25	290.89	273.77	259.45
16	341.21	333.79	322.82	322.89	299.83	282.18	267.41
17	351.41	343.76	332.59	332.53	308.78	290.59	275.37
18	362.39	354.49	343.11	342.91	318.41	299.64	283.95
19	373.37	365.23	353.63	353.30	328.04	308.70	292.52
20	384.74	376.36	364.53	364.05	338.02	318.08	301.41
21	396.50	387.86	375.81	375.17	348.34	327.78	310.59
22	396.50	387.86	375.81	375.17	348.34	327.78	310.59
23	396.50	387.86	375.81	375.17	348.34	327.78	310.59
24	396.50	387.86	375.81	375.17	348.34	327.78	310.59
25	398.07	389.39	377.31	376.66	349.71	329.08	311.82
26	405.92	397.06	384.83	384.07	356.59	335.55	317.94
27	415.33	406.27	393.85	392.97	364.85	343.31	325.29
28	430.62	421.23	408.50	407.44	378.26	355.92	337.24
29	443.17	433.50	420.53	419.30	389.27	366.27	347.04
30	449.44	439.63	426.54	425.24	394.78	371.45	351.94
31	458.86	448.84	435.56	434.14	403.03	379.21	359.29
32	468.27	458.04	444.58	443.03	411.29	386.97	366.64
33	474.15	463.80	450.22	448.60	416.45	391.82	371.23
34	480.42	469.93	456.23	454.53	421.95	397.00	376.13
35	483.56	473.00	459.24	457.50	424.70	399.58	378.58
36	486.70	476.07	462.24	460.46	427.45	402.17	381.03
37	489.84	479.14	465.25	463.43	430.21	404.76	383.48
38	492.97	482.20	468.26	466.40	432.96	407.35	385.93
39	499.25	488.34	474.27	472.33	438.46	412.52	390.83
40	505.52	494.48	480.28	478.26	443.97	417.70	395.73
41	514.93	503.68	489.30	487.16	452.22	425.46	403.08
42	523.95	512.50	497.94	495.69	460.13	432.90	410.12
43	536.50	524.77	509.97	507.56	471.14	443.25	419.92
44	552.19	540.11	525.00	522.39	484.90	456.19	432.17
45	570.62	558.14	542.66	539.82	501.07	471.39	446.56
46	592.58	579.62	563.71	560.59	520.33	489.50	463.71
47	617.29	603.78	587.39	583.95	542.00	509.88	483.01
48	645.52	631.39	614.44	610.65	566.77	533.16	505.06
49	673.36	658.62	641.13	636.98	591.19	556.13	526.80
50	704.74	689.30	671.19	666.64	618.71	582.00	551.30
51	735.72	719.60	700.88	695.94	645.89	607.55	575.49
52	769.83	752.96	733.57	728.20	675.81	635.69	602.14
53	804.34	786.71	766.65	760.83	706.08	664.15	629.09
54	841.60	823.14	802.35	796.06	738.76	694.88	658.18
55	878.85	859.58	838.05	831.29	771.44	725.60	687.27
56	919.24	899.08	876.76	869.48	806.87	758.92	718.81
57	960.03	938.96	915.84	908.05	842.65	792.56	750.66
58	1,003.56	981.53	957.56	949.21	880.83	828.46	784.66
59	1,025.13	1,002.63	978.22	969.60	899.75	846.25	801.50
60	1,068.66	1,045.20	1,019.94	1,010.77	937.93	882.15	835.49
61	1,106.30	1,082.01	1,056.02	1,046.37	970.95	913.20	864.89
62	1,131.01	1,106.18	1,079.69	1,069.73	992.62	933.57	884.19
63	1,161.99	1,136.47	1,109.38	1,099.02	1,019.80	959.12	908.38
64 +	1,180.80	1,154.88	1,127.43	1,116.81	1,036.32	974.64	923.07

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

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

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility	CalChoice Salud HMO y Más Platinum D + Infertility	CalChoice Salud HMO y Más Gold D + Infertility	CalChoice CommunityCare HMO Silver B
0-14	236.96	231.83	222.91	224.31	208.39	225.23	213.22	203.30	192.73	180.54
15	257.64	252.05	242.73	243.86	226.53	244.86	231.78	220.99	209.47	196.59
16	265.54	259.78	250.30	251.34	233.46	252.37	238.88	227.75	215.87	202.73
17	273.45	267.52	257.88	258.81	240.40	259.88	245.98	234.51	222.28	208.86
18	281.96	275.84	266.04	266.86	247.86	267.96	253.62	241.79	229.17	215.47
19	290.48	284.17	274.20	274.91	255.33	276.05	261.27	249.07	236.07	222.08
20	299.29	292.79	282.65	283.25	263.07	284.42	269.19	256.61	243.21	228.92
21	308.41	301.71	291.39	291.88	271.07	293.08	277.38	264.42	250.59	236.00
22	308.41	301.71	291.39	291.88	271.07	293.08	277.38	264.42	250.59	236.00
23	308.41	301.71	291.39	291.88	271.07	293.08	277.38	264.42	250.59	236.00
24	308.41	301.71	291.39	291.88	271.07	293.08	277.38	264.42	250.59	236.00
25	309.63	302.90	292.56	293.03	272.13	294.24	278.47	265.46	251.58	236.95
26	315.71	308.85	298.38	298.78	277.47	300.01	283.93	270.66	256.50	241.67
27	323.01	315.99	305.38	305.68	283.87	306.94	290.48	276.90	262.41	247.33
28	334.87	327.58	316.74	316.89	294.27	318.20	301.13	287.04	272.02	256.54
29	344.60	337.10	326.07	326.09	302.81	327.44	309.87	295.36	279.90	264.09
30	349.46	341.86	330.73	330.69	307.07	332.06	314.23	299.53	283.84	267.86
31	356.76	348.99	337.72	337.59	313.48	338.99	320.79	305.77	289.75	273.53
32	364.06	356.13	344.71	344.49	319.88	345.92	327.34	312.01	295.66	279.19
33	368.62	360.59	349.08	348.81	323.88	350.25	331.44	315.91	299.35	282.73
34	373.48	365.35	353.75	353.41	328.15	354.87	335.80	320.07	303.29	286.51
35	375.92	367.73	356.08	355.71	330.28	357.18	337.99	322.15	305.26	288.40
36	378.35	370.11	358.41	358.01	332.41	359.49	340.17	324.23	307.23	290.28
37	380.78	372.49	360.74	360.31	334.55	361.80	342.36	326.31	309.20	292.17
38	383.21	374.86	363.07	362.61	336.68	364.11	344.54	328.39	311.17	294.06
39	388.08	379.62	367.73	367.21	340.95	368.73	348.91	332.55	315.11	297.84
40	392.94	384.38	372.40	371.81	345.22	373.35	353.28	336.71	319.05	301.61
41	400.24	391.52	379.39	378.71	351.62	380.28	359.83	342.96	324.96	307.28
42	407.24	398.36	386.09	385.32	357.75	386.92	366.11	348.94	330.62	312.70
43	416.97	407.87	395.42	394.52	366.29	396.16	374.85	357.26	338.50	320.26
44	429.13	419.77	407.07	406.02	376.95	407.71	385.77	367.66	348.35	329.70
45	443.42	433.74	420.77	419.54	389.49	421.28	398.60	379.89	359.93	340.79
46	460.45	450.39	437.08	435.64	404.43	437.45	413.89	394.45	373.72	354.01
47	479.60	469.13	455.44	453.75	421.23	455.64	431.09	410.83	389.23	368.87
48	501.50	490.54	476.42	474.46	440.43	476.42	450.75	429.56	406.96	385.87
49	523.08	511.65	497.11	494.87	459.37	496.92	470.13	448.02	424.44	402.62
50	547.41	535.44	520.42	517.87	480.71	520.02	491.97	468.83	444.14	421.50
51	571.43	558.93	543.44	540.59	501.78	542.83	513.54	489.37	463.60	440.15
52	597.88	584.80	568.79	565.60	524.98	567.95	537.30	512.00	485.02	460.68
53	624.64	610.97	594.44	590.90	548.45	593.36	561.32	534.89	506.69	481.45
54	653.53	639.22	622.12	618.22	573.79	620.79	587.26	559.59	530.08	503.87
55	682.41	667.47	649.80	645.53	599.13	648.22	613.20	584.30	553.47	526.29
56	713.73	698.10	679.81	675.15	626.60	677.96	641.32	611.08	578.84	550.60
57	745.36	729.02	710.12	705.05	654.34	707.99	669.71	638.13	604.45	575.14
58	779.11	762.03	742.46	736.97	683.95	740.04	700.02	667.00	631.78	601.34
59	795.83	778.39	758.49	752.78	698.62	755.92	715.04	681.30	645.32	614.32
60	829.58	811.39	790.83	784.70	728.22	787.97	745.34	710.17	672.66	640.51
61	858.77	839.94	818.81	812.30	753.83	815.68	771.55	735.14	696.30	663.17
62	877.93	858.67	837.16	830.41	770.63	833.87	788.75	751.52	711.81	678.04
63	901.95	882.17	860.18	853.13	791.70	856.68	810.32	772.07	731.26	696.68
64 +	916.53	896.43	874.17	866.94	804.51	870.54	823.44	784.56	743.07	708.00

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 16 Los Angeles County. ZIP codes not including ZIP codes in region 15.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility	CalChoice Salud HMO y Más Platinum D + Infertility	CalChoice Salud HMO y Más Gold D + Infertility	CalChoice CommunityCare HMO Silver B
0-14	266.61	260.83	251.33	252.35	234.40	241.42	228.53	225.93	214.15	205.72
15	289.93	283.63	273.67	274.39	254.85	262.50	248.46	245.62	232.80	224.01
16	298.84	292.35	282.21	282.82	262.67	270.56	256.08	253.15	239.93	231.00
17	307.75	301.07	290.76	291.25	270.49	278.61	263.70	260.68	247.06	237.99
18	317.35	310.45	299.96	300.33	278.91	287.29	271.90	268.79	254.74	245.52
19	326.95	319.84	309.15	309.41	287.33	295.97	280.11	276.90	262.42	253.05
20	336.89	329.56	318.68	318.81	296.05	304.95	288.60	285.30	270.37	260.85
21	347.18	339.62	328.54	328.53	305.07	314.25	297.40	293.99	278.60	268.92
22	347.18	339.62	328.54	328.53	305.07	314.25	297.40	293.99	278.60	268.92
23	347.18	339.62	328.54	328.53	305.07	314.25	297.40	293.99	278.60	268.92
24	347.18	339.62	328.54	328.53	305.07	314.25	297.40	293.99	278.60	268.92
25	348.55	340.96	329.85	329.83	306.27	315.49	298.57	295.15	279.70	269.99
26	355.41	347.67	336.42	336.31	312.29	321.69	304.43	300.94	285.18	275.37
27	363.64	355.72	344.31	344.09	319.51	329.13	311.46	307.90	291.76	281.83
28	377.01	368.79	357.12	356.74	331.23	341.21	322.89	319.19	302.46	292.31
29	387.98	379.52	367.63	367.11	340.86	351.13	332.27	328.46	311.23	300.92
30	393.46	384.88	372.89	372.30	345.67	356.09	336.96	333.09	315.62	305.22
31	401.69	392.93	380.78	380.08	352.89	363.53	343.99	340.05	322.20	311.68
32	409.92	400.98	388.66	387.86	360.10	370.96	351.02	347.00	328.79	318.13
33	415.06	406.01	393.59	392.72	364.61	375.61	355.42	351.34	332.90	322.16
34	420.54	411.37	398.85	397.91	369.43	380.57	360.11	355.98	337.29	326.47
35	423.29	414.05	401.47	400.50	371.83	383.05	362.45	358.29	339.48	328.62
36	426.03	416.74	404.10	403.09	374.24	385.53	364.80	360.61	341.68	330.77
37	428.77	419.42	406.73	405.69	376.64	388.01	367.14	362.93	343.87	332.92
38	431.52	422.10	409.36	408.28	379.05	390.49	369.48	365.24	346.06	335.07
39	437.00	427.46	414.62	413.47	383.86	395.45	374.17	369.88	350.45	339.38
40	442.49	432.83	419.87	418.66	388.67	400.40	378.86	374.51	354.84	343.68
41	450.71	440.88	427.76	426.44	395.89	407.84	385.90	381.46	361.42	350.13
42	458.60	448.59	435.31	433.89	402.81	414.97	392.64	388.13	367.73	356.32
43	469.57	459.32	445.83	444.27	412.43	424.89	402.01	397.40	376.51	364.92
44	483.28	472.73	458.97	457.23	424.46	437.28	413.73	408.98	387.48	375.68
45	499.40	488.48	474.41	472.47	438.59	451.85	427.51	422.59	400.36	388.32
46	518.59	507.26	492.81	490.62	455.43	469.20	443.92	438.81	415.72	403.38
47	540.19	528.38	513.51	511.05	474.38	488.73	462.38	457.06	433.00	420.32
48	564.88	552.52	537.16	534.39	496.03	511.04	483.48	477.92	452.75	439.68
49	589.22	576.33	560.49	557.41	517.38	533.04	504.29	498.48	472.22	458.77
50	616.64	603.15	586.77	583.34	541.44	557.83	527.73	521.65	494.16	480.29
51	643.73	629.63	612.72	608.95	565.19	582.32	550.88	544.53	515.82	501.53
52	673.55	658.80	641.31	637.15	591.36	609.28	576.38	569.73	539.68	524.93
53	703.72	688.31	670.22	665.68	617.82	636.55	602.16	595.22	563.82	548.59
54	736.29	720.16	701.43	696.48	646.39	665.99	630.00	622.74	589.87	574.14
55	768.86	752.01	732.64	727.28	674.96	695.43	657.84	650.25	615.92	599.69
56	804.17	786.54	766.48	760.67	705.93	727.35	688.03	680.09	644.17	627.39
57	839.83	821.41	800.65	794.38	737.21	759.58	718.50	710.21	672.69	655.35
58	877.88	858.63	837.12	830.37	770.59	793.98	751.03	742.36	703.14	685.20
59	896.73	877.07	855.19	848.20	787.13	811.02	767.15	758.29	718.22	699.99
60	934.79	914.28	891.65	884.18	820.51	845.42	799.68	790.44	748.66	729.84
61	967.70	946.47	923.19	915.30	849.38	875.17	827.81	818.25	774.99	755.66
62	989.30	967.59	943.89	935.73	868.32	894.70	846.27	836.49	792.27	772.60
63	1,016.38	994.08	969.85	961.34	892.08	919.18	869.42	859.37	813.93	793.85
64 +	1,032.84	1,010.16	985.62	976.89	906.51	934.05	883.50	873.27	827.10	806.76

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 17 Riverside and San Bernardino counties.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility	CalChoice Salud HMO y Más Platinum D + Infertility	CalChoice Salud HMO y Más Gold D + Infertility
0-14	243.67	238.40	229.34	230.65	214.28	243.67	230.65	209.94	199.01
15	264.94	259.20	249.73	250.77	232.94	264.94	250.77	228.21	216.31
16	273.08	267.15	257.52	258.46	240.07	273.08	258.46	235.20	222.93
17	281.21	275.11	265.32	266.15	247.20	281.21	266.15	242.19	229.55
18	289.97	283.67	273.71	274.43	254.89	289.97	274.43	249.71	236.67
19	298.73	292.24	282.11	282.72	262.57	298.73	282.72	257.24	243.80
20	307.80	301.11	290.80	291.30	270.53	307.80	291.30	265.03	251.18
21	317.19	310.29	299.80	300.17	278.76	317.19	300.17	273.09	258.81
22	317.19	310.29	299.80	300.17	278.76	317.19	300.17	273.09	258.81
23	317.19	310.29	299.80	300.17	278.76	317.19	300.17	273.09	258.81
24	317.19	310.29	299.80	300.17	278.76	317.19	300.17	273.09	258.81
25	318.44	311.52	301.00	301.35	279.86	318.44	301.35	274.17	259.83
26	324.69	317.63	306.99	307.27	285.35	324.69	307.27	279.54	264.92
27	332.20	324.98	314.19	314.37	291.93	332.20	314.37	285.99	271.02
28	344.40	336.91	325.88	325.91	302.64	344.40	325.91	296.47	280.95
29	354.41	346.70	335.47	335.37	311.42	354.41	335.37	305.07	289.09
30	359.42	351.59	340.27	340.11	315.81	359.42	340.11	309.37	293.16
31	366.93	358.94	347.46	347.21	322.39	366.93	347.21	315.82	299.27
32	374.44	366.28	354.66	354.31	328.98	374.44	354.31	322.27	305.37
33	379.13	370.87	359.16	358.74	333.10	379.13	358.74	326.30	309.19
34	384.13	375.76	363.95	363.48	337.49	384.13	363.48	330.60	313.26
35	386.64	378.21	366.35	365.84	339.68	386.64	365.84	332.75	315.30
36	389.14	380.66	368.75	368.21	341.88	389.14	368.21	334.90	317.33
37	391.64	383.11	371.15	370.58	344.07	391.64	370.58	337.05	319.37
38	394.14	385.55	373.55	372.94	346.27	394.14	372.94	339.20	321.41
39	399.15	390.45	378.34	377.68	350.66	399.15	377.68	343.50	325.48
40	404.16	395.34	383.14	382.41	355.05	404.16	382.41	347.80	329.55
41	411.66	402.69	390.33	389.51	361.63	411.66	389.51	354.25	335.66
42	418.86	409.72	397.23	396.31	367.95	418.86	396.31	360.43	341.51
43	428.87	419.51	406.82	405.78	376.73	428.87	405.78	369.03	349.65
44	441.38	431.75	418.81	417.61	387.70	441.38	417.61	379.78	359.83
45	456.09	446.13	432.91	431.52	400.60	456.09	431.52	392.41	371.79
46	473.60	463.26	449.69	448.08	415.97	473.60	448.08	407.46	386.04
47	493.31	482.54	468.58	466.72	433.26	493.31	466.72	424.39	402.07
48	515.84	504.56	490.17	488.02	453.01	515.84	488.02	443.74	420.39
49	538.05	526.29	511.45	509.02	472.50	538.05	509.02	462.82	438.46
50	563.08	550.76	535.44	532.69	494.45	563.08	532.69	484.32	458.81
51	587.79	574.93	559.12	556.06	516.13	587.79	556.06	505.55	478.92
52	615.01	601.55	585.20	581.79	540.00	615.01	581.79	528.93	501.05
53	642.54	628.47	611.58	607.82	564.15	642.54	607.82	552.58	523.45
54	672.26	657.53	640.06	635.93	590.22	672.26	635.93	578.11	547.62
55	701.98	686.60	668.54	664.03	616.29	701.98	664.03	603.64	571.79
56	734.20	718.11	699.42	694.50	644.55	734.20	694.50	631.33	598.00
57	766.73	749.93	730.60	725.27	673.09	766.73	725.27	659.27	624.47
58	801.46	783.89	763.88	758.10	703.55	801.46	758.10	689.10	652.71
59	818.66	800.72	780.37	774.37	718.64	818.66	774.37	703.89	666.71
60	853.39	834.67	813.65	807.21	749.10	853.39	807.21	733.72	694.95
61	883.42	864.05	842.43	835.61	775.45	883.42	835.61	759.52	719.38
62	903.13	883.32	861.31	854.24	792.74	903.13	854.24	776.45	735.41
63	927.84	907.49	885.00	877.61	814.41	927.84	877.61	797.68	755.51
64 +	942.87	922.17	899.40	891.81	827.58	942.87	891.81	810.57	767.73

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 18 Orange County.

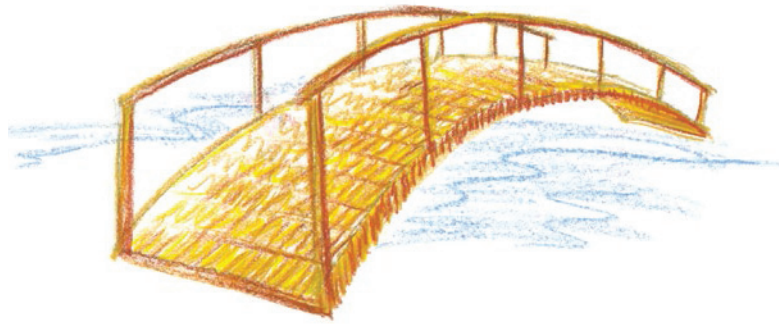
Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility	CalChoice Salud HMO y Más Platinum D + Infertility	CalChoice Salud HMO y Más Gold D + Infertility	CalChoice CommunityCare HMO Silver B
0-14	291.56	285.23	275.23	275.93	256.28	248.76	235.47	241.24	228.65	214.21
15	317.09	310.19	299.70	300.08	278.67	270.49	256.01	262.29	248.58	233.26
16	326.85	319.74	309.05	309.31	287.24	278.79	263.87	270.34	256.21	240.54
17	336.61	329.28	318.41	318.54	295.80	287.10	271.72	278.40	263.83	247.82
18	347.12	339.56	328.48	328.48	305.02	296.05	280.18	287.07	272.04	255.66
19	357.63	349.85	338.56	338.42	314.24	304.99	288.64	295.74	280.25	263.50
20	368.52	360.49	348.99	348.71	323.79	314.26	297.40	304.72	288.75	271.62
21	379.78	371.51	359.78	359.36	333.67	323.84	306.47	314.01	297.55	280.02
22	379.78	371.51	359.78	359.36	333.67	323.84	306.47	314.01	297.55	280.02
23	379.78	371.51	359.78	359.36	333.67	323.84	306.47	314.01	297.55	280.02
24	379.78	371.51	359.78	359.36	333.67	323.84	306.47	314.01	297.55	280.02
25	381.28	372.98	361.22	360.78	334.99	325.12	307.67	315.24	298.72	281.14
26	388.79	380.32	368.42	367.88	341.57	331.51	313.72	321.44	304.59	286.74
27	397.80	389.13	377.05	376.40	349.48	339.18	320.97	328.87	311.62	293.46
28	412.44	403.45	391.08	390.25	362.32	351.64	332.75	340.95	323.06	304.38
29	424.46	415.20	402.60	401.61	372.86	361.86	342.42	350.86	332.44	313.34
30	430.47	421.07	408.35	407.29	378.13	366.97	347.25	355.81	337.13	317.82
31	439.48	429.89	416.99	415.81	386.03	374.64	354.50	363.24	344.17	324.54
32	448.49	438.70	425.62	424.33	393.93	382.31	361.75	370.67	351.20	331.26
33	454.12	444.20	431.02	429.65	398.87	387.10	366.28	375.32	355.60	335.46
34	460.12	450.08	436.78	435.33	404.14	392.21	371.12	380.27	360.29	339.94
35	463.13	453.02	439.65	438.17	406.78	394.77	373.54	382.75	362.64	342.18
36	466.13	455.95	442.53	441.01	409.41	397.33	375.95	385.23	364.98	344.42
37	469.14	458.89	445.41	443.85	412.05	399.88	378.37	387.70	367.33	346.66
38	472.14	461.83	448.29	446.70	414.68	402.44	380.79	390.18	369.68	348.90
39	478.15	467.70	454.05	452.38	419.95	407.55	385.62	395.14	374.37	353.38
40	484.15	473.58	459.80	458.06	425.22	412.66	390.45	400.09	379.06	357.86
41	493.16	482.39	468.44	466.58	433.12	420.33	397.70	407.52	386.09	364.59
42	501.80	490.83	476.71	474.74	440.70	427.68	404.65	414.64	392.84	371.03
43	513.81	502.58	488.22	486.10	451.24	437.90	414.32	424.55	402.22	379.99
44	528.83	517.27	502.62	500.30	464.41	450.68	426.41	436.94	413.95	391.19
45	546.47	534.53	519.53	516.99	479.89	465.70	440.61	451.49	427.73	404.35
46	567.50	555.09	539.67	536.87	498.33	483.59	457.52	468.83	444.15	420.03
47	591.15	578.22	562.34	559.23	519.08	503.72	476.56	488.34	462.62	437.67
48	618.18	604.65	588.24	584.79	542.79	526.72	498.31	510.64	483.73	457.83
49	644.84	630.72	613.79	610.00	566.17	549.41	519.76	532.62	504.55	477.71
50	674.87	660.09	642.57	638.40	592.51	574.97	543.93	557.40	528.00	500.11
51	704.53	689.10	670.99	666.45	618.53	600.21	567.80	581.86	551.17	522.24
52	737.19	721.04	702.29	697.33	647.18	628.00	594.08	608.80	576.67	546.60
53	770.23	753.35	733.96	728.57	676.16	656.12	620.67	636.05	602.48	571.24
54	805.90	788.23	768.14	762.30	707.45	686.47	649.37	665.47	630.33	597.84
55	841.56	823.11	802.31	796.03	738.73	716.82	678.07	694.88	658.18	624.44
56	880.23	860.93	839.37	832.59	772.65	749.73	709.19	726.78	688.38	653.29
57	919.28	899.11	876.79	869.51	806.90	782.96	740.61	758.98	718.88	682.41
58	960.95	939.87	916.73	908.92	843.46	818.42	774.14	793.35	751.42	713.49
59	981.60	960.06	936.51	928.45	861.57	835.99	790.76	810.39	767.55	728.89
60	1,023.27	1,000.82	976.45	967.85	898.12	871.45	824.29	844.76	800.09	759.97
61	1,059.31	1,036.06	1,010.99	1,001.93	929.74	902.13	853.30	874.48	828.24	786.85
62	1,082.97	1,059.19	1,033.65	1,024.30	950.48	922.25	872.33	893.99	846.71	804.50
63	1,112.63	1,088.20	1,062.08	1,052.35	976.50	947.49	896.20	918.46	869.87	826.62
64 +	1,130.64	1,105.83	1,079.34	1,069.38	992.31	962.82	910.71	933.33	883.95	840.06

CalChoice HMO Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 19 San Diego County.

Age	CalChoice WholeCare HMO Platinum C + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Gold C + Infertility	CalChoice WholeCare HMO Silver A + Infertility	CalChoice SmartCare HMO Platinum E + Infertility	CalChoice SmartCare HMO Gold E + Infertility	CalChoice Salud HMO y Más Platinum D + Infertility	CalChoice Salud HMO y Más Gold D + Infertility	CalChoice CommunityCare HMO Silver B
0-14	294.47	288.07	278.02	278.69	258.83	290.70	275.13	268.66	254.61	223.91
15	320.25	313.29	302.74	303.07	281.45	316.16	299.20	292.15	276.86	243.82
16	330.12	322.93	312.19	312.40	290.10	325.89	308.40	301.14	285.36	251.43
17	339.98	332.58	321.63	321.72	298.75	335.62	317.60	310.12	293.87	259.04
18	350.59	342.96	331.81	331.76	308.07	346.10	327.51	319.79	303.03	267.23
19	361.21	353.35	341.99	341.80	317.38	356.58	337.43	329.47	312.19	275.43
20	372.21	364.10	352.53	352.20	327.03	367.44	347.69	339.49	321.68	283.91
21	383.59	375.23	363.43	362.96	337.01	378.67	358.31	349.85	331.49	292.70
22	383.59	375.23	363.43	362.96	337.01	378.67	358.31	349.85	331.49	292.70
23	383.59	375.23	363.43	362.96	337.01	378.67	358.31	349.85	331.49	292.70
24	383.59	375.23	363.43	362.96	337.01	378.67	358.31	349.85	331.49	292.70
25	385.10	376.71	364.88	364.39	338.34	380.17	359.72	351.23	332.80	293.87
26	392.69	384.13	372.15	371.57	344.99	387.65	366.80	358.14	339.34	299.72
27	401.79	393.03	380.87	380.17	352.97	396.64	375.30	366.44	347.19	306.74
28	416.58	407.50	395.05	394.16	365.95	411.23	389.10	379.91	359.95	318.16
29	428.72	419.36	406.68	405.64	376.59	423.21	400.43	390.97	370.42	327.53
30	434.78	425.30	412.49	411.37	381.92	429.20	406.09	396.50	375.65	332.21
31	443.89	434.20	421.21	419.98	389.90	438.18	414.59	404.79	383.50	339.23
32	452.99	443.10	429.94	428.59	397.88	447.17	423.08	413.08	391.36	346.26
33	458.68	448.66	435.39	433.97	402.87	452.78	428.39	418.26	396.26	350.65
34	464.74	454.60	441.20	439.70	408.20	458.77	434.06	423.79	401.50	355.33
35	467.78	457.56	444.11	442.57	410.86	461.77	436.89	426.55	404.11	357.67
36	470.81	460.53	447.02	445.44	413.52	464.76	439.72	429.32	406.73	360.02
37	473.85	463.50	449.93	448.31	416.18	467.76	442.55	432.08	409.35	362.36
38	476.88	466.47	452.83	451.18	418.84	470.75	445.38	434.85	411.97	364.70
39	482.95	472.40	458.65	456.92	424.16	476.74	451.05	440.37	417.20	369.38
40	489.02	478.33	464.46	462.65	429.49	482.73	456.71	445.90	422.43	374.06
41	498.12	487.23	473.18	471.26	437.47	491.71	465.20	454.19	430.29	381.09
42	506.84	495.76	481.54	479.51	445.12	500.32	473.35	462.14	437.81	387.82
43	518.98	507.63	493.17	490.98	455.77	512.30	484.67	473.20	448.28	397.19
44	534.15	522.47	507.71	505.33	469.07	527.27	498.83	487.02	461.36	408.90
45	551.97	539.90	524.79	522.18	484.71	544.87	515.47	503.26	476.74	422.65
46	573.21	560.67	545.14	542.27	503.34	565.83	535.29	522.60	495.06	439.04
47	597.10	584.03	568.04	564.86	524.29	589.41	557.59	544.37	515.67	457.48
48	624.40	610.74	594.21	590.68	548.24	616.36	583.07	569.25	539.22	478.56
49	651.33	637.07	620.01	616.14	571.86	642.94	608.20	593.78	562.45	499.34
50	681.67	666.74	649.08	644.83	598.48	672.88	636.52	621.42	588.62	522.75
51	711.63	696.04	677.79	673.16	624.76	702.45	664.48	648.71	614.47	545.88
52	744.62	728.31	709.41	704.36	653.70	735.02	695.28	678.77	642.93	571.34
53	777.99	760.94	741.40	735.92	682.97	767.96	726.43	709.18	671.72	597.10
54	814.02	796.18	775.92	769.98	714.57	803.52	760.05	742.00	702.79	624.90
55	850.05	831.41	810.45	804.05	746.18	839.08	793.68	774.82	733.87	652.71
56	889.11	869.61	847.88	840.99	780.44	877.63	830.14	810.41	767.57	682.86
57	928.55	908.18	885.68	878.28	815.04	916.56	866.95	846.34	801.59	713.30
58	970.65	949.35	926.02	918.09	851.96	958.11	906.24	884.69	837.90	745.79
59	991.51	969.75	946.01	937.81	870.26	978.70	925.70	903.69	855.89	761.89
60	1,033.60	1,010.92	986.35	977.62	907.18	1,020.25	964.99	942.04	892.21	794.38
61	1,070.01	1,046.52	1,021.24	1,012.05	939.12	1,056.18	998.97	975.21	923.61	822.47
62	1,093.90	1,069.89	1,044.13	1,034.64	960.07	1,079.77	1,021.27	996.98	944.22	840.91
63	1,123.86	1,099.18	1,072.84	1,062.97	986.35	1,109.34	1,049.24	1,024.27	970.07	864.04
64 +	1,142.07	1,116.99	1,090.29	1,080.18	1,002.33	1,127.31	1,066.23	1,040.85	985.77	878.10



CalChoice HSP *Rates*

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 1 Nevada County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	267.69	229.16
15	291.10	249.15
16	300.05	256.79
17	309.00	264.43
18	318.63	272.66
19	328.27	280.89
20	338.26	289.41
21	348.58	298.22
22	348.58	298.22
23	348.58	298.22
24	348.58	298.22
25	349.96	299.40
26	356.84	305.28
27	365.11	312.33
28	378.53	323.79
29	389.55	333.19
30	395.05	337.90
31	403.32	344.95
32	411.58	352.00
33	416.74	356.41
34	422.25	361.11
35	425.00	363.46
36	427.76	365.81
37	430.51	368.17
38	433.26	370.52
39	438.77	375.22
40	444.28	379.92
41	452.54	386.97
42	460.46	393.73
43	471.47	403.14
44	485.24	414.89
45	501.42	428.70
46	520.70	445.16
47	542.39	463.68
48	567.17	484.83
49	591.61	505.70
50	619.15	529.21
51	646.34	552.42
52	676.29	577.99
53	706.59	603.85
54	739.29	631.77
55	771.99	659.69
56	807.45	689.96
57	843.25	720.52
58	881.46	753.14
59	900.39	769.30
60	938.60	801.92
61	971.64	830.14
62	993.33	848.65
63	1,020.53	871.87
64 +	1,037.04	885.96

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

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	292.08	249.99
15	317.66	271.82
16	327.44	280.17
17	337.22	288.52
18	347.75	297.51
19	358.28	306.50
20	369.19	315.81
21	380.47	325.45
22	380.47	325.45
23	380.47	325.45
24	380.47	325.45
25	381.97	326.73
26	389.50	333.15
27	398.52	340.86
28	413.19	353.38
29	425.23	363.66
30	431.25	368.79
31	440.27	376.50
32	449.30	384.21
33	454.94	389.02
34	460.96	394.16
35	463.97	396.73
36	466.98	399.30
37	469.99	401.87
38	472.99	404.43
39	479.01	409.57
40	485.03	414.71
41	494.06	422.42
42	502.71	429.80
43	514.74	440.08
44	529.79	452.92
45	547.47	468.01
46	568.53	485.99
47	592.22	506.22
48	619.30	529.34
49	646.01	552.14
50	676.10	577.83
51	705.81	603.19
52	738.53	631.13
53	771.63	659.38
54	807.36	689.89
55	843.10	720.39
56	881.84	753.47
57	920.95	786.86
58	962.70	822.50
59	983.39	840.16
60	1,025.14	875.80
61	1,061.24	906.63
62	1,084.94	926.86
63	1,114.65	952.22
64 +	1,132.71	967.65

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 3 El Dorado, Placer, Sacramento, and Yolo counties.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	276.31	236.53
15	300.49	257.17
16	309.73	265.06
17	318.98	272.95
18	328.93	281.45
19	338.88	289.94
20	349.19	298.75
21	359.86	307.85
22	359.86	307.85
23	359.86	307.85
24	359.86	307.85
25	361.28	309.06
26	368.39	315.13
27	376.92	322.42
28	390.79	334.26
29	402.17	343.97
30	407.85	348.82
31	416.39	356.11
32	424.92	363.39
33	430.25	367.94
34	435.94	372.80
35	438.78	375.23
36	441.63	377.66
37	444.47	380.08
38	447.32	382.51
39	453.00	387.37
40	458.69	392.22
41	467.22	399.51
42	475.40	406.49
43	486.78	416.20
44	501.00	428.34
45	517.71	442.61
46	537.61	459.60
47	560.01	478.72
48	585.61	500.57
49	610.85	522.12
50	639.29	546.40
51	667.38	570.38
52	698.30	596.78
53	729.59	623.49
54	763.36	652.32
55	797.14	681.16
56	833.75	712.42
57	870.73	743.98
58	910.19	777.67
59	929.74	794.36
60	969.20	828.05
61	1,003.33	857.19
62	1,025.73	876.31
63	1,053.81	900.28
64 +	1,070.88	914.85

Region 4 San Francisco County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	292.08	249.99
15	317.66	271.82
16	327.44	280.17
17	337.22	288.52
18	347.75	297.51
19	358.28	306.50
20	369.19	315.81
21	380.47	325.45
22	380.47	325.45
23	380.47	325.45
24	380.47	325.45
25	381.97	326.73
26	389.50	333.15
27	398.52	340.86
28	413.19	353.38
29	425.23	363.66
30	431.25	368.79
31	440.27	376.50
32	449.30	384.21
33	454.94	389.02
34	460.96	394.16
35	463.97	396.73
36	466.98	399.30
37	469.99	401.87
38	472.99	404.43
39	479.01	409.57
40	485.03	414.71
41	494.06	422.42
42	502.71	429.80
43	514.74	440.08
44	529.79	452.92
45	547.47	468.01
46	568.53	485.99
47	592.22	506.22
48	619.30	529.34
49	646.01	552.14
50	676.10	577.83
51	705.81	603.19
52	738.53	631.13
53	771.63	659.38
54	807.36	689.89
55	843.10	720.39
56	881.84	753.47
57	920.95	786.86
58	962.70	822.50
59	983.39	840.16
60	1,025.14	875.80
61	1,061.24	906.63
62	1,084.94	926.86
63	1,114.65	952.22
64 +	1,132.71	967.65

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 5 Contra Costa County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	282.19	241.54
15	306.89	262.63
16	316.33	270.69
17	325.77	278.75
18	335.94	287.43
19	346.11	296.11
20	356.64	305.10
21	367.54	314.41
22	367.54	314.41
23	367.54	314.41
24	367.54	314.41
25	368.99	315.65
26	376.26	321.85
27	384.97	329.29
28	399.14	341.38
29	410.76	351.30
30	416.57	356.26
31	425.29	363.71
32	434.00	371.15
33	439.45	375.80
34	445.26	380.76
35	448.17	383.24
36	451.07	385.72
37	453.98	388.20
38	456.88	390.68
39	462.69	395.64
40	468.50	400.60
41	477.22	408.04
42	485.57	415.17
43	497.20	425.10
44	511.72	437.50
45	528.79	452.07
46	549.13	469.43
47	572.01	488.97
48	598.16	511.29
49	623.95	533.31
50	653.00	558.11
51	681.70	582.61
52	713.29	609.58
53	745.25	636.86
54	779.76	666.32
55	814.26	695.78
56	851.67	727.71
57	889.44	759.96
58	929.75	794.37
59	949.73	811.43
60	990.04	845.84
61	1,024.91	875.61
62	1,047.79	895.14
63	1,076.48	919.64
64 +	1,093.92	934.53

Region 6 Alameda County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	282.19	241.54
15	306.89	262.63
16	316.33	270.69
17	325.77	278.75
18	335.94	287.43
19	346.11	296.11
20	356.64	305.10
21	367.54	314.41
22	367.54	314.41
23	367.54	314.41
24	367.54	314.41
25	368.99	315.65
26	376.26	321.85
27	384.97	329.29
28	399.14	341.38
29	410.76	351.30
30	416.57	356.26
31	425.29	363.71
32	434.00	371.15
33	439.45	375.80
34	445.26	380.76
35	448.17	383.24
36	451.07	385.72
37	453.98	388.20
38	456.88	390.68
39	462.69	395.64
40	468.50	400.60
41	477.22	408.04
42	485.57	415.17
43	497.20	425.10
44	511.72	437.50
45	528.79	452.07
46	549.13	469.43
47	572.01	488.97
48	598.16	511.29
49	623.95	533.31
50	653.00	558.11
51	681.70	582.61
52	713.29	609.58
53	745.25	636.86
54	779.76	666.32
55	814.26	695.78
56	851.67	727.71
57	889.44	759.96
58	929.75	794.37
59	949.73	811.43
60	990.04	845.84
61	1,024.91	875.61
62	1,047.79	895.14
63	1,076.48	919.64
64 +	1,093.92	934.53

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 7 Santa Clara County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	282.10	241.46
15	306.79	262.54
16	316.23	270.60
17	325.67	278.66
18	335.83	287.34
19	346.00	296.02
20	356.53	305.01
21	367.42	314.30
22	367.42	314.30
23	367.42	314.30
24	367.42	314.30
25	368.87	315.54
26	376.13	321.74
27	384.85	329.18
28	399.01	341.27
29	410.62	351.19
30	416.43	356.15
31	425.15	363.59
32	433.86	371.03
33	439.31	375.67
34	445.12	380.63
35	448.02	383.11
36	450.92	385.59
37	453.83	388.07
38	456.73	390.55
39	462.54	395.51
40	468.35	400.47
41	477.07	407.91
42	485.42	415.04
43	497.03	424.96
44	511.56	437.36
45	528.62	451.92
46	548.95	469.28
47	571.83	488.81
48	597.97	511.12
49	623.74	533.13
50	652.79	557.93
51	681.47	582.41
52	713.06	609.38
53	745.01	636.66
54	779.50	666.10
55	813.99	695.55
56	851.39	727.47
57	889.15	759.71
58	929.45	794.11
59	949.42	811.16
60	989.72	845.56
61	1,024.57	875.32
62	1,047.45	894.85
63	1,076.13	919.33
64 +	1,093.56	934.20

Region 8 San Mateo County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	292.08	249.99
15	317.66	271.82
16	327.44	280.17
17	337.22	288.52
18	347.75	297.51
19	358.28	306.50
20	369.19	315.81
21	380.47	325.45
22	380.47	325.45
23	380.47	325.45
24	380.47	325.45
25	381.97	326.73
26	389.50	333.15
27	398.52	340.86
28	413.19	353.38
29	425.23	363.66
30	431.25	368.79
31	440.27	376.50
32	449.30	384.21
33	454.94	389.02
34	460.96	394.16
35	463.97	396.73
36	466.98	399.30
37	469.99	401.87
38	472.99	404.43
39	479.01	409.57
40	485.03	414.71
41	494.06	422.42
42	502.71	429.80
43	514.74	440.08
44	529.79	452.92
45	547.47	468.01
46	568.53	485.99
47	592.22	506.22
48	619.30	529.34
49	646.01	552.14
50	676.10	577.83
51	705.81	603.19
52	738.53	631.13
53	771.63	659.38
54	807.36	689.89
55	843.10	720.39
56	881.84	753.47
57	920.95	786.86
58	962.70	822.50
59	983.39	840.16
60	1,025.14	875.80
61	1,061.24	906.63
62	1,084.94	926.86
63	1,114.65	952.22
64 +	1,132.71	967.65

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 9 Santa Cruz County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	304.49	260.58
15	331.17	283.36
16	341.37	292.07
17	351.57	300.78
18	362.56	310.16
19	373.54	319.53
20	384.92	329.25
21	396.69	339.30
22	396.69	339.30
23	396.69	339.30
24	396.69	339.30
25	398.26	340.64
26	406.11	347.33
27	415.53	355.37
28	430.83	368.44
29	443.38	379.15
30	449.66	384.51
31	459.08	392.55
32	468.49	400.59
33	474.38	405.62
34	480.65	410.97
35	483.79	413.65
36	486.93	416.33
37	490.07	419.01
38	493.21	421.69
39	499.49	427.05
40	505.76	432.41
41	515.18	440.45
42	524.20	448.15
43	536.76	458.87
44	552.45	472.27
45	570.89	488.01
46	592.86	506.77
47	617.58	527.87
48	645.83	551.99
49	673.69	575.77
50	705.07	602.56
51	736.07	629.02
52	770.20	658.16
53	804.73	687.64
54	842.00	719.46
55	879.28	751.28
56	919.69	785.78
57	960.49	820.61
58	1,004.04	857.79
59	1,025.62	876.21
60	1,069.17	913.39
61	1,106.83	945.55
62	1,131.55	966.65
63	1,162.55	993.11
64 +	1,181.37	1,009.20

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

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	302.80	259.14
15	329.33	281.79
16	339.47	290.45
17	349.62	299.11
18	360.54	308.43
19	371.46	317.76
20	382.78	327.42
21	394.48	337.41
22	394.48	337.41
23	394.48	337.41
24	394.48	337.41
25	396.04	338.74
26	403.84	345.40
27	413.21	353.39
28	428.42	366.38
29	440.91	377.04
30	447.15	382.37
31	456.51	390.36
32	465.87	398.36
33	471.73	403.35
34	477.97	408.68
35	481.09	411.35
36	484.21	414.01
37	487.33	416.67
38	490.45	419.34
39	496.70	424.67
40	502.94	430.00
41	512.30	437.99
42	521.27	445.65
43	533.76	456.31
44	549.36	469.63
45	567.70	485.28
46	589.55	503.94
47	614.12	524.92
48	642.21	548.90
49	669.91	572.55
50	701.12	599.19
51	731.94	625.50
52	765.89	654.48
53	800.22	683.79
54	837.28	715.43
55	874.34	747.07
56	914.53	781.37
57	955.10	816.01
58	998.40	852.98
59	1,019.86	871.30
60	1,063.17	908.27
61	1,100.62	940.24
62	1,125.20	961.22
63	1,156.02	987.53
64 +	1,174.74	1,003.53

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 11 Fresno, Kings and Madera counties.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	220.33	188.73
15	239.53	205.12
16	246.87	211.39
17	254.21	217.65
18	262.11	224.40
19	270.02	231.15
20	278.20	238.14
21	286.67	245.37
22	286.67	245.37
23	286.67	245.37
24	286.67	245.37
25	287.80	246.34
26	293.45	251.16
27	300.23	256.94
28	311.24	266.34
29	320.27	274.05
30	324.79	277.91
31	331.56	283.69
32	338.34	289.48
33	342.57	293.09
34	347.09	296.95
35	349.35	298.88
36	351.61	300.81
37	353.87	302.73
38	356.13	304.66
39	360.64	308.52
40	365.16	312.38
41	371.94	318.16
42	378.43	323.70
43	387.46	331.42
44	398.76	341.06
45	412.03	352.39
46	427.84	365.88
47	445.62	381.07
48	465.95	398.42
49	485.99	415.53
50	508.58	434.81
51	530.88	453.86
52	555.45	474.82
53	580.29	496.03
54	607.11	518.93
55	633.93	541.83
56	663.01	566.65
57	692.37	591.72
58	723.71	618.47
59	739.24	631.73
60	770.58	658.48
61	797.68	681.62
62	815.47	696.80
63	837.77	715.85
64 +	851.31	727.41

Region 12 Santa Barbara and Ventura counties.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	230.88	197.74
15	251.02	214.93
16	258.72	221.51
17	266.42	228.08
18	274.71	235.16
19	283.00	242.24
20	291.59	249.57
21	300.47	257.15
22	300.47	257.15
23	300.47	257.15
24	300.47	257.15
25	301.66	258.16
26	307.58	263.22
27	314.68	269.28
28	326.23	279.14
29	335.71	287.23
30	340.45	291.28
31	347.55	297.35
32	354.66	303.41
33	359.10	307.20
34	363.84	311.25
35	366.21	313.27
36	368.58	315.29
37	370.95	317.32
38	373.32	319.34
39	378.05	323.38
40	382.79	327.43
41	389.90	333.50
42	396.71	339.31
43	406.19	347.40
44	418.03	357.51
45	431.95	369.39
46	448.53	383.55
47	467.19	399.48
48	488.51	417.68
49	509.53	435.63
50	533.22	455.85
51	556.62	475.82
52	582.38	497.82
53	608.44	520.06
54	636.57	544.08
55	664.70	568.09
56	695.20	594.13
57	726.00	620.42
58	758.87	648.49
59	775.15	662.39
60	808.02	690.45
61	836.45	714.72
62	855.11	730.65
63	878.50	750.62
64 +	892.71	762.75

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 14 Kern County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	231.09	197.92
15	251.25	215.13
16	258.96	221.71
17	266.66	228.29
18	274.96	235.37
19	283.26	242.46
20	291.86	249.80
21	300.75	257.39
22	300.75	257.39
23	300.75	257.39
24	300.75	257.39
25	301.93	258.40
26	307.86	263.46
27	314.97	269.53
28	326.53	279.40
29	336.02	287.50
30	340.76	291.55
31	347.87	297.62
32	354.99	303.69
33	359.43	307.49
34	364.18	311.54
35	366.55	313.56
36	368.92	315.58
37	371.29	317.61
38	373.66	319.63
39	378.40	323.68
40	383.15	327.73
41	390.26	333.80
42	397.08	339.62
43	406.56	347.72
44	418.42	357.84
45	432.35	369.73
46	448.95	383.90
47	467.62	399.85
48	488.96	418.06
49	510.00	436.03
50	533.72	456.27
51	557.13	476.26
52	582.92	498.28
53	609.00	520.54
54	637.16	544.58
55	665.32	568.62
56	695.85	594.68
57	726.67	621.00
58	759.57	649.09
59	775.87	663.00
60	808.77	691.09
61	837.23	715.38
62	855.90	731.32
63	879.32	751.31
64 +	893.55	763.47

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

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	231.09	197.92
15	251.25	215.13
16	258.96	221.71
17	266.66	228.29
18	274.96	235.37
19	283.26	242.46
20	291.86	249.80
21	300.75	257.39
22	300.75	257.39
23	300.75	257.39
24	300.75	257.39
25	301.93	258.40
26	307.86	263.46
27	314.97	269.53
28	326.53	279.40
29	336.02	287.50
30	340.76	291.55
31	347.87	297.62
32	354.99	303.69
33	359.43	307.49
34	364.18	311.54
35	366.55	313.56
36	368.92	315.58
37	371.29	317.61
38	373.66	319.63
39	378.40	323.68
40	383.15	327.73
41	390.26	333.80
42	397.08	339.62
43	406.56	347.72
44	418.42	357.84
45	432.35	369.73
46	448.95	383.90
47	467.62	399.85
48	488.96	418.06
49	510.00	436.03
50	533.72	456.27
51	557.13	476.26
52	582.92	498.28
53	609.00	520.54
54	637.16	544.58
55	665.32	568.62
56	695.85	594.68
57	726.67	621.00
58	759.57	649.09
59	775.87	663.00
60	808.77	691.09
61	837.23	715.38
62	855.90	731.32
63	879.32	751.31
64 +	893.55	763.47

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 16 Los Angeles County, ZIP codes not including ZIP codes in region 15.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	259.21	221.93
15	281.87	241.27
16	290.53	248.66
17	299.19	256.06
18	308.52	264.02
19	317.85	271.99
20	327.51	280.23
21	337.51	288.77
22	337.51	288.77
23	337.51	288.77
24	337.51	288.77
25	338.84	289.90
26	345.50	295.59
27	353.50	302.42
28	366.49	313.51
29	377.15	322.61
30	382.48	327.16
31	390.48	333.99
32	398.47	340.82
33	403.47	345.08
34	408.80	349.63
35	411.47	351.91
36	414.13	354.18
37	416.80	356.46
38	419.46	358.73
39	424.79	363.28
40	430.12	367.83
41	438.12	374.66
42	445.78	381.20
43	456.44	390.30
44	469.77	401.68
45	485.43	415.05
46	504.08	430.98
47	525.07	448.89
48	549.06	469.37
49	572.71	489.57
50	599.37	512.32
51	625.68	534.79
52	654.67	559.53
53	683.99	584.56
54	715.64	611.58
55	747.29	638.60
56	781.60	667.89
57	816.25	697.47
58	853.23	729.04
59	871.55	744.69
60	908.53	776.26
61	940.52	803.56
62	961.51	821.48
63	987.82	843.95
64 +	1,003.83	857.61

Region 17 Riverside and San Bernardino counties.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	231.09	197.92
15	251.25	215.13
16	258.96	221.71
17	266.66	228.29
18	274.96	235.37
19	283.26	242.46
20	291.86	249.80
21	300.75	257.39
22	300.75	257.39
23	300.75	257.39
24	300.75	257.39
25	301.93	258.40
26	307.86	263.46
27	314.97	269.53
28	326.53	279.40
29	336.02	287.50
30	340.76	291.55
31	347.87	297.62
32	354.99	303.69
33	359.43	307.49
34	364.18	311.54
35	366.55	313.56
36	368.92	315.58
37	371.29	317.61
38	373.66	319.63
39	378.40	323.68
40	383.15	327.73
41	390.26	333.80
42	397.08	339.62
43	406.56	347.72
44	418.42	357.84
45	432.35	369.73
46	448.95	383.90
47	467.62	399.85
48	488.96	418.06
49	510.00	436.03
50	533.72	456.27
51	557.13	476.26
52	582.92	498.28
53	609.00	520.54
54	637.16	544.58
55	665.32	568.62
56	695.85	594.68
57	726.67	621.00
58	759.57	649.09
59	775.87	663.00
60	808.77	691.09
61	837.23	715.38
62	855.90	731.32
63	879.32	751.31
64 +	893.55	763.47

CalChoice HSP Rates

New and renewing business, effective January 1, 2019, to March 15, 2019

Region 18 Orange County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	234.87	201.15
15	255.36	218.64
16	263.20	225.33
17	271.03	232.02
18	279.47	239.22
19	287.91	246.43
20	296.65	253.89
21	305.69	261.60
22	305.69	261.60
23	305.69	261.60
24	305.69	261.60
25	306.89	262.63
26	312.92	267.78
27	320.15	273.95
28	331.90	283.99
29	341.55	292.22
30	346.37	296.33
31	353.60	302.51
32	360.83	308.68
33	365.35	312.54
34	370.17	316.66
35	372.59	318.72
36	375.00	320.77
37	377.41	322.83
38	379.82	324.89
39	384.64	329.01
40	389.46	333.12
41	396.69	339.30
42	403.62	345.21
43	413.27	353.44
44	425.32	363.73
45	439.48	375.83
46	456.36	390.23
47	475.34	406.44
48	497.04	424.96
49	518.43	443.23
50	542.54	463.81
51	566.35	484.13
52	592.56	506.51
53	619.08	529.15
54	647.71	553.59
55	676.33	578.03
56	707.37	604.52
57	738.71	631.28
58	772.16	659.83
59	788.73	673.98
60	822.18	702.54
61	851.11	727.24
62	870.10	743.44
63	893.90	763.77
64 +	908.37	776.10

Region 19 San Diego County.

Age	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	232.57	199.18
15	252.86	216.50
16	260.61	223.12
17	268.37	229.74
18	276.72	236.88
19	285.07	244.01
20	293.73	251.39
21	302.68	259.03
22	302.68	259.03
23	302.68	259.03
24	302.68	259.03
25	303.87	260.05
26	309.84	265.15
27	317.00	271.26
28	328.63	281.19
29	338.18	289.34
30	342.95	293.41
31	350.11	299.53
32	357.27	305.64
33	361.74	309.46
34	366.52	313.53
35	368.90	315.57
36	371.29	317.61
37	373.68	319.65
38	376.06	321.68
39	380.84	325.76
40	385.61	329.83
41	392.77	335.95
42	399.63	341.80
43	409.18	349.95
44	421.11	360.14
45	435.13	372.11
46	451.84	386.37
47	470.63	402.42
48	492.11	420.76
49	513.29	438.84
50	537.16	459.21
51	560.73	479.33
52	586.68	501.49
53	612.94	523.90
54	641.28	548.10
55	669.62	572.29
56	700.34	598.53
57	731.37	625.01
58	764.48	653.28
59	780.89	667.29
60	814.01	695.56
61	842.65	720.01
62	861.44	736.05
63	885.01	756.17
64 +	899.34	768.39

Footnotes

WholeCare HMO and SmartCare HMO

- ¹ There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility. The WholeCare HMO Platinum C, Gold A, Gold C, and Silver A plans, and SmartCare Platinum E and Gold E plans include infertility benefits. Infertility benefits (including infertility injectables) are covered at 50%. In vitro fertilization (IVF) and zygote intrafallopian transfer (ZIFT) are not covered.
- ² Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- ³ MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁴ Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- ⁵ Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.
- ⁶ Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- ⁷ Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Please refer to the plan's EOC for additional information.
- ⁸ The four prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmaceutical and Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. Tier 4 – Specialty drugs.
- ⁹ Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net of California, Inc. (Health Net), then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ¹⁰ Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.
- ¹¹ Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

Salud HMO y Más

- ¹ In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA network, except for emergency services.
- ² There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility. The Salud HMO y Más Platinum D and Gold D plans include infertility benefits. Infertility benefits (including infertility injectables) are covered at 50%. In vitro fertilization (IVF) and zygote intrafallopian transfer (ZIFT) are not covered.
- ³ Any copayment or coinsurance paid for covered services in either the Salud network or the SIMNSA network will be credited to the individual and family OOPM of both networks.
- ⁴ Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- ⁵ MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁶ Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug

Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

- ⁷ Salud network mental/behavioral health and substance abuse services are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.
- ⁸ SIMNSA network mental/behavioral health and substance abuse services must be provided by a SIMNSA provider.
- ⁹ Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- ¹⁰ Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Please refer to the plan's EOC for additional information.
- ¹¹ The four prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmaceutical and Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. Tier 4 – Specialty drugs.
- ¹² Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member and are not subject to the deductible. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ¹³ Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.
- ¹⁴ Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

CommunityCare HMO

- ¹ Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- ² MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ³ Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- ⁴ Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.
- ⁵ Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- ⁶ Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Please refer to the plan's EOC for additional information.
- ⁷ The four prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmaceutical and Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. Tier 4 – Specialty drugs.
- ⁸ Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net of California, Inc. (Health Net), then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ⁹ Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.
- ¹⁰ Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

HSP

- ¹ There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility. The HSP, HSP Silver A and HSP Bronze A + Infertility plans include infertility benefits. Infertility benefits (including infertility injectables) are covered at 50%. In vitro fertilization (IVF) and zygote intrafallopian transfer (ZIFT) are not covered.
- ² Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- ³ Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- ⁴ Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.
- ⁵ Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- ⁶ Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Please refer to the plan's EOC for additional information.
- ⁷ The four prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmaceutical and Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. Tier 4 – Specialty drugs. Tier 3 and Tier 4 drugs for HSP Gold A and HSP Silver A will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Tier 3 and 4 drugs for HSP Bronze A will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply. Please refer to the plan's EOC for additional information.
- ⁸ Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ⁹ Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.
- ¹⁰ Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

Glossary

Copayment Refers to either a fixed dollar amount or a percentage of covered costs payable by member; i.e., if a member's coinsurance is 20%, Health Net of California, Inc. (Health Net) pays 80% of the covered costs, and the member is responsible for the remaining 20% of the costs.

Deductible This is the amount members must pay for services before the plan begins covering them. (This amount may not apply to routine and preventive care visits.)

HMO (health maintenance organization)

Plans that offer primary care physician guidance and referrals within our large statewide network.

OON (out-of-network) A physician, provider group or hospital that is not a contracted participant of the Health Net provider network. Except for emergent care, out-of-network services are not covered.

PCP (primary care physician) The physician a member designates as the primary doctor, following the requirements for an HMO plan. With an HMO plan, a member must see this physician first for all health matters and obtain referrals from the PCP.

Salud con Health Net plans The Health Net Salud plans address the needs of the Latino population in California and offer access to health care on both sides of the California-Mexico border. Available plans include:

- **HMO y Más** California members access a select network of doctors and physician groups in their local service area but also have the freedom to visit participating SIMNSA providers in Mexico, no referral required.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

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

If you need these services, contact Health Net's Customer Contact Center at:

Individual & Family Plan (IFP) Members On Exchange/Covered California 1-888-926-4988 (TTY: 711)

Individual & Family Plan (IFP) Members Off Exchange 1-800-839-2172 (TTY: 711)

Individual & Family Plan (IFP) Applicants 1-877-609-8711 (TTY: 711)

Group Plans through Health Net 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc. Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Members) or

Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, if you have an ID card, please call the Customer Contact Center number. Employer group applicants please call Health Net's Commercial Contact Center at 1-800-522-0088 (TTY: 711). Individual & Family Plan (IFP) applicants please call 1-877-609-8711 (TTY: 711).

Arabic

خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة، يرجى الاتصال برقم مركز خدمة العملاء المبين على بطاقتك. فيما يتعلق بمقدمي طلبات مجموعة صاحب العمل، يرجى التواصل مع مركز الاتصال التجاري في Health Net عبر الرقم: 1-800-522-0088 (TTY: 711). فيما يتعلق بمقدمي طلبات خطة الأفراد والعائلة، يرجى الاتصال بالرقم 1-877-609-8711 (TTY: 711).

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Եթե ID քարտ ունեք, օգնության համար խնդրում ենք զանգահարել Հաճախորդների սպասարկման կենտրոնի հեռախոսահամարով: Գործատուի խմբի դիմորդներին խնդրում ենք զանգահարել Health Net-ի Կոմերցիոն սպասարկման կենտրոն՝ 1-800-522-0088 հեռախոսահամարով (TTY՝ 711): Individual & Family Plan (IFP) դիմորդներին խնդրում ենք զանգահարել 1-877-609-8711 հեռախոսահամարով (TTY՝ 711):

Chinese

免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助且如果您有會員卡，請撥打客戶聯絡中心電話號碼。雇主團保計畫的申請人請撥打 1-800-522-0088（聽障專線：711）與 Health Net 私人保險聯絡中心聯絡。Individual & Family Plan (IFP) 的申請人請撥打 1-877-609-8711（聽障專線：711）。

Hindi

बिना शुल्क भाषा सेवाएं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, यदि आपके पास आईडी कार्ड है तो कृपया ग्राहक संपर्क केंद्र के नंबर पर कॉल करें। नियोक्ता सामूहिक आवेदक कृपया हेल्थ नेट के कमर्शियल संपर्क केंद्र को 1-800-522-0088 (TTY: 711) पर कॉल करें। व्यक्तिगत और फैमिली प्लान (आईएफपी) आवेदक कृपया 1-877-609-8711 (TTY: 711) पर कॉल करें।

Hmong

Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntauv rau koj ua koj hom lus hais. Txhawm rau pab cuam, yog tias koj muaj daim npav ID, thov hu rau Neeg Qhua Lub Chaw Tiv Toj tus npawb. Tus tswv ntiav neeg ua haujlwm pab pawg sau ntauv thov ua haujlwm thov hu rau Health Net Qhov Chaw Tiv Toj Kev Lag Luam ntawm 1-800-522-0088 (TTY: 711). Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) cov neeg thov ua haujlwm thov hu rau 1-877-609-8711 (TTY: 711).

Japanese

無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプについては、IDカードをお持ちの場合は顧客連絡センターまでお電話ください。雇用主を通じた団体保険の申込者の方は、Health Netの顧客連絡センター（1-800-522-0088、TTY: 711）までお電話ください。個人・家族向けプラン（IFP）の申込者の方は、1-877-609-8711（TTY: 711）までお電話ください。

Khmer

សេវាកាសដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យ
លោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ ប្រសិនបើលោកអ្នកមានបំណុលសម្គាល់ខ្លួន សូមហៅទូរស័ព្ទទៅកាន់
លេខរបស់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជន។ អ្នកដាក់ពាក្យសុំគម្រោងជាក្រុមដែលជាបុគ្គលិក សូមហៅទូរស័ព្ទទៅ
កាន់មជ្ឈមណ្ឌលទំនាក់ទំនងរបស់ Health Net តាមរយៈលេខ 1-800-522-0088 (TTY: 711)។ អ្នកដាក់ពាក្យសុំ
គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-877-609-8711 (TTY: 711)។

Korean

무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며
일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로
고객서비스 센터에 연락하십시오. 고용주 그룹 신청인의 경우 Health Net의 상업 고객서비스 센터에
1-800-522-0088(TTY: 711)번으로 전화해 주십시오. 개인 및 가족 플랜(IFP) 신청인의 경우
1-877-609-8711(TTY: 711)번으로 전화해 주십시오.

Navajo

Doo bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóót'íjį́. Naaltsoos da t'áá
shí shizaad k'éhjí shichí' yídooltah nínizingo t'áá ná ákódoonííł. Ákót'éego shíká a'doowoł nínizingo
Customer Contact Center hoolyéhíjį' hodíílnih ninaaltsoos nanitingo bee néého'dolzinígíí hodoonihjį'
bikáá'. Naaltsoos nehiltsóosgo naanish bá dahikahígíí éí kojį' hodíílnih Health Net's Commercial
Contact Center 1-800-522-0088 (TTY: 711). T'áá hó dóó ha'áłchíní (IFP) báhígíí éí kojį' hojilnih
1-877-609-8711 (TTY: 711).

Persian (Farsi)

خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برایتان خوانده شوند. برای
دریافت کمک، اگر کارت شناسایی دارید، لطفاً با شماره مرکز تماس مشتریان تماس بگیرید. متقاضیان گروه کارفرما لطفاً با مرکز تماس
تجاری Health Net به شماره 1-800-522-0088 (TTY:711) تماس بگیرید. متقاضیان طرح فردی و خانوادگی (IFP) *لطفاً با
شماره 1-877-609-8711 (TTY:711) تماس بگیرید.

Panjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ
ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਜੇ ਤੁਹਾਡੇ ਕੋਲ ਇੱਕ ਆਈਡੀ ਕਾਰਡ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਗਾਹਕ ਸੰਪਰਕ
ਕੇਂਦਰ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਮਾਲਕ ਦਾ ਗਰੁੱਪ ਬਿਨੈਕਾਰ, ਕਿਰਪਾ ਕਰਕੇ ਹੈਲਥ ਨੈੱਟ ਦੇ ਵਪਾਰਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ
1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਬਿਨੈਕਾਰਾਂ ਨੂੰ ਕਿਰਪਾ ਕਰਕੇ
1-877-609-8711 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать
документы на Вашем родном языке. Если Вам нужна помощь и у Вас при себе есть карточка
участника плана, звоните по телефону Центра помощи клиентам. Участники коллективных планов,
предоставляемых работодателем: звоните в коммерческий центр помощи Health Net по телефону
1-800-522-0088 (TTY: 711). Участники планов для частных лиц и семей (IFP): звоните по телефону
1-877-609-8711 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, si tiene una tarjeta de identificación, llame al número del Centro de Comunicación con el Cliente. Los solicitantes del grupo del empleador deben llamar al Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Los solicitantes de planes individuales y familiares deben llamar al 1-877-609-8711 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, kung mayroon kayong ID card, mangyaring tumawag sa numero ng Customer Contact Center. Para sa mga grupo ng mga aplikante ng tagapag-empleyo, mangyaring tumawag sa Commercial Contact Center ng Health Net sa 1-800-522-0088 (TTY: 711). Para sa mga aplikante ng Planong Pang-individuwal at Pampamilya (Individual & Family Plan, IFP), mangyaring tumawag sa 1-877-609-8711 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ และคุณมีบัตรประจำตัว โปรดโทรหมายเลขศูนย์ลูกค้าสัมพันธ์ ผู้สมัครกลุ่มนายจ้าง โปรดโทรหาศูนย์ลูกค้าสัมพันธ์เชิงพาณิชย์ของ Health Net ที่หมายเลข 1-800-522-0088 (โหมด TTY: 711) ผู้สมัครแผนบุคคลและครอบครัว (Individual & Family Plan: IFP) โปรดโทร 1-877-609-8711 (โหมด TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, nếu quý vị có thẻ ID, vui lòng gọi đến số điện thoại của Trung Tâm Liên Lạc Khách Hàng. Những người nộp đơn xin bảo hiểm nhóm qua hãng sở vui lòng gọi Trung Tâm Liên Lạc Thương Mại của Health Net theo số 1-800-522-0088 (TTY: 711). Người nộp đơn thuộc Chương Trình Cá Nhân & Gia Đình (IFP), vui lòng gọi số 1-877-609-8711 (TTY: 711).

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017550EH00 (12/17)

For more information, please contact:

Health Net of California, Inc.

PO Box 9103

Van Nuys, CA 91409-9103

Broker Services

1-800-448-4411, option 4

Small Business Group

Sales and Service Administration

1-800-447-8812 (*English*)

1-877-891-9050 (*Cantonese*)

1-877-339-8596 (*Korean*)

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

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

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

1-877-339-8621 (*Vietnamese*)

Assistance for the hearing and speech impaired

TTY users call 711.

Other options

Coverage for individuals and families

1-800-909-3447

Coverage for family members over 65 years of age

1-800-944-7287

Coverage for children in a low-income household

1-800-327-0502

Coverage for businesses with 101+ employees

1-800-448-4411, option 4

www.healthnet.com/broker

www.healthnet.com/broker/reformguide