

Rates Guide

Choice made simple

New and renewing business, effective July 1, 2018, to September 15, 2018



Christine Webster,
Health Net

*We facilitate strong patient-
doctor relationships.*



Health Net®

Table of Contents

New and renewing business, effective July 1, 2018, to September 15, 2018

Medical rating regions	2
Dental rating regions by area	3
Choice package overview	4
Find your rate	4
Calculate your rate	4
PPO Rates	
Region 1	5
Region 2	6
Region 3	7
Region 4	8
Region 5	9
Region 6	10
Region 7	11
Region 8	12
Region 9	13
Region 10	14
Region 11	15
Region 12	16
Region 13	17
Region 14	18
Region 15	19
Region 16	21
Region 17	23
Region 18	24
Region 19	25
HMO Rates	
Region 1	26
Region 2	28
Region 3	30
Region 4	32
Region 5	34
Region 6	36
Region 7	38
Region 8	41
Region 9	43
Region 10	46
Region 11	48
Region 12	50
Region 14	52
Region 15	54
Region 16	58
Region 17	62
Region 18	65
Region 19	69

PureCare HSP Rates

Region 1..... 72
Region 2..... 72
Region 3..... 72
Region 4..... 73
Region 5..... 73
Region 6..... 73
Region 7..... 74
Region 8..... 74
Region 9..... 74
Region 10..... 75
Region 11..... 75
Region 12..... 75
Region 14..... 76
Region 15..... 76
Region 16..... 76
Region 17..... 77
Region 18..... 77
Region 19..... 77

Salud con Health Net Rates

Region 14..... 78
Region 15..... 79
Region 16..... 80
Region 17..... 81
Region 18..... 82
Region 19..... 83

Dental Rates

..... 84

Vision, Chiropractic, Basic Life, and AD&D Rates

..... 86

Glossary

..... 87

Medical rating regions

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 1	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties
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	Monterey, San Benito and Santa Cruz counties
Region 10	Mariposa, Merced, San Joaquin, Stanislaus, and Tulare counties
Region 11	Fresno, Kings and Madera counties
Region 12	San Luis Obispo, Santa Barbara and Ventura counties
Region 13	Imperial, Inyo and Mono 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

How to receive a quote

Rates displayed are for ACA-compliant plans. If you would like to receive a formal quote from Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) Small Business Plans or quotes for groups renewing on grandfathered plans, please contact your authorized Health Net broker or Health Net account executive at **1-800-447-8812, option 1**. Rates subject to change. Rates cannot be changed based on prior claims experience.

Dental rating regions by area

Dental HMO

Health Net Dental HMO plans are not available in Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, San Benito, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, and Yuba counties.

These are the rating regions by ZIP codes for the PPO plans.

PPO rating area by ZIP codes

Area 1 contains the ZIP codes starting with 900–904 and 945–948.

Area 2 contains the ZIP codes starting with 905–930.

Area 3 contains the ZIP codes starting with 931, 940–941 and 943–944.

Area 4 contains the ZIP codes starting with 932–933 and 935–938.

Area 5 contains the ZIP codes starting with 934, 939 and 954–961.

Area 6 contains the ZIP codes starting with 942.

Area 7 contains the ZIP codes starting with 949–951.

Area 8 contains the ZIP codes starting with 952–953.

Note: Area is determined by the group's home-office ZIP code. Rates apply to new dental groups with an effective date of July 1, 2018.

Choice package: combinations that fit small businesses

The Health Net Small Business portfolio makes it easy to give your clients health care solutions that offer choices and fit their budget. Making it even easier are the combinations we've put together to simplify the selection process.

Enhanced Choice	EnhancedCare PPO Choice
Full Network HMO WholeCare HMO SmartCare HMO Salud HMO y Más CommunityCare HMO PureCare HSP Full Network PPO	Full Network HMO WholeCare HMO SmartCare HMO Salud HMO y Más CommunityCare HMO PureCare HSP EnhancedCare PPO Full Network PPO Bronze

Region 2 ¹ **Marin, Napa, Solano, and Sonoma counties.**

² Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	³ Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt
0-14	524.89	413.81	362.27	299.14	375.35
15	571.54	450.59	394.47	325.73	408.55
16	589.38	464.66	406.78	335.90	421.24
17	607.22	478.72	419.10	346.06	433.94

Find your rate

Finding the rate that applies to you is easy:

1. find the chart for your region on the following pages;
2. select your age; then
3. select a plan.

Premium payment options

- Online billing
- Monthly billing

Calculate your rate

The medical premium rate for a family is calculated using the sum of premiums for each family member 21 years of age or older and for no more than the three oldest covered children who are under the age of 21.

For the purpose of rating, the member's age is determined at the time a policy is issued or renewed.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	483.94	381.53	334.01	275.81	346.22	292.55	318.84	270.85
15	526.96	415.44	363.70	300.32	376.83	318.39	347.01	294.90
16	543.41	428.41	375.05	309.69	388.53	328.27	357.78	304.10
17	559.86	441.38	386.40	319.07	400.23	338.15	368.56	313.30
18	577.57	455.34	398.63	329.16	412.84	348.79	380.16	323.20
19	595.28	469.30	410.86	339.26	425.44	359.43	391.76	333.10
20	613.63	483.77	423.52	349.71	438.49	370.44	403.77	343.36
21	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
22	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
23	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
24	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
25	635.14	500.72	438.36	361.97	453.80	383.36	417.86	355.39
26	647.79	510.70	447.09	369.18	462.80	390.96	426.15	362.46
27	662.97	522.67	457.57	377.84	473.60	400.08	436.09	370.95
28	687.64	542.12	474.60	391.90	491.16	414.90	452.25	384.75
29	707.88	558.08	488.57	403.43	505.56	427.06	465.51	396.06
30	718.01	566.06	495.56	409.20	512.76	433.14	472.14	401.72
31	733.19	578.03	506.04	417.85	523.57	442.26	482.08	410.21
32	748.37	590.00	516.52	426.51	534.37	451.38	492.03	418.70
33	757.86	597.48	523.07	431.91	541.12	457.08	498.24	424.01
34	767.98	605.46	530.05	437.68	548.32	463.16	504.87	429.67
35	773.04	609.45	533.54	440.57	551.92	466.20	508.19	432.50
36	778.10	613.44	537.04	443.45	555.53	469.24	511.50	435.33
37	783.16	617.43	540.53	446.34	559.13	472.28	514.81	438.16
38	788.23	621.42	544.02	449.22	562.73	475.32	518.13	440.99
39	798.35	629.40	551.01	454.99	569.93	481.40	524.76	446.65
40	808.47	637.38	557.99	460.76	577.13	487.47	531.39	452.30
41	823.65	649.35	568.47	469.41	587.93	496.59	541.33	460.79
42	838.20	660.82	578.52	477.70	598.29	505.33	550.86	468.93
43	858.44	676.78	592.49	489.24	612.69	517.49	564.12	480.25
44	883.75	696.73	609.95	503.66	630.70	532.69	580.69	494.40
45	913.48	720.17	630.47	520.60	651.85	550.55	600.17	511.02
46	948.91	748.09	654.92	540.79	677.06	571.83	623.37	530.83
47	988.76	779.51	682.43	563.51	705.42	595.77	649.47	553.11
48	1,034.31	815.42	713.87	589.47	737.83	623.12	679.30	578.58
49	1,079.22	850.83	744.87	615.06	769.78	650.10	708.72	603.69
50	1,129.83	890.73	779.80	643.91	805.79	680.50	741.87	631.99
51	1,179.81	930.13	814.29	672.39	841.35	710.52	774.60	659.93
52	1,234.84	973.52	852.27	703.75	880.51	743.57	810.65	690.71
53	1,290.51	1,017.41	890.70	735.48	920.12	777.01	847.11	721.83
54	1,350.61	1,064.79	932.17	769.73	962.89	813.11	886.47	755.43
55	1,410.71	1,112.17	973.65	803.98	1,005.65	849.20	925.83	789.04
56	1,475.87	1,163.54	1,018.62	841.12	1,052.01	888.34	968.51	825.47
57	1,541.66	1,215.40	1,064.03	878.61	1,098.82	927.86	1,011.60	862.25
58	1,611.88	1,270.76	1,112.50	918.63	1,148.79	970.03	1,057.59	901.52
59	1,646.67	1,298.19	1,136.51	938.46	1,173.54	990.93	1,080.37	920.97
60	1,716.89	1,353.55	1,184.97	978.48	1,223.51	1,033.11	1,126.37	960.23
61	1,777.62	1,401.43	1,226.89	1,013.09	1,266.72	1,069.59	1,166.14	994.19
62	1,817.47	1,432.85	1,254.40	1,035.80	1,295.08	1,093.52	1,192.24	1,016.47
63	1,867.45	1,472.25	1,288.89	1,064.28	1,330.64	1,123.54	1,224.98	1,044.42
64+	1,897.80	1,496.19	1,309.86	1,081.59	1,352.25	1,141.77	1,244.85	1,061.39

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	524.89	413.81	362.27	299.14	375.35	317.14	345.65	293.74
15	571.54	450.59	394.47	325.73	408.55	345.17	376.21	319.83
16	589.38	464.66	406.78	335.90	421.24	355.88	387.90	329.81
17	607.22	478.72	419.10	346.06	433.94	366.60	399.58	339.78
18	626.43	493.87	432.36	357.01	447.61	378.14	412.16	350.52
19	645.65	509.01	445.62	367.96	461.28	389.68	424.75	361.26
20	665.54	524.70	459.35	379.30	475.43	401.63	437.78	372.39
21	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
22	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
23	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
24	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
25	688.87	543.09	475.45	392.60	492.03	415.64	453.06	385.43
26	702.59	553.91	484.92	400.42	501.80	423.88	462.04	393.11
27	719.06	566.89	496.29	409.80	513.51	433.77	472.83	402.31
28	745.82	587.99	514.76	425.05	532.55	449.85	490.36	417.28
29	767.78	605.30	529.91	437.57	548.18	463.03	504.74	429.55
30	778.75	613.95	537.49	443.82	555.99	469.63	511.93	435.69
31	795.22	626.93	548.85	453.21	567.71	479.52	522.71	444.90
32	811.69	639.91	560.22	462.59	579.42	489.41	533.50	454.10
33	821.98	648.03	567.32	468.46	586.75	495.59	540.24	459.86
34	832.96	656.68	574.90	474.71	594.56	502.18	547.43	466.00
35	838.45	661.01	578.69	477.84	598.46	505.48	551.02	469.07
36	843.94	665.34	582.47	480.97	602.37	508.78	554.62	472.14
37	849.43	669.67	586.26	484.10	606.27	512.08	558.21	475.20
38	854.91	673.99	590.05	487.23	610.18	515.37	561.81	478.27
39	865.89	682.65	597.63	493.48	617.99	521.97	569.00	484.41
40	876.87	691.30	605.20	499.74	625.80	528.56	576.19	490.55
41	893.34	704.29	616.57	509.12	637.52	538.45	586.97	499.76
42	909.12	716.73	627.46	518.12	648.75	547.93	597.31	508.58
43	931.08	734.04	642.62	530.63	664.37	561.12	611.69	520.86
44	958.52	755.67	661.56	546.27	683.90	577.60	629.67	536.20
45	990.77	781.10	683.82	564.65	706.84	596.97	650.79	554.23
46	1,029.19	811.39	710.33	586.55	734.18	620.05	675.95	575.72
47	1,072.42	845.47	740.17	611.18	764.94	646.01	704.26	599.89
48	1,121.82	884.41	774.26	639.34	800.09	675.69	736.62	627.51
49	1,170.53	922.82	807.89	667.10	834.75	704.95	768.52	654.75
50	1,225.42	966.09	845.77	698.38	873.81	737.92	804.48	685.44
51	1,279.63	1,008.83	883.18	729.28	912.38	770.47	839.98	715.74
52	1,339.32	1,055.89	924.38	763.30	954.85	806.33	879.07	749.12
53	1,399.70	1,103.49	966.05	797.71	997.81	842.59	918.62	782.88
54	1,464.88	1,154.88	1,011.04	834.86	1,044.19	881.74	961.31	819.33
55	1,530.06	1,206.26	1,056.03	872.00	1,090.57	920.89	1,004.00	855.77
56	1,600.74	1,261.98	1,104.81	912.28	1,140.86	963.34	1,050.29	895.29
57	1,672.09	1,318.24	1,154.06	952.95	1,191.63	1,006.20	1,097.03	935.19
58	1,748.25	1,378.28	1,206.62	996.35	1,245.82	1,051.95	1,146.91	977.77
59	1,785.99	1,408.03	1,232.67	1,017.86	1,272.67	1,074.61	1,171.62	998.87
60	1,862.15	1,468.07	1,285.23	1,061.26	1,326.87	1,120.36	1,221.50	1,041.45
61	1,928.02	1,520.00	1,330.69	1,098.80	1,373.73	1,159.92	1,264.65	1,078.28
62	1,971.24	1,554.08	1,360.53	1,123.44	1,404.49	1,185.89	1,292.96	1,102.45
63	2,025.45	1,596.81	1,397.94	1,154.33	1,443.06	1,218.44	1,328.46	1,132.76
64+	2,058.39	1,622.79	1,420.68	1,173.09	1,466.49	1,238.22	1,350.03	1,151.18

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PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	496.41	391.36	342.61	282.91	355.09	300.04	327.00	277.82
15	540.53	426.14	373.07	308.06	386.49	326.54	355.90	302.49
16	557.41	439.44	384.71	317.67	398.49	336.68	366.95	311.93
17	574.28	452.75	396.36	327.29	410.49	346.81	378.00	321.36
18	592.45	467.07	408.90	337.64	423.42	357.72	389.90	331.52
19	610.62	481.39	421.44	348.00	436.35	368.64	401.80	341.68
20	629.43	496.23	434.43	358.72	449.74	379.94	414.13	352.20
21	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
22	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
23	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
24	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
25	651.50	513.62	449.65	371.30	465.44	393.19	428.58	364.54
26	664.47	523.85	458.61	378.69	474.67	400.99	437.08	371.79
27	680.05	536.13	469.36	387.57	485.75	410.34	447.28	380.50
28	705.35	556.08	486.83	401.99	503.76	425.54	463.85	394.65
29	726.12	572.45	501.16	413.82	518.54	438.01	477.45	406.26
30	736.50	580.64	508.32	419.74	525.92	444.25	484.25	412.07
31	752.08	592.92	519.07	428.62	537.01	453.60	494.45	420.77
32	767.65	605.20	529.82	437.49	548.09	462.96	504.65	429.48
33	777.38	612.87	536.54	443.04	555.01	468.80	511.03	434.92
34	787.77	621.05	543.71	448.96	562.40	475.04	517.83	440.73
35	792.96	625.15	547.29	451.92	566.09	478.16	521.23	443.63
36	798.15	629.24	550.87	454.87	569.79	481.28	524.63	446.53
37	803.34	633.33	554.45	457.83	573.48	484.39	528.03	449.44
38	808.53	637.42	558.04	460.79	577.17	487.51	531.43	452.34
39	818.91	645.61	565.20	466.71	584.56	493.75	538.23	458.14
40	829.29	653.79	572.37	472.63	591.95	499.98	545.03	463.95
41	844.87	666.07	583.12	481.50	603.03	509.34	555.23	472.66
42	859.79	677.84	593.42	490.01	613.65	518.30	565.00	481.00
43	880.56	694.21	607.75	501.84	628.43	530.77	578.60	492.61
44	906.51	714.67	625.66	516.63	646.89	546.36	595.60	507.12
45	937.01	738.72	646.71	534.02	668.59	564.68	615.58	524.18
46	973.35	767.37	671.79	554.73	694.45	586.51	639.38	544.50
47	1,014.23	799.59	700.01	578.02	723.54	611.06	666.15	567.35
48	1,060.95	836.43	732.26	604.65	756.78	639.13	696.75	593.48
49	1,107.02	872.75	764.05	630.91	789.56	666.80	726.93	619.24
50	1,158.94	913.68	799.88	660.49	826.50	697.98	760.93	648.26
51	1,210.20	954.09	835.26	689.71	862.98	728.77	794.50	676.93
52	1,266.65	998.60	874.23	721.88	903.15	762.68	831.48	708.49
53	1,323.76	1,043.62	913.64	754.43	943.78	796.98	868.88	740.42
54	1,385.40	1,092.22	956.19	789.56	987.64	834.00	909.25	774.89
55	1,447.05	1,140.82	998.73	824.69	1,031.50	871.03	949.63	809.36
56	1,513.88	1,193.51	1,044.86	862.78	1,079.06	911.18	993.41	846.73
57	1,581.37	1,246.71	1,091.44	901.24	1,127.08	951.71	1,037.61	884.46
58	1,653.40	1,303.50	1,141.15	942.29	1,178.33	994.97	1,084.78	924.73
59	1,689.09	1,331.63	1,165.79	962.63	1,203.73	1,016.41	1,108.16	944.69
60	1,761.12	1,388.42	1,215.50	1,003.68	1,254.98	1,059.67	1,155.33	984.96
61	1,823.41	1,437.53	1,258.49	1,039.18	1,299.30	1,097.09	1,196.13	1,019.79
62	1,864.29	1,469.76	1,286.71	1,062.48	1,328.39	1,121.65	1,222.91	1,042.65
63	1,915.55	1,510.17	1,322.09	1,091.70	1,364.86	1,152.44	1,256.48	1,071.31
64+	1,946.70	1,534.74	1,343.58	1,109.46	1,387.02	1,171.14	1,276.89	1,088.72

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 4 San Francisco County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	546.99	431.23	377.53	311.74	391.08	330.42	360.13	306.10
15	595.61	469.57	411.08	339.45	425.68	359.62	391.98	333.29
16	614.20	484.22	423.91	350.04	438.90	370.79	404.15	343.68
17	632.79	498.88	436.75	360.64	452.13	381.96	416.33	354.08
18	652.81	514.66	450.56	372.05	466.38	393.98	429.44	365.27
19	672.83	530.45	464.38	383.46	480.62	406.01	442.55	376.47
20	693.57	546.79	478.69	395.27	495.38	418.46	456.13	388.06
21	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
22	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
23	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
24	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
25	717.88	565.96	495.47	409.13	512.67	433.06	472.06	401.65
26	732.18	577.23	505.34	417.28	522.85	441.65	481.42	409.65
27	749.34	590.76	517.19	427.06	535.06	451.96	492.66	419.24
28	777.23	612.75	536.43	442.95	554.90	468.71	510.93	434.84
29	800.11	630.79	552.22	455.99	571.18	482.45	525.91	447.63
30	811.55	639.80	560.12	462.51	579.32	489.32	533.41	454.03
31	828.71	653.33	571.96	472.29	591.53	499.63	544.64	463.62
32	845.87	666.86	583.81	482.07	603.74	509.94	555.88	473.22
33	856.60	675.32	591.21	488.18	611.38	516.38	562.91	479.21
34	868.04	684.34	599.11	494.70	619.52	523.25	570.40	485.61
35	873.76	688.85	603.05	497.96	623.59	526.69	574.15	488.81
36	879.48	693.36	607.00	501.22	627.66	530.12	577.89	492.01
37	885.20	697.87	610.95	504.48	631.73	533.56	581.64	495.21
38	890.92	702.38	614.90	507.74	635.80	537.00	585.39	498.40
39	902.36	711.40	622.79	514.26	643.94	543.87	592.88	504.80
40	913.80	720.41	630.69	520.78	652.08	550.74	600.37	511.20
41	930.96	733.94	642.53	530.56	664.29	561.05	611.61	520.79
42	947.40	746.91	653.89	539.94	675.99	570.92	622.38	529.99
43	970.28	764.95	669.68	552.98	692.27	584.67	637.37	542.78
44	998.88	787.50	689.42	569.28	712.62	601.85	656.10	558.77
45	1,032.49	813.99	712.61	588.43	736.53	622.03	678.11	577.56
46	1,072.53	845.56	740.25	611.25	765.02	646.08	704.34	599.95
47	1,117.58	881.07	771.34	636.92	797.07	673.14	733.84	625.14
48	1,169.06	921.66	806.87	666.26	833.71	704.06	767.56	653.92
49	1,219.83	961.68	841.91	695.19	869.83	734.55	800.81	682.31
50	1,277.03	1,006.78	881.39	727.79	910.53	768.91	838.27	714.29
51	1,333.51	1,051.31	920.37	759.99	950.72	802.84	875.27	745.87
52	1,395.72	1,100.35	963.31	795.44	994.98	840.20	916.01	780.66
53	1,458.64	1,149.96	1,006.74	831.30	1,039.75	878.00	957.22	815.84
54	1,526.57	1,203.51	1,053.62	870.01	1,088.09	918.80	1,001.71	853.82
55	1,594.50	1,257.06	1,100.50	908.72	1,136.42	959.60	1,046.20	891.80
56	1,668.14	1,315.12	1,151.33	950.70	1,188.82	1,003.83	1,094.44	932.98
57	1,742.51	1,373.75	1,202.66	993.08	1,241.73	1,048.50	1,143.14	974.56
58	1,821.87	1,436.32	1,257.43	1,038.31	1,298.21	1,096.17	1,195.13	1,018.93
59	1,861.20	1,467.32	1,284.58	1,060.72	1,326.19	1,119.79	1,220.88	1,040.92
60	1,940.57	1,529.89	1,339.35	1,105.95	1,382.66	1,167.46	1,272.86	1,085.30
61	2,009.21	1,584.01	1,386.73	1,145.07	1,431.50	1,208.69	1,317.82	1,123.68
62	2,054.26	1,619.52	1,417.82	1,170.75	1,463.56	1,235.75	1,347.33	1,148.87
63	2,110.74	1,664.06	1,456.81	1,202.94	1,503.75	1,269.67	1,384.32	1,180.45
64+	2,145.06	1,691.10	1,480.50	1,222.50	1,528.17	1,290.30	1,406.79	1,199.63

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 5 Contra Costa County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	506.87	399.60	349.83	288.87	362.53	306.32	333.85	283.67
15	551.92	435.12	380.93	314.55	394.59	333.38	363.36	308.86
16	569.15	448.70	392.82	324.37	406.85	343.73	374.65	318.49
17	586.38	462.29	404.71	334.18	419.11	354.08	385.93	328.13
18	604.93	476.91	417.52	344.76	432.31	365.22	398.08	338.50
19	623.48	491.54	430.32	355.33	445.51	376.36	410.23	348.87
20	642.70	506.69	443.58	366.28	459.18	387.91	422.81	359.62
21	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
22	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
23	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
24	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
25	665.23	524.45	459.13	379.12	475.21	401.44	437.57	372.21
26	678.48	534.89	468.28	386.67	484.64	409.40	446.25	379.62
27	694.38	547.43	479.25	395.74	495.95	418.95	456.66	388.51
28	720.22	567.80	497.09	410.46	514.34	434.47	473.59	402.96
29	741.42	584.52	511.72	422.55	529.42	447.20	487.47	414.82
30	752.02	592.88	519.04	428.59	536.97	453.57	494.42	420.74
31	767.92	605.41	530.01	437.65	548.28	463.12	504.83	429.63
32	783.83	617.95	540.99	446.71	559.60	472.67	515.25	438.53
33	793.76	625.78	547.85	452.38	566.67	478.64	521.76	444.08
34	804.37	634.14	555.16	458.42	574.21	485.01	528.70	450.01
35	809.67	638.32	558.82	461.44	577.98	488.19	532.17	452.97
36	814.97	642.50	562.48	464.46	581.76	491.38	535.64	455.94
37	820.27	646.68	566.14	467.48	585.53	494.56	539.12	458.90
38	825.57	650.86	569.80	470.50	589.30	497.75	542.59	461.87
39	836.17	659.21	577.11	476.54	596.84	504.11	549.53	467.79
40	846.77	667.57	584.43	482.59	604.38	510.48	556.47	473.72
41	862.67	680.11	595.41	491.65	615.70	520.03	566.89	482.61
42	877.91	692.12	605.92	500.33	626.54	529.18	576.87	491.13
43	899.11	708.84	620.56	512.42	641.63	541.92	590.76	502.99
44	925.62	729.73	638.85	527.52	660.49	557.84	608.12	517.81
45	956.76	754.28	660.34	545.27	682.64	576.54	628.51	535.22
46	993.86	783.54	685.95	566.41	709.05	598.83	652.81	555.96
47	1,035.60	816.44	714.76	590.20	738.75	623.90	680.15	579.30
48	1,083.31	854.05	747.69	617.39	772.69	652.56	711.40	605.98
49	1,130.35	891.14	780.15	644.20	806.16	680.81	742.21	632.28
50	1,183.36	932.93	816.74	674.41	843.88	712.65	776.92	661.92
51	1,235.70	974.20	852.87	704.24	881.12	744.09	811.21	691.18
52	1,293.35	1,019.64	892.65	737.09	922.14	778.71	848.96	723.42
53	1,351.65	1,065.61	932.89	770.32	963.63	813.73	887.15	756.02
54	1,414.60	1,115.23	976.34	806.20	1,008.41	851.54	928.38	791.21
55	1,477.54	1,164.86	1,019.78	842.07	1,053.20	889.35	969.60	826.41
56	1,545.79	1,218.66	1,066.88	880.96	1,101.76	930.34	1,014.30	864.56
57	1,614.70	1,272.98	1,114.44	920.24	1,150.79	971.73	1,059.43	903.09
58	1,688.24	1,330.97	1,165.20	962.15	1,203.12	1,015.90	1,107.60	944.21
59	1,724.68	1,359.70	1,190.35	982.92	1,229.05	1,037.79	1,131.47	964.59
60	1,798.23	1,417.68	1,241.11	1,024.83	1,281.38	1,081.97	1,179.64	1,005.71
61	1,861.84	1,467.82	1,285.01	1,061.08	1,326.64	1,120.17	1,221.30	1,041.28
62	1,903.58	1,500.73	1,313.82	1,084.87	1,356.34	1,145.24	1,248.64	1,064.62
63	1,955.92	1,542.00	1,349.95	1,114.70	1,393.59	1,176.68	1,282.92	1,093.88
64+	1,987.71	1,567.08	1,371.90	1,132.83	1,416.21	1,195.77	1,303.74	1,111.67

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 6 Alameda County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	506.87	399.60	349.83	288.87	362.53	306.32	333.85	283.67
15	551.92	435.12	380.93	314.55	394.59	333.38	363.36	308.86
16	569.15	448.70	392.82	324.37	406.85	343.73	374.65	318.49
17	586.38	462.29	404.71	334.18	419.11	354.08	385.93	328.13
18	604.93	476.91	417.52	344.76	432.31	365.22	398.08	338.50
19	623.48	491.54	430.32	355.33	445.51	376.36	410.23	348.87
20	642.70	506.69	443.58	366.28	459.18	387.91	422.81	359.62
21	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
22	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
23	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
24	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
25	665.23	524.45	459.13	379.12	475.21	401.44	437.57	372.21
26	678.48	534.89	468.28	386.67	484.64	409.40	446.25	379.62
27	694.38	547.43	479.25	395.74	495.95	418.95	456.66	388.51
28	720.22	567.80	497.09	410.46	514.34	434.47	473.59	402.96
29	741.42	584.52	511.72	422.55	529.42	447.20	487.47	414.82
30	752.02	592.88	519.04	428.59	536.97	453.57	494.42	420.74
31	767.92	605.41	530.01	437.65	548.28	463.12	504.83	429.63
32	783.83	617.95	540.99	446.71	559.60	472.67	515.25	438.53
33	793.76	625.78	547.85	452.38	566.67	478.64	521.76	444.08
34	804.37	634.14	555.16	458.42	574.21	485.01	528.70	450.01
35	809.67	638.32	558.82	461.44	577.98	488.19	532.17	452.97
36	814.97	642.50	562.48	464.46	581.76	491.38	535.64	455.94
37	820.27	646.68	566.14	467.48	585.53	494.56	539.12	458.90
38	825.57	650.86	569.80	470.50	589.30	497.75	542.59	461.87
39	836.17	659.21	577.11	476.54	596.84	504.11	549.53	467.79
40	846.77	667.57	584.43	482.59	604.38	510.48	556.47	473.72
41	862.67	680.11	595.41	491.65	615.70	520.03	566.89	482.61
42	877.91	692.12	605.92	500.33	626.54	529.18	576.87	491.13
43	899.11	708.84	620.56	512.42	641.63	541.92	590.76	502.99
44	925.62	729.73	638.85	527.52	660.49	557.84	608.12	517.81
45	956.76	754.28	660.34	545.27	682.64	576.54	628.51	535.22
46	993.86	783.54	685.95	566.41	709.05	598.83	652.81	555.96
47	1,035.60	816.44	714.76	590.20	738.75	623.90	680.15	579.30
48	1,083.31	854.05	747.69	617.39	772.69	652.56	711.40	605.98
49	1,130.35	891.14	780.15	644.20	806.16	680.81	742.21	632.28
50	1,183.36	932.93	816.74	674.41	843.88	712.65	776.92	661.92
51	1,235.70	974.20	852.87	704.24	881.12	744.09	811.21	691.18
52	1,293.35	1,019.64	892.65	737.09	922.14	778.71	848.96	723.42
53	1,351.65	1,065.61	932.89	770.32	963.63	813.73	887.15	756.02
54	1,414.60	1,115.23	976.34	806.20	1,008.41	851.54	928.38	791.21
55	1,477.54	1,164.86	1,019.78	842.07	1,053.20	889.35	969.60	826.41
56	1,545.79	1,218.66	1,066.88	880.96	1,101.76	930.34	1,014.30	864.56
57	1,614.70	1,272.98	1,114.44	920.24	1,150.79	971.73	1,059.43	903.09
58	1,688.24	1,330.97	1,165.20	962.15	1,203.12	1,015.90	1,107.60	944.21
59	1,724.68	1,359.70	1,190.35	982.92	1,229.05	1,037.79	1,131.47	964.59
60	1,798.23	1,417.68	1,241.11	1,024.83	1,281.38	1,081.97	1,179.64	1,005.71
61	1,861.84	1,467.82	1,285.01	1,061.08	1,326.64	1,120.17	1,221.30	1,041.28
62	1,903.58	1,500.73	1,313.82	1,084.87	1,356.34	1,145.24	1,248.64	1,064.62
63	1,955.92	1,542.00	1,349.95	1,114.70	1,393.59	1,176.68	1,282.92	1,093.88
64+	1,987.71	1,567.08	1,371.90	1,132.83	1,416.21	1,195.77	1,303.74	1,111.67

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 7 Santa Clara County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	514.03	405.24	354.77	292.95	367.62	310.62	338.54	287.67
15	559.72	441.27	386.31	318.99	400.13	338.06	368.47	313.22
16	577.19	455.04	398.37	328.95	412.57	348.56	379.91	322.99
17	594.66	468.81	410.42	338.90	425.00	359.05	391.35	332.75
18	613.47	483.64	423.41	349.62	438.38	370.35	403.67	343.27
19	632.28	498.48	436.39	360.35	451.77	381.65	415.99	353.79
20	651.77	513.84	449.84	371.45	465.63	393.36	428.76	364.69
21	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
22	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
23	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
24	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
25	674.62	531.85	465.61	384.47	481.89	407.08	443.72	377.46
26	688.05	542.44	474.89	392.13	491.45	415.15	452.52	384.98
27	704.18	555.16	486.02	401.32	502.93	424.84	463.08	393.99
28	730.39	575.82	504.10	416.26	521.57	440.57	480.25	408.65
29	751.89	592.77	518.94	428.51	536.87	453.49	494.33	420.67
30	762.64	601.24	526.36	434.64	544.52	459.95	501.37	426.68
31	778.76	613.96	537.49	443.83	556.00	469.63	511.93	435.70
32	794.89	626.67	548.62	453.02	567.47	479.32	522.50	444.71
33	804.97	634.62	555.58	458.76	574.64	485.37	529.10	450.35
34	815.72	643.09	563.00	464.89	582.29	491.83	536.14	456.36
35	821.10	647.33	566.71	467.95	586.12	495.06	539.66	459.36
36	826.47	651.57	570.42	471.02	589.94	498.29	543.18	462.37
37	831.85	655.81	574.13	474.08	593.77	501.52	546.70	465.38
38	837.22	660.05	577.84	477.14	597.59	504.75	550.22	468.38
39	847.97	668.52	585.26	483.27	605.24	511.20	557.26	474.39
40	858.72	677.00	592.68	489.40	612.89	517.66	564.30	480.40
41	874.85	689.71	603.81	498.59	624.36	527.35	574.87	489.42
42	890.31	701.89	614.48	507.40	635.36	536.63	584.99	498.06
43	911.81	718.85	629.32	519.65	650.66	549.54	599.07	510.08
44	938.68	740.03	647.87	534.97	669.78	565.69	616.67	525.11
45	970.26	764.93	669.66	552.97	692.26	584.66	637.36	542.77
46	1,007.89	794.60	695.63	574.41	719.03	607.26	662.00	563.81
47	1,050.22	827.97	724.85	598.54	749.15	632.68	689.73	587.48
48	1,098.60	866.11	758.24	626.11	783.57	661.74	721.41	614.53
49	1,146.31	903.72	791.17	653.30	817.52	690.40	752.66	641.20
50	1,200.06	946.10	828.27	683.93	855.77	722.68	787.87	671.26
51	1,253.15	987.95	864.91	714.18	893.54	754.57	822.63	700.94
52	1,311.60	1,034.04	905.25	747.50	935.13	789.68	860.92	733.62
53	1,370.73	1,080.65	946.06	781.20	977.20	825.19	899.65	766.69
54	1,434.57	1,130.98	990.12	817.58	1,022.62	863.54	941.46	802.38
55	1,498.40	1,181.30	1,034.18	853.96	1,068.04	901.88	983.26	838.07
56	1,567.61	1,235.86	1,081.94	893.40	1,117.29	943.45	1,028.59	876.76
57	1,637.49	1,290.96	1,130.17	933.23	1,167.01	985.42	1,074.36	915.84
58	1,712.07	1,349.76	1,181.65	975.73	1,220.08	1,030.22	1,123.21	957.54
59	1,749.03	1,378.89	1,207.16	996.79	1,246.38	1,052.41	1,147.42	978.20
60	1,823.61	1,437.69	1,258.63	1,039.30	1,299.45	1,097.21	1,196.26	1,019.91
61	1,888.12	1,488.54	1,303.15	1,076.06	1,345.34	1,135.96	1,238.51	1,055.97
62	1,930.45	1,521.92	1,332.37	1,100.19	1,375.46	1,161.38	1,266.24	1,079.64
63	1,983.53	1,563.77	1,369.01	1,130.44	1,413.23	1,193.27	1,301.00	1,109.32
64+	2,015.79	1,589.19	1,391.28	1,148.82	1,436.19	1,212.63	1,322.13	1,127.36

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 8 San Mateo County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	545.88	430.36	376.76	311.11	390.29	329.75	359.41	305.48
15	594.41	468.61	410.25	338.76	424.82	358.90	391.19	332.61
16	612.96	483.24	423.06	349.33	438.02	370.04	403.34	342.99
17	631.51	497.87	435.86	359.91	451.22	381.19	415.49	353.36
18	651.49	513.62	449.65	371.29	465.44	393.19	428.57	364.53
19	671.47	529.37	463.44	382.68	479.65	405.19	441.66	375.70
20	692.17	545.69	477.72	394.47	494.38	417.62	455.21	387.28
21	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
22	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
23	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
24	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
25	716.43	564.81	494.47	408.30	511.64	432.19	471.10	400.84
26	730.70	576.06	504.32	416.43	521.79	440.76	480.45	408.82
27	747.82	589.57	516.14	426.19	533.98	451.05	491.67	418.40
28	775.65	611.51	535.35	442.05	553.78	467.76	509.90	433.96
29	798.49	629.51	551.11	455.07	570.03	481.48	524.85	446.72
30	809.91	638.51	558.99	461.58	578.15	488.34	532.33	453.11
31	827.03	652.01	570.81	471.34	590.34	498.62	543.55	462.68
32	844.16	665.51	582.63	481.10	602.52	508.91	554.76	472.26
33	854.86	673.95	590.01	487.20	610.14	515.34	561.77	478.24
34	866.28	682.95	597.89	493.70	618.26	522.20	569.25	484.63
35	871.99	687.45	601.83	496.96	622.33	525.63	572.99	487.82
36	877.69	691.95	605.77	500.21	626.39	529.05	576.73	491.01
37	883.40	696.45	609.71	503.46	630.45	532.48	580.47	494.20
38	889.11	700.95	613.65	506.72	634.51	535.91	584.21	497.39
39	900.53	709.95	621.53	513.22	642.64	542.77	591.68	503.78
40	911.95	718.96	629.41	519.73	650.76	549.63	599.16	510.16
41	929.07	732.46	641.23	529.49	662.94	559.91	610.38	519.74
42	945.48	745.40	652.56	538.84	674.62	569.77	621.13	528.91
43	968.32	763.40	668.32	551.86	690.87	583.49	636.08	541.68
44	996.86	785.90	688.02	568.12	711.18	600.63	654.78	557.64
45	1,030.40	812.34	711.17	587.24	735.04	620.78	676.74	576.39
46	1,070.36	843.84	738.75	610.01	763.48	644.78	702.91	598.74
47	1,115.31	879.29	769.78	635.63	795.46	671.78	732.36	623.87
48	1,166.69	919.79	805.24	664.91	832.02	702.64	766.01	652.60
49	1,217.36	959.73	840.20	693.79	868.07	733.07	799.19	680.93
50	1,274.44	1,004.74	879.60	726.32	908.69	767.36	836.58	712.84
51	1,330.81	1,049.18	918.51	758.45	948.80	801.22	873.50	744.36
52	1,392.89	1,098.12	961.36	793.83	992.97	838.50	914.16	779.08
53	1,455.69	1,147.63	1,004.70	829.62	1,037.65	876.22	955.29	814.19
54	1,523.48	1,201.07	1,051.48	868.25	1,085.89	916.94	999.69	852.09
55	1,591.27	1,254.51	1,098.27	906.88	1,134.12	957.66	1,044.09	889.99
56	1,664.77	1,312.46	1,149.00	948.77	1,186.42	1,001.80	1,092.23	931.09
57	1,738.98	1,370.97	1,200.22	991.07	1,239.22	1,046.38	1,140.83	972.58
58	1,818.18	1,433.41	1,254.89	1,036.21	1,295.58	1,093.95	1,192.71	1,016.87
59	1,857.43	1,464.35	1,281.97	1,058.57	1,323.51	1,117.52	1,218.41	1,038.81
60	1,936.64	1,526.79	1,336.64	1,103.71	1,379.87	1,165.10	1,270.29	1,083.10
61	2,005.14	1,580.80	1,383.92	1,142.75	1,428.61	1,206.24	1,315.16	1,121.40
62	2,050.09	1,616.24	1,414.95	1,168.38	1,460.59	1,233.25	1,344.60	1,146.54
63	2,106.47	1,660.68	1,453.86	1,200.50	1,500.71	1,267.11	1,381.52	1,178.06
64+	2,140.71	1,687.68	1,477.50	1,220.01	1,525.08	1,287.69	1,403.94	1,197.20

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 9 Monterey, San Benito and Santa Cruz counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	547.84	431.90	378.11	312.22	391.68	330.93	360.69	306.58
15	596.54	470.30	411.72	339.97	426.33	360.18	392.58	333.81
16	615.16	484.97	424.57	350.59	439.58	371.36	404.78	344.22
17	633.78	499.65	437.42	361.20	452.83	382.55	416.97	354.63
18	653.83	515.46	451.26	372.63	467.10	394.59	430.10	365.84
19	673.88	531.27	465.10	384.05	481.37	406.63	443.24	377.05
20	694.65	547.64	479.44	395.89	496.14	419.11	456.84	388.66
21	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
22	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
23	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
24	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
25	719.00	566.84	496.24	409.77	513.47	433.73	472.79	402.28
26	733.32	578.13	506.13	417.93	523.66	442.34	482.17	410.29
27	750.51	591.68	517.99	427.72	535.89	452.66	493.42	419.90
28	778.44	613.70	537.27	443.64	555.76	469.44	511.72	435.51
29	801.35	631.76	553.08	456.70	572.07	483.20	526.73	448.32
30	812.81	640.80	560.99	463.23	580.22	490.08	534.23	454.73
31	830.00	654.35	572.85	473.03	592.45	500.41	545.49	464.34
32	847.18	667.90	584.72	482.82	604.68	510.73	556.74	473.95
33	857.93	676.37	592.13	488.94	612.32	517.18	563.78	479.96
34	869.38	685.40	600.04	495.47	620.47	524.06	571.28	486.36
35	875.11	689.92	603.99	498.74	624.55	527.50	575.04	489.57
36	880.84	694.43	607.95	502.00	628.63	530.94	578.79	492.77
37	886.57	698.95	611.90	505.27	632.70	534.39	582.54	495.97
38	892.30	703.47	615.85	508.53	636.78	537.83	586.29	499.18
39	903.76	712.50	623.76	515.06	644.93	544.71	593.80	505.58
40	915.22	721.53	631.67	521.59	653.09	551.59	601.30	511.99
41	932.40	735.08	643.53	531.39	665.32	561.91	612.56	521.60
42	948.87	748.07	654.90	540.78	677.04	571.81	623.35	530.81
43	971.79	766.14	670.72	553.84	693.34	585.57	638.36	543.62
44	1,000.44	788.72	690.49	570.16	713.72	602.78	657.12	559.64
45	1,034.09	815.25	713.72	589.34	737.67	622.99	679.16	578.46
46	1,074.20	846.87	741.40	612.20	766.21	647.08	705.43	600.88
47	1,119.31	882.44	772.54	637.91	798.31	674.18	734.98	626.11
48	1,170.88	923.09	808.12	667.30	835.00	705.15	768.75	654.94
49	1,221.72	963.17	843.22	696.27	871.18	735.69	802.05	683.37
50	1,279.01	1,008.34	882.76	728.92	911.94	770.10	839.57	715.40
51	1,335.59	1,052.94	921.80	761.17	952.19	804.08	876.63	747.03
52	1,397.89	1,102.06	964.80	796.67	996.53	841.50	917.43	781.87
53	1,460.91	1,151.74	1,008.30	832.59	1,041.37	879.36	958.71	817.10
54	1,528.94	1,205.38	1,055.26	871.36	1,089.77	920.22	1,003.27	855.14
55	1,596.97	1,259.01	1,102.21	910.14	1,138.18	961.08	1,047.82	893.18
56	1,670.73	1,317.17	1,153.12	952.17	1,190.67	1,005.39	1,096.14	934.43
57	1,745.21	1,375.88	1,204.52	994.62	1,243.66	1,050.12	1,144.92	976.07
58	1,824.70	1,438.55	1,259.39	1,039.92	1,300.22	1,097.87	1,196.98	1,020.51
59	1,864.09	1,469.60	1,286.57	1,062.37	1,328.25	1,121.52	1,222.78	1,042.54
60	1,943.58	1,532.27	1,341.43	1,107.67	1,384.81	1,169.27	1,274.84	1,086.98
61	2,012.33	1,586.47	1,388.88	1,146.85	1,433.72	1,210.56	1,319.87	1,125.42
62	2,057.45	1,622.04	1,420.02	1,172.56	1,465.83	1,237.66	1,349.41	1,150.65
63	2,114.02	1,666.64	1,459.07	1,204.81	1,506.08	1,271.64	1,386.47	1,182.28
64+	2,148.39	1,693.74	1,482.78	1,224.39	1,530.54	1,292.28	1,408.98	1,201.52

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	548.47	432.40	378.55	312.58	392.13	331.31	361.10	306.93
15	597.22	470.83	412.19	340.36	426.82	360.59	393.03	334.19
16	615.86	485.53	425.06	350.99	440.08	371.79	405.24	344.61
17	634.50	500.23	437.93	361.61	453.35	382.98	417.45	355.03
18	654.58	516.05	451.78	373.05	467.63	395.04	430.60	366.26
19	674.65	531.88	465.64	384.49	481.92	407.10	443.74	377.48
20	695.44	548.27	479.99	396.34	496.71	419.59	457.36	389.11
21	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
22	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
23	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
24	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
25	719.82	567.49	496.81	410.23	514.05	434.23	473.33	402.74
26	734.16	578.79	506.71	418.41	524.26	442.84	482.72	410.76
27	751.37	592.36	518.58	428.21	536.50	453.18	493.99	420.38
28	779.33	614.40	537.88	444.15	556.40	469.97	512.30	436.01
29	802.27	632.49	553.72	457.22	572.72	483.75	527.33	448.84
30	813.74	641.53	561.63	463.76	580.88	490.64	534.84	455.25
31	830.95	655.10	573.51	473.57	593.13	500.98	546.11	464.87
32	848.15	668.66	585.39	483.37	605.37	511.31	557.38	474.49
33	858.91	677.14	592.81	489.50	613.02	517.77	564.42	480.51
34	870.38	686.19	600.72	496.04	621.18	524.66	571.94	486.92
35	876.12	690.71	604.68	499.31	625.26	528.11	575.69	490.13
36	881.85	695.23	608.64	502.58	629.35	531.55	579.45	493.33
37	887.59	699.75	612.60	505.85	633.43	535.00	583.21	496.54
38	893.32	704.27	616.56	509.12	637.51	538.44	586.96	499.75
39	904.79	713.32	624.48	515.65	645.67	545.33	594.48	506.16
40	916.26	722.36	632.39	522.19	653.83	552.22	601.99	512.58
41	933.47	735.93	644.27	532.00	666.08	562.56	613.26	522.20
42	949.96	748.93	655.65	541.40	677.81	572.46	624.06	531.42
43	972.90	767.01	671.49	554.47	694.13	586.24	639.09	544.25
44	1,001.58	789.62	691.28	570.81	714.54	603.47	657.87	560.28
45	1,035.28	816.19	714.54	590.02	738.52	623.71	679.94	579.12
46	1,075.43	847.84	742.25	612.90	767.08	647.82	706.24	601.57
47	1,120.60	883.45	773.42	638.64	799.22	674.95	735.82	626.83
48	1,172.22	924.15	809.05	668.06	835.95	705.96	769.63	655.69
49	1,223.12	964.28	844.18	697.07	872.17	736.53	802.97	684.15
50	1,280.48	1,009.50	883.77	729.76	912.98	770.98	840.53	716.22
51	1,337.12	1,054.15	922.86	762.04	953.28	805.00	877.63	747.89
52	1,399.49	1,103.32	965.91	797.59	997.67	842.47	918.48	782.76
53	1,462.58	1,153.06	1,009.46	833.54	1,042.56	880.36	959.80	818.04
54	1,530.69	1,206.76	1,056.46	872.36	1,091.02	921.27	1,004.41	856.12
55	1,598.80	1,260.46	1,103.47	911.18	1,139.48	962.18	1,049.02	894.21
56	1,672.65	1,318.67	1,154.44	953.26	1,192.03	1,006.54	1,097.39	935.50
57	1,747.21	1,377.46	1,205.90	995.76	1,245.08	1,051.32	1,146.23	977.19
58	1,826.79	1,440.20	1,260.83	1,041.11	1,301.71	1,099.12	1,198.35	1,021.68
59	1,866.23	1,471.29	1,288.05	1,063.59	1,329.77	1,122.81	1,224.17	1,043.73
60	1,945.81	1,534.03	1,342.97	1,108.94	1,386.39	1,170.61	1,276.30	1,088.23
61	2,014.64	1,588.29	1,390.48	1,148.17	1,435.36	1,211.95	1,321.38	1,126.71
62	2,059.80	1,623.90	1,421.65	1,173.91	1,467.50	1,239.08	1,350.96	1,151.97
63	2,116.44	1,668.55	1,460.74	1,206.19	1,507.80	1,273.10	1,388.06	1,183.64
64+	2,150.85	1,695.69	1,484.49	1,225.80	1,532.28	1,293.78	1,410.60	1,202.87

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 11 Fresno, Kings and Madera counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	394.22	310.79	272.08	224.67	282.38	238.66	260.07	220.68
15	429.26	338.42	296.27	244.64	307.31	259.71	283.02	240.28
16	442.66	348.98	305.52	252.28	316.84	267.75	291.80	247.77
17	456.05	359.54	314.76	259.91	326.38	275.80	300.57	255.26
18	470.48	370.92	324.72	268.13	336.64	284.47	310.02	263.33
19	484.91	382.29	334.68	276.36	346.91	293.13	319.47	271.39
20	499.86	394.07	344.99	284.87	357.54	302.11	329.26	279.75
21	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
22	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
23	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
24	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
25	517.38	407.89	357.09	294.86	370.01	312.63	340.74	289.55
26	527.68	416.01	364.20	300.73	377.34	318.82	347.49	295.31
27	540.05	425.76	372.74	307.78	386.14	326.25	355.59	302.22
28	560.15	441.61	386.61	319.24	400.44	338.32	368.75	313.46
29	576.64	454.61	397.99	328.63	412.18	348.23	379.55	322.68
30	584.88	461.11	403.68	333.33	418.04	353.18	384.95	327.29
31	597.25	470.86	412.22	340.38	426.84	360.61	393.05	334.21
32	609.62	480.61	420.75	347.43	435.64	368.04	401.15	341.12
33	617.35	486.70	426.09	351.84	441.14	372.68	406.21	345.44
34	625.59	493.20	431.78	356.53	447.01	377.63	411.61	350.05
35	629.72	496.45	434.62	358.88	449.94	380.11	414.31	352.36
36	633.84	499.70	437.47	361.23	452.88	382.58	417.01	354.66
37	637.96	502.95	440.31	363.58	455.81	385.06	419.71	356.97
38	642.08	506.20	443.16	365.93	458.74	387.54	422.41	359.27
39	650.33	512.70	448.85	370.63	464.61	392.49	427.81	363.88
40	658.57	519.20	454.54	375.33	470.48	397.44	433.21	368.49
41	670.94	528.95	463.08	382.38	479.28	404.87	441.31	375.41
42	682.79	538.30	471.26	389.13	487.71	411.99	449.08	382.04
43	699.28	551.30	482.64	398.53	499.44	421.89	459.88	391.26
44	719.90	567.55	496.86	410.28	514.11	434.27	473.38	402.78
45	744.12	586.64	513.58	424.08	531.34	448.82	489.24	416.32
46	772.97	609.39	533.50	440.53	551.88	466.16	508.14	432.46
47	805.44	634.99	555.90	459.03	574.98	485.66	529.40	450.61
48	842.54	664.24	581.51	480.18	601.38	507.94	553.70	471.36
49	879.13	693.08	606.76	501.03	627.41	529.92	577.67	491.81
50	920.35	725.58	635.22	524.52	656.74	554.68	604.67	514.86
51	961.06	757.68	663.31	547.72	685.71	579.13	631.33	537.63
52	1,005.90	793.02	694.26	573.27	717.61	606.06	660.70	562.69
53	1,051.25	828.78	725.56	599.12	749.88	633.30	690.40	588.05
54	1,100.20	867.37	759.34	627.02	784.71	662.70	722.46	615.42
55	1,149.16	905.96	793.13	654.92	819.54	692.11	754.52	642.79
56	1,202.23	947.81	829.77	685.17	857.31	723.99	789.29	672.47
57	1,255.83	990.06	866.75	715.71	895.44	756.18	824.39	702.44
58	1,313.03	1,035.16	906.23	748.31	936.14	790.53	861.85	734.42
59	1,341.37	1,057.50	925.79	764.46	956.31	807.56	880.41	750.27
60	1,398.57	1,102.60	965.27	797.06	997.01	841.91	917.88	782.25
61	1,448.04	1,141.60	999.42	825.26	1,032.21	871.63	950.28	809.91
62	1,480.50	1,167.19	1,021.82	843.76	1,055.31	891.13	971.54	828.06
63	1,521.21	1,199.29	1,049.92	866.96	1,084.28	915.58	998.21	850.82
64+	1,545.96	1,218.78	1,066.98	881.07	1,101.87	930.45	1,014.42	864.65

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 12 San Luis Obispo, Santa Barbara and Ventura counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	427.26	336.84	294.89	243.50	305.88	258.50	281.71	239.16
15	465.23	366.78	321.10	265.14	332.91	281.31	306.58	260.39
16	479.76	378.23	331.12	273.42	343.24	290.04	316.09	268.51
17	494.28	389.67	341.14	281.69	353.57	298.76	325.60	276.63
18	509.91	402.00	351.94	290.61	364.70	308.15	335.85	285.37
19	525.55	414.33	362.73	299.52	375.83	317.54	346.09	294.12
20	541.75	427.10	373.91	308.75	387.35	327.27	356.70	303.17
21	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
22	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
23	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
24	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
25	560.74	442.07	387.01	319.57	400.86	338.68	369.13	313.79
26	571.91	450.88	394.72	325.94	408.81	345.39	376.45	320.04
27	585.31	461.45	403.97	333.58	418.35	353.44	385.23	327.53
28	607.09	478.62	419.01	345.99	433.85	366.52	399.50	339.71
29	624.97	492.71	431.34	356.18	446.56	377.26	411.20	349.70
30	633.90	499.75	437.51	361.27	452.92	382.62	417.05	354.70
31	647.31	510.32	446.76	368.91	462.46	390.67	425.83	362.19
32	660.71	520.89	456.01	376.55	472.00	398.72	434.61	369.69
33	669.09	527.49	461.80	381.32	477.96	403.76	440.10	374.37
34	678.02	534.54	467.96	386.41	484.31	409.12	445.95	379.37
35	682.49	538.06	471.05	388.96	487.49	411.81	448.88	381.87
36	686.96	541.58	474.13	391.51	490.67	414.49	451.80	384.36
37	691.43	545.10	477.21	394.05	493.85	417.18	454.73	386.86
38	695.90	548.63	480.30	396.60	497.03	419.86	457.66	389.36
39	704.83	555.67	486.47	401.69	503.39	425.23	463.51	394.36
40	713.77	562.72	492.63	406.79	509.75	430.59	469.36	399.35
41	727.17	573.28	501.88	414.42	519.29	438.64	478.14	406.85
42	740.02	583.41	510.75	421.75	528.43	446.36	486.56	414.03
43	757.89	597.50	523.09	431.93	541.14	457.10	498.26	424.02
44	780.23	615.11	538.50	444.66	557.04	470.51	512.89	436.52
45	806.48	635.81	556.62	459.62	575.72	486.28	530.09	451.19
46	837.76	660.47	578.21	477.45	597.97	505.07	550.57	468.68
47	872.94	688.21	602.49	497.50	623.01	526.20	573.62	488.35
48	913.15	719.91	630.25	520.42	651.62	550.35	599.95	510.84
49	952.81	751.17	657.62	543.02	679.83	574.17	625.92	533.01
50	997.49	786.39	688.45	568.48	711.63	601.01	655.19	557.99
51	1,041.61	821.18	718.91	593.63	743.02	627.51	684.09	582.66
52	1,090.20	859.49	752.44	621.32	777.59	656.69	715.91	609.83
53	1,139.35	898.23	786.36	649.33	812.56	686.21	748.10	637.31
54	1,192.41	940.06	822.98	679.57	850.32	718.08	782.85	666.98
55	1,245.46	981.89	859.60	709.81	888.07	749.95	817.60	696.64
56	1,302.99	1,027.24	899.31	742.59	929.00	784.50	855.28	728.81
57	1,361.07	1,073.04	939.40	775.69	970.33	819.39	893.32	761.28
58	1,423.07	1,121.91	982.18	811.03	1,014.44	856.63	933.92	795.95
59	1,453.79	1,146.13	1,003.38	828.53	1,036.30	875.08	954.04	813.12
60	1,515.78	1,195.00	1,046.17	863.86	1,080.41	912.32	994.65	847.79
61	1,569.40	1,237.27	1,083.18	894.42	1,118.56	944.52	1,029.76	877.76
62	1,604.58	1,265.01	1,107.46	914.47	1,143.60	965.65	1,052.81	897.44
63	1,648.70	1,299.80	1,137.91	939.62	1,174.99	992.15	1,081.71	922.11
64+	1,675.50	1,320.93	1,156.41	954.90	1,194.06	1,008.27	1,099.26	937.10

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 13 Imperial, Inyo and Mono counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	539.77	425.54	372.54	307.62	385.94	326.08	355.40	302.07
15	587.75	463.37	405.66	334.97	420.08	354.90	386.83	328.89
16	606.10	477.83	418.32	345.42	433.14	365.92	398.84	339.15
17	624.44	492.30	430.98	355.88	446.19	376.94	410.86	349.41
18	644.20	507.87	444.62	367.14	460.25	388.81	423.80	360.46
19	663.96	523.45	458.25	378.40	474.31	400.67	436.74	371.50
20	684.42	539.58	472.38	390.06	488.86	412.96	450.14	382.94
21	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
22	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
23	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
24	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
25	708.41	558.49	488.93	403.73	505.93	427.37	465.85	396.36
26	722.52	569.62	498.67	411.77	515.98	435.85	475.09	404.25
27	739.45	582.97	510.36	421.42	528.02	446.02	486.19	413.72
28	766.97	604.66	529.35	437.11	547.60	462.55	504.21	429.10
29	789.55	622.46	544.94	449.97	563.67	476.11	519.00	441.73
30	800.84	631.36	552.73	456.41	571.70	482.89	526.39	448.04
31	817.77	644.71	564.42	466.06	583.75	493.06	537.48	457.51
32	834.71	658.06	576.10	475.71	595.80	503.23	548.57	466.98
33	845.29	666.41	583.41	481.74	603.33	509.59	555.51	472.89
34	856.58	675.31	591.20	488.18	611.36	516.37	562.90	479.21
35	862.23	679.76	595.10	491.39	615.38	519.76	566.60	482.36
36	867.87	684.21	598.99	494.61	619.40	523.15	570.29	485.52
37	873.52	688.66	602.89	497.83	623.41	526.54	573.99	488.67
38	879.16	693.11	606.78	501.04	627.43	529.93	577.69	491.83
39	890.45	702.01	614.58	507.48	635.46	536.72	585.08	498.14
40	901.74	710.91	622.37	513.91	643.50	543.50	592.48	504.45
41	918.67	724.26	634.06	523.56	655.55	553.67	603.57	513.92
42	934.90	737.05	645.26	532.81	667.09	563.42	614.20	523.00
43	957.48	754.85	660.84	545.68	683.16	576.98	628.98	535.62
44	985.70	777.10	680.32	561.76	703.24	593.93	647.47	551.40
45	1,018.87	803.25	703.21	580.66	726.84	613.85	669.19	569.94
46	1,058.38	834.40	730.48	603.18	754.95	637.58	695.07	592.04
47	1,102.83	869.44	761.16	628.52	786.58	664.28	724.18	616.89
48	1,153.63	909.49	796.22	657.47	822.73	694.79	757.46	645.30
49	1,203.73	948.99	830.80	686.02	858.37	724.88	790.27	673.31
50	1,260.18	993.49	869.76	718.19	898.54	758.79	827.24	704.87
51	1,315.92	1,037.44	908.23	749.96	938.20	792.27	863.75	736.04
52	1,377.30	1,085.83	950.60	784.94	981.88	829.14	903.95	770.36
53	1,439.39	1,134.78	993.45	820.33	1,026.06	866.43	944.62	805.08
54	1,506.43	1,187.63	1,039.72	858.53	1,073.75	906.70	988.52	842.56
55	1,573.46	1,240.47	1,085.98	896.73	1,121.45	946.96	1,032.42	880.03
56	1,646.13	1,297.77	1,136.14	938.15	1,173.16	990.61	1,080.02	920.67
57	1,719.51	1,355.62	1,186.79	979.97	1,225.37	1,034.68	1,128.08	961.70
58	1,797.83	1,417.37	1,240.84	1,024.61	1,281.10	1,081.73	1,179.38	1,005.49
59	1,836.64	1,447.96	1,267.62	1,046.72	1,308.71	1,105.04	1,204.80	1,027.19
60	1,914.96	1,509.71	1,321.68	1,091.36	1,364.44	1,152.08	1,256.09	1,070.98
61	1,982.70	1,563.11	1,368.43	1,129.96	1,412.64	1,192.76	1,300.46	1,108.85
62	2,027.15	1,598.15	1,399.11	1,155.30	1,444.27	1,219.46	1,329.57	1,133.71
63	2,082.89	1,642.10	1,437.58	1,187.07	1,483.93	1,252.94	1,366.08	1,164.87
64+	2,116.77	1,668.81	1,460.97	1,206.36	1,508.04	1,273.29	1,388.25	1,183.82

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 14 Kern County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	402.76	317.52	277.98	229.54	288.45	243.79	265.66	225.46
15	438.56	345.75	302.69	249.94	313.93	265.29	289.11	245.47
16	452.25	356.54	312.13	257.74	323.67	273.51	298.08	253.13
17	465.94	367.33	321.58	265.54	333.41	281.73	307.04	260.78
18	480.68	378.95	331.76	273.94	343.89	290.59	316.70	269.02
19	495.42	390.58	341.93	282.35	354.38	299.44	326.35	277.27
20	510.69	402.61	352.47	291.05	365.25	308.61	336.35	285.80
21	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
22	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
23	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
24	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
25	528.59	416.72	364.82	301.25	377.98	319.37	348.08	295.81
26	539.12	425.03	372.09	307.25	385.48	325.69	354.97	301.70
27	551.75	434.99	380.81	314.45	394.47	333.28	363.25	308.77
28	572.28	451.17	394.98	326.15	409.08	345.61	376.70	320.25
29	589.13	464.46	406.61	335.75	421.06	355.73	387.73	329.67
30	597.56	471.10	412.42	340.55	427.06	360.79	393.25	334.38
31	610.19	481.06	421.15	347.76	436.05	368.38	401.52	341.44
32	622.83	491.02	429.87	354.96	445.04	375.97	409.80	348.51
33	630.72	497.25	435.32	359.46	450.66	380.71	414.97	352.92
34	639.15	503.89	441.13	364.26	456.65	385.77	420.49	357.63
35	643.36	507.21	444.04	366.66	459.65	388.30	423.25	359.99
36	647.57	510.53	446.94	369.06	462.65	390.83	426.01	362.34
37	651.78	513.85	449.85	371.46	465.64	393.36	428.77	364.70
38	655.99	517.17	452.76	373.86	468.64	395.89	431.52	367.05
39	664.42	523.81	458.57	378.66	474.63	400.95	437.04	371.76
40	672.84	530.45	464.39	383.46	480.63	406.01	442.56	376.47
41	685.48	540.41	473.11	390.66	489.62	413.60	450.83	383.54
42	697.59	549.96	481.47	397.56	498.23	420.87	458.76	390.31
43	714.43	563.24	493.09	407.17	510.22	430.99	469.80	399.73
44	735.49	579.84	507.63	419.17	525.21	443.64	483.59	411.50
45	760.24	599.35	524.71	433.27	542.81	458.51	499.80	425.34
46	789.72	622.60	545.05	450.07	563.79	476.21	519.11	441.82
47	822.89	648.74	567.95	468.97	587.39	496.14	540.83	460.37
48	860.80	678.63	594.11	490.58	614.36	518.90	565.66	481.56
49	898.18	708.10	619.91	511.88	640.96	541.36	590.14	502.46
50	940.29	741.30	648.98	535.89	670.93	566.65	617.73	526.01
51	981.89	774.09	677.68	559.59	700.52	591.64	644.97	549.27
52	1,027.69	810.20	709.30	585.69	733.12	619.15	674.97	574.88
53	1,074.02	846.73	741.27	612.10	766.08	646.98	705.31	600.78
54	1,124.04	886.16	775.79	640.60	801.67	677.02	738.07	628.75
55	1,174.05	925.59	810.31	669.11	837.26	707.06	770.83	656.71
56	1,228.28	968.34	847.74	700.01	875.84	739.63	806.35	687.03
57	1,283.03	1,011.51	885.53	731.22	914.80	772.52	842.21	717.65
58	1,341.47	1,057.58	925.87	764.52	956.38	807.62	880.48	750.32
59	1,370.43	1,080.41	945.85	781.02	976.99	825.01	899.45	766.51
60	1,428.87	1,126.48	986.19	814.33	1,018.57	860.11	937.72	799.19
61	1,479.41	1,166.33	1,021.07	843.13	1,054.53	890.47	970.83	827.45
62	1,512.58	1,192.48	1,043.96	862.04	1,078.13	910.39	992.55	846.00
63	1,554.17	1,225.27	1,072.67	885.74	1,107.73	935.37	1,019.79	869.25
64+	1,579.44	1,245.18	1,090.11	900.15	1,125.72	950.55	1,036.35	883.40

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	389.36	306.96	268.73	221.90	278.92	235.74	256.89	217.97
15	423.97	334.25	292.62	241.63	303.55	256.53	279.56	237.32
16	437.21	344.68	301.75	249.17	312.96	264.48	288.23	244.72
17	450.44	355.11	310.89	256.71	322.38	272.43	296.89	252.12
18	464.69	366.35	320.72	264.83	332.52	280.99	306.23	260.09
19	478.94	377.59	330.56	272.95	342.66	289.55	315.56	268.05
20	493.70	389.22	340.75	281.37	353.16	298.41	325.23	276.31
21	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84
22	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84
23	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84
24	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84
25	511.01	402.86	352.69	291.23	365.48	308.81	336.56	285.98
26	521.19	410.89	359.72	297.03	372.72	314.92	343.23	291.67
27	533.40	420.52	368.15	303.99	381.41	322.26	351.23	298.50
28	553.25	436.17	381.85	315.30	395.53	334.18	364.23	309.60
29	569.54	449.01	393.09	324.59	407.12	343.96	374.90	318.71
30	577.68	455.43	398.71	329.23	412.92	348.85	380.23	323.26
31	589.90	465.06	407.14	336.19	421.61	356.19	388.23	330.09
32	602.11	474.69	415.57	343.15	430.30	363.53	396.23	336.92
33	609.75	480.71	420.84	347.50	435.73	368.11	401.23	341.19
34	617.89	487.13	426.46	352.14	441.53	373.01	406.57	345.75
35	621.96	490.34	429.27	354.46	444.42	375.45	409.23	348.02
36	626.03	493.55	432.08	356.78	447.32	377.90	411.90	350.30
37	630.11	496.76	434.89	359.11	450.22	380.34	414.57	352.58
38	634.18	499.97	437.70	361.43	453.12	382.79	417.23	354.85
39	642.32	506.39	443.32	366.07	458.91	387.68	422.57	359.41
40	650.46	512.81	448.94	370.71	464.70	392.57	427.90	363.96
41	662.68	522.44	457.37	377.67	473.40	399.91	435.90	370.79
42	674.39	531.67	465.45	384.34	481.73	406.94	443.57	377.33
43	690.67	544.51	476.69	393.62	493.31	416.72	454.24	386.44
44	711.03	560.56	490.74	405.23	507.80	428.95	467.57	397.82
45	734.95	579.42	507.26	418.86	524.82	443.32	483.24	411.20
46	763.46	601.89	526.93	435.10	545.10	460.44	501.91	427.14
47	795.52	627.17	549.06	453.38	567.92	479.70	522.91	445.06
48	832.17	656.06	574.35	474.26	593.99	501.71	546.91	465.55
49	868.30	684.55	599.29	494.86	619.71	523.41	570.58	485.76
50	909.02	716.65	627.39	518.06	648.68	547.87	597.25	508.53
51	949.23	748.35	655.15	540.98	677.29	572.02	623.58	531.01
52	993.51	783.26	685.71	566.21	708.80	598.62	652.58	555.77
53	1,038.30	818.57	716.62	591.74	740.66	625.52	681.92	580.81
54	1,086.65	856.69	749.99	619.30	775.07	654.56	713.59	607.85
55	1,135.00	894.81	783.36	646.85	809.47	683.61	745.25	634.88
56	1,187.43	936.14	819.55	676.73	846.78	715.09	779.59	664.19
57	1,240.36	977.87	856.08	706.90	884.44	746.89	814.26	693.79
58	1,296.86	1,022.41	895.07	739.10	924.64	780.82	851.26	725.38
59	1,324.85	1,044.48	914.39	755.05	944.56	797.63	869.60	741.03
60	1,381.35	1,089.02	953.39	787.25	984.75	831.57	906.60	772.62
61	1,430.21	1,127.54	987.11	815.09	1,019.52	860.92	938.60	799.94
62	1,462.27	1,152.82	1,009.24	833.37	1,042.34	880.18	959.60	817.87
63	1,502.48	1,184.52	1,036.99	856.28	1,070.95	904.33	985.94	840.35
64+	1,526.91	1,203.78	1,053.84	870.21	1,088.34	918.99	1,001.94	854.00

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

EnhancedCare PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	EnhancedCare PPO Gold Value	EnhancedCare PPO Silver Value	Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt
0-14	221.00	186.85	203.58	172.45
15	240.48	203.29	221.50	187.76
16	247.92	209.58	228.36	193.61
17	255.37	215.86	235.21	199.46
18	263.39	222.63	242.60	205.77
19	271.41	229.40	249.98	212.07
20	279.72	236.42	257.63	218.59
21	288.31	243.67	265.54	225.35
22	288.31	243.67	265.54	225.35
23	288.31	243.67	265.54	225.35
24	288.31	243.67	265.54	225.35
25	289.46	244.64	266.59	226.25
26	295.19	249.47	271.86	230.75
27	302.06	255.28	278.19	236.15
28	313.23	264.71	288.47	244.93
29	322.40	272.44	296.91	252.13
30	326.98	276.31	301.13	255.73
31	333.86	282.11	307.46	261.14
32	340.73	287.92	313.78	266.54
33	345.03	291.54	317.74	269.91
34	349.61	295.41	321.96	273.52
35	351.90	297.35	324.07	275.32
36	354.19	299.28	326.18	277.12
37	356.48	301.22	328.29	278.92
38	358.78	303.15	330.40	280.72
39	363.36	307.02	334.61	284.32
40	367.94	310.89	338.83	287.92
41	374.82	316.69	345.16	293.32
42	381.40	322.25	351.22	298.50
43	390.57	329.99	359.66	305.70
44	402.03	339.66	370.21	314.71
45	415.49	351.03	382.60	325.29
46	431.53	364.57	397.37	337.89
47	449.58	379.80	413.98	352.07
48	470.20	397.21	432.96	368.28
49	490.54	414.38	451.68	384.26
50	513.45	433.72	472.77	402.26
51	536.08	452.82	493.60	420.05
52	561.00	473.86	516.54	439.63
53	586.21	495.14	539.74	459.44
54	613.42	518.11	564.79	480.82
55	640.63	541.08	589.84	502.20
56	670.13	565.98	616.99	525.39
57	699.92	591.13	644.41	548.79
58	731.72	617.97	673.68	573.78
59	747.47	631.27	688.18	586.16
60	779.27	658.11	717.45	611.14
61	806.76	681.32	742.76	632.75
62	824.81	696.55	759.37	646.93
63	847.44	715.65	780.20	664.71
64+	861.18	727.26	792.87	675.53

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	455.89	359.41	314.65	259.82	326.26	275.70	300.46	255.17
15	496.41	391.36	342.62	282.91	355.09	300.04	327.01	277.82
16	511.91	403.58	353.31	291.74	366.12	309.35	337.15	286.49
17	527.40	415.79	364.01	300.57	377.14	318.66	347.30	295.15
18	544.09	428.95	375.52	310.08	389.02	328.68	358.23	304.48
19	560.78	442.10	387.04	319.59	400.89	338.70	369.16	313.81
20	578.06	455.73	398.97	329.44	413.19	349.08	380.48	323.47
21	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47
22	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47
23	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47
24	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47
25	598.32	471.70	412.95	340.99	427.60	361.25	393.75	334.80
26	610.24	481.10	421.18	347.78	436.08	368.41	401.56	341.47
27	624.54	492.37	431.05	355.93	446.26	377.00	410.92	349.46
28	647.78	510.70	447.09	369.18	462.80	390.96	426.15	362.46
29	666.85	525.73	460.25	380.05	476.37	402.41	438.64	373.12
30	676.39	533.25	466.83	385.48	483.15	408.14	444.88	378.45
31	690.69	544.52	476.71	393.63	493.33	416.73	454.25	386.45
32	704.99	555.80	486.58	401.78	503.50	425.32	463.62	394.45
33	713.93	562.85	492.75	406.88	509.86	430.69	469.47	399.45
34	723.47	570.36	499.33	412.31	516.65	436.42	475.71	404.78
35	728.23	574.12	502.62	415.03	520.04	439.28	478.84	407.44
36	733.00	577.88	505.91	417.75	523.43	442.15	481.96	410.11
37	737.77	581.64	509.20	420.46	526.83	445.01	485.08	412.77
38	742.54	585.40	512.49	423.18	530.22	447.87	488.20	415.44
39	752.07	592.91	519.07	428.62	537.00	453.60	494.45	420.77
40	761.61	600.43	525.65	434.05	543.79	459.33	500.69	426.10
41	775.91	611.71	535.52	442.20	553.96	467.92	510.06	434.10
42	789.62	622.51	544.98	450.01	563.72	476.15	519.04	441.76
43	808.69	637.55	558.14	460.88	577.29	487.60	531.53	452.43
44	832.52	656.34	574.60	474.47	594.25	501.92	547.14	465.75
45	860.53	678.42	593.93	490.43	614.18	518.75	565.49	481.41
46	893.90	704.73	616.96	509.45	637.92	538.79	587.34	500.07
47	931.45	734.33	642.87	530.84	664.64	561.34	611.93	521.07
48	974.36	768.16	672.49	555.30	695.17	587.11	640.04	545.06
49	1,016.67	801.51	701.69	579.41	725.27	612.53	667.75	568.71
50	1,064.34	839.10	734.59	606.58	759.19	641.16	698.97	595.37
51	1,111.42	876.22	767.09	633.41	792.69	669.44	729.81	621.69
52	1,163.27	917.09	802.87	662.96	829.58	700.58	763.77	650.68
53	1,215.71	958.43	839.07	692.85	866.90	732.08	798.11	680.01
54	1,272.32	1,003.07	878.14	725.11	907.18	766.08	835.19	711.66
55	1,328.94	1,047.70	917.22	757.38	947.46	800.09	872.27	743.32
56	1,390.32	1,096.09	959.58	792.36	991.14	836.96	912.47	777.64
57	1,452.30	1,144.95	1,002.36	827.68	1,035.24	874.18	953.07	812.29
58	1,518.44	1,197.10	1,048.01	865.38	1,082.31	913.92	996.39	849.28
59	1,551.22	1,222.94	1,070.63	884.06	1,105.63	933.60	1,017.86	867.60
60	1,617.37	1,275.09	1,116.29	921.76	1,152.70	973.33	1,061.18	904.59
61	1,674.58	1,320.20	1,155.77	954.36	1,193.40	1,007.70	1,098.65	936.58
62	1,712.12	1,349.80	1,181.69	975.76	1,220.12	1,030.25	1,123.24	957.57
63	1,759.20	1,386.91	1,214.18	1,002.59	1,253.61	1,058.52	1,154.08	983.89
64+	1,787.82	1,409.46	1,233.93	1,018.89	1,273.98	1,075.71	1,172.82	999.89

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

EnhancedCare PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	EnhancedCare PPO Gold Value	EnhancedCare PPO Silver Value	Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt
0-14	269.71	227.97	248.42	210.73
15	293.52	248.07	270.33	229.44
16	302.63	255.75	278.71	236.60
17	311.73	263.44	287.09	243.75
18	321.53	271.71	296.11	251.45
19	331.34	279.99	305.14	259.16
20	341.49	288.56	314.48	267.13
21	351.99	297.42	324.15	275.39
22	351.99	297.42	324.15	275.39
23	351.99	297.42	324.15	275.39
24	351.99	297.42	324.15	275.39
25	353.39	298.61	325.44	276.49
26	360.39	304.52	331.89	281.99
27	368.80	311.61	339.62	288.59
28	382.45	323.14	352.19	299.32
29	393.66	332.59	362.50	308.13
30	399.26	337.32	367.66	312.53
31	407.66	344.42	375.39	319.13
32	416.06	351.51	383.13	325.74
33	421.32	355.94	387.96	329.86
34	426.92	360.67	393.12	334.26
35	429.72	363.04	395.70	336.47
36	432.52	365.40	398.27	338.67
37	435.32	367.77	400.85	340.87
38	438.12	370.13	403.43	343.07
39	443.72	374.86	408.59	347.47
40	449.32	379.59	413.74	351.87
41	457.73	386.68	421.48	358.48
42	465.78	393.48	428.89	364.80
43	476.98	402.94	439.20	373.61
44	490.99	414.76	452.09	384.61
45	507.44	428.65	467.24	397.54
46	527.05	445.20	485.29	412.95
47	549.11	463.82	505.59	430.28
48	574.32	485.10	528.80	450.09
49	599.17	506.08	551.68	469.63
50	627.18	529.73	577.46	491.64
51	654.84	553.07	602.92	513.37
52	685.30	578.79	630.96	537.31
53	716.11	604.80	659.32	561.52
54	749.37	632.87	689.93	587.65
55	782.64	660.95	720.55	613.79
56	818.70	691.39	753.75	642.13
57	855.11	722.13	787.26	670.74
58	893.97	754.93	823.03	701.28
59	913.23	771.19	840.76	716.41
60	952.09	804.00	876.53	746.95
61	985.70	832.37	907.47	773.36
62	1,007.76	850.99	927.77	790.70
63	1,035.42	874.34	953.23	812.43
64+	1,052.22	888.51	968.70	825.65

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 17 Riverside and San Bernardino counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	394.03	310.64	271.95	224.56	282.24	238.55	259.95	220.58
15	429.06	338.26	296.13	244.52	307.16	259.58	282.89	240.16
16	442.45	348.81	305.37	252.16	316.69	267.63	291.66	247.65
17	455.84	359.37	314.61	259.79	326.22	275.67	300.43	255.14
18	470.26	370.74	324.57	268.01	336.48	284.33	309.88	263.20
19	484.68	382.11	334.52	276.23	346.75	293.00	319.32	271.26
20	499.62	393.89	344.83	284.74	357.37	301.97	329.11	279.62
21	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
22	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
23	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
24	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
25	517.13	407.69	356.92	294.72	369.83	312.49	340.57	289.41
26	527.43	415.82	364.03	300.59	377.16	318.67	347.32	295.17
27	539.80	425.56	372.56	307.64	385.96	326.10	355.42	302.08
28	559.88	441.40	386.42	319.08	400.25	338.16	368.58	313.31
29	576.37	454.39	397.80	328.48	411.98	348.06	379.37	322.53
30	584.61	460.89	403.49	333.18	417.85	353.01	384.77	327.14
31	596.97	470.64	412.02	340.22	426.64	360.44	392.86	334.05
32	609.33	480.38	420.55	347.27	435.44	367.86	400.96	340.96
33	617.06	486.47	425.88	351.67	440.93	372.50	406.02	345.28
34	625.30	492.97	431.57	356.37	446.80	377.45	411.42	349.89
35	629.42	496.22	434.42	358.71	449.73	379.93	414.12	352.19
36	633.54	499.47	437.26	361.06	452.66	382.40	416.82	354.50
37	637.66	502.71	440.10	363.41	455.59	384.88	419.52	356.80
38	641.78	505.96	442.95	365.76	458.53	387.35	422.21	359.10
39	650.02	512.46	448.64	370.46	464.39	392.30	427.61	363.71
40	658.26	518.96	454.32	375.15	470.25	397.25	433.01	368.32
41	670.62	528.70	462.86	382.20	479.05	404.68	441.11	375.23
42	682.47	538.04	471.03	388.95	487.48	411.80	448.86	381.85
43	698.95	551.04	482.41	398.34	499.21	421.70	459.66	391.07
44	719.56	567.28	496.63	410.08	513.87	434.07	473.15	402.59
45	743.76	586.37	513.34	423.88	531.09	448.61	489.01	416.13
46	772.61	609.10	533.24	440.32	551.62	465.94	507.90	432.25
47	805.06	634.69	555.64	458.81	574.70	485.43	529.15	450.40
48	842.14	663.92	581.24	479.95	601.09	507.70	553.44	471.13
49	878.71	692.76	606.48	500.79	627.11	529.67	577.40	491.58
50	919.92	725.24	634.92	524.27	656.43	554.42	604.38	514.62
51	960.61	757.32	663.00	547.46	685.39	578.86	631.03	537.37
52	1,005.42	792.65	693.93	573.00	717.27	605.77	660.38	562.43
53	1,050.75	828.38	725.21	598.83	749.52	633.00	690.07	587.77
54	1,099.68	866.96	758.98	626.72	784.34	662.39	722.12	615.13
55	1,148.61	905.54	792.76	654.61	819.16	691.78	754.17	642.49
56	1,201.66	947.36	829.37	684.84	856.90	723.64	788.91	672.15
57	1,255.23	989.59	866.34	715.37	895.02	755.82	824.00	702.10
58	1,312.40	1,034.67	905.80	747.96	935.70	790.16	861.44	734.07
59	1,340.73	1,057.00	925.36	764.10	955.86	807.17	880.00	749.91
60	1,397.91	1,102.07	964.82	796.68	996.54	841.52	917.44	781.88
61	1,447.35	1,141.06	998.94	824.87	1,031.72	871.22	949.83	809.53
62	1,479.80	1,166.64	1,021.34	843.36	1,054.81	890.71	971.08	827.67
63	1,520.49	1,198.72	1,049.42	866.55	1,083.76	915.15	997.73	850.42
64+	1,545.21	1,218.21	1,066.50	880.65	1,101.36	930.00	1,013.94	864.26

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 18 Orange County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	412.35	325.09	284.60	235.01	295.28	249.55	271.95	230.82
15	449.01	353.99	309.90	255.89	321.36	271.57	295.96	251.32
16	463.02	365.03	319.57	263.88	331.33	279.98	305.13	259.15
17	477.04	376.08	329.24	271.87	341.30	288.40	314.31	266.99
18	492.13	387.98	339.66	280.47	352.04	297.47	324.20	275.43
19	507.22	399.88	350.08	289.07	362.78	306.53	334.08	283.87
20	522.85	412.20	360.87	297.98	373.90	315.92	344.32	292.61
21	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
22	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
23	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
24	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
25	541.18	426.65	373.51	308.42	386.94	326.93	356.32	302.85
26	551.96	435.15	380.96	314.57	394.62	333.40	363.39	308.88
27	564.90	445.35	389.88	321.94	403.82	341.17	371.86	316.11
28	585.92	461.92	404.39	333.92	418.78	353.80	385.63	327.87
29	603.17	475.52	416.30	343.75	431.05	364.16	396.92	337.51
30	611.79	482.32	422.25	348.67	437.19	369.34	402.57	342.34
31	624.73	492.52	431.18	356.04	446.39	377.11	411.05	349.57
32	637.66	502.72	440.11	363.41	455.60	384.88	419.52	356.80
33	645.75	509.09	445.69	368.02	461.35	389.74	424.81	361.32
34	654.37	515.89	451.64	372.94	467.49	394.92	430.46	366.14
35	658.69	519.29	454.62	375.39	470.56	397.51	433.29	368.56
36	663.00	522.69	457.59	377.85	473.62	400.10	436.11	370.97
37	667.31	526.09	460.57	380.31	476.69	402.69	438.94	373.38
38	671.62	529.49	463.55	382.77	479.76	405.28	441.76	375.79
39	680.25	536.29	469.50	387.68	485.90	410.46	447.41	380.61
40	688.87	543.09	475.45	392.60	492.03	415.64	453.06	385.43
41	701.81	553.29	484.38	399.97	501.24	423.41	461.53	392.67
42	714.21	563.06	492.94	407.03	510.06	430.86	469.65	399.60
43	731.45	576.66	504.84	416.87	522.33	441.22	480.95	409.24
44	753.02	593.66	519.72	429.15	537.67	454.17	495.07	421.30
45	778.35	613.63	537.21	443.59	555.70	469.38	511.66	435.46
46	808.53	637.43	558.04	460.79	577.18	487.51	531.43	452.34
47	842.49	664.20	581.48	480.15	601.34	507.91	553.67	471.33
48	881.30	694.80	608.26	502.27	628.96	531.22	579.09	493.03
49	919.57	724.97	634.68	524.08	656.19	554.21	604.16	514.43
50	962.70	758.96	664.44	548.65	686.87	580.11	632.40	538.54
51	1,005.28	792.54	693.83	572.92	717.17	605.69	660.29	562.35
52	1,052.17	829.51	726.20	599.65	750.54	633.85	691.00	588.57
53	1,099.61	866.90	758.93	626.68	784.29	662.34	722.07	615.09
54	1,150.81	907.27	794.28	655.86	820.72	693.10	755.61	643.72
55	1,202.02	947.64	829.62	685.05	857.16	723.86	789.15	672.35
56	1,257.54	991.41	867.94	716.69	896.66	757.21	825.51	703.40
57	1,313.60	1,035.61	906.63	748.64	936.55	790.88	862.23	734.74
58	1,373.43	1,082.78	947.92	782.74	979.12	826.81	901.41	768.19
59	1,403.08	1,106.15	968.39	799.63	1,000.22	844.62	920.83	784.77
60	1,462.91	1,153.32	1,009.68	833.73	1,042.79	880.56	960.02	818.22
61	1,514.65	1,194.12	1,045.39	863.22	1,079.61	911.64	993.91	847.16
62	1,548.61	1,220.89	1,068.83	882.57	1,103.77	932.04	1,016.15	866.14
63	1,591.20	1,254.46	1,098.22	906.84	1,134.07	957.61	1,044.04	889.95
64+	1,617.06	1,274.85	1,116.09	921.60	1,152.48	973.14	1,060.98	904.43

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 19 San Diego County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Silver 70 PPO 2000/45 + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	433.22	341.54	299.01	246.90	310.13	262.09	285.62	242.49
15	471.73	371.90	325.58	268.85	337.53	285.22	310.84	264.02
16	486.46	383.51	335.75	277.24	348.01	294.06	320.48	272.26
17	501.18	395.12	345.91	285.63	358.48	302.90	330.13	280.49
18	517.04	407.62	356.85	294.67	369.77	312.43	340.51	289.36
19	532.89	420.12	367.80	303.70	381.05	321.95	350.90	298.22
20	549.32	433.07	379.13	313.06	392.73	331.82	361.65	307.40
21	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
22	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
23	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
24	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
25	568.57	448.25	392.42	324.04	406.43	343.38	374.27	318.17
26	579.90	457.18	400.24	330.49	414.49	350.19	381.68	324.50
27	593.49	467.89	409.62	338.24	424.16	358.35	390.58	332.10
28	615.57	485.30	424.86	350.82	439.88	371.61	405.05	344.45
29	633.70	499.59	437.37	361.15	452.77	382.50	416.92	354.58
30	642.76	506.73	443.62	366.32	459.22	387.94	422.85	359.65
31	656.35	517.45	453.00	374.06	468.89	396.10	431.76	367.25
32	669.94	528.16	462.38	381.81	478.56	404.27	440.66	374.85
33	678.43	534.86	468.25	386.65	484.61	409.37	446.22	379.60
34	687.50	542.00	474.50	391.81	491.05	414.81	452.16	384.66
35	692.03	545.58	477.63	394.39	494.28	417.53	455.12	387.20
36	696.56	549.15	480.75	396.98	497.50	420.26	458.09	389.73
37	701.09	552.72	483.88	399.56	500.72	422.98	461.06	392.26
38	705.62	556.29	487.01	402.14	503.95	425.70	464.02	394.80
39	714.68	563.43	493.26	407.30	510.40	431.14	469.96	399.86
40	723.74	570.58	499.52	412.47	516.84	436.58	475.89	404.93
41	737.33	581.29	508.90	420.21	526.51	444.75	484.80	412.53
42	750.36	591.56	517.89	427.64	535.78	452.57	493.33	419.81
43	768.48	605.85	530.39	437.96	548.68	463.45	505.19	429.94
44	791.13	623.71	546.03	450.87	564.79	477.06	520.03	442.61
45	817.75	644.69	564.40	466.04	583.73	493.05	537.46	457.49
46	849.46	669.69	586.29	484.12	606.30	512.10	558.23	475.22
47	885.14	697.82	610.91	504.45	631.68	533.52	581.60	495.17
48	925.91	729.96	639.05	527.69	660.70	558.01	608.31	517.97
49	966.12	761.66	666.80	550.60	689.30	582.17	634.64	540.45
50	1,011.42	797.38	698.07	576.42	721.54	609.38	664.31	565.78
51	1,056.16	832.65	728.95	601.92	753.37	636.25	693.62	590.80
52	1,105.43	871.49	762.95	630.00	788.43	665.84	725.88	618.34
53	1,155.26	910.78	797.35	658.40	823.89	695.77	758.52	646.21
54	1,209.06	953.19	834.48	689.06	862.17	728.09	793.76	676.29
55	1,262.86	995.61	871.61	719.72	900.45	760.40	829.00	706.37
56	1,321.19	1,041.59	911.87	752.96	941.95	795.44	867.20	738.98
57	1,380.09	1,088.03	952.52	786.53	983.86	830.81	905.77	771.92
58	1,442.95	1,137.58	995.90	822.35	1,028.59	868.57	946.94	807.06
59	1,474.09	1,162.14	1,017.40	840.11	1,050.75	887.28	967.34	824.48
60	1,536.95	1,211.70	1,060.79	875.93	1,095.48	925.03	1,008.51	859.62
61	1,591.32	1,254.56	1,098.31	906.91	1,134.16	957.69	1,044.12	890.02
62	1,627.00	1,282.68	1,122.93	927.25	1,159.55	979.12	1,067.49	909.97
63	1,671.74	1,317.95	1,153.81	952.74	1,191.38	1,005.99	1,096.79	934.99
64+	1,698.93	1,339.38	1,172.58	968.25	1,210.71	1,022.31	1,114.59	950.18

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$5.64 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 1 Nevada County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	426.63	394.67	375.30	379.45	355.94	362.88	346.88
15	464.55	429.75	408.66	413.18	387.58	395.14	377.71
16	479.05	443.17	421.42	426.07	399.67	407.47	389.50
17	493.55	456.58	434.18	438.97	411.77	419.80	401.29
18	509.17	471.03	447.91	452.86	424.80	433.08	413.99
19	524.78	485.47	461.65	466.75	437.83	446.37	426.69
20	540.95	500.43	475.88	481.13	451.32	460.12	439.84
21	557.69	515.91	490.59	496.01	465.28	474.35	453.44
22	557.69	515.91	490.59	496.01	465.28	474.35	453.44
23	557.69	515.91	490.59	496.01	465.28	474.35	453.44
24	557.69	515.91	490.59	496.01	465.28	474.35	453.44
25	559.92	517.97	492.56	498.00	467.14	476.25	455.25
26	571.07	528.29	502.37	507.92	476.45	485.74	464.32
27	584.45	540.67	514.14	519.82	487.61	497.12	475.20
28	606.20	560.79	533.28	539.16	505.76	515.62	492.89
29	624.05	577.30	548.97	555.04	520.65	530.80	507.40
30	632.97	585.56	556.82	562.97	528.09	538.39	514.65
31	646.36	597.94	568.60	574.88	539.26	549.77	525.54
32	659.74	610.32	580.37	586.78	550.42	561.16	536.42
33	668.11	618.06	587.73	594.22	557.40	568.27	543.22
34	677.03	626.31	595.58	602.16	564.85	575.86	550.47
35	681.49	630.44	599.51	606.13	568.57	579.66	554.10
36	685.95	634.57	603.43	610.09	572.29	583.45	557.73
37	690.41	638.70	607.35	614.06	576.02	587.25	561.36
38	694.88	642.82	611.28	618.03	579.74	591.04	564.98
39	703.80	651.08	619.13	625.97	587.18	598.63	572.24
40	712.72	659.33	626.98	633.90	594.63	606.22	579.49
41	726.11	671.71	638.75	645.81	605.79	617.61	590.38
42	738.93	683.58	650.04	657.22	616.49	628.52	600.81
43	756.78	700.09	665.74	673.09	631.38	643.70	615.32
44	779.09	720.73	685.36	692.93	649.99	662.67	633.45
45	805.30	744.97	708.42	716.24	671.86	684.96	654.77
46	836.53	773.86	735.89	744.02	697.92	711.53	680.16
47	871.66	806.37	766.80	775.27	727.23	741.41	708.72
48	911.82	843.51	802.12	810.98	760.73	775.57	741.37
49	951.41	880.14	836.95	846.20	793.77	809.25	773.57
50	996.03	921.41	876.20	885.88	830.99	847.19	809.84
51	1,040.08	962.17	914.96	925.06	867.74	884.67	845.66
52	1,088.60	1,007.06	957.64	968.21	908.22	925.94	885.11
53	1,137.68	1,052.46	1,000.81	1,011.86	949.17	967.68	925.01
54	1,190.66	1,101.47	1,047.42	1,058.98	993.37	1,012.74	968.09
55	1,243.64	1,150.48	1,094.02	1,106.11	1,037.57	1,057.81	1,011.17
56	1,301.08	1,203.62	1,144.55	1,157.19	1,085.50	1,106.66	1,057.87
57	1,359.08	1,257.27	1,195.58	1,208.78	1,133.88	1,156.00	1,105.03
58	1,420.98	1,314.54	1,250.03	1,263.84	1,185.53	1,208.65	1,155.36
59	1,451.65	1,342.91	1,277.01	1,291.12	1,211.12	1,234.74	1,180.30
60	1,513.56	1,400.18	1,331.47	1,346.18	1,262.77	1,287.39	1,230.63
61	1,567.10	1,449.71	1,378.57	1,393.79	1,307.43	1,332.93	1,274.16
62	1,602.23	1,482.21	1,409.48	1,425.04	1,336.75	1,362.81	1,302.73
63	1,646.29	1,522.97	1,448.23	1,464.23	1,373.50	1,400.29	1,338.55
64+	1,673.07	1,547.73	1,471.77	1,488.03	1,395.84	1,423.05	1,360.32

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 1 Nevada County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	430.72	398.46	378.90	383.09	359.35	366.36	350.21
15	469.01	433.88	412.58	417.14	391.29	398.93	381.34
16	483.65	447.42	425.46	430.16	403.51	411.38	393.24
17	498.29	460.96	438.34	443.18	415.72	423.83	405.14
18	514.05	475.54	452.21	457.20	428.87	437.24	417.96
19	529.82	490.13	466.08	471.22	442.03	450.65	430.78
20	546.14	505.23	480.44	485.75	455.65	464.54	444.05
21	563.03	520.86	495.30	500.77	469.74	478.90	457.79
22	563.03	520.86	495.30	500.77	469.74	478.90	457.79
23	563.03	520.86	495.30	500.77	469.74	478.90	457.79
24	563.03	520.86	495.30	500.77	469.74	478.90	457.79
25	565.29	522.94	497.28	502.77	471.62	480.82	459.62
26	576.55	533.36	507.19	512.79	481.02	490.40	468.77
27	590.06	545.86	519.07	524.81	492.29	501.89	479.76
28	612.02	566.17	538.39	544.34	510.61	520.57	497.62
29	630.04	582.84	554.24	560.36	525.64	535.89	512.26
30	639.04	591.17	562.16	568.37	533.16	543.55	519.59
31	652.56	603.67	574.05	580.39	544.43	555.05	530.58
32	666.07	616.18	585.94	592.41	555.70	566.54	541.56
33	674.52	623.99	593.37	599.92	562.75	573.72	548.43
34	683.52	632.32	601.29	607.93	570.27	581.39	555.75
35	688.03	636.49	605.26	611.94	574.02	585.22	559.42
36	692.53	640.66	609.22	615.95	577.78	589.05	563.08
37	697.04	644.82	613.18	619.95	581.54	592.88	566.74
38	701.54	648.99	617.14	623.96	585.30	596.71	570.40
39	710.55	657.32	625.07	631.97	592.81	604.37	577.73
40	719.56	665.66	632.99	639.98	600.33	612.04	585.05
41	733.07	678.16	644.88	652.00	611.60	623.53	596.04
42	746.02	690.14	656.27	663.52	622.41	634.55	606.57
43	764.04	706.80	672.12	679.54	637.44	649.87	621.22
44	786.56	727.64	691.93	699.57	656.23	669.03	639.53
45	813.02	752.12	715.21	723.11	678.31	691.53	661.05
46	844.55	781.29	742.95	751.15	704.61	718.35	686.68
47	880.02	814.10	774.15	782.70	734.21	748.52	715.52
48	920.56	851.60	809.81	818.76	768.03	783.01	748.48
49	960.54	888.58	844.98	854.31	801.38	817.01	780.99
50	1,005.58	930.25	884.60	894.37	838.96	855.32	817.61
51	1,050.06	971.40	923.73	933.93	876.07	893.15	853.77
52	1,099.04	1,016.72	966.82	977.50	916.94	934.82	893.60
53	1,148.59	1,062.55	1,010.41	1,021.57	958.27	976.96	933.89
54	1,202.08	1,112.03	1,057.46	1,069.14	1,002.90	1,022.46	977.38
55	1,255.57	1,161.51	1,104.52	1,116.72	1,047.52	1,067.95	1,020.87
56	1,313.56	1,215.16	1,155.53	1,168.29	1,095.91	1,117.28	1,068.02
57	1,372.11	1,269.33	1,207.04	1,220.37	1,144.76	1,167.08	1,115.63
58	1,434.61	1,327.15	1,262.02	1,275.96	1,196.90	1,220.24	1,166.44
59	1,465.58	1,355.79	1,289.26	1,303.50	1,222.74	1,246.58	1,191.62
60	1,528.08	1,413.61	1,344.24	1,359.09	1,274.88	1,299.74	1,242.44
61	1,582.13	1,463.61	1,391.79	1,407.16	1,319.97	1,345.72	1,286.38
62	1,617.60	1,496.43	1,422.99	1,438.71	1,349.57	1,375.89	1,315.22
63	1,662.08	1,537.57	1,462.12	1,478.27	1,386.68	1,413.72	1,351.39
64+	1,689.09	1,562.58	1,485.90	1,502.31	1,409.22	1,436.70	1,373.37

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	512.15	473.78	450.53	455.51	427.29	435.62	416.41
15	557.67	515.90	490.58	496.00	465.27	474.34	453.43
16	575.08	532.00	505.89	511.48	479.79	489.15	467.58
17	592.48	548.10	521.21	526.96	494.31	503.95	481.73
18	611.23	565.44	537.70	543.63	509.95	519.90	496.97
19	629.97	582.78	554.19	560.31	525.59	535.84	512.22
20	649.39	600.74	571.27	577.57	541.79	552.35	528.00
21	669.47	619.32	588.93	595.44	558.54	569.44	544.33
22	669.47	619.32	588.93	595.44	558.54	569.44	544.33
23	669.47	619.32	588.93	595.44	558.54	569.44	544.33
24	669.47	619.32	588.93	595.44	558.54	569.44	544.33
25	672.15	621.80	591.29	597.82	560.78	571.71	546.51
26	685.54	634.19	603.07	609.73	571.95	583.10	557.39
27	701.61	649.05	617.20	624.02	585.35	596.77	570.46
28	727.72	673.21	640.17	647.24	607.14	618.98	591.69
29	749.14	693.02	659.02	666.29	625.01	637.20	609.11
30	759.85	702.93	668.44	675.82	633.95	646.31	617.82
31	775.92	717.80	682.57	690.11	647.35	659.98	630.88
32	791.99	732.66	696.71	704.40	660.76	673.64	643.94
33	802.03	741.95	705.54	713.33	669.14	682.19	652.11
34	812.74	751.86	714.97	722.86	678.07	691.30	660.82
35	818.10	756.81	719.68	727.62	682.54	695.85	665.17
36	823.45	761.77	724.39	732.39	687.01	700.41	669.53
37	828.81	766.72	729.10	737.15	691.48	704.96	673.88
38	834.16	771.68	733.81	741.92	695.95	709.52	678.24
39	844.88	781.59	743.23	751.44	704.88	718.63	686.95
40	855.59	791.50	752.66	760.97	713.82	727.74	695.65
41	871.66	806.36	766.79	775.26	727.22	741.41	708.72
42	887.05	820.61	780.34	788.95	740.07	754.50	721.24
43	908.48	840.42	799.18	808.01	757.94	772.73	738.66
44	935.26	865.20	822.74	831.83	780.29	795.50	760.43
45	966.72	894.30	850.42	859.81	806.54	822.27	786.01
46	1,004.21	928.99	883.40	893.16	837.82	854.16	816.50
47	1,046.39	968.00	920.50	930.67	873.01	890.03	850.79
48	1,094.59	1,012.60	962.91	973.54	913.22	931.03	889.98
49	1,142.12	1,056.57	1,004.72	1,015.82	952.88	971.46	928.63
50	1,195.68	1,106.11	1,051.84	1,063.45	997.56	1,017.01	972.17
51	1,248.57	1,155.04	1,098.36	1,110.49	1,041.69	1,062.00	1,015.18
52	1,306.81	1,208.92	1,149.60	1,162.29	1,090.28	1,111.54	1,062.53
53	1,365.73	1,263.42	1,201.42	1,214.69	1,139.43	1,161.65	1,110.43
54	1,429.33	1,322.26	1,257.37	1,271.26	1,192.49	1,215.75	1,162.15
55	1,492.93	1,381.09	1,313.32	1,327.83	1,245.55	1,269.84	1,213.86
56	1,561.88	1,444.88	1,373.98	1,389.16	1,303.08	1,328.50	1,269.92
57	1,631.51	1,509.29	1,435.23	1,451.08	1,361.17	1,387.72	1,326.53
58	1,705.82	1,578.04	1,500.60	1,517.17	1,423.17	1,450.92	1,386.95
59	1,742.64	1,612.10	1,532.99	1,549.92	1,453.89	1,482.24	1,416.89
60	1,816.95	1,680.85	1,598.37	1,616.02	1,515.89	1,545.45	1,477.31
61	1,881.22	1,740.30	1,654.90	1,673.18	1,569.51	1,600.12	1,529.57
62	1,923.40	1,779.32	1,692.01	1,710.69	1,604.70	1,635.99	1,563.86
63	1,976.29	1,828.25	1,738.53	1,757.73	1,648.82	1,680.98	1,606.86
64+	2,008.41	1,857.96	1,766.79	1,786.32	1,675.62	1,708.32	1,632.99

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HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 2 Marin, Napa, Solano, and Sonoma counties (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	517.06	478.33	454.86	459.88	431.38	439.80	420.41
15	563.02	520.85	495.29	500.76	469.73	478.89	457.78
16	580.59	537.10	510.75	516.39	484.39	493.84	472.06
17	598.17	553.36	526.21	532.02	499.05	508.79	486.35
18	617.09	570.87	542.85	548.85	514.84	524.88	501.74
19	636.02	588.37	559.50	565.68	530.63	540.98	517.13
20	655.62	606.51	576.74	583.11	546.98	557.65	533.07
21	675.90	625.27	594.58	601.15	563.90	574.90	549.55
22	675.90	625.27	594.58	601.15	563.90	574.90	549.55
23	675.90	625.27	594.58	601.15	563.90	574.90	549.55
24	675.90	625.27	594.58	601.15	563.90	574.90	549.55
25	678.60	627.77	596.96	603.55	566.16	577.20	551.75
26	692.12	640.27	608.85	615.58	577.44	588.70	562.74
27	708.34	655.28	623.12	630.00	590.97	602.49	575.93
28	734.70	679.66	646.31	653.45	612.96	624.91	597.36
29	756.33	699.67	665.34	672.69	631.01	643.31	614.95
30	767.14	709.68	674.85	682.30	640.03	652.51	623.74
31	783.36	724.68	689.12	696.73	653.56	666.31	636.93
32	799.58	739.69	703.39	711.16	667.10	680.11	650.12
33	809.72	749.07	712.31	720.18	675.55	688.73	658.36
34	820.54	759.07	721.82	729.79	684.58	697.93	667.16
35	825.94	764.07	726.58	734.60	689.09	702.53	671.55
36	831.35	769.08	731.34	739.41	693.60	707.13	675.95
37	836.76	774.08	736.09	744.22	698.11	711.72	680.35
38	842.17	779.08	740.85	749.03	702.62	716.32	684.74
39	852.98	789.08	750.36	758.65	711.64	725.52	693.53
40	863.79	799.09	759.88	768.27	720.67	734.72	702.33
41	880.02	814.10	774.15	782.70	734.20	748.52	715.52
42	895.56	828.48	787.82	796.52	747.17	761.74	728.16
43	917.19	848.48	806.85	815.76	765.21	780.14	745.74
44	944.23	873.50	830.63	839.81	787.77	803.13	767.72
45	975.99	902.88	858.58	868.06	814.27	830.15	793.55
46	1,013.84	937.90	891.87	901.72	845.85	862.35	824.33
47	1,056.42	977.29	929.33	939.60	881.38	898.57	858.95
48	1,105.09	1,022.31	972.14	982.88	921.98	939.96	898.52
49	1,153.08	1,066.70	1,014.36	1,025.56	962.02	980.78	937.54
50	1,207.15	1,116.72	1,061.92	1,073.65	1,007.13	1,026.77	981.50
51	1,260.54	1,166.12	1,108.90	1,121.14	1,051.68	1,072.19	1,024.91
52	1,319.35	1,220.52	1,160.62	1,173.44	1,100.74	1,122.20	1,072.73
53	1,378.83	1,275.54	1,212.95	1,226.34	1,150.36	1,172.79	1,121.09
54	1,443.04	1,334.94	1,269.43	1,283.45	1,203.93	1,227.41	1,173.29
55	1,507.25	1,394.34	1,325.92	1,340.56	1,257.50	1,282.02	1,225.50
56	1,576.86	1,458.74	1,387.16	1,402.48	1,315.58	1,341.24	1,282.10
57	1,647.16	1,523.77	1,449.00	1,465.00	1,374.23	1,401.03	1,339.26
58	1,722.18	1,593.18	1,515.00	1,531.73	1,436.82	1,464.84	1,400.26
59	1,759.36	1,627.56	1,547.70	1,564.79	1,467.84	1,496.46	1,430.48
60	1,834.38	1,696.97	1,613.70	1,631.52	1,530.43	1,560.28	1,491.48
61	1,899.27	1,756.99	1,670.78	1,689.23	1,584.56	1,615.47	1,544.24
62	1,941.85	1,796.39	1,708.24	1,727.10	1,620.09	1,651.68	1,578.86
63	1,995.24	1,845.78	1,755.21	1,774.59	1,664.64	1,697.10	1,622.28
64+	2,027.70	1,875.81	1,783.74	1,803.45	1,691.70	1,724.70	1,648.65

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HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	427.13	395.13	375.74	379.89	356.35	363.30	347.28
15	465.09	430.25	409.14	413.66	388.03	395.60	378.15
16	479.61	443.68	421.91	426.57	400.14	407.94	389.96
17	494.13	457.11	434.68	439.48	412.25	420.29	401.76
18	509.76	471.57	448.43	453.39	425.29	433.59	414.47
19	525.39	486.04	462.19	467.29	438.34	446.89	427.18
20	541.58	501.02	476.43	481.69	451.85	460.66	440.35
21	558.33	516.51	491.16	496.59	465.82	474.90	453.97
22	558.33	516.51	491.16	496.59	465.82	474.90	453.97
23	558.33	516.51	491.16	496.59	465.82	474.90	453.97
24	558.33	516.51	491.16	496.59	465.82	474.90	453.97
25	560.57	518.58	493.13	498.58	467.68	476.80	455.78
26	571.73	528.91	502.95	508.51	477.00	486.30	464.86
27	585.13	541.30	514.74	520.43	488.18	497.70	475.76
28	606.91	561.45	533.90	539.79	506.35	516.22	493.46
29	624.78	577.98	549.61	555.68	521.25	531.42	507.99
30	633.71	586.24	557.47	563.63	528.71	539.02	515.25
31	647.11	598.64	569.26	575.55	539.89	550.41	526.15
32	660.51	611.03	581.05	587.46	551.07	561.81	537.04
33	668.88	618.78	588.42	594.91	558.05	568.94	543.85
34	677.82	627.04	596.27	602.86	565.51	576.53	551.11
35	682.28	631.18	600.20	606.83	569.23	580.33	554.75
36	686.75	635.31	604.13	610.80	572.96	584.13	558.38
37	691.22	639.44	608.06	614.78	576.69	587.93	562.01
38	695.68	643.57	611.99	618.75	580.41	591.73	565.64
39	704.62	651.84	619.85	626.70	587.87	599.33	572.91
40	713.55	660.10	627.71	634.64	595.32	606.93	580.17
41	726.95	672.50	639.50	646.56	606.50	618.33	591.06
42	739.79	684.38	650.79	657.98	617.21	629.25	601.51
43	757.66	700.90	666.51	673.87	632.12	644.45	616.03
44	779.99	721.56	686.16	693.73	650.75	663.44	634.19
45	806.23	745.84	709.24	717.07	672.64	685.76	655.53
46	837.50	774.77	736.75	744.88	698.73	712.36	680.95
47	872.68	807.31	767.69	776.17	728.08	742.28	709.55
48	912.88	844.49	803.05	811.92	761.62	776.47	742.23
49	952.52	881.17	837.93	847.18	794.69	810.19	774.47
50	997.19	922.49	877.22	886.91	831.96	848.18	810.78
51	1,041.29	963.29	916.02	926.14	868.75	885.70	846.65
52	1,089.87	1,008.23	958.75	969.34	909.28	927.01	886.14
53	1,139.00	1,053.68	1,001.98	1,013.04	950.27	968.81	926.09
54	1,192.04	1,102.75	1,048.64	1,060.22	994.53	1,013.92	969.22
55	1,245.09	1,151.82	1,095.30	1,107.39	1,038.78	1,059.04	1,012.34
56	1,302.59	1,205.02	1,145.89	1,158.54	1,086.76	1,107.95	1,059.10
57	1,360.66	1,258.74	1,196.97	1,210.19	1,135.20	1,157.34	1,106.32
58	1,422.64	1,316.07	1,251.49	1,265.31	1,186.91	1,210.06	1,156.71
59	1,453.34	1,344.48	1,278.50	1,292.62	1,212.53	1,236.18	1,181.67
60	1,515.32	1,401.81	1,333.02	1,347.74	1,264.24	1,288.89	1,232.06
61	1,568.92	1,451.39	1,380.17	1,395.41	1,308.96	1,334.48	1,275.65
62	1,604.09	1,483.93	1,411.12	1,426.70	1,338.30	1,364.40	1,304.24
63	1,648.20	1,524.74	1,449.92	1,465.93	1,375.10	1,401.92	1,340.11
64+	1,674.99	1,549.53	1,473.48	1,489.77	1,397.46	1,424.70	1,361.91

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HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 3 El Dorado, Placer, Sacramento, and Yolo counties (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	431.22	398.92	379.34	383.53	359.77	366.79	350.62
15	469.55	434.38	413.06	417.63	391.75	399.39	381.78
16	484.21	447.94	425.96	430.66	403.98	411.86	393.70
17	498.87	461.50	438.85	443.70	416.21	424.32	405.61
18	514.65	476.10	452.73	457.73	429.37	437.75	418.45
19	530.43	490.70	466.62	471.77	442.54	451.17	431.28
20	546.78	505.82	481.00	486.31	456.18	465.08	444.57
21	563.69	521.46	495.88	501.35	470.29	479.46	458.32
22	563.69	521.46	495.88	501.35	470.29	479.46	458.32
23	563.69	521.46	495.88	501.35	470.29	479.46	458.32
24	563.69	521.46	495.88	501.35	470.29	479.46	458.32
25	565.94	523.55	497.86	503.36	472.17	481.38	460.15
26	577.22	533.98	507.78	513.38	481.58	490.97	469.32
27	590.75	546.49	519.68	525.42	492.86	502.47	480.32
28	612.73	566.83	539.02	544.97	511.20	521.17	498.19
29	630.77	583.52	554.88	561.01	526.25	536.52	512.86
30	639.79	591.86	562.82	569.03	533.78	544.19	520.19
31	653.32	604.38	574.72	581.07	545.06	555.69	531.19
32	666.85	616.89	586.62	593.10	556.35	567.20	542.19
33	675.30	624.71	594.06	600.62	563.41	574.39	549.07
34	684.32	633.06	601.99	608.64	570.93	582.06	556.40
35	688.83	637.23	605.96	612.65	574.69	585.90	560.07
36	693.34	641.40	609.93	616.66	578.45	589.74	563.73
37	697.85	645.57	613.89	620.67	582.22	593.57	567.40
38	702.36	649.74	617.86	624.68	585.98	597.41	571.07
39	711.38	658.09	625.80	632.71	593.50	605.08	578.40
40	720.40	666.43	633.73	640.73	601.03	612.75	585.73
41	733.92	678.95	645.63	652.76	612.32	624.26	596.73
42	746.89	690.94	657.04	664.29	623.13	635.28	607.27
43	764.93	707.63	672.90	680.33	638.18	650.63	621.94
44	787.47	728.49	692.74	700.39	656.99	669.81	640.27
45	813.97	752.99	716.04	723.95	679.10	692.34	661.81
46	845.53	782.20	743.81	752.03	705.43	719.19	687.48
47	881.05	815.05	775.05	783.61	735.06	749.40	716.36
48	921.63	852.59	810.76	819.71	768.92	783.92	749.35
49	961.65	889.62	845.96	855.31	802.31	817.96	781.89
50	1,006.75	931.34	885.63	895.41	839.94	856.31	818.56
51	1,051.28	972.53	924.81	935.02	877.09	894.19	854.77
52	1,100.32	1,017.90	967.95	978.64	918.00	935.91	894.64
53	1,149.93	1,063.79	1,011.59	1,022.76	959.39	978.10	934.97
54	1,203.48	1,113.33	1,058.69	1,070.39	1,004.07	1,023.65	978.51
55	1,257.03	1,162.87	1,105.80	1,118.01	1,048.74	1,069.19	1,022.05
56	1,315.09	1,216.58	1,156.88	1,169.65	1,097.18	1,118.58	1,069.26
57	1,373.71	1,270.81	1,208.45	1,221.79	1,146.09	1,168.44	1,116.93
58	1,436.28	1,328.69	1,263.49	1,277.44	1,198.29	1,221.66	1,167.80
59	1,467.28	1,357.37	1,290.76	1,305.02	1,224.16	1,248.03	1,193.01
60	1,529.85	1,415.25	1,345.81	1,360.67	1,276.36	1,301.25	1,243.88
61	1,583.97	1,465.32	1,393.41	1,408.80	1,321.51	1,347.28	1,287.88
62	1,619.48	1,498.17	1,424.65	1,440.38	1,351.14	1,377.49	1,316.75
63	1,664.01	1,539.36	1,463.82	1,479.99	1,388.29	1,415.36	1,352.96
64+	1,691.07	1,564.38	1,487.64	1,504.05	1,410.87	1,438.38	1,374.96

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 4 San Francisco County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	447.73	414.19	393.86	398.21	373.54	380.82	364.03
15	487.52	451.01	428.87	433.61	406.74	414.68	396.39
16	502.74	465.08	442.26	447.14	419.44	427.62	408.77
17	517.96	479.16	455.65	460.68	432.13	440.56	421.14
18	534.35	494.32	470.06	475.25	445.81	454.50	434.46
19	550.73	509.48	484.48	489.83	459.48	468.44	447.79
20	567.71	525.18	499.41	504.92	473.64	482.88	461.59
21	585.26	541.42	514.85	520.54	488.29	497.81	475.86
22	585.26	541.42	514.85	520.54	488.29	497.81	475.86
23	585.26	541.42	514.85	520.54	488.29	497.81	475.86
24	585.26	541.42	514.85	520.54	488.29	497.81	475.86
25	587.61	543.59	516.91	522.62	490.24	499.80	477.77
26	599.31	554.42	527.21	533.03	500.01	509.76	487.28
27	613.36	567.41	539.57	545.53	511.73	521.71	498.70
28	636.18	588.53	559.65	565.83	530.77	541.12	517.26
29	654.91	605.85	576.12	582.48	546.39	557.05	532.49
30	664.27	614.51	584.36	590.81	554.21	565.01	540.10
31	678.32	627.51	596.72	603.31	565.93	576.96	551.52
32	692.37	640.50	609.07	615.80	577.64	588.91	562.94
33	701.15	648.62	616.80	623.61	584.97	596.38	570.08
34	710.51	657.29	625.03	631.94	592.78	604.34	577.70
35	715.19	661.62	629.15	636.10	596.69	608.32	581.50
36	719.87	665.95	633.27	640.26	600.59	612.31	585.31
37	724.56	670.28	637.39	644.43	604.50	616.29	589.12
38	729.24	674.61	641.51	648.59	608.41	620.27	592.92
39	738.60	683.28	649.75	656.92	616.22	628.24	600.54
40	747.97	691.94	657.98	665.25	624.03	636.20	608.15
41	762.01	704.93	670.34	677.74	635.75	648.15	619.57
42	775.47	717.39	682.18	689.72	646.98	659.60	630.52
43	794.20	734.71	698.66	706.37	662.61	675.53	645.74
44	817.61	756.37	719.25	727.19	682.14	695.44	664.78
45	845.12	781.81	743.45	751.66	705.09	718.84	687.14
46	877.90	812.13	772.28	780.81	732.43	746.72	713.79
47	914.77	846.24	804.72	813.60	763.19	778.08	743.77
48	956.91	885.23	841.79	851.08	798.35	813.92	778.03
49	998.46	923.67	878.34	888.04	833.02	849.26	811.82
50	1,045.28	966.98	919.53	929.69	872.08	889.09	849.89
51	1,091.52	1,009.75	960.20	970.81	910.66	928.42	887.48
52	1,142.44	1,056.86	1,005.00	1,016.09	953.14	971.73	928.88
53	1,193.94	1,104.50	1,050.30	1,061.90	996.11	1,015.53	970.76
54	1,249.54	1,155.94	1,099.21	1,111.35	1,042.49	1,062.82	1,015.97
55	1,305.14	1,207.37	1,148.13	1,160.81	1,088.88	1,110.12	1,061.17
56	1,365.42	1,263.14	1,201.16	1,214.42	1,139.18	1,161.39	1,110.19
57	1,426.29	1,319.45	1,254.70	1,268.56	1,189.96	1,213.16	1,159.68
58	1,491.25	1,379.55	1,311.85	1,326.34	1,244.16	1,268.42	1,212.50
59	1,523.44	1,409.32	1,340.17	1,354.97	1,271.01	1,295.80	1,238.67
60	1,588.41	1,469.42	1,397.32	1,412.75	1,325.21	1,351.06	1,291.49
61	1,644.59	1,521.40	1,446.74	1,462.72	1,372.09	1,398.85	1,337.17
62	1,681.46	1,555.51	1,479.18	1,495.51	1,402.85	1,430.21	1,367.15
63	1,727.70	1,598.28	1,519.85	1,536.64	1,441.43	1,469.54	1,404.74
64+	1,755.78	1,624.26	1,544.55	1,561.62	1,464.87	1,493.43	1,427.58

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 4 San Francisco County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	452.02	418.16	397.64	402.03	377.12	384.48	367.53
15	492.20	455.33	432.99	437.77	410.65	418.65	400.20
16	507.56	469.54	446.50	451.43	423.46	431.72	412.69
17	522.93	483.76	460.02	465.10	436.28	444.79	425.18
18	539.47	499.06	474.57	479.81	450.08	458.86	438.63
19	556.02	514.37	489.13	494.53	463.89	472.93	452.08
20	573.15	530.22	504.20	509.77	478.18	487.51	466.01
21	590.88	546.62	519.79	525.53	492.97	502.59	480.43
22	590.88	546.62	519.79	525.53	492.97	502.59	480.43
23	590.88	546.62	519.79	525.53	492.97	502.59	480.43
24	590.88	546.62	519.79	525.53	492.97	502.59	480.43
25	593.24	548.80	521.87	527.64	494.94	504.60	482.35
26	605.06	559.73	532.27	538.15	504.80	514.65	491.96
27	619.24	572.85	544.74	550.76	516.63	526.71	503.49
28	642.28	594.17	565.01	571.25	535.86	546.31	522.22
29	661.19	611.66	581.65	588.07	551.64	562.39	537.60
30	670.65	620.41	589.96	596.48	559.52	570.43	545.28
31	684.83	633.53	602.44	609.09	571.35	582.50	556.81
32	699.01	646.65	614.91	621.71	583.19	594.56	568.34
33	707.87	654.85	622.71	629.59	590.58	602.10	575.55
34	717.33	663.59	631.03	638.00	598.47	610.14	583.24
35	722.05	667.96	635.19	642.20	602.41	614.16	587.08
36	726.78	672.34	639.35	646.41	606.35	618.18	590.92
37	731.51	676.71	643.50	650.61	610.30	622.20	594.77
38	736.23	681.08	647.66	654.81	614.24	626.22	598.61
39	745.69	689.83	655.98	663.22	622.13	634.26	606.30
40	755.14	698.58	664.30	671.63	630.02	642.30	613.98
41	769.32	711.69	676.77	684.24	641.85	654.37	625.52
42	782.91	724.27	688.73	696.33	653.19	665.93	636.56
43	801.82	741.76	705.36	713.15	668.96	682.01	651.94
44	825.46	763.62	726.15	734.17	688.68	702.11	671.16
45	853.23	789.31	750.58	758.87	711.85	725.73	693.74
46	886.32	819.92	779.69	788.30	739.46	753.88	720.64
47	923.54	854.36	812.44	821.41	770.51	785.54	750.91
48	966.09	893.72	849.86	859.25	806.01	821.73	785.50
49	1,008.04	932.53	886.77	896.56	841.01	857.41	819.61
50	1,055.31	976.26	928.35	938.60	880.45	897.62	858.04
51	1,101.99	1,019.44	969.41	980.12	919.39	937.32	896.00
52	1,153.39	1,066.99	1,014.64	1,025.84	962.28	981.05	937.79
53	1,205.39	1,115.10	1,060.38	1,072.09	1,005.66	1,025.27	980.07
54	1,261.52	1,167.03	1,109.76	1,122.01	1,052.49	1,073.02	1,025.71
55	1,317.66	1,218.95	1,159.14	1,171.94	1,099.33	1,120.76	1,071.35
56	1,378.52	1,275.26	1,212.68	1,226.07	1,150.10	1,172.53	1,120.83
57	1,439.97	1,332.10	1,266.74	1,280.72	1,201.37	1,224.80	1,170.80
58	1,505.56	1,392.78	1,324.43	1,339.06	1,256.09	1,280.59	1,224.13
59	1,538.05	1,422.84	1,353.02	1,367.96	1,283.20	1,308.23	1,250.55
60	1,603.64	1,483.52	1,410.72	1,426.30	1,337.92	1,364.02	1,303.88
61	1,660.37	1,535.99	1,460.62	1,476.75	1,385.25	1,412.26	1,350.00
62	1,697.59	1,570.43	1,493.36	1,509.86	1,416.31	1,443.93	1,380.26
63	1,744.27	1,613.61	1,534.43	1,551.37	1,455.25	1,483.63	1,418.22
64+	1,772.64	1,639.86	1,559.37	1,576.59	1,478.91	1,507.77	1,441.29

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 5 Contra Costa County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	459.19	424.80	403.95	408.41	383.11	390.58	373.36
15	500.01	462.55	439.86	444.71	417.16	425.30	406.54
16	515.62	476.99	453.59	458.59	430.18	438.57	419.23
17	531.22	491.43	467.31	472.48	443.20	451.84	431.92
18	548.03	506.98	482.10	487.42	457.22	466.14	445.59
19	564.84	522.53	496.88	502.37	471.25	480.44	459.25
20	582.24	538.63	512.20	517.85	485.77	495.24	473.41
21	600.25	555.29	528.04	533.87	500.79	510.56	488.05
22	600.25	555.29	528.04	533.87	500.79	510.56	488.05
23	600.25	555.29	528.04	533.87	500.79	510.56	488.05
24	600.25	555.29	528.04	533.87	500.79	510.56	488.05
25	602.65	557.51	530.15	536.01	502.80	512.60	490.00
26	614.66	568.61	540.71	546.68	512.81	522.81	499.76
27	629.06	581.94	553.39	559.50	524.83	535.07	511.47
28	652.47	603.60	573.98	580.32	544.36	554.98	530.51
29	671.68	621.37	590.88	597.40	560.39	571.31	546.13
30	681.29	630.25	599.32	605.94	568.40	579.48	553.93
31	695.69	643.58	612.00	618.76	580.42	591.74	565.65
32	710.10	656.91	624.67	631.57	592.44	603.99	577.36
33	719.10	665.23	632.59	639.58	599.95	611.65	584.68
34	728.71	674.12	641.04	648.12	607.96	619.82	592.49
35	733.51	678.56	645.26	652.39	611.97	623.90	596.39
36	738.31	683.00	649.49	656.66	615.97	627.99	600.30
37	743.11	687.45	653.71	660.93	619.98	632.07	604.20
38	747.91	691.89	657.94	665.20	623.99	636.16	608.11
39	757.52	700.77	666.39	673.74	632.00	644.32	615.92
40	767.12	709.66	674.83	682.29	640.01	652.49	623.73
41	781.53	722.98	687.51	695.10	652.03	664.75	635.44
42	795.33	735.76	699.65	707.38	663.55	676.49	646.66
43	814.54	753.53	716.55	724.46	679.58	692.83	662.28
44	838.55	775.74	737.67	745.82	699.61	713.25	681.80
45	866.76	801.84	762.49	770.91	723.14	737.25	704.74
46	900.38	832.93	792.06	800.81	751.19	765.84	732.07
47	938.19	867.91	825.33	834.44	782.74	798.00	762.82
48	981.41	907.90	863.34	872.88	818.80	834.76	797.96
49	1,024.03	947.32	900.83	910.78	854.35	871.01	832.61
50	1,072.05	991.74	943.08	953.49	894.42	911.86	871.65
51	1,119.47	1,035.61	984.79	995.67	933.98	952.19	910.21
52	1,171.69	1,083.92	1,030.73	1,042.12	977.55	996.61	952.67
53	1,224.51	1,132.79	1,077.20	1,089.10	1,021.62	1,041.54	995.62
54	1,281.54	1,185.54	1,127.36	1,139.81	1,069.19	1,090.04	1,041.98
55	1,338.56	1,238.29	1,177.53	1,190.53	1,116.77	1,138.55	1,088.35
56	1,400.39	1,295.49	1,231.92	1,245.52	1,168.35	1,191.13	1,138.62
57	1,462.81	1,353.24	1,286.83	1,301.04	1,220.43	1,244.23	1,189.37
58	1,529.44	1,414.87	1,345.44	1,360.30	1,276.02	1,300.90	1,243.55
59	1,562.46	1,445.41	1,374.49	1,389.67	1,303.56	1,328.98	1,270.39
60	1,629.08	1,507.05	1,433.10	1,448.93	1,359.15	1,385.66	1,324.56
61	1,686.71	1,560.36	1,483.79	1,500.18	1,407.23	1,434.67	1,371.42
62	1,724.52	1,595.34	1,517.06	1,533.81	1,438.78	1,466.83	1,402.16
63	1,771.94	1,639.21	1,558.77	1,575.99	1,478.34	1,507.17	1,440.72
64+	1,800.75	1,665.87	1,584.12	1,601.61	1,502.37	1,531.68	1,464.15

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HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 5 Contra Costa County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	463.60	428.87	407.82	412.33	386.78	394.32	376.94
15	504.81	466.99	444.08	448.98	421.16	429.37	410.44
16	520.56	481.57	457.94	462.99	434.31	442.78	423.25
17	536.32	496.14	471.80	477.01	447.45	456.18	436.07
18	553.29	511.84	486.72	492.10	461.61	470.61	449.86
19	570.25	527.54	501.65	507.19	475.77	485.04	463.66
20	587.83	543.80	517.11	522.82	490.43	499.99	477.95
21	606.01	560.61	533.10	538.99	505.60	515.46	492.73
22	606.01	560.61	533.10	538.99	505.60	515.46	492.73
23	606.01	560.61	533.10	538.99	505.60	515.46	492.73
24	606.01	560.61	533.10	538.99	505.60	515.46	492.73
25	608.43	562.86	535.24	541.15	507.62	517.52	494.70
26	620.55	574.07	545.90	551.93	517.73	527.83	504.55
27	635.10	587.52	558.69	564.86	529.86	540.20	516.38
28	658.73	609.39	579.48	585.88	549.58	560.30	535.60
29	678.12	627.33	596.54	603.13	565.76	576.79	551.36
30	687.82	636.30	605.07	611.76	573.85	585.04	559.25
31	702.36	649.75	617.87	624.69	585.99	597.41	571.07
32	716.91	663.21	630.66	637.63	598.12	609.78	582.90
33	726.00	671.62	638.66	645.71	605.70	617.52	590.29
34	735.70	680.59	647.19	654.34	613.79	625.76	598.17
35	740.54	685.07	651.45	658.65	617.84	629.89	602.12
36	745.39	689.56	655.72	662.96	621.88	634.01	606.06
37	750.24	694.04	659.98	667.27	625.93	638.13	610.00
38	755.09	698.53	664.25	671.58	629.97	642.26	613.94
39	764.78	707.50	672.78	680.21	638.06	650.50	621.82
40	774.48	716.46	681.31	688.83	646.15	658.75	629.71
41	789.02	729.92	694.10	701.77	658.29	671.12	641.53
42	802.96	742.81	706.36	714.16	669.91	682.98	652.87
43	822.35	760.75	723.42	731.41	686.09	699.47	668.63
44	846.60	783.18	744.75	752.97	706.32	720.09	688.34
45	875.08	809.53	769.80	778.30	730.08	744.32	711.50
46	909.01	840.92	799.66	808.49	758.39	773.18	739.09
47	947.19	876.24	833.24	842.44	790.25	805.66	770.14
48	990.83	916.60	871.63	881.25	826.65	842.77	805.61
49	1,033.85	956.41	909.48	919.52	862.55	879.37	840.60
50	1,082.33	1,001.26	952.12	962.64	902.99	920.60	880.01
51	1,130.21	1,045.55	994.24	1,005.22	942.94	961.32	918.94
52	1,182.93	1,094.32	1,040.62	1,052.11	986.92	1,006.17	961.81
53	1,236.26	1,143.65	1,087.53	1,099.54	1,031.42	1,051.53	1,005.17
54	1,293.83	1,196.91	1,138.18	1,150.75	1,079.45	1,100.50	1,051.98
55	1,351.40	1,250.17	1,188.82	1,201.95	1,127.48	1,149.47	1,098.79
56	1,413.82	1,307.91	1,243.73	1,257.47	1,179.56	1,202.56	1,149.54
57	1,476.84	1,366.22	1,299.17	1,313.52	1,232.14	1,256.17	1,200.78
58	1,544.11	1,428.44	1,358.35	1,373.35	1,288.26	1,313.38	1,255.47
59	1,577.44	1,459.28	1,387.67	1,402.99	1,316.07	1,341.73	1,282.57
60	1,644.71	1,521.51	1,446.84	1,462.82	1,372.19	1,398.95	1,337.27
61	1,702.89	1,575.33	1,498.02	1,514.57	1,420.72	1,448.43	1,384.57
62	1,741.07	1,610.64	1,531.61	1,548.52	1,452.58	1,480.90	1,415.61
63	1,788.94	1,654.93	1,573.72	1,591.10	1,492.52	1,521.62	1,454.54
64+	1,818.03	1,681.83	1,599.30	1,616.97	1,516.80	1,546.38	1,478.19

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 6 Alameda County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	477.10	441.36	419.70	424.33	398.04	405.80	387.91
15	519.50	480.59	457.01	462.05	433.42	441.88	422.39
16	535.72	495.59	471.27	476.47	446.95	455.67	435.58
17	551.93	510.59	485.53	490.90	460.48	469.46	448.76
18	569.40	526.74	500.90	506.43	475.05	484.31	462.96
19	586.86	542.90	516.26	521.96	489.62	499.17	477.16
20	604.94	559.63	532.17	538.04	504.71	514.55	491.86
21	623.65	576.94	548.63	554.68	520.32	530.46	507.08
22	623.65	576.94	548.63	554.68	520.32	530.46	507.08
23	623.65	576.94	548.63	554.68	520.32	530.46	507.08
24	623.65	576.94	548.63	554.68	520.32	530.46	507.08
25	626.15	579.24	550.82	556.90	522.40	532.59	509.10
26	638.62	590.78	561.79	568.00	532.80	543.19	519.25
27	653.59	604.63	574.96	581.31	545.29	555.93	531.42
28	677.91	627.13	596.36	602.94	565.58	576.61	551.19
29	697.87	645.59	613.91	620.69	582.23	593.59	567.42
30	707.85	654.82	622.69	629.57	590.56	602.08	575.53
31	722.81	668.67	635.86	642.88	603.05	614.81	587.70
32	737.78	682.52	649.02	656.19	615.53	627.54	599.87
33	747.14	691.17	657.25	664.51	623.34	635.50	607.48
34	757.12	700.40	666.03	673.39	631.66	643.98	615.59
35	762.10	705.02	670.42	677.82	635.83	648.23	619.65
36	767.09	709.63	674.81	682.26	639.99	652.47	623.70
37	772.08	714.25	679.20	686.70	644.15	656.71	627.76
38	777.07	718.86	683.59	691.14	648.31	660.96	631.82
39	787.05	728.09	692.37	700.01	656.64	669.44	639.93
40	797.03	737.33	701.14	708.89	664.96	677.93	648.04
41	812.00	751.17	714.31	722.20	677.45	690.66	660.21
42	826.34	764.44	726.93	734.96	689.42	702.86	671.88
43	846.30	782.90	744.48	752.71	706.07	719.84	688.10
44	871.24	805.98	766.43	774.89	726.88	741.06	708.38
45	900.56	833.10	792.22	800.96	751.34	765.99	732.22
46	935.48	865.40	822.94	832.03	780.47	795.69	760.61
47	974.77	901.75	857.50	866.97	813.25	829.11	792.56
48	1,019.67	943.29	897.00	906.91	850.72	867.31	829.07
49	1,063.95	984.25	935.96	946.29	887.66	904.97	865.07
50	1,113.85	1,030.41	979.85	990.67	929.29	947.41	905.64
51	1,163.11	1,075.99	1,023.19	1,034.49	970.39	989.31	945.70
52	1,217.37	1,126.18	1,070.92	1,082.74	1,015.66	1,035.46	989.81
53	1,272.25	1,176.95	1,119.20	1,131.56	1,061.45	1,082.15	1,034.43
54	1,331.50	1,231.76	1,171.32	1,184.25	1,110.88	1,132.54	1,082.61
55	1,390.75	1,286.57	1,223.44	1,236.95	1,160.31	1,182.93	1,130.78
56	1,454.98	1,345.99	1,279.94	1,294.08	1,213.90	1,237.57	1,183.01
57	1,519.84	1,405.99	1,337.00	1,351.77	1,268.01	1,292.74	1,235.74
58	1,589.07	1,470.03	1,397.90	1,413.34	1,325.77	1,351.62	1,292.03
59	1,623.37	1,501.77	1,428.07	1,443.84	1,354.38	1,380.80	1,319.92
60	1,692.60	1,565.81	1,488.97	1,505.41	1,412.14	1,439.68	1,376.20
61	1,752.47	1,621.19	1,541.64	1,558.66	1,462.09	1,490.60	1,424.88
62	1,791.76	1,657.54	1,576.20	1,593.61	1,494.87	1,524.02	1,456.83
63	1,841.03	1,703.12	1,619.54	1,637.43	1,535.97	1,565.93	1,496.89
64+	1,870.95	1,730.82	1,645.89	1,664.04	1,560.96	1,591.38	1,521.24

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 6 Alameda County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	481.67	445.59	423.72	428.40	401.86	409.70	391.63
15	524.49	485.20	461.39	466.48	437.58	446.11	426.45
16	540.86	500.34	475.79	481.04	451.24	460.04	439.76
17	557.23	515.49	490.19	495.60	464.90	473.96	453.07
18	574.86	531.80	505.70	511.28	479.61	488.96	467.40
19	592.49	548.10	521.21	526.96	494.31	503.95	481.73
20	610.75	565.00	537.27	543.20	509.55	519.48	496.58
21	629.64	582.47	553.89	560.00	525.31	535.55	511.94
22	629.64	582.47	553.89	560.00	525.31	535.55	511.94
23	629.64	582.47	553.89	560.00	525.31	535.55	511.94
24	629.64	582.47	553.89	560.00	525.31	535.55	511.94
25	632.15	584.80	556.10	562.24	527.41	537.69	513.99
26	644.75	596.45	567.18	573.45	537.91	548.40	524.23
27	659.86	610.43	580.47	586.89	550.52	561.26	536.51
28	684.41	633.15	602.08	608.73	571.01	582.14	556.48
29	704.56	651.78	619.80	626.65	587.82	599.28	572.86
30	714.64	661.10	628.66	635.61	596.22	607.85	581.05
31	729.75	675.08	641.96	649.05	608.83	620.70	593.34
32	744.86	689.06	655.25	662.49	621.44	633.56	605.62
33	754.30	697.80	663.56	670.89	629.32	641.59	613.30
34	764.38	707.12	672.42	679.85	637.72	650.16	621.49
35	769.41	711.78	676.85	684.33	641.93	654.44	625.59
36	774.45	716.44	681.28	688.81	646.13	658.73	629.69
37	779.49	721.10	685.71	693.29	650.33	663.01	633.78
38	784.53	725.76	690.14	697.77	654.53	667.30	637.88
39	794.60	735.08	699.01	706.73	662.94	675.87	646.07
40	804.67	744.40	707.87	715.69	671.34	684.43	654.26
41	819.79	758.38	721.16	729.13	683.95	697.29	666.54
42	834.27	771.77	733.90	742.01	696.03	709.61	678.32
43	854.42	790.41	751.63	759.93	712.84	726.74	694.70
44	879.60	813.71	773.78	782.33	733.85	748.17	715.18
45	909.19	841.09	799.81	808.65	758.54	773.34	739.24
46	944.45	873.71	830.83	840.01	787.96	803.33	767.91
47	984.12	910.40	865.73	875.29	821.06	837.07	800.16
48	1,029.45	952.34	905.61	915.61	858.88	875.63	837.02
49	1,074.16	993.69	944.93	955.37	896.17	913.65	873.37
50	1,124.53	1,040.29	989.24	1,000.17	938.20	956.49	914.32
51	1,174.27	1,086.31	1,033.00	1,044.41	979.70	998.80	954.77
52	1,229.05	1,136.98	1,081.19	1,093.13	1,025.40	1,045.40	999.31
53	1,284.46	1,188.24	1,129.93	1,142.41	1,071.63	1,092.52	1,044.36
54	1,344.27	1,243.57	1,182.55	1,195.61	1,121.53	1,143.40	1,092.99
55	1,404.09	1,298.91	1,235.17	1,248.81	1,171.44	1,194.28	1,141.62
56	1,468.94	1,358.90	1,292.22	1,306.49	1,225.54	1,249.44	1,194.35
57	1,534.42	1,419.48	1,349.82	1,364.73	1,280.17	1,305.14	1,247.60
58	1,604.31	1,484.13	1,411.31	1,426.89	1,338.48	1,364.58	1,304.42
59	1,638.94	1,516.17	1,441.77	1,457.69	1,367.37	1,394.04	1,332.58
60	1,708.83	1,580.83	1,503.25	1,519.85	1,425.68	1,453.49	1,389.40
61	1,769.28	1,636.74	1,556.43	1,573.61	1,476.11	1,504.90	1,438.55
62	1,808.94	1,673.44	1,591.32	1,608.89	1,509.21	1,538.64	1,470.80
63	1,858.68	1,719.45	1,635.08	1,653.13	1,550.71	1,580.95	1,511.24
64+	1,888.92	1,747.41	1,661.67	1,680.00	1,575.93	1,606.65	1,535.82

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 7 Santa Clara County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	423.59	391.86	372.63	376.75	353.40	360.29	344.41
15	461.24	426.69	405.75	410.23	384.82	392.32	375.02
16	475.64	440.01	418.42	423.04	396.83	404.57	386.73
17	490.03	453.33	431.08	435.84	408.84	416.81	398.43
18	505.54	467.67	444.72	449.63	421.77	430.00	411.04
19	521.04	482.01	458.36	463.42	434.71	443.19	423.65
20	537.10	496.87	472.48	477.70	448.10	456.84	436.70
21	553.71	512.23	487.10	492.48	461.96	470.97	450.21
22	553.71	512.23	487.10	492.48	461.96	470.97	450.21
23	553.71	512.23	487.10	492.48	461.96	470.97	450.21
24	553.71	512.23	487.10	492.48	461.96	470.97	450.21
25	555.93	514.28	489.05	494.45	463.81	472.86	452.01
26	567.00	524.53	498.79	504.30	473.05	482.28	461.01
27	580.29	536.82	510.48	516.12	484.14	493.58	471.82
28	601.88	556.80	529.48	535.32	502.15	511.95	489.38
29	619.60	573.19	545.06	551.08	516.94	527.02	503.78
30	628.46	581.39	552.86	558.96	524.33	534.55	510.99
31	641.75	593.68	564.55	570.78	535.42	545.86	521.79
32	655.04	605.97	576.24	582.60	546.50	557.16	532.60
33	663.35	613.66	583.54	589.99	553.43	564.22	539.35
34	672.21	621.85	591.34	597.87	560.82	571.76	546.55
35	676.64	625.95	595.23	601.81	564.52	575.53	550.15
36	681.07	630.05	599.13	605.75	568.22	579.30	553.76
37	685.49	634.15	603.03	609.69	571.91	583.06	557.36
38	689.92	638.24	606.92	613.63	575.61	586.83	560.96
39	698.78	646.44	614.72	621.51	583.00	594.37	568.16
40	707.64	654.63	622.51	629.39	590.39	601.90	575.37
41	720.93	666.93	634.20	641.21	601.48	613.21	586.17
42	733.67	678.71	645.40	652.53	612.10	624.04	596.52
43	751.39	695.10	660.99	668.29	626.88	639.11	610.93
44	773.54	715.59	680.48	687.99	645.36	657.95	628.94
45	799.56	739.67	703.37	711.14	667.08	680.08	650.10
46	830.57	768.35	730.65	738.72	692.95	706.46	675.31
47	865.45	800.62	761.33	769.74	722.05	736.13	703.67
48	905.32	837.50	796.40	805.20	755.31	770.04	736.09
49	944.63	873.87	830.99	840.17	788.11	803.48	768.05
50	988.93	914.85	869.96	879.56	825.07	841.16	804.07
51	1,032.67	955.32	908.44	918.47	861.56	878.36	839.64
52	1,080.84	999.88	950.82	961.32	901.75	919.34	878.81
53	1,129.57	1,044.96	993.68	1,004.65	942.41	960.78	918.42
54	1,182.17	1,093.62	1,039.95	1,051.44	986.29	1,005.53	961.19
55	1,234.78	1,142.28	1,086.23	1,098.22	1,030.18	1,050.27	1,003.96
56	1,291.81	1,195.04	1,136.40	1,148.95	1,077.76	1,098.78	1,050.33
57	1,349.40	1,248.31	1,187.06	1,200.17	1,125.81	1,147.76	1,097.16
58	1,410.86	1,305.17	1,241.13	1,254.83	1,177.08	1,200.04	1,147.13
59	1,441.31	1,333.34	1,267.92	1,281.92	1,202.49	1,225.94	1,171.89
60	1,502.77	1,390.20	1,321.98	1,336.58	1,253.77	1,278.22	1,221.86
61	1,555.93	1,439.38	1,368.74	1,383.86	1,298.12	1,323.43	1,265.08
62	1,590.81	1,471.65	1,399.43	1,414.89	1,327.22	1,353.10	1,293.45
63	1,634.56	1,512.11	1,437.91	1,453.79	1,363.72	1,390.31	1,329.01
64+	1,661.13	1,536.69	1,461.30	1,477.44	1,385.88	1,412.91	1,350.63

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 7 Santa Clara County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	427.65	395.62	376.20	380.36	356.79	363.75	347.71
15	465.67	430.78	409.64	414.17	388.51	396.08	378.62
16	480.20	444.23	422.43	427.10	400.63	408.45	390.44
17	494.74	457.68	435.22	440.02	412.76	420.81	402.26
18	510.39	472.16	448.99	453.94	425.82	434.12	414.98
19	526.04	486.64	462.76	467.87	438.88	447.44	427.71
20	542.25	501.63	477.02	482.28	452.40	461.23	440.89
21	559.02	517.15	491.77	497.20	466.39	475.49	454.53
22	559.02	517.15	491.77	497.20	466.39	475.49	454.53
23	559.02	517.15	491.77	497.20	466.39	475.49	454.53
24	559.02	517.15	491.77	497.20	466.39	475.49	454.53
25	561.26	519.22	493.74	499.19	468.26	477.39	456.34
26	572.44	529.56	503.57	509.13	477.59	486.90	465.43
27	585.86	541.97	515.37	521.07	488.78	498.31	476.34
28	607.66	562.14	534.55	540.46	506.97	516.86	494.07
29	625.55	578.69	550.29	556.37	521.90	532.07	508.61
30	634.49	586.96	558.16	564.32	529.36	539.68	515.89
31	647.91	599.37	569.96	576.26	540.55	551.09	526.80
32	661.32	611.78	581.76	588.19	551.74	562.50	537.70
33	669.71	619.54	589.14	595.65	558.74	569.64	544.52
34	678.65	627.82	597.01	603.60	566.20	577.24	551.79
35	683.13	631.95	600.94	607.58	569.93	581.05	555.43
36	687.60	636.09	604.88	611.56	573.67	584.85	559.07
37	692.07	640.23	608.81	615.53	577.40	588.66	562.70
38	696.54	644.37	612.75	619.51	581.13	592.46	566.34
39	705.49	652.64	620.61	627.47	588.59	600.07	573.61
40	714.43	660.91	628.48	635.42	596.05	607.68	580.88
41	727.85	673.33	640.28	647.36	607.25	619.09	591.79
42	740.71	685.22	651.60	658.79	617.97	630.02	602.25
43	758.59	701.77	667.33	674.70	632.90	645.24	616.79
44	780.95	722.45	687.00	694.59	651.55	664.26	634.97
45	807.23	746.76	710.12	717.96	673.47	686.61	656.34
46	838.53	775.72	737.66	745.80	699.59	713.23	681.79
47	873.75	808.30	768.64	777.13	728.97	743.19	710.42
48	914.00	845.54	804.04	812.92	762.56	777.43	743.15
49	953.69	882.25	838.96	848.22	795.67	811.19	775.42
50	998.41	923.62	878.30	888.00	832.98	849.22	811.78
51	1,042.58	964.48	917.15	927.28	869.83	886.79	847.69
52	1,091.21	1,009.47	959.94	970.54	910.40	928.16	887.23
53	1,140.41	1,054.98	1,003.21	1,014.29	951.44	970.00	927.23
54	1,193.51	1,104.11	1,049.93	1,061.52	995.75	1,015.17	970.41
55	1,246.62	1,153.24	1,096.65	1,108.76	1,040.06	1,060.34	1,013.59
56	1,304.20	1,206.50	1,147.30	1,159.97	1,088.10	1,109.32	1,060.41
57	1,362.34	1,260.29	1,198.44	1,211.68	1,136.60	1,158.77	1,107.68
58	1,424.39	1,317.69	1,253.03	1,266.87	1,188.37	1,211.55	1,158.13
59	1,455.14	1,346.13	1,280.08	1,294.21	1,214.03	1,237.70	1,183.13
60	1,517.19	1,403.54	1,334.66	1,349.40	1,265.79	1,290.48	1,233.58
61	1,570.85	1,453.18	1,381.87	1,397.13	1,310.57	1,336.13	1,277.22
62	1,606.07	1,485.76	1,412.86	1,428.46	1,339.95	1,366.08	1,305.85
63	1,650.23	1,526.62	1,451.71	1,467.74	1,376.80	1,403.65	1,341.76
64+	1,677.06	1,551.45	1,475.31	1,491.60	1,399.17	1,426.47	1,363.59

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 7 Santa Clara County (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	329.45	304.77	289.82	293.02	274.86	280.22	267.87
15	358.74	331.87	315.58	319.07	299.30	305.13	291.68
16	369.94	342.22	325.43	329.02	308.64	314.66	300.78
17	381.13	352.58	335.28	338.98	317.98	324.18	309.89
18	393.19	363.74	345.89	349.71	328.04	334.44	319.69
19	405.25	374.89	356.50	360.43	338.10	344.69	329.50
20	417.74	386.45	367.48	371.54	348.52	355.32	339.65
21	430.66	398.40	378.85	383.03	359.30	366.31	350.16
22	430.66	398.40	378.85	383.03	359.30	366.31	350.16
23	430.66	398.40	378.85	383.03	359.30	366.31	350.16
24	430.66	398.40	378.85	383.03	359.30	366.31	350.16
25	432.38	399.99	380.36	384.56	360.74	367.77	351.56
26	440.99	407.96	387.94	392.22	367.92	375.10	358.56
27	451.33	417.52	397.03	401.42	376.55	383.89	366.96
28	468.13	433.06	411.81	416.36	390.56	398.18	380.62
29	481.91	445.81	423.93	428.61	402.06	409.90	391.82
30	488.80	452.18	429.99	434.74	407.81	415.76	397.43
31	499.13	461.74	439.09	443.93	416.43	424.55	405.83
32	509.47	471.30	448.18	453.13	425.05	433.34	414.23
33	515.93	477.28	453.86	458.87	430.44	438.84	419.49
34	522.82	483.66	459.92	465.00	436.19	444.70	425.09
35	526.26	486.84	462.95	468.07	439.06	447.63	427.89
36	529.71	490.03	465.98	471.13	441.94	450.56	430.69
37	533.15	493.22	469.01	474.19	444.81	453.49	433.49
38	536.60	496.40	472.04	477.26	447.69	456.42	436.29
39	543.49	502.78	478.11	483.39	453.44	462.28	441.90
40	550.38	509.15	484.17	489.52	459.18	468.14	447.50
41	560.72	518.71	493.26	498.71	467.81	476.93	455.90
42	570.62	527.88	501.97	507.52	476.07	485.36	463.96
43	584.40	540.63	514.10	519.77	487.57	497.08	475.16
44	601.63	556.56	529.25	535.10	501.94	511.73	489.17
45	621.87	575.29	547.06	553.10	518.83	528.95	505.63
46	645.99	597.60	568.27	574.55	538.95	549.46	525.23
47	673.12	622.70	592.14	598.68	561.59	572.54	547.29
48	704.13	651.38	619.42	626.26	587.45	598.91	572.51
49	734.70	679.67	646.32	653.45	612.97	624.92	597.37
50	769.16	711.54	676.62	684.10	641.71	654.22	625.38
51	803.18	743.01	706.55	714.35	670.09	683.16	653.04
52	840.64	777.67	739.51	747.68	701.35	715.03	683.50
53	878.54	812.73	772.85	781.39	732.97	747.26	714.32
54	919.46	850.58	808.84	817.77	767.10	782.06	747.58
55	960.37	888.43	844.83	854.16	801.24	816.86	780.85
56	1,004.73	929.46	883.85	893.61	838.25	854.59	816.91
57	1,049.51	970.90	923.25	933.45	875.61	892.69	853.33
58	1,097.32	1,015.12	965.31	975.97	915.50	933.35	892.20
59	1,121.00	1,037.03	986.14	997.03	935.26	953.50	911.46
60	1,168.81	1,081.25	1,028.19	1,039.55	975.14	994.16	950.32
61	1,210.15	1,119.50	1,064.56	1,076.32	1,009.63	1,029.32	983.94
62	1,237.28	1,144.60	1,088.43	1,100.45	1,032.27	1,052.40	1,006.00
63	1,271.30	1,176.07	1,118.36	1,130.71	1,060.65	1,081.34	1,033.66
64+	1,291.98	1,195.20	1,136.55	1,149.09	1,077.90	1,098.93	1,050.48

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 8 San Mateo County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	444.47	411.17	391.00	395.31	370.82	378.05	361.38
15	483.98	447.72	425.75	430.45	403.78	411.66	393.51
16	499.08	461.70	439.04	443.89	416.39	424.51	405.79
17	514.19	475.67	452.33	457.32	428.99	437.35	418.07
18	530.46	490.72	466.64	471.79	442.56	451.19	431.30
19	546.72	505.77	480.95	486.26	456.13	465.03	444.53
20	563.57	521.36	495.77	501.25	470.19	479.36	458.23
21	581.00	537.48	511.11	516.75	484.73	494.19	472.40
22	581.00	537.48	511.11	516.75	484.73	494.19	472.40
23	581.00	537.48	511.11	516.75	484.73	494.19	472.40
24	581.00	537.48	511.11	516.75	484.73	494.19	472.40
25	583.33	539.63	513.15	518.82	486.67	496.16	474.29
26	594.95	550.38	523.37	529.15	496.37	506.05	483.74
27	608.89	563.28	535.64	541.55	508.00	517.91	495.07
28	631.55	584.24	555.57	561.71	526.90	537.18	513.50
29	650.14	601.44	571.93	578.24	542.42	552.99	528.61
30	659.44	610.04	580.11	586.51	550.17	560.90	536.17
31	673.38	622.94	592.37	598.91	561.81	572.76	547.51
32	687.33	635.84	604.64	611.32	573.44	584.62	558.85
33	696.04	643.90	612.31	619.07	580.71	592.03	565.93
34	705.34	652.50	620.48	627.34	588.47	599.94	573.49
35	709.99	656.80	624.57	631.47	592.34	603.90	577.27
36	714.63	661.10	628.66	635.60	596.22	607.85	581.05
37	719.28	665.40	632.75	639.74	600.10	611.80	584.83
38	723.93	669.70	636.84	643.87	603.98	615.76	588.61
39	733.23	678.30	645.02	652.14	611.73	623.66	596.17
40	742.52	686.90	653.19	660.41	619.49	631.57	603.72
41	756.47	699.80	665.46	672.81	631.12	643.43	615.06
42	769.83	712.16	677.22	684.69	642.27	654.80	625.93
43	788.42	729.36	693.57	701.23	657.78	670.61	641.04
44	811.66	750.86	714.02	721.90	677.17	690.38	659.94
45	838.97	776.12	738.04	746.19	699.95	713.60	682.14
46	871.51	806.22	766.66	775.13	727.10	741.28	708.60
47	908.11	840.08	798.86	807.68	757.64	772.41	738.36
48	949.94	878.78	835.66	844.89	792.54	807.99	772.37
49	991.19	916.94	871.95	881.58	826.95	843.08	805.91
50	1,037.67	959.94	912.84	922.92	865.73	882.62	843.70
51	1,083.57	1,002.40	953.21	963.74	904.03	921.66	881.02
52	1,134.12	1,049.16	997.68	1,008.70	946.20	964.65	922.12
53	1,185.25	1,096.46	1,042.66	1,054.17	988.86	1,008.14	963.69
54	1,240.44	1,147.52	1,091.21	1,103.26	1,034.91	1,055.09	1,008.57
55	1,295.64	1,198.58	1,139.77	1,152.35	1,080.96	1,102.03	1,053.45
56	1,355.48	1,253.94	1,192.41	1,205.58	1,130.88	1,152.94	1,102.10
57	1,415.91	1,309.84	1,245.57	1,259.32	1,181.29	1,204.33	1,151.23
58	1,480.40	1,369.50	1,302.30	1,316.68	1,235.10	1,259.19	1,203.67
59	1,512.35	1,399.06	1,330.41	1,345.10	1,261.76	1,286.37	1,229.65
60	1,576.84	1,458.72	1,387.14	1,402.46	1,315.57	1,341.22	1,282.09
61	1,632.62	1,510.32	1,436.21	1,452.07	1,362.10	1,388.66	1,327.44
62	1,669.22	1,544.18	1,468.41	1,484.63	1,392.64	1,419.80	1,357.20
63	1,715.12	1,586.64	1,508.79	1,525.45	1,430.93	1,458.84	1,394.52
64+	1,743.00	1,612.44	1,533.33	1,550.25	1,454.19	1,482.57	1,417.20

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 8 San Mateo County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	448.73	415.12	394.75	399.11	374.38	381.68	364.85
15	488.62	452.02	429.84	434.58	407.66	415.61	397.28
16	503.87	466.12	443.25	448.15	420.38	428.58	409.68
17	519.12	480.23	456.67	461.71	433.10	441.55	422.08
18	535.54	495.43	471.12	476.32	446.81	455.52	435.44
19	551.97	510.62	485.56	490.93	460.51	469.49	448.79
20	568.98	526.36	500.53	506.06	474.70	483.96	462.62
21	586.58	542.64	516.01	521.71	489.38	498.93	476.93
22	586.58	542.64	516.01	521.71	489.38	498.93	476.93
23	586.58	542.64	516.01	521.71	489.38	498.93	476.93
24	586.58	542.64	516.01	521.71	489.38	498.93	476.93
25	588.92	544.81	518.07	523.79	491.34	500.92	478.84
26	600.65	555.66	528.39	534.23	501.13	510.90	488.38
27	614.73	568.68	540.78	546.75	512.87	522.87	499.82
28	637.61	589.85	560.90	567.10	531.96	542.33	518.42
29	656.38	607.21	577.41	583.79	547.62	558.30	533.68
30	665.76	615.89	585.67	592.14	555.45	566.28	541.31
31	679.84	628.92	598.05	604.66	567.19	578.26	552.76
32	693.92	641.94	610.44	617.18	578.94	590.23	564.21
33	702.72	650.08	618.18	625.01	586.28	597.71	571.36
34	712.10	658.76	626.43	633.35	594.11	605.70	578.99
35	716.80	663.10	630.56	637.53	598.03	609.69	582.81
36	721.49	667.44	634.69	641.70	601.94	613.68	586.62
37	726.18	671.78	638.82	645.87	605.86	617.67	590.44
38	730.87	676.13	642.95	650.05	609.77	621.66	594.25
39	740.26	684.81	651.20	658.39	617.60	629.64	601.88
40	749.64	693.49	659.46	666.74	625.43	637.63	609.52
41	763.72	706.51	671.84	679.26	637.18	649.60	620.96
42	777.21	718.99	683.71	691.26	648.43	661.08	631.93
43	795.98	736.36	700.22	707.96	664.09	677.04	647.19
44	819.45	758.06	720.86	728.83	683.67	697.00	666.27
45	847.02	783.57	745.12	753.35	706.67	720.45	688.69
46	879.86	813.96	774.01	782.56	734.07	748.39	715.39
47	916.82	848.14	806.52	815.43	764.91	779.82	745.44
48	959.05	887.21	843.67	852.99	800.14	815.74	779.78
49	1,000.70	925.74	880.31	890.03	834.89	851.17	813.64
50	1,047.63	969.15	921.59	931.77	874.04	891.08	851.80
51	1,093.96	1,012.02	962.36	972.98	912.70	930.50	889.47
52	1,145.00	1,059.23	1,007.25	1,018.37	955.27	973.90	930.97
53	1,196.62	1,106.98	1,052.66	1,064.28	998.34	1,017.81	972.93
54	1,252.34	1,158.53	1,101.68	1,113.85	1,044.83	1,065.21	1,018.24
55	1,308.07	1,210.08	1,150.70	1,163.41	1,091.32	1,112.61	1,063.55
56	1,368.48	1,265.97	1,203.85	1,217.14	1,141.73	1,163.99	1,112.68
57	1,429.49	1,322.41	1,257.51	1,271.40	1,192.63	1,215.88	1,162.28
58	1,494.60	1,382.64	1,314.79	1,329.31	1,246.95	1,271.26	1,215.21
59	1,526.86	1,412.48	1,343.17	1,358.00	1,273.86	1,298.70	1,241.45
60	1,591.97	1,472.72	1,400.45	1,415.91	1,328.18	1,354.09	1,294.39
61	1,648.28	1,524.81	1,449.98	1,466.00	1,375.17	1,401.98	1,340.17
62	1,685.23	1,559.00	1,482.49	1,498.87	1,406.00	1,433.42	1,370.22
63	1,731.57	1,601.86	1,523.26	1,540.08	1,444.66	1,472.83	1,407.89
64+	1,759.74	1,627.92	1,548.03	1,565.13	1,468.14	1,496.79	1,430.79

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 9 Santa Cruz County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	449.76	416.07	395.65	400.02	375.23	382.55	365.68
15	489.73	453.05	430.82	435.58	408.59	416.55	398.19
16	505.02	467.19	444.26	449.17	421.34	429.56	410.62
17	520.31	481.33	457.71	462.77	434.09	442.56	423.05
18	536.77	496.56	472.19	477.41	447.83	456.56	436.43
19	553.23	511.79	486.67	492.05	461.56	470.56	449.82
20	570.28	527.56	501.67	507.21	475.79	485.06	463.68
21	587.92	543.88	517.19	522.90	490.50	500.07	478.02
22	587.92	543.88	517.19	522.90	490.50	500.07	478.02
23	587.92	543.88	517.19	522.90	490.50	500.07	478.02
24	587.92	543.88	517.19	522.90	490.50	500.07	478.02
25	590.27	546.05	519.26	524.99	492.46	502.07	479.93
26	602.03	556.93	529.60	535.45	502.27	512.07	489.49
27	616.14	569.98	542.01	548.00	514.04	524.07	500.96
28	639.06	591.19	562.18	568.39	533.17	543.57	519.61
29	657.88	608.60	578.73	585.12	548.87	559.57	534.90
30	667.28	617.30	587.01	593.49	556.72	567.57	542.55
31	681.39	630.35	599.42	606.04	568.49	579.58	554.02
32	695.50	643.41	611.83	618.59	580.26	591.58	565.50
33	704.32	651.56	619.59	626.43	587.62	599.08	572.67
34	713.73	660.27	627.87	634.80	595.47	607.08	580.31
35	718.43	664.62	632.00	638.98	599.39	611.08	584.14
36	723.14	668.97	636.14	643.17	603.32	615.08	587.96
37	727.84	673.32	640.28	647.35	607.24	619.08	591.79
38	732.54	677.67	644.42	651.53	611.16	623.08	595.61
39	741.95	686.37	652.69	659.90	619.01	631.08	603.26
40	751.36	695.07	660.97	668.27	626.86	639.08	610.91
41	765.47	708.13	673.38	680.81	638.63	651.09	622.38
42	778.99	720.64	685.27	692.84	649.91	662.59	633.37
43	797.80	738.04	701.82	709.57	665.61	678.59	648.67
44	821.32	759.80	722.51	730.49	685.23	698.59	667.79
45	848.95	785.36	746.82	755.07	708.28	722.10	690.26
46	881.87	815.81	775.78	784.35	735.75	750.10	717.03
47	918.91	850.08	808.36	817.29	766.65	781.60	747.14
48	961.24	889.24	845.60	854.94	801.97	817.61	781.56
49	1,002.98	927.85	882.32	892.07	836.79	853.11	815.50
50	1,050.02	971.36	923.70	933.90	876.03	893.12	853.74
51	1,096.46	1,014.33	964.55	975.21	914.78	932.62	891.50
52	1,147.61	1,061.65	1,009.55	1,020.70	957.46	976.13	933.09
53	1,199.35	1,109.51	1,055.06	1,066.71	1,000.62	1,020.13	975.16
54	1,255.20	1,161.18	1,104.20	1,116.39	1,047.22	1,067.64	1,020.57
55	1,311.05	1,212.84	1,153.33	1,166.07	1,093.82	1,115.15	1,065.98
56	1,371.61	1,268.86	1,206.60	1,219.92	1,144.34	1,166.65	1,115.22
57	1,432.75	1,325.43	1,260.39	1,274.31	1,195.35	1,218.66	1,164.93
58	1,498.01	1,385.80	1,317.79	1,332.35	1,249.80	1,274.17	1,217.99
59	1,530.35	1,415.71	1,346.24	1,361.11	1,276.77	1,301.67	1,244.28
60	1,595.60	1,476.08	1,403.65	1,419.15	1,331.22	1,357.18	1,297.34
61	1,652.04	1,528.29	1,453.30	1,469.35	1,378.31	1,405.19	1,343.23
62	1,689.08	1,562.56	1,485.88	1,502.29	1,409.21	1,436.69	1,373.35
63	1,735.53	1,605.52	1,526.74	1,543.60	1,447.96	1,476.19	1,411.11
64+	1,763.76	1,631.64	1,551.57	1,568.70	1,471.50	1,500.21	1,434.06

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 9 Santa Cruz County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	454.07	420.06	399.44	403.85	378.83	386.22	369.19
15	494.43	457.39	434.95	439.75	412.51	420.55	402.01
16	509.86	471.67	448.53	453.48	425.38	433.68	414.56
17	525.30	485.95	462.10	467.20	438.26	446.80	427.10
18	541.92	501.32	476.72	481.99	452.12	460.94	440.62
19	558.54	516.70	491.34	496.77	465.99	475.08	454.13
20	575.75	532.62	506.48	512.08	480.35	489.72	468.13
21	593.56	549.09	522.15	527.91	495.21	504.86	482.60
22	593.56	549.09	522.15	527.91	495.21	504.86	482.60
23	593.56	549.09	522.15	527.91	495.21	504.86	482.60
24	593.56	549.09	522.15	527.91	495.21	504.86	482.60
25	595.93	551.29	524.24	530.03	497.19	506.88	484.53
26	607.80	562.27	534.68	540.58	507.09	516.98	494.19
27	622.05	575.45	547.21	553.25	518.98	529.10	505.77
28	645.19	596.86	567.58	573.84	538.29	548.79	524.59
29	664.19	614.44	584.28	590.74	554.13	564.94	540.03
30	673.69	623.22	592.64	599.18	562.06	573.02	547.75
31	687.93	636.40	605.17	611.85	573.94	585.14	559.34
32	702.18	649.58	617.70	624.52	585.83	597.25	570.92
33	711.08	657.81	625.53	632.44	593.26	604.83	578.16
34	720.58	666.60	633.89	640.89	601.18	612.90	585.88
35	725.32	670.99	638.07	645.11	605.14	616.94	589.74
36	730.07	675.38	642.24	649.34	609.10	620.98	593.60
37	734.82	679.78	646.42	653.56	613.06	625.02	597.46
38	739.57	684.17	650.60	657.78	617.03	629.06	601.32
39	749.07	692.96	658.95	666.23	624.95	637.14	609.05
40	758.56	701.74	667.31	674.68	632.87	645.21	616.77
41	772.81	714.92	679.84	687.34	644.76	657.33	628.35
42	786.46	727.55	691.85	699.49	656.15	668.94	639.45
43	805.45	745.12	708.56	716.38	671.99	685.10	654.89
44	829.20	767.08	729.44	737.50	691.80	705.29	674.20
45	857.09	792.89	753.98	762.31	715.08	729.02	696.88
46	890.33	823.64	783.22	791.87	742.81	757.29	723.91
47	927.73	858.23	816.12	825.13	774.01	789.10	754.31
48	970.46	897.77	853.71	863.14	809.66	825.45	789.06
49	1,012.61	936.75	890.78	900.62	844.82	861.30	823.32
50	1,060.09	980.68	932.56	942.86	884.44	901.68	861.93
51	1,106.98	1,024.06	973.81	984.56	923.56	941.57	900.06
52	1,158.62	1,071.83	1,019.23	1,030.49	966.64	985.49	942.04
53	1,210.85	1,120.15	1,065.18	1,076.95	1,010.22	1,029.92	984.51
54	1,267.24	1,172.31	1,114.79	1,127.10	1,057.26	1,077.88	1,030.36
55	1,323.63	1,224.48	1,164.39	1,177.25	1,104.31	1,125.84	1,076.21
56	1,384.76	1,281.03	1,218.17	1,231.63	1,155.31	1,177.84	1,125.91
57	1,446.49	1,338.14	1,272.48	1,286.53	1,206.82	1,230.35	1,176.10
58	1,512.38	1,399.09	1,330.43	1,345.13	1,261.78	1,286.39	1,229.67
59	1,545.02	1,429.29	1,359.15	1,374.16	1,289.02	1,314.16	1,256.22
60	1,610.91	1,490.24	1,417.11	1,432.76	1,343.99	1,370.20	1,309.79
61	1,667.89	1,542.95	1,467.24	1,483.44	1,391.53	1,418.66	1,356.12
62	1,705.28	1,577.54	1,500.13	1,516.70	1,422.72	1,450.47	1,386.52
63	1,752.18	1,620.92	1,541.38	1,558.40	1,461.85	1,490.35	1,424.65
64+	1,780.68	1,647.27	1,566.45	1,583.73	1,485.63	1,514.58	1,447.80

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 9 Santa Cruz County (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	349.80	323.60	307.72	311.12	291.84	297.53	284.42
15	380.90	352.37	335.08	338.78	317.79	323.98	309.70
16	392.79	363.36	345.53	349.35	327.70	334.09	319.36
17	404.68	374.36	355.99	359.92	337.62	344.21	329.03
18	417.48	386.21	367.26	371.31	348.30	355.10	339.44
19	430.28	398.05	378.52	382.70	358.99	365.99	349.85
20	443.54	410.32	390.18	394.49	370.05	377.27	360.63
21	457.26	423.01	402.25	406.69	381.49	388.93	371.79
22	457.26	423.01	402.25	406.69	381.49	388.93	371.79
23	457.26	423.01	402.25	406.69	381.49	388.93	371.79
24	457.26	423.01	402.25	406.69	381.49	388.93	371.79
25	459.09	424.70	403.86	408.32	383.02	390.49	373.27
26	468.24	433.16	411.90	416.45	390.65	398.27	380.71
27	479.21	443.31	421.56	426.21	399.81	407.60	389.63
28	497.04	459.81	437.25	442.08	414.68	422.77	404.13
29	511.68	473.35	450.12	455.09	426.89	435.22	416.03
30	518.99	480.11	456.55	461.60	433.00	441.44	421.98
31	529.97	490.27	466.21	471.36	442.15	450.77	430.90
32	540.94	500.42	475.86	481.12	451.31	460.11	439.82
33	547.80	506.76	481.90	487.22	457.03	465.94	445.40
34	555.12	513.53	488.33	493.73	463.13	472.17	451.35
35	558.77	516.92	491.55	496.98	466.19	475.28	454.32
36	562.43	520.30	494.77	500.23	469.24	478.39	457.30
37	566.09	523.68	497.99	503.49	472.29	481.50	460.27
38	569.75	527.07	501.20	506.74	475.34	484.61	463.25
39	577.06	533.84	507.64	513.25	481.45	490.84	469.19
40	584.38	540.60	514.08	519.75	487.55	497.06	475.14
41	595.35	550.76	523.73	529.51	496.71	506.39	484.07
42	605.87	560.49	532.98	538.87	505.48	515.34	492.62
43	620.50	574.02	545.85	551.88	517.69	527.78	504.51
44	638.79	590.94	561.94	568.15	532.95	543.34	519.39
45	660.29	610.82	580.85	587.27	550.88	561.62	536.86
46	685.89	634.51	603.38	610.04	572.24	583.40	557.68
47	714.70	661.16	628.72	635.66	596.28	607.90	581.10
48	747.62	691.62	657.68	664.94	623.74	635.91	607.87
49	780.09	721.65	686.24	693.82	650.83	663.52	634.27
50	816.67	755.49	718.42	726.35	681.35	694.64	664.01
51	852.79	788.91	750.20	758.48	711.49	725.36	693.38
52	892.57	825.71	785.19	793.87	744.68	759.20	725.73
53	932.81	862.94	820.59	829.65	778.25	793.43	758.44
54	976.25	903.12	858.81	868.29	814.49	830.37	793.76
55	1,019.69	943.31	897.02	906.93	850.73	867.32	829.08
56	1,066.79	986.88	938.45	948.82	890.03	907.38	867.38
57	1,114.35	1,030.87	980.29	991.11	929.70	947.83	906.04
58	1,165.10	1,077.83	1,024.94	1,036.25	972.05	991.00	947.31
59	1,190.25	1,101.09	1,047.06	1,058.62	993.03	1,012.40	967.76
60	1,241.01	1,148.04	1,091.71	1,103.77	1,035.38	1,055.57	1,009.03
61	1,284.90	1,188.65	1,130.33	1,142.81	1,072.00	1,092.91	1,044.72
62	1,313.71	1,215.30	1,155.67	1,168.43	1,096.03	1,117.41	1,068.14
63	1,349.84	1,248.72	1,187.44	1,200.56	1,126.17	1,148.13	1,097.51
64+	1,371.78	1,269.03	1,206.75	1,220.07	1,144.47	1,166.79	1,115.37

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	482.36	446.22	424.33	429.01	402.43	410.28	392.19
15	525.23	485.89	462.05	467.15	438.20	446.75	427.05
16	541.63	501.05	476.47	481.73	451.88	460.69	440.38
17	558.02	516.22	490.89	496.31	465.56	474.64	453.71
18	575.68	532.55	506.42	512.01	480.29	489.65	468.07
19	593.33	548.89	521.95	527.72	495.02	504.67	482.42
20	611.62	565.80	538.04	543.98	510.27	520.22	497.29
21	630.53	583.30	554.68	560.80	526.06	536.31	512.67
22	630.53	583.30	554.68	560.80	526.06	536.31	512.67
23	630.53	583.30	554.68	560.80	526.06	536.31	512.67
24	630.53	583.30	554.68	560.80	526.06	536.31	512.67
25	633.05	585.63	556.90	563.05	528.16	538.46	514.72
26	645.67	597.30	567.99	574.26	538.68	549.19	524.97
27	660.80	611.30	581.30	587.72	551.31	562.06	537.28
28	685.39	634.05	602.93	609.59	571.82	582.97	557.27
29	705.57	652.71	620.68	627.54	588.66	600.14	573.68
30	715.65	662.05	629.56	636.51	597.07	608.72	581.88
31	730.79	676.04	642.87	649.97	609.70	621.59	594.18
32	745.92	690.04	656.18	663.43	622.32	634.46	606.49
33	755.38	698.79	664.50	671.84	630.21	642.50	614.18
34	765.47	708.13	673.38	680.81	638.63	651.09	622.38
35	770.51	712.79	677.82	685.30	642.84	655.38	626.48
36	775.55	717.46	682.25	689.79	647.05	659.67	630.58
37	780.60	722.13	686.69	694.27	651.26	663.96	634.68
38	785.64	726.79	691.13	698.76	655.47	668.25	638.78
39	795.73	736.12	700.00	707.73	663.88	676.83	646.99
40	805.82	745.46	708.88	716.71	672.30	685.41	655.19
41	820.95	759.46	722.19	730.17	684.92	698.28	667.49
42	835.46	772.87	734.95	743.06	697.02	710.62	679.29
43	855.63	791.54	752.70	761.01	713.86	727.78	695.69
44	880.85	814.87	774.88	783.44	734.90	749.23	716.20
45	910.49	842.29	800.95	809.80	759.62	774.44	740.29
46	945.80	874.95	832.02	841.20	789.08	804.47	769.00
47	985.52	911.70	866.96	876.53	822.22	838.26	801.30
48	1,030.92	953.70	906.90	916.91	860.10	876.87	838.21
49	1,075.69	995.11	946.28	956.73	897.45	914.95	874.61
50	1,126.13	1,041.77	990.65	1,001.59	939.54	957.86	915.63
51	1,175.94	1,087.85	1,034.47	1,045.90	981.09	1,000.23	956.13
52	1,230.80	1,138.60	1,082.73	1,094.69	1,026.86	1,046.89	1,000.73
53	1,286.29	1,189.93	1,131.54	1,144.04	1,073.15	1,094.08	1,045.84
54	1,346.19	1,245.35	1,184.24	1,197.31	1,123.13	1,145.03	1,094.55
55	1,406.09	1,300.76	1,236.93	1,250.59	1,173.10	1,195.98	1,143.25
56	1,471.03	1,360.84	1,294.06	1,308.35	1,227.29	1,251.22	1,196.06
57	1,536.61	1,421.50	1,351.75	1,366.68	1,282.00	1,307.00	1,249.37
58	1,606.60	1,486.25	1,413.32	1,428.93	1,340.39	1,366.53	1,306.28
59	1,641.28	1,518.33	1,443.82	1,459.77	1,369.32	1,396.03	1,334.48
60	1,711.27	1,583.08	1,505.39	1,522.02	1,427.71	1,455.56	1,391.38
61	1,771.80	1,639.07	1,558.64	1,575.86	1,478.22	1,507.04	1,440.60
62	1,811.52	1,675.82	1,593.59	1,611.19	1,511.36	1,540.83	1,472.90
63	1,861.33	1,721.90	1,637.41	1,655.49	1,552.92	1,583.20	1,513.40
64+	1,891.59	1,749.90	1,664.04	1,682.40	1,578.18	1,608.93	1,538.01

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 10 Merced, San Joaquin, Stanislaus, and Tulare counties (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	486.98	450.50	428.40	433.13	406.29	414.22	395.95
15	530.27	490.55	466.48	471.63	442.41	451.03	431.15
16	546.82	505.86	481.04	486.35	456.22	465.11	444.61
17	563.37	521.17	495.60	501.07	470.02	479.19	458.06
18	581.20	537.66	511.28	516.92	484.90	494.35	472.56
19	599.02	554.15	526.96	532.78	499.77	509.51	487.05
20	617.48	571.23	543.20	549.20	515.17	525.21	502.06
21	636.58	588.90	560.00	566.18	531.10	541.46	517.59
22	636.58	588.90	560.00	566.18	531.10	541.46	517.59
23	636.58	588.90	560.00	566.18	531.10	541.46	517.59
24	636.58	588.90	560.00	566.18	531.10	541.46	517.59
25	639.13	591.25	562.24	568.45	533.23	543.62	519.66
26	651.86	603.03	573.44	579.77	543.85	554.45	530.01
27	667.14	617.16	586.88	593.36	556.59	567.45	542.43
28	691.96	640.13	608.72	615.44	577.31	588.57	562.62
29	712.33	658.97	626.64	633.56	594.30	605.89	579.18
30	722.52	668.40	635.60	642.62	602.80	614.56	587.46
31	737.80	682.53	649.04	656.20	615.55	627.55	599.88
32	753.07	696.66	662.48	669.79	628.29	640.55	612.30
33	762.62	705.50	670.88	678.29	636.26	648.67	620.07
34	772.81	714.92	679.84	687.34	644.76	657.33	628.35
35	777.90	719.63	684.32	691.87	649.01	661.66	632.49
36	782.99	724.34	688.80	696.40	653.25	665.99	636.63
37	788.09	729.05	693.28	700.93	657.50	670.33	640.77
38	793.18	733.76	697.76	705.46	661.75	674.66	644.91
39	803.36	743.19	706.72	714.52	670.25	683.32	653.19
40	813.55	752.61	715.68	723.58	678.75	691.98	661.47
41	828.83	766.74	729.12	737.17	691.49	704.98	673.90
42	843.47	780.29	742.00	750.19	703.71	717.43	685.80
43	863.84	799.13	759.92	768.31	720.70	734.76	702.36
44	889.30	822.69	782.32	790.96	741.95	756.42	723.07
45	919.22	850.36	808.64	817.57	766.91	781.87	747.39
46	954.87	883.34	840.00	849.27	796.65	812.19	776.38
47	994.98	920.44	875.28	884.94	830.11	846.30	808.99
48	1,040.81	962.84	915.60	925.71	868.35	885.28	846.25
49	1,086.01	1,004.66	955.36	965.91	906.06	923.73	883.00
50	1,136.93	1,051.77	1,000.16	1,011.20	948.55	967.04	924.41
51	1,187.22	1,098.29	1,044.39	1,055.93	990.50	1,009.82	965.30
52	1,242.60	1,149.52	1,093.11	1,105.19	1,036.71	1,056.93	1,010.33
53	1,298.62	1,201.35	1,142.39	1,155.01	1,083.45	1,104.58	1,055.88
54	1,359.10	1,257.29	1,195.59	1,208.80	1,133.90	1,156.01	1,105.05
55	1,419.57	1,313.24	1,248.79	1,262.59	1,184.36	1,207.45	1,154.22
56	1,485.14	1,373.89	1,306.47	1,320.90	1,239.06	1,263.22	1,207.53
57	1,551.35	1,435.14	1,364.71	1,379.78	1,294.29	1,319.53	1,261.36
58	1,622.01	1,500.50	1,426.87	1,442.63	1,353.25	1,379.64	1,318.81
59	1,657.02	1,532.89	1,457.67	1,473.77	1,382.46	1,409.42	1,347.28
60	1,727.68	1,598.26	1,519.83	1,536.62	1,441.41	1,469.52	1,404.73
61	1,788.79	1,654.80	1,573.59	1,590.97	1,492.39	1,521.50	1,454.42
62	1,828.90	1,691.90	1,608.87	1,626.64	1,525.85	1,555.61	1,487.02
63	1,879.19	1,738.42	1,653.11	1,671.37	1,567.81	1,598.39	1,527.91
64+	1,909.74	1,766.70	1,680.00	1,698.54	1,593.30	1,624.38	1,552.77

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 11 Fresno, Kings and Madera counties.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	377.85	349.54	332.39	336.06	315.24	321.39	307.22
15	411.43	380.61	361.94	365.93	343.26	349.95	334.52
16	424.27	392.49	373.23	377.35	353.97	360.88	344.97
17	437.12	404.37	384.53	388.78	364.69	371.80	355.41
18	450.95	417.17	396.70	401.08	376.23	383.56	366.65
19	464.78	429.96	408.86	413.38	387.76	395.33	377.90
20	479.10	443.21	421.46	426.12	399.71	407.51	389.54
21	493.92	456.92	434.50	439.29	412.08	420.11	401.59
22	493.92	456.92	434.50	439.29	412.08	420.11	401.59
23	493.92	456.92	434.50	439.29	412.08	420.11	401.59
24	493.92	456.92	434.50	439.29	412.08	420.11	401.59
25	495.89	458.75	436.23	441.05	413.72	421.79	403.20
26	505.77	467.88	444.92	449.84	421.97	430.19	411.23
27	517.62	478.85	455.35	460.38	431.86	440.28	420.87
28	536.89	496.67	472.30	477.51	447.93	456.66	436.53
29	552.69	511.29	486.20	491.57	461.11	470.11	449.38
30	560.60	518.60	493.15	498.60	467.71	476.83	455.80
31	572.45	529.57	503.58	509.14	477.60	486.91	465.44
32	584.30	540.53	514.01	519.69	487.49	496.99	475.08
33	591.71	547.39	520.53	526.28	493.67	503.29	481.10
34	599.61	554.70	527.48	533.30	500.26	510.02	487.53
35	603.57	558.35	530.95	536.82	503.56	513.38	490.74
36	607.52	562.01	534.43	540.33	506.85	516.74	493.96
37	611.47	565.66	537.91	543.85	510.15	520.10	497.17
38	615.42	569.32	541.38	547.36	513.45	523.46	500.38
39	623.32	576.63	548.33	554.39	520.04	530.18	506.81
40	631.23	583.94	555.29	561.42	526.63	536.90	513.23
41	643.08	594.91	565.71	571.96	536.52	546.99	522.87
42	654.44	605.42	575.71	582.07	546.00	556.65	532.11
43	670.24	620.04	589.61	596.12	559.19	570.09	544.96
44	690.00	638.31	606.99	613.69	575.67	586.90	561.02
45	713.22	659.79	627.41	634.34	595.04	606.64	579.90
46	740.87	685.38	651.74	658.94	618.11	630.17	602.38
47	771.99	714.16	679.12	686.62	644.08	656.64	627.68
48	807.55	747.06	710.40	718.25	673.74	686.88	656.60
49	842.62	779.50	741.25	749.44	703.00	716.71	685.11
50	882.13	816.06	776.01	784.58	735.97	750.32	717.24
51	921.15	852.15	810.34	819.28	768.52	783.51	748.96
52	964.12	891.90	848.14	857.50	804.37	820.06	783.90
53	1,007.59	932.11	886.37	896.16	840.64	857.03	819.24
54	1,054.51	975.52	927.65	937.89	879.78	896.94	857.39
55	1,101.43	1,018.93	968.93	979.63	918.93	936.85	895.55
56	1,152.31	1,065.99	1,013.68	1,024.87	961.37	980.12	936.91
57	1,203.67	1,113.51	1,058.87	1,070.56	1,004.23	1,023.81	978.67
58	1,258.50	1,164.23	1,107.10	1,119.32	1,049.97	1,070.45	1,023.25
59	1,285.66	1,189.36	1,130.99	1,143.48	1,072.63	1,093.55	1,045.34
60	1,340.49	1,240.08	1,179.22	1,192.25	1,118.37	1,140.18	1,089.91
61	1,387.91	1,283.94	1,220.93	1,234.42	1,157.93	1,180.52	1,128.47
62	1,419.02	1,312.72	1,248.31	1,262.09	1,183.90	1,206.98	1,153.77
63	1,458.04	1,348.82	1,282.63	1,296.80	1,216.45	1,240.17	1,185.49
64+	1,481.76	1,370.76	1,303.50	1,317.87	1,236.24	1,260.33	1,204.77

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 11 Fresno, Kings and Madera counties (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	381.47	352.89	335.58	339.28	318.26	324.47	310.16
15	415.38	384.26	365.41	369.44	346.55	353.31	337.73
16	428.34	396.26	376.81	380.97	357.37	364.34	348.27
17	441.31	408.25	388.22	392.50	368.19	375.37	358.82
18	455.27	421.17	400.50	404.92	379.83	387.24	370.17
19	469.23	434.08	412.78	417.34	391.48	399.12	381.52
20	483.69	447.46	425.50	430.20	403.55	411.42	393.28
21	498.65	461.30	438.66	443.51	416.03	424.14	405.44
22	498.65	461.30	438.66	443.51	416.03	424.14	405.44
23	498.65	461.30	438.66	443.51	416.03	424.14	405.44
24	498.65	461.30	438.66	443.51	416.03	424.14	405.44
25	500.65	463.15	440.42	445.28	417.69	425.84	407.06
26	510.62	472.37	449.19	454.15	426.01	434.32	415.17
27	522.59	483.44	459.72	464.80	436.00	444.50	424.90
28	542.04	501.43	476.83	482.09	452.22	461.04	440.72
29	557.99	516.20	490.86	496.29	465.54	474.61	453.69
30	565.97	523.58	497.88	503.38	472.19	481.40	460.18
31	577.94	534.65	508.41	514.03	482.18	491.58	469.91
32	589.91	545.72	518.94	524.67	492.16	501.76	479.64
33	597.39	552.64	525.52	531.32	498.40	508.12	485.72
34	605.37	560.02	532.54	538.42	505.06	514.91	492.21
35	609.36	563.71	536.05	541.97	508.39	518.30	495.45
36	613.34	567.40	539.56	545.52	511.72	521.69	498.69
37	617.33	571.09	543.07	549.06	515.04	525.09	501.94
38	621.32	574.78	546.58	552.61	518.37	528.48	505.18
39	629.30	582.16	553.59	559.71	525.03	535.27	511.67
40	637.28	589.54	560.61	566.80	531.68	542.05	518.15
41	649.25	600.61	571.14	577.45	541.67	552.23	527.89
42	660.72	611.22	581.23	587.65	551.24	561.99	537.21
43	676.67	625.98	595.27	601.84	564.55	575.56	550.18
44	696.62	644.44	612.81	619.58	581.19	592.53	566.40
45	720.06	666.12	633.43	640.43	600.75	612.46	585.46
46	747.98	691.95	658.00	665.26	624.04	636.21	608.16
47	779.40	721.01	685.63	693.20	650.25	662.93	633.71
48	815.30	754.23	717.22	725.14	680.21	693.47	662.90
49	850.70	786.98	748.36	756.63	709.75	723.59	691.68
50	890.60	823.88	783.45	792.11	743.03	757.52	724.12
51	929.99	860.33	818.11	827.14	775.89	791.02	756.15
52	973.37	900.46	856.27	865.73	812.09	827.92	791.42
53	1,017.25	941.05	894.87	904.76	848.70	865.25	827.10
54	1,064.63	984.88	936.55	946.89	888.22	905.54	865.62
55	1,112.00	1,028.70	978.22	989.02	927.74	945.84	904.14
56	1,163.36	1,076.21	1,023.40	1,034.71	970.60	989.52	945.90
57	1,215.22	1,124.19	1,069.02	1,080.83	1,013.86	1,033.63	988.06
58	1,270.57	1,175.39	1,117.72	1,130.06	1,060.04	1,080.71	1,033.07
59	1,298.00	1,200.77	1,141.84	1,154.45	1,082.92	1,104.04	1,055.36
60	1,353.35	1,251.97	1,190.53	1,203.68	1,129.10	1,151.12	1,100.37
61	1,401.22	1,296.25	1,232.65	1,246.26	1,169.04	1,191.84	1,139.29
62	1,432.63	1,325.32	1,260.28	1,274.20	1,195.25	1,218.56	1,164.83
63	1,472.03	1,361.76	1,294.94	1,309.24	1,228.12	1,252.07	1,196.86
64+	1,495.95	1,383.90	1,315.98	1,330.53	1,248.09	1,272.42	1,216.32

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 12 Santa Barbara and Ventura counties.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	401.62	371.53	353.30	357.20	335.07	341.60	326.54
15	437.31	404.56	384.70	388.95	364.85	371.97	355.57
16	450.96	417.18	396.71	401.09	376.24	383.58	366.67
17	464.61	429.81	408.72	413.23	387.63	395.19	377.76
18	479.31	443.41	421.65	426.31	399.89	407.69	389.72
19	494.01	457.01	434.58	439.38	412.16	420.19	401.67
20	509.24	471.09	447.97	452.92	424.86	433.14	414.05
21	524.99	485.66	461.83	466.93	438.00	446.54	426.85
22	524.99	485.66	461.83	466.93	438.00	446.54	426.85
23	524.99	485.66	461.83	466.93	438.00	446.54	426.85
24	524.99	485.66	461.83	466.93	438.00	446.54	426.85
25	527.09	487.60	463.68	468.80	439.75	448.33	428.56
26	537.59	497.32	472.91	478.14	448.51	457.26	437.10
27	550.19	508.97	484.00	489.34	459.02	467.97	447.34
28	570.66	527.91	502.01	507.55	476.10	485.39	463.99
29	587.46	543.46	516.79	522.49	490.12	499.68	477.65
30	595.86	551.23	524.18	529.97	497.13	506.82	484.48
31	608.46	562.88	535.26	541.17	507.64	517.54	494.72
32	621.06	574.54	546.34	552.38	518.15	528.26	504.97
33	628.94	581.82	553.27	559.38	524.72	534.96	511.37
34	637.33	589.59	560.66	566.85	531.73	542.10	518.20
35	641.53	593.48	564.36	570.59	535.23	545.67	521.61
36	645.73	597.36	568.05	574.32	538.74	549.24	525.03
37	649.93	601.25	571.74	578.06	542.24	552.82	528.44
38	654.13	605.13	575.44	581.79	545.75	556.39	531.86
39	662.53	612.90	582.83	589.27	552.75	563.53	538.69
40	670.93	620.68	590.22	596.74	559.76	570.68	545.52
41	683.53	632.33	601.30	607.94	570.27	581.40	555.76
42	695.61	643.50	611.92	618.68	580.35	591.67	565.58
43	712.41	659.04	626.70	633.62	594.36	605.96	579.24
44	733.41	678.47	645.18	652.30	611.88	623.82	596.31
45	758.08	701.30	666.88	674.25	632.47	644.80	616.38
46	787.48	728.49	692.74	700.39	657.00	669.81	640.28
47	820.56	759.09	721.84	729.81	684.59	697.94	667.17
48	858.35	794.06	755.09	763.43	716.13	730.09	697.90
49	895.63	828.54	787.88	796.58	747.23	761.80	728.21
50	937.63	867.39	824.83	833.94	782.27	797.52	762.36
51	979.10	905.76	861.31	870.82	816.87	832.80	796.08
52	1,024.78	948.01	901.49	911.45	854.97	871.65	833.22
53	1,070.97	990.75	942.13	952.54	893.52	910.94	870.78
54	1,120.85	1,036.89	986.01	996.90	935.13	953.36	911.33
55	1,170.72	1,083.03	1,029.88	1,041.25	976.74	995.79	951.88
56	1,224.80	1,133.05	1,077.45	1,089.35	1,021.85	1,041.78	995.85
57	1,279.39	1,183.56	1,125.48	1,137.91	1,067.40	1,088.22	1,040.24
58	1,337.67	1,237.47	1,176.74	1,189.74	1,116.02	1,137.79	1,087.62
59	1,366.54	1,264.18	1,202.14	1,215.42	1,140.11	1,162.35	1,111.10
60	1,424.82	1,318.09	1,253.41	1,267.25	1,188.73	1,211.91	1,158.48
61	1,475.22	1,364.71	1,297.74	1,312.07	1,230.78	1,254.78	1,199.46
62	1,508.29	1,395.31	1,326.84	1,341.49	1,258.37	1,282.91	1,226.35
63	1,549.76	1,433.67	1,363.32	1,378.38	1,292.97	1,318.19	1,260.07
64+	1,574.97	1,456.98	1,385.49	1,400.79	1,314.00	1,339.62	1,280.55

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 12 Santa Barbara and Ventura counties (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	405.47	375.09	356.69	360.63	338.28	344.88	329.67
15	441.51	408.44	388.39	392.68	368.35	375.54	358.98
16	455.29	421.18	400.52	404.94	379.85	387.26	370.18
17	469.07	433.93	412.64	417.20	391.35	398.98	381.39
18	483.91	447.66	425.69	430.40	403.73	411.60	393.45
19	498.75	461.39	438.75	443.60	416.11	424.23	405.52
20	514.12	475.61	452.27	457.27	428.93	437.30	418.02
21	530.02	490.32	466.26	471.41	442.20	450.82	430.95
22	530.02	490.32	466.26	471.41	442.20	450.82	430.95
23	530.02	490.32	466.26	471.41	442.20	450.82	430.95
24	530.02	490.32	466.26	471.41	442.20	450.82	430.95
25	532.14	492.28	468.12	473.29	443.97	452.63	432.67
26	542.74	502.09	477.45	482.72	452.81	461.64	441.29
27	555.46	513.86	488.64	494.04	463.43	472.46	451.63
28	576.14	532.98	506.82	512.42	480.67	490.05	468.44
29	593.10	548.67	521.74	527.51	494.82	504.47	482.23
30	601.58	556.51	529.20	535.05	501.90	511.68	489.13
31	614.30	568.28	540.39	546.36	512.51	522.50	499.47
32	627.02	580.05	551.58	557.68	523.12	533.32	509.81
33	634.97	587.40	558.58	564.75	529.76	540.09	516.27
34	643.45	595.25	566.04	572.29	536.83	547.30	523.17
35	647.69	599.17	569.77	576.06	540.37	550.91	526.62
36	651.93	603.09	573.50	579.83	543.91	554.51	530.07
37	656.17	607.02	577.23	583.60	547.44	558.12	533.51
38	660.41	610.94	580.96	587.38	550.98	561.73	536.96
39	668.89	618.78	588.42	594.92	558.06	568.94	543.86
40	677.37	626.63	595.88	602.46	565.13	576.15	550.75
41	690.09	638.40	607.07	613.77	575.74	586.97	561.09
42	702.28	649.67	617.79	624.62	585.92	597.34	571.00
43	719.24	665.36	632.71	639.70	600.07	611.77	584.80
44	740.44	684.98	651.36	658.56	617.75	629.80	602.03
45	765.35	708.02	673.28	680.71	638.54	650.99	622.29
46	795.03	735.48	699.39	707.11	663.30	676.24	646.42
47	828.43	766.37	728.76	736.81	691.16	704.64	673.57
48	866.59	801.67	762.33	770.75	723.00	737.10	704.60
49	904.22	836.49	795.44	804.22	754.39	769.11	735.20
50	946.62	875.71	832.74	841.94	789.77	805.17	769.67
51	988.49	914.45	869.57	879.18	824.70	840.79	803.72
52	1,034.61	957.10	910.14	920.19	863.17	880.01	841.21
53	1,081.25	1,000.25	951.17	961.67	902.09	919.68	879.13
54	1,131.60	1,046.83	995.46	1,006.46	944.10	962.51	920.07
55	1,181.95	1,093.41	1,039.76	1,051.24	986.11	1,005.34	961.01
56	1,236.54	1,143.92	1,087.78	1,099.80	1,031.65	1,051.77	1,005.40
57	1,291.67	1,194.91	1,136.27	1,148.82	1,077.64	1,098.66	1,050.22
58	1,350.50	1,249.34	1,188.03	1,201.15	1,126.73	1,148.70	1,098.05
59	1,379.65	1,276.30	1,213.67	1,227.08	1,151.05	1,173.49	1,121.76
60	1,438.48	1,330.73	1,265.43	1,279.40	1,200.13	1,223.54	1,169.59
61	1,489.37	1,377.80	1,310.19	1,324.66	1,242.58	1,266.81	1,210.96
62	1,522.76	1,408.69	1,339.56	1,354.36	1,270.44	1,295.22	1,238.11
63	1,564.63	1,447.42	1,376.40	1,391.60	1,305.38	1,330.83	1,272.16
64+	1,590.06	1,470.96	1,398.78	1,414.23	1,326.60	1,352.46	1,292.85

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 14 Kern County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	331.21	306.40	291.37	294.58	276.33	281.72	269.30
15	360.65	333.64	317.27	320.77	300.90	306.76	293.24
16	371.91	344.05	327.17	330.78	310.29	316.34	302.39
17	383.17	354.47	337.07	340.79	319.68	325.91	311.54
18	395.29	365.68	347.74	351.58	329.79	336.22	321.40
19	407.41	376.90	358.40	362.36	339.91	346.54	331.26
20	419.97	388.51	369.45	373.53	350.38	357.22	341.47
21	432.96	400.53	380.87	385.08	361.22	368.26	352.03
22	432.96	400.53	380.87	385.08	361.22	368.26	352.03
23	432.96	400.53	380.87	385.08	361.22	368.26	352.03
24	432.96	400.53	380.87	385.08	361.22	368.26	352.03
25	434.69	402.13	382.40	386.62	362.66	369.74	353.43
26	443.35	410.14	390.01	394.32	369.89	377.10	360.48
27	453.74	419.75	399.15	403.56	378.56	385.94	368.92
28	470.63	435.37	414.01	418.58	392.64	400.30	382.65
29	484.48	448.19	426.20	430.90	404.20	412.09	393.92
30	491.41	454.60	432.29	437.06	409.98	417.98	399.55
31	501.80	464.21	441.43	446.31	418.65	426.82	408.00
32	512.19	473.82	450.57	455.55	427.32	435.66	416.45
33	518.68	479.83	456.28	461.32	432.74	441.18	421.73
34	525.61	486.24	462.38	467.48	438.52	447.07	427.36
35	529.08	489.44	465.43	470.57	441.41	450.02	430.18
36	532.54	492.65	468.47	473.65	444.30	452.96	432.99
37	536.00	495.85	471.52	476.73	447.19	455.91	435.81
38	539.47	499.06	474.57	479.81	450.08	458.86	438.63
39	546.39	505.46	480.66	485.97	455.86	464.75	444.26
40	553.32	511.87	486.75	492.13	461.64	470.64	449.89
41	563.71	521.49	495.90	501.37	470.31	479.48	458.34
42	573.67	530.70	504.66	510.23	478.61	487.95	466.44
43	587.52	543.51	516.84	522.55	490.17	499.73	477.70
44	604.84	559.54	532.08	537.95	504.62	514.46	491.78
45	625.19	578.36	549.98	556.05	521.60	531.77	508.33
46	649.44	600.79	571.31	577.62	541.83	552.39	528.04
47	676.71	626.02	595.30	601.88	564.59	575.60	550.22
48	707.89	654.86	622.73	629.60	590.59	602.11	575.56
49	738.63	683.30	649.77	656.94	616.24	628.26	600.56
50	773.26	715.34	680.24	687.75	645.14	657.72	628.72
51	807.47	746.98	710.33	718.17	673.67	686.81	656.53
52	845.14	781.83	743.46	751.67	705.10	718.85	687.16
53	883.24	817.07	776.98	785.56	736.89	751.26	718.13
54	924.37	855.12	813.16	822.14	771.20	786.24	751.58
55	965.50	893.17	849.34	858.72	805.52	821.23	785.02
56	1,010.09	934.43	888.57	898.39	842.72	859.16	821.28
57	1,055.12	976.08	928.18	938.44	880.29	897.46	857.89
58	1,103.18	1,020.54	970.46	981.18	920.39	938.33	896.96
59	1,126.99	1,042.57	991.41	1,002.36	940.25	958.59	916.33
60	1,175.05	1,087.03	1,033.69	1,045.10	980.35	999.47	955.40
61	1,216.61	1,125.48	1,070.25	1,082.07	1,015.02	1,034.82	989.19
62	1,243.89	1,150.71	1,094.24	1,106.33	1,037.78	1,058.02	1,011.37
63	1,278.09	1,182.35	1,124.33	1,136.75	1,066.32	1,087.11	1,039.18
64+	1,298.88	1,201.59	1,142.61	1,155.24	1,083.66	1,104.78	1,056.09

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 14 Kern County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	334.39	309.34	294.16	297.41	278.98	284.42	271.88
15	364.11	336.84	320.31	323.85	303.78	309.71	296.05
16	375.48	347.35	330.31	333.95	313.26	319.37	305.29
17	386.84	357.87	340.30	344.06	322.74	329.04	314.53
18	399.08	369.19	351.07	354.95	332.96	339.45	324.48
19	411.32	380.51	361.84	365.83	343.17	349.86	334.43
20	424.00	392.24	372.99	377.11	353.74	360.64	344.74
21	437.11	404.37	384.53	388.77	364.68	371.80	355.40
22	437.11	404.37	384.53	388.77	364.68	371.80	355.40
23	437.11	404.37	384.53	388.77	364.68	371.80	355.40
24	437.11	404.37	384.53	388.77	364.68	371.80	355.40
25	438.86	405.99	386.06	390.33	366.14	373.28	356.82
26	447.60	414.07	393.75	398.10	373.44	380.72	363.93
27	458.09	423.78	402.98	407.43	382.19	389.64	372.46
28	475.14	439.55	417.98	422.59	396.41	404.14	386.32
29	489.13	452.49	430.28	435.04	408.08	416.04	397.70
30	496.12	458.96	436.44	441.26	413.92	421.99	403.38
31	506.61	468.66	445.66	450.59	422.67	430.91	411.91
32	517.10	478.37	454.89	459.92	431.42	439.83	420.44
33	523.66	484.43	460.66	465.75	436.89	445.41	425.77
34	530.65	490.90	466.81	471.97	442.73	451.36	431.46
35	534.15	494.14	469.89	475.08	445.64	454.33	434.30
36	537.65	497.37	472.97	478.19	448.56	457.31	437.15
37	541.14	500.61	476.04	481.30	451.48	460.28	439.99
38	544.64	503.84	479.12	484.41	454.40	463.26	442.83
39	551.63	510.31	485.27	490.63	460.23	469.21	448.52
40	558.63	516.78	491.42	496.85	466.07	475.15	454.21
41	569.12	526.49	500.65	506.18	474.82	484.08	462.73
42	579.17	535.79	509.50	515.12	483.21	492.63	470.91
43	593.16	548.73	521.80	527.56	494.88	504.53	482.28
44	610.64	564.90	537.18	543.11	509.46	519.40	496.50
45	631.19	583.91	555.25	561.39	526.60	536.87	513.20
46	655.67	606.55	576.79	583.16	547.03	557.69	533.10
47	683.21	632.03	601.01	607.65	570.00	581.12	555.50
48	714.68	661.14	628.70	635.64	596.26	607.89	581.08
49	745.71	689.85	656.00	663.24	622.15	634.28	606.32
50	780.68	722.20	686.76	694.35	651.32	664.03	634.75
51	815.21	754.15	717.14	725.06	680.13	693.40	662.83
52	853.24	789.33	750.59	758.88	711.86	725.74	693.75
53	891.71	824.91	784.43	793.09	743.95	758.46	725.02
54	933.23	863.33	820.96	830.03	778.60	793.78	758.79
55	974.76	901.74	857.49	866.96	813.24	829.10	792.55
56	1,019.78	943.39	897.10	907.00	850.81	867.40	829.16
57	1,065.24	985.44	937.09	947.44	888.73	906.07	866.12
58	1,113.76	1,030.33	979.77	990.59	929.21	947.33	905.57
59	1,137.80	1,052.57	1,000.92	1,011.97	949.27	967.78	925.11
60	1,186.32	1,097.45	1,043.60	1,055.13	989.75	1,009.05	964.56
61	1,228.28	1,136.27	1,080.52	1,092.45	1,024.76	1,044.74	998.68
62	1,255.82	1,161.75	1,104.74	1,116.94	1,047.74	1,068.17	1,021.07
63	1,290.35	1,193.69	1,135.12	1,147.65	1,076.55	1,097.54	1,049.15
64+	1,311.33	1,213.11	1,153.59	1,166.31	1,094.04	1,115.40	1,066.20

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	256.81	237.58	225.92	228.41	214.26	218.44	208.81
15	279.64	258.69	246.00	248.72	233.31	237.86	227.37
16	288.37	266.77	253.68	256.48	240.59	245.28	234.47
17	297.10	274.84	261.36	264.24	247.87	252.70	241.56
18	306.50	283.54	269.62	272.60	255.71	260.70	249.20
19	315.90	292.23	277.89	280.96	263.55	268.69	256.85
20	325.63	301.24	286.46	289.62	271.68	276.97	264.76
21	335.70	310.56	295.32	298.58	280.08	285.54	272.95
22	335.70	310.56	295.32	298.58	280.08	285.54	272.95
23	335.70	310.56	295.32	298.58	280.08	285.54	272.95
24	335.70	310.56	295.32	298.58	280.08	285.54	272.95
25	337.05	311.80	296.50	299.77	281.20	286.68	274.04
26	343.76	318.01	302.40	305.74	286.80	292.39	279.50
27	351.82	325.46	309.49	312.91	293.52	299.25	286.05
28	364.91	337.58	321.01	324.55	304.45	310.38	296.70
29	375.65	347.51	330.46	334.11	313.41	319.52	305.43
30	381.02	352.48	335.19	338.89	317.89	324.09	309.80
31	389.08	359.94	342.27	346.05	324.61	330.94	316.35
32	397.14	367.39	349.36	353.22	331.33	337.79	322.90
33	402.17	372.05	353.79	357.70	335.53	342.08	327.00
34	407.54	377.02	358.52	362.47	340.02	346.65	331.36
35	410.23	379.50	360.88	364.86	342.26	348.93	333.55
36	412.92	381.98	363.24	367.25	344.50	351.22	335.73
37	415.60	384.47	365.60	369.64	346.74	353.50	337.91
38	418.29	386.95	367.97	372.03	348.98	355.78	340.10
39	423.66	391.92	372.69	376.81	353.46	360.35	344.46
40	429.03	396.89	377.42	381.58	357.94	364.92	348.83
41	437.09	404.34	384.50	388.75	364.66	371.77	355.38
42	444.81	411.49	391.30	395.62	371.10	378.34	361.66
43	455.55	421.43	400.75	405.17	380.07	387.48	370.40
44	468.98	433.85	412.56	417.11	391.27	398.90	381.31
45	484.76	448.44	426.44	431.15	404.43	412.32	394.14
46	503.56	465.83	442.98	447.87	420.12	428.31	409.43
47	524.70	485.40	461.58	466.68	437.76	446.30	426.62
48	548.88	507.76	482.84	488.18	457.93	466.86	446.28
49	572.71	529.81	503.81	509.38	477.81	487.13	465.66
50	599.57	554.65	527.44	533.26	500.22	509.98	487.49
51	626.09	579.19	550.77	556.85	522.35	532.53	509.05
52	655.29	606.21	576.46	582.83	546.71	557.38	532.80
53	684.84	633.54	602.45	609.10	571.36	582.50	556.82
54	716.73	663.04	630.50	637.47	597.97	609.63	582.75
55	748.62	692.54	658.56	665.83	624.58	636.76	608.68
56	783.20	724.53	688.98	696.58	653.42	666.17	636.80
57	818.11	756.83	719.69	727.64	682.55	695.86	665.18
58	855.37	791.30	752.47	760.78	713.64	727.56	695.48
59	873.84	808.38	768.71	777.20	729.05	743.26	710.49
60	911.10	842.85	801.49	810.34	760.13	774.96	740.79
61	943.33	872.66	829.84	839.01	787.02	802.37	766.99
62	964.48	892.23	848.45	857.82	804.67	820.36	784.19
63	991.00	916.76	871.78	881.40	826.79	842.92	805.75
64+	1,007.10	931.68	885.96	895.74	840.24	856.62	818.85

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	310.24	287.00	272.91	275.93	258.83	263.88	252.24
15	337.81	312.51	297.17	300.46	281.84	287.34	274.67
16	348.36	322.26	306.45	309.83	290.64	296.30	283.24
17	358.90	332.02	315.72	319.21	299.43	305.27	291.81
18	370.26	342.52	325.71	329.31	308.91	314.93	301.05
19	381.61	353.03	335.70	339.41	318.38	324.59	310.28
20	393.37	363.91	346.05	349.87	328.19	334.59	319.84
21	405.54	375.16	356.75	360.69	338.34	344.94	329.73
22	405.54	375.16	356.75	360.69	338.34	344.94	329.73
23	405.54	375.16	356.75	360.69	338.34	344.94	329.73
24	405.54	375.16	356.75	360.69	338.34	344.94	329.73
25	407.16	376.66	358.18	362.13	339.70	346.32	331.05
26	415.27	384.16	365.31	369.35	346.46	353.22	337.65
27	425.00	393.17	373.87	378.00	354.58	361.50	345.56
28	440.82	407.80	387.79	392.07	367.78	374.95	358.42
29	453.80	419.80	399.20	403.61	378.60	385.99	368.97
30	460.29	425.81	404.91	409.38	384.02	391.51	374.25
31	470.02	434.81	413.47	418.04	392.14	399.79	382.16
32	479.75	443.81	422.04	426.70	400.26	408.06	390.07
33	485.83	449.44	427.39	432.11	405.33	413.24	395.02
34	492.32	455.44	433.10	437.88	410.75	418.76	400.29
35	495.57	458.45	435.95	440.76	413.45	421.52	402.93
36	498.81	461.45	438.80	443.65	416.16	424.28	405.57
37	502.06	464.45	441.66	446.53	418.87	427.04	408.21
38	505.30	467.45	444.51	449.42	421.57	429.80	410.85
39	511.79	473.45	450.22	455.19	426.99	435.31	416.12
40	518.28	479.45	455.93	460.96	432.40	440.83	421.40
41	528.01	488.46	464.49	469.62	440.52	449.11	429.31
42	537.34	497.09	472.69	477.91	448.30	457.05	436.89
43	550.32	509.09	484.11	489.46	459.13	468.08	447.45
44	566.54	524.10	498.38	503.88	472.66	481.88	460.64
45	585.60	541.73	515.15	520.84	488.57	498.09	476.13
46	608.31	562.74	535.13	541.04	507.51	517.41	494.60
47	633.86	586.38	557.60	563.76	528.83	539.14	515.37
48	663.06	613.39	583.29	589.73	553.19	563.98	539.11
49	691.85	640.02	608.62	615.34	577.21	588.47	562.52
50	724.29	670.04	637.16	644.19	604.28	616.06	588.90
51	756.33	699.67	665.34	672.69	631.01	643.31	614.95
52	791.61	732.31	696.38	704.07	660.44	673.32	643.64
53	827.30	765.33	727.77	735.81	690.22	703.68	672.65
54	865.82	800.97	761.66	770.07	722.36	736.45	703.98
55	904.35	836.61	795.55	804.34	754.50	769.22	735.30
56	946.12	875.25	832.30	841.49	789.35	804.75	769.26
57	988.30	914.27	869.40	879.00	824.54	840.62	803.56
58	1,033.31	955.91	909.00	919.04	862.10	878.91	840.16
59	1,055.62	976.54	928.62	938.88	880.70	897.88	858.29
60	1,100.63	1,018.18	968.22	978.91	918.26	936.17	894.89
61	1,139.56	1,054.20	1,002.47	1,013.54	950.74	969.28	926.55
62	1,165.11	1,077.83	1,024.94	1,036.26	972.06	991.01	947.32
63	1,197.15	1,107.47	1,053.13	1,064.76	998.79	1,018.26	973.37
64+	1,216.62	1,125.48	1,070.25	1,082.07	1,015.02	1,034.82	989.19

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 15 Los Angeles County, ZIP codes starting with 906 – 912, 915, 917–918, and 935 (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	235.94	218.27	207.56	209.85	196.85	200.69	191.84
15	256.91	237.67	226.01	228.50	214.34	218.52	208.89
16	264.93	245.09	233.06	235.63	221.03	225.34	215.41
17	272.95	252.51	240.11	242.77	227.72	232.17	221.93
18	281.59	260.49	247.71	250.45	234.93	239.51	228.95
19	290.22	268.48	255.31	258.13	242.13	246.86	235.97
20	299.17	276.76	263.18	266.08	249.60	254.46	243.24
21	308.42	285.32	271.32	274.31	257.32	262.33	250.77
22	308.42	285.32	271.32	274.31	257.32	262.33	250.77
23	308.42	285.32	271.32	274.31	257.32	262.33	250.77
24	308.42	285.32	271.32	274.31	257.32	262.33	250.77
25	309.65	286.46	272.40	275.41	258.35	263.38	251.77
26	315.82	292.16	277.83	280.90	263.49	268.63	256.79
27	323.22	299.01	284.34	287.48	269.67	274.93	262.80
28	335.25	310.14	294.92	298.18	279.70	285.16	272.58
29	345.12	319.27	303.60	306.96	287.94	293.55	280.61
30	350.06	323.83	307.94	311.34	292.05	297.75	284.62
31	357.46	330.68	314.46	317.93	298.23	304.05	290.64
32	364.86	337.53	320.97	324.51	304.40	310.34	296.66
33	369.49	341.81	325.04	328.63	308.26	314.28	300.42
34	374.42	346.37	329.38	333.02	312.38	318.47	304.43
35	376.89	348.66	331.55	335.21	314.44	320.57	306.44
36	379.36	350.94	333.72	337.40	316.50	322.67	308.44
37	381.82	353.22	335.89	339.60	318.56	324.77	310.45
38	384.29	355.50	338.06	341.79	320.62	326.87	312.46
39	389.23	360.07	342.40	346.18	324.73	331.07	316.47
40	394.16	364.63	346.74	350.57	328.85	335.26	320.48
41	401.56	371.48	353.25	357.15	335.03	341.56	326.50
42	408.66	378.04	359.49	363.46	340.94	347.59	332.27
43	418.53	387.17	368.18	372.24	349.18	355.99	340.29
44	430.86	398.59	379.03	383.21	359.47	366.48	350.32
45	445.36	412.00	391.78	396.11	371.56	378.81	362.11
46	462.63	427.98	406.97	411.47	385.97	393.50	376.15
47	482.06	445.95	424.07	428.75	402.18	410.03	391.95
48	504.27	466.49	443.60	448.50	420.71	428.92	410.01
49	526.16	486.75	462.86	467.98	438.98	447.54	427.81
50	550.84	509.58	484.57	489.92	459.57	468.53	447.87
51	575.20	532.12	506.00	511.59	479.89	489.25	467.68
52	602.04	556.94	529.61	535.46	502.28	512.08	489.50
53	629.18	582.05	553.48	559.60	524.92	535.16	511.57
54	658.48	609.15	579.26	585.66	549.37	560.08	535.39
55	687.78	636.26	605.03	611.72	573.81	585.00	559.21
56	719.54	665.64	632.98	639.97	600.32	612.03	585.04
57	751.62	695.32	661.20	668.50	627.08	639.31	611.12
58	785.85	726.99	691.31	698.95	655.64	668.43	638.96
59	802.82	742.68	706.24	714.03	669.79	682.86	652.75
60	837.05	774.35	736.35	744.48	698.36	711.97	680.58
61	866.66	801.74	762.40	770.82	723.06	737.16	704.66
62	886.09	819.72	779.49	788.10	739.27	753.69	720.46
63	910.46	842.26	800.92	809.77	759.60	774.41	740.27
64+	925.26	855.96	813.96	822.93	771.96	786.99	752.31

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 15 Los Angeles County, ZIP codes starting with 906 – 912, 915, 917–918, and 935 (continued).

Age	CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$20	CommunityCare HMO Bronze \$45
0-14	199.72	162.72	154.07
15	217.47	177.18	167.77
16	224.26	182.71	173.00
17	231.04	188.24	178.24
18	238.35	194.20	183.88
19	245.66	200.15	189.52
20	253.23	206.32	195.36
21	261.07	212.70	201.40
22	261.07	212.70	201.40
23	261.07	212.70	201.40
24	261.07	212.70	201.40
25	262.11	213.55	202.20
26	267.33	217.80	206.23
27	273.60	222.91	211.07
28	283.78	231.20	218.92
29	292.13	238.01	225.37
30	296.31	241.41	228.59
31	302.58	246.52	233.42
32	308.84	251.62	238.26
33	312.76	254.81	241.28
34	316.93	258.22	244.50
35	319.02	259.92	246.11
36	321.11	261.62	247.72
37	323.20	263.32	249.33
38	325.29	265.02	250.94
39	329.47	268.43	254.17
40	333.64	271.83	257.39
41	339.91	276.94	262.22
42	345.91	281.83	266.85
43	354.27	288.63	273.30
44	364.71	297.14	281.35
45	376.98	307.14	290.82
46	391.60	319.05	302.10
47	408.05	332.45	314.79
48	426.84	347.76	329.29
49	445.38	362.87	343.59
50	466.26	379.88	359.70
51	486.89	396.69	375.61
52	509.60	415.19	393.13
53	532.57	433.91	410.85
54	557.38	454.11	429.99
55	582.18	474.32	449.12
56	609.07	496.23	469.86
57	636.22	518.35	490.81
58	665.20	541.96	513.17
59	679.55	553.66	524.24
60	708.53	577.27	546.60
61	733.60	597.69	565.93
62	750.04	611.09	578.62
63	770.67	627.89	594.53
64+	783.21	638.10	604.20

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	289.55	267.86	254.72	257.53	241.58	246.29	235.43
15	315.29	291.67	277.36	280.42	263.05	268.18	256.36
16	325.13	300.78	286.02	289.18	271.26	276.55	264.36
17	334.97	309.88	294.68	297.93	279.47	284.92	272.36
18	345.57	319.69	304.00	307.36	288.31	293.93	280.98
19	356.17	329.49	313.32	316.78	297.15	302.95	289.59
20	367.15	339.64	322.98	326.54	306.31	312.29	298.52
21	378.50	350.15	332.97	336.64	315.79	321.94	307.75
22	378.50	350.15	332.97	336.64	315.79	321.94	307.75
23	378.50	350.15	332.97	336.64	315.79	321.94	307.75
24	378.50	350.15	332.97	336.64	315.79	321.94	307.75
25	380.02	351.55	334.30	337.99	317.05	323.23	308.98
26	387.59	358.55	340.96	344.72	323.36	329.67	315.14
27	396.67	366.96	348.95	352.80	330.94	337.40	322.52
28	411.43	380.61	361.93	365.93	343.26	349.95	334.52
29	423.54	391.82	372.59	376.70	353.36	360.25	344.37
30	429.60	397.42	377.92	382.09	358.42	365.41	349.30
31	438.68	405.82	385.91	390.17	366.00	373.13	356.68
32	447.77	414.23	393.90	398.25	373.57	380.86	364.07
33	453.45	419.48	398.89	403.30	378.31	385.69	368.68
34	459.50	425.08	404.22	408.69	383.36	390.84	373.61
35	462.53	427.88	406.89	411.38	385.89	393.42	376.07
36	465.56	430.68	409.55	414.07	388.42	395.99	378.53
37	468.59	433.48	412.21	416.76	390.94	398.57	380.99
38	471.61	436.29	414.88	419.46	393.47	401.14	383.46
39	477.67	441.89	420.20	424.84	398.52	406.29	388.38
40	483.73	447.49	425.53	430.23	403.57	411.44	393.30
41	492.81	455.89	433.52	438.31	411.15	419.17	400.69
42	501.51	463.95	441.18	446.05	418.42	426.58	407.77
43	513.63	475.15	451.84	456.83	428.52	436.88	417.62
44	528.77	489.16	465.15	470.29	441.15	449.76	429.93
45	546.56	505.61	480.80	486.11	455.99	464.89	444.39
46	567.75	525.22	499.45	504.97	473.68	482.92	461.62
47	591.60	547.28	520.43	526.17	493.57	503.20	481.01
48	618.85	572.49	544.40	550.41	516.31	526.38	503.17
49	645.72	597.35	568.04	574.31	538.73	549.24	525.02
50	676.00	625.37	594.68	601.25	563.99	574.99	549.64
51	705.91	653.03	620.98	627.84	588.94	600.42	573.95
52	738.84	683.49	649.95	657.13	616.41	628.43	600.73
53	772.14	714.30	679.25	686.75	644.20	656.76	627.81
54	808.10	747.57	710.88	718.73	674.20	687.35	657.04
55	844.06	780.83	742.52	750.72	704.20	717.93	686.28
56	883.04	816.90	776.81	785.39	736.73	751.09	717.98
57	922.41	853.31	811.44	820.40	769.57	784.58	749.99
58	964.42	892.18	848.40	857.77	804.62	820.31	784.15
59	985.24	911.44	866.71	876.28	821.99	838.02	801.07
60	1,027.25	950.30	903.67	913.65	857.04	873.75	835.23
61	1,063.59	983.92	935.64	945.97	887.36	904.66	864.78
62	1,087.44	1,005.98	956.61	967.18	907.25	924.94	884.16
63	1,117.34	1,033.64	982.92	993.77	932.20	950.38	908.48
64+	1,135.50	1,050.45	998.91	1,009.92	947.37	965.82	923.25

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	353.50	327.02	310.98	314.41	294.93	300.68	287.42
15	384.93	356.09	338.62	342.36	321.15	327.41	312.97
16	396.94	367.21	349.19	353.04	331.17	337.63	322.74
17	408.96	378.32	359.76	363.73	341.19	347.85	332.51
18	421.90	390.29	371.14	375.24	351.99	358.85	343.03
19	434.83	402.26	382.52	386.75	362.78	369.86	353.55
20	448.23	414.66	394.31	398.67	373.96	381.26	364.45
21	462.10	427.48	406.51	410.99	385.53	393.05	375.72
22	462.10	427.48	406.51	410.99	385.53	393.05	375.72
23	462.10	427.48	406.51	410.99	385.53	393.05	375.72
24	462.10	427.48	406.51	410.99	385.53	393.05	375.72
25	463.95	429.19	408.13	412.64	387.07	394.62	377.22
26	473.19	437.74	416.26	420.86	394.78	402.48	384.74
27	484.28	448.00	426.02	430.72	404.04	411.91	393.75
28	502.30	464.67	441.87	446.75	419.07	427.24	408.41
29	517.09	478.35	454.88	459.90	431.41	439.82	420.43
30	524.48	485.19	461.38	466.48	437.58	446.11	426.44
31	535.57	495.45	471.14	476.34	446.83	455.54	435.46
32	546.66	505.71	480.90	486.21	456.08	464.98	444.48
33	553.59	512.12	486.99	492.37	461.86	470.87	450.11
34	560.99	518.96	493.50	498.95	468.03	477.16	456.12
35	564.68	522.38	496.75	502.24	471.12	480.30	459.13
36	568.38	525.80	500.00	505.52	474.20	483.45	462.13
37	572.08	529.22	503.25	508.81	477.29	486.59	465.14
38	575.77	532.64	506.51	512.10	480.37	489.74	468.15
39	583.17	539.48	513.01	518.68	486.54	496.03	474.16
40	590.56	546.32	519.51	525.25	492.71	502.32	480.17
41	601.65	556.58	529.27	535.12	501.96	511.75	489.19
42	612.28	566.41	538.62	544.57	510.83	520.79	497.83
43	627.07	580.09	551.63	557.72	523.16	533.37	509.85
44	645.55	597.19	567.89	574.16	538.59	549.09	524.88
45	667.27	617.29	586.99	593.48	556.71	567.56	542.54
46	693.15	641.22	609.76	616.49	578.29	589.57	563.58
47	722.26	668.16	635.37	642.39	602.58	614.33	587.25
48	755.53	698.93	664.64	671.98	630.34	642.63	614.30
49	788.34	729.29	693.50	701.16	657.71	670.54	640.98
50	825.31	763.48	726.02	734.04	688.56	701.98	671.03
51	861.81	797.26	758.13	766.51	719.01	733.03	700.72
52	902.01	834.45	793.50	802.26	752.55	767.23	733.40
53	942.68	872.06	829.27	838.43	786.48	801.82	766.47
54	986.58	912.68	867.89	877.47	823.11	839.16	802.16
55	1,030.48	953.29	906.51	916.52	859.73	876.50	837.85
56	1,078.07	997.32	948.38	958.85	899.44	916.98	876.55
57	1,126.13	1,041.78	990.65	1,001.59	939.54	957.86	915.63
58	1,177.43	1,089.23	1,035.78	1,047.22	982.33	1,001.49	957.33
59	1,202.84	1,112.74	1,058.13	1,069.82	1,003.53	1,023.10	978.00
60	1,254.13	1,160.19	1,103.26	1,115.44	1,046.33	1,066.73	1,019.70
61	1,298.49	1,201.23	1,142.28	1,154.90	1,083.34	1,104.47	1,055.77
62	1,327.61	1,228.16	1,167.89	1,180.79	1,107.63	1,129.23	1,079.44
63	1,364.11	1,261.93	1,200.00	1,213.26	1,138.08	1,160.28	1,109.12
64+	1,386.30	1,282.44	1,219.53	1,232.97	1,156.59	1,179.15	1,127.16

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	253.24	234.27	222.78	225.24	211.28	215.40	205.90
15	275.75	255.10	242.58	245.26	230.06	234.55	224.21
16	284.36	263.06	250.15	252.91	237.24	241.87	231.20
17	292.97	271.02	257.72	260.57	244.42	249.19	238.20
18	302.23	279.59	265.87	268.81	252.16	257.07	245.74
19	311.50	288.17	274.03	277.05	259.89	264.96	253.28
20	321.10	297.05	282.47	285.59	267.90	273.12	261.08
21	331.03	306.24	291.21	294.43	276.18	281.57	269.16
22	331.03	306.24	291.21	294.43	276.18	281.57	269.16
23	331.03	306.24	291.21	294.43	276.18	281.57	269.16
24	331.03	306.24	291.21	294.43	276.18	281.57	269.16
25	332.36	307.46	292.37	295.60	277.29	282.70	270.23
26	338.98	313.59	298.20	301.49	282.81	288.33	275.61
27	346.92	320.94	305.19	308.56	289.44	295.08	282.07
28	359.83	332.88	316.55	320.04	300.21	306.07	292.57
29	370.43	342.68	325.86	329.46	309.05	315.08	301.18
30	375.72	347.58	330.52	334.17	313.47	319.58	305.49
31	383.67	354.93	337.51	341.24	320.10	326.34	311.95
32	391.61	362.28	344.50	348.31	326.73	333.10	318.41
33	396.58	366.87	348.87	352.72	330.87	337.32	322.45
34	401.88	371.77	353.53	357.43	335.29	341.83	326.75
35	404.52	374.22	355.86	359.79	337.50	344.08	328.91
36	407.17	376.67	358.19	362.14	339.71	346.33	331.06
37	409.82	379.12	360.52	364.50	341.92	348.58	333.21
38	412.47	381.57	362.85	366.85	344.12	350.84	335.37
39	417.77	386.47	367.51	371.57	348.54	355.34	339.67
40	423.06	391.37	372.17	376.28	352.96	359.85	343.98
41	431.01	398.72	379.16	383.34	359.59	366.60	350.44
42	438.62	405.76	385.85	390.11	365.94	373.08	356.63
43	449.21	415.56	395.17	399.54	374.78	382.09	365.24
44	462.46	427.81	406.82	411.31	385.83	393.35	376.01
45	478.01	442.21	420.51	425.15	398.81	406.59	388.66
46	496.55	459.36	436.81	441.64	414.28	422.35	403.73
47	517.41	478.65	455.16	460.19	431.67	440.09	420.69
48	541.24	500.70	476.13	481.39	451.56	460.37	440.07
49	564.75	522.44	496.80	502.29	471.17	480.36	459.18
50	591.23	546.94	520.10	525.84	493.26	502.88	480.71
51	617.38	571.13	543.11	549.10	515.08	525.13	501.97
52	646.18	597.78	568.44	574.72	539.11	549.62	525.39
53	675.31	624.72	594.07	600.63	563.41	574.40	549.08
54	706.76	653.82	621.73	628.60	589.65	601.15	574.65
55	738.21	682.91	649.40	656.57	615.89	627.90	600.22
56	772.30	714.45	679.39	686.90	644.34	656.90	627.94
57	806.73	746.30	709.68	717.52	673.06	686.18	655.93
58	843.48	780.29	742.00	750.20	703.72	717.44	685.81
59	861.68	797.14	758.02	766.39	718.91	732.93	700.61
60	898.43	831.13	790.34	799.07	749.56	764.18	730.49
61	930.21	860.53	818.30	827.34	776.08	791.21	756.33
62	951.06	879.82	836.65	845.89	793.48	808.95	773.28
63	977.21	904.01	859.65	869.15	815.29	831.19	794.55
64+	993.09	918.72	873.63	883.29	828.54	844.71	807.48

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$20	CommunityCare HMO Bronze \$45
0-14	227.57	185.41	175.56
15	247.80	201.89	191.16
16	255.53	208.19	197.13
17	263.27	214.49	203.10
18	271.60	221.28	209.52
19	279.93	228.07	215.95
20	288.55	235.09	222.60
21	297.48	242.36	229.49
22	297.48	242.36	229.49
23	297.48	242.36	229.49
24	297.48	242.36	229.49
25	298.67	243.33	230.41
26	304.62	248.18	235.00
27	311.76	254.00	240.50
28	323.36	263.45	249.45
29	332.88	271.21	256.80
30	337.64	275.08	260.47
31	344.77	280.90	265.98
32	351.91	286.72	271.48
33	356.38	290.35	274.93
34	361.14	294.23	278.60
35	363.52	296.17	280.43
36	365.90	298.11	282.27
37	368.28	300.05	284.11
38	370.66	301.99	285.94
39	375.41	305.86	289.61
40	380.17	309.74	293.29
41	387.31	315.56	298.79
42	394.16	321.13	304.07
43	403.68	328.89	311.42
44	415.57	338.58	320.59
45	429.56	349.97	331.38
46	446.21	363.55	344.23
47	464.96	378.82	358.69
48	486.37	396.27	375.21
49	507.49	413.47	391.51
50	531.29	432.86	409.87
51	554.79	452.01	427.99
52	580.67	473.10	447.96
53	606.85	494.42	468.16
54	635.11	517.45	489.96
55	663.37	540.47	511.76
56	694.01	565.44	535.40
57	724.95	590.64	559.26
58	757.97	617.55	584.74
59	774.33	630.88	597.36
60	807.35	657.78	622.83
61	835.91	681.05	644.86
62	854.65	696.31	659.32
63	878.15	715.46	677.45
64+	892.44	727.08	688.47

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 17 Riverside and San Bernardino counties.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	264.22	244.43	232.43	235.00	220.44	224.74	214.83
15	287.71	266.16	253.10	255.89	240.04	244.72	233.93
16	296.69	274.46	261.00	263.88	247.53	252.36	241.23
17	305.67	282.77	268.90	271.86	255.02	259.99	248.53
18	315.34	291.72	277.40	280.47	263.09	268.22	256.39
19	325.01	300.66	285.91	289.07	271.16	276.45	264.26
20	335.03	309.93	294.72	297.98	279.51	284.96	272.40
21	345.39	319.52	303.84	307.19	288.16	293.78	280.83
22	345.39	319.52	303.84	307.19	288.16	293.78	280.83
23	345.39	319.52	303.84	307.19	288.16	293.78	280.83
24	345.39	319.52	303.84	307.19	288.16	293.78	280.83
25	346.77	320.79	305.05	308.42	289.31	294.95	281.95
26	353.68	327.18	311.13	314.56	295.07	300.83	287.57
27	361.97	334.85	318.42	321.94	301.99	307.88	294.31
28	375.44	347.31	330.27	333.92	313.23	319.34	305.26
29	386.49	357.54	339.99	343.75	322.45	328.74	314.24
30	392.02	362.65	344.85	348.66	327.06	333.44	318.74
31	400.30	370.32	352.15	356.04	333.98	340.49	325.48
32	408.59	377.99	359.44	363.41	340.89	347.54	332.22
33	413.78	382.78	364.00	368.02	345.21	351.95	336.43
34	419.30	387.89	368.86	372.93	349.82	356.65	340.92
35	422.06	390.45	371.29	375.39	352.13	359.00	343.17
36	424.83	393.00	373.72	377.85	354.44	361.35	345.42
37	427.59	395.56	376.15	380.30	356.74	363.70	347.66
38	430.35	398.12	378.58	382.76	359.05	366.05	349.91
39	435.88	403.23	383.44	387.68	363.66	370.75	354.40
40	441.41	408.34	388.30	392.59	368.27	375.45	358.90
41	449.70	416.01	395.60	399.96	375.18	382.50	365.63
42	457.64	423.36	402.58	407.03	381.81	389.26	372.09
43	468.69	433.58	412.31	416.86	391.03	398.66	381.08
44	482.51	446.36	424.46	429.15	402.56	410.41	392.31
45	498.74	461.38	438.74	443.59	416.10	424.22	405.51
46	518.08	479.27	455.75	460.79	432.24	440.67	421.24
47	539.84	499.40	474.90	480.14	450.39	459.18	438.93
48	564.71	522.41	496.77	502.26	471.14	480.33	459.15
49	589.23	545.09	518.35	524.07	491.60	501.19	479.09
50	616.86	570.65	542.65	548.65	514.65	524.69	501.55
51	644.15	595.90	566.66	572.91	537.42	547.90	523.74
52	674.20	623.69	593.09	599.64	562.49	573.45	548.17
53	704.59	651.81	619.83	626.67	587.84	599.31	572.88
54	737.40	682.17	648.69	655.86	615.22	627.22	599.56
55	770.22	712.52	677.56	685.04	642.59	655.12	626.24
56	805.79	745.43	708.85	716.68	672.27	685.38	655.17
57	841.71	778.66	740.45	748.63	702.24	715.94	684.37
58	880.05	814.13	774.18	782.73	734.23	748.55	715.54
59	899.05	831.70	790.89	799.62	750.08	764.70	730.99
60	937.38	867.17	824.61	833.72	782.06	797.31	762.16
61	970.54	897.84	853.78	863.21	809.73	825.52	789.12
62	992.30	917.97	872.92	882.56	827.88	844.02	806.81
63	1,019.59	943.21	896.93	906.83	850.64	867.23	829.00
64+	1,036.17	958.56	911.52	921.57	864.48	881.34	842.49

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 17 Riverside and San Bernardino counties (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	322.83	298.65	284.00	287.13	269.34	274.59	262.49
15	351.53	325.20	309.24	312.66	293.28	299.00	285.82
16	362.50	335.35	318.89	322.41	302.44	308.34	294.74
17	373.48	345.50	328.54	332.17	311.59	317.67	303.66
18	385.29	356.43	338.94	342.68	321.45	327.72	313.27
19	397.11	367.36	349.33	353.19	331.31	337.77	322.88
20	409.35	378.68	360.10	364.08	341.52	348.18	332.83
21	422.01	390.39	371.24	375.34	352.08	358.95	343.12
22	422.01	390.39	371.24	375.34	352.08	358.95	343.12
23	422.01	390.39	371.24	375.34	352.08	358.95	343.12
24	422.01	390.39	371.24	375.34	352.08	358.95	343.12
25	423.69	391.96	372.72	376.84	353.49	360.38	344.49
26	432.13	399.76	380.15	384.34	360.53	367.56	351.36
27	442.26	409.13	389.06	393.35	368.98	376.18	359.59
28	458.72	424.36	403.53	407.99	382.71	390.18	372.97
29	472.22	436.85	415.41	420.00	393.98	401.66	383.95
30	478.98	443.10	421.35	426.01	399.61	407.40	389.44
31	489.10	452.47	430.26	435.02	408.06	416.02	397.68
32	499.23	461.84	439.17	444.02	416.51	424.63	405.91
33	505.56	467.69	444.74	449.65	421.79	430.02	411.06
34	512.31	473.94	450.68	455.66	427.43	435.76	416.55
35	515.69	477.06	453.65	458.66	430.24	438.63	419.29
36	519.07	480.18	456.62	461.66	433.06	441.50	422.04
37	522.44	483.31	459.59	464.67	435.88	444.38	424.78
38	525.82	486.43	462.56	467.67	438.69	447.25	427.53
39	532.57	492.68	468.50	473.67	444.33	452.99	433.02
40	539.32	498.92	474.44	479.68	449.96	458.73	438.51
41	549.45	508.29	483.35	488.69	458.41	467.35	446.74
42	559.16	517.27	491.89	497.32	466.51	475.60	454.64
43	572.66	529.76	503.77	509.33	477.77	487.09	465.62
44	589.54	545.38	518.62	524.35	491.86	501.45	479.34
45	609.38	563.73	536.07	541.99	508.40	518.32	495.47
46	633.01	585.59	556.86	563.00	528.12	538.42	514.68
47	659.59	610.19	580.24	586.65	550.30	561.03	536.30
48	689.98	638.29	606.97	613.68	575.65	586.88	561.00
49	719.94	666.01	633.33	640.32	600.65	612.36	585.36
50	753.70	697.24	663.03	670.35	628.82	641.08	612.81
51	787.04	728.08	692.36	700.00	656.63	669.44	639.92
52	823.76	762.05	724.65	732.66	687.26	700.66	669.77
53	860.89	796.40	757.32	765.69	718.24	732.25	699.97
54	900.98	833.49	792.59	801.34	751.69	766.35	732.56
55	941.07	870.58	827.86	837.00	785.14	800.45	765.16
56	984.54	910.79	866.10	875.66	821.40	837.42	800.50
57	1,028.43	951.39	904.70	914.70	858.02	874.75	836.19
58	1,075.27	994.72	945.91	956.36	897.10	914.60	874.27
59	1,098.48	1,016.20	966.33	977.00	916.47	934.34	893.14
60	1,145.32	1,059.53	1,007.54	1,018.66	955.55	974.18	931.23
61	1,185.84	1,097.01	1,043.18	1,054.70	989.35	1,008.64	964.17
62	1,212.42	1,121.60	1,066.56	1,078.34	1,011.53	1,031.25	985.79
63	1,245.76	1,152.44	1,095.89	1,107.99	1,039.34	1,059.61	1,012.89
64+	1,266.03	1,171.17	1,113.72	1,126.02	1,056.24	1,076.85	1,029.36

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 17 Riverside and San Bernardino counties (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	264.07	244.29	232.30	234.86	220.31	224.61	214.71
15	287.54	266.00	252.95	255.74	239.90	244.57	233.79
16	296.52	274.30	260.84	263.72	247.38	252.21	241.09
17	305.49	282.61	268.74	271.71	254.87	259.84	248.39
18	315.16	291.55	277.24	280.30	262.94	268.06	256.24
19	324.82	300.49	285.74	288.90	271.00	276.28	264.10
20	334.83	309.75	294.55	297.80	279.35	284.80	272.24
21	345.19	319.33	303.66	307.01	287.99	293.61	280.66
22	345.19	319.33	303.66	307.01	287.99	293.61	280.66
23	345.19	319.33	303.66	307.01	287.99	293.61	280.66
24	345.19	319.33	303.66	307.01	287.99	293.61	280.66
25	346.57	320.61	304.87	308.24	289.14	294.78	281.78
26	353.47	326.99	310.95	314.38	294.90	300.65	287.40
27	361.76	334.66	318.23	321.75	301.81	307.70	294.13
28	375.22	347.11	330.08	333.72	313.05	319.15	305.08
29	386.26	357.33	339.79	343.55	322.26	328.55	314.06
30	391.79	362.44	344.65	348.46	326.87	333.24	318.55
31	400.07	370.10	351.94	355.83	333.78	340.29	325.29
32	408.36	377.77	359.23	363.20	340.69	347.34	332.02
33	413.53	382.56	363.78	367.80	345.01	351.74	336.23
34	419.06	387.67	368.64	372.71	349.62	356.44	340.72
35	421.82	390.22	371.07	375.17	351.92	358.79	342.97
36	424.58	392.77	373.50	377.63	354.23	361.14	345.21
37	427.34	395.33	375.93	380.08	356.53	363.49	347.46
38	430.10	397.88	378.36	382.54	358.84	365.83	349.70
39	435.63	402.99	383.22	387.45	363.44	370.53	354.20
40	441.15	408.10	388.08	392.36	368.05	375.23	358.69
41	449.43	415.77	395.36	399.73	374.96	382.28	365.42
42	457.37	423.11	402.35	406.79	381.59	389.03	371.88
43	468.42	433.33	412.07	416.62	390.80	398.42	380.86
44	482.23	446.10	424.21	428.90	402.32	410.17	392.08
45	498.45	461.11	438.48	443.33	415.86	423.97	405.28
46	517.78	478.99	455.49	460.52	431.99	440.41	420.99
47	539.53	499.11	474.62	479.86	450.13	458.91	438.67
48	564.38	522.10	496.48	501.97	470.86	480.05	458.88
49	588.89	544.78	518.04	523.76	491.31	500.89	478.81
50	616.50	570.32	542.34	548.32	514.35	524.38	501.26
51	643.77	595.55	566.32	572.58	537.10	547.58	523.43
52	673.80	623.33	592.74	599.29	562.16	573.12	547.85
53	704.18	651.43	619.47	626.31	587.50	598.96	572.55
54	736.97	681.77	648.31	655.47	614.86	626.85	599.21
55	769.77	712.10	677.16	684.64	642.22	654.74	625.88
56	805.32	745.00	708.44	716.26	671.88	684.98	654.78
57	841.22	778.21	740.02	748.19	701.83	715.52	683.97
58	879.54	813.65	773.72	782.27	733.80	748.11	715.13
59	898.52	831.21	790.43	799.15	749.64	764.26	730.56
60	936.84	866.66	824.13	833.23	781.61	796.85	761.72
61	969.97	897.32	853.28	862.71	809.25	825.03	788.66
62	991.72	917.43	872.41	882.05	827.40	843.53	806.34
63	1,018.99	942.66	896.40	906.30	850.15	866.73	828.51
64+	1,035.57	957.99	910.98	921.03	863.97	880.83	841.98

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 18 Orange County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	317.09	293.34	278.94	282.02	264.55	269.71	257.82
15	345.28	319.41	303.74	307.09	288.07	293.68	280.73
16	356.05	329.38	313.22	316.68	297.06	302.85	289.50
17	366.83	339.35	322.70	326.26	306.05	312.02	298.26
18	378.44	350.09	332.91	336.59	315.73	321.89	307.70
19	390.04	360.82	343.12	346.91	325.41	331.76	317.13
20	402.06	371.94	353.69	357.60	335.44	341.98	326.91
21	414.50	383.45	364.63	368.66	345.82	352.56	337.02
22	414.50	383.45	364.63	368.66	345.82	352.56	337.02
23	414.50	383.45	364.63	368.66	345.82	352.56	337.02
24	414.50	383.45	364.63	368.66	345.82	352.56	337.02
25	416.16	384.98	366.09	370.13	347.20	353.97	338.36
26	424.45	392.65	373.38	377.51	354.12	361.02	345.10
27	434.39	401.85	382.13	386.35	362.42	369.48	353.19
28	450.56	416.81	396.35	400.73	375.90	383.23	366.34
29	463.82	429.08	408.02	412.53	386.97	394.51	377.12
30	470.45	435.21	413.86	418.43	392.50	400.16	382.51
31	480.40	444.42	422.61	427.28	400.80	408.62	390.60
32	490.35	453.62	431.36	436.12	409.10	417.08	398.69
33	496.57	459.37	436.83	441.65	414.29	422.37	403.75
34	503.20	465.51	442.66	447.55	419.82	428.01	409.14
35	506.52	468.57	445.58	450.50	422.59	430.83	411.83
36	509.83	471.64	448.50	453.45	425.35	433.65	414.53
37	513.15	474.71	451.41	456.40	428.12	436.47	417.23
38	516.46	477.78	454.33	459.35	430.89	439.29	419.92
39	523.10	483.91	460.16	465.25	436.42	444.93	425.31
40	529.73	490.05	466.00	471.15	441.95	450.57	430.71
41	539.68	499.25	474.75	479.99	450.25	459.03	438.80
42	549.21	508.07	483.14	488.47	458.21	467.14	446.55
43	562.47	520.34	494.80	500.27	469.27	478.42	457.33
44	579.05	535.68	509.39	515.02	483.11	492.53	470.81
45	598.53	553.70	526.53	532.34	499.36	509.10	486.65
46	621.75	575.17	546.95	552.99	518.72	528.84	505.52
47	647.86	599.33	569.92	576.21	540.51	551.05	526.76
48	677.70	626.94	596.17	602.76	565.41	576.44	551.02
49	707.13	654.16	622.06	628.93	589.96	601.47	574.95
50	740.29	684.84	651.23	658.42	617.63	629.67	601.91
51	773.04	715.13	680.04	687.55	644.95	657.52	628.54
52	809.10	748.49	711.76	719.62	675.03	688.20	657.86
53	845.57	782.23	743.85	752.06	705.47	719.22	687.51
54	884.95	818.66	778.49	787.09	738.32	752.72	719.53
55	924.33	855.09	813.13	822.11	771.17	786.21	751.55
56	967.02	894.58	850.69	860.08	806.79	822.52	786.26
57	1,010.13	934.46	888.61	898.42	842.75	859.19	821.31
58	1,056.14	977.02	929.08	939.34	881.14	898.32	858.72
59	1,078.94	998.11	949.14	959.62	900.16	917.71	877.25
60	1,124.95	1,040.68	989.61	1,000.54	938.55	956.85	914.66
61	1,164.74	1,077.49	1,024.61	1,035.93	971.74	990.69	947.02
62	1,190.85	1,101.65	1,047.59	1,059.16	993.53	1,012.91	968.25
63	1,223.60	1,131.94	1,076.39	1,088.28	1,020.85	1,040.76	994.87
64+	1,243.50	1,150.35	1,093.89	1,105.98	1,037.46	1,057.68	1,011.06

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 18 Orange County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	368.10	340.52	323.81	327.39	307.10	313.09	299.29
15	400.82	370.79	352.60	356.49	334.40	340.92	325.89
16	413.33	382.37	363.60	367.62	344.84	351.57	336.07
17	425.84	393.94	374.61	378.75	355.28	362.21	346.24
18	439.31	406.40	386.46	390.73	366.52	373.67	357.19
19	452.78	418.87	398.31	402.71	377.76	385.13	368.15
20	466.74	431.78	410.59	415.12	389.40	396.99	379.49
21	481.17	445.13	423.29	427.96	401.44	409.27	391.23
22	481.17	445.13	423.29	427.96	401.44	409.27	391.23
23	481.17	445.13	423.29	427.96	401.44	409.27	391.23
24	481.17	445.13	423.29	427.96	401.44	409.27	391.23
25	483.10	446.91	424.98	429.67	403.05	410.91	392.79
26	492.72	455.81	433.44	438.23	411.08	419.10	400.62
27	504.27	466.50	443.60	448.50	420.71	428.92	410.01
28	523.04	483.86	460.11	465.19	436.37	444.88	425.27
29	538.43	498.10	473.66	478.89	449.22	457.98	437.78
30	546.13	505.22	480.43	485.74	455.64	464.52	444.04
31	557.68	515.90	490.59	496.01	465.27	474.35	453.43
32	569.23	526.59	500.75	506.28	474.91	484.17	462.82
33	576.45	533.26	507.10	512.70	480.93	490.31	468.69
34	584.14	540.39	513.87	519.54	487.35	496.86	474.95
35	587.99	543.95	517.26	522.97	490.57	500.13	478.08
36	591.84	547.51	520.64	526.39	493.78	503.41	481.21
37	595.69	551.07	524.03	529.82	496.99	506.68	484.34
38	599.54	554.63	527.41	533.24	500.20	509.95	487.47
39	607.24	561.75	534.19	540.09	506.62	516.50	493.73
40	614.94	568.87	540.96	546.93	513.05	523.05	499.99
41	626.49	579.56	551.12	557.20	522.68	532.87	509.38
42	637.55	589.80	560.85	567.05	531.91	542.29	518.38
43	652.95	604.04	574.40	580.74	544.76	555.38	530.90
44	672.20	621.85	591.33	597.86	560.82	571.75	546.55
45	694.81	642.77	611.22	617.98	579.69	590.99	564.93
46	721.76	667.69	634.93	641.94	602.17	613.91	586.84
47	752.07	695.74	661.60	668.90	627.46	639.69	611.49
48	786.72	727.79	692.07	699.72	656.36	669.16	639.66
49	820.88	759.39	722.13	730.10	684.86	698.22	667.44
50	859.38	795.00	755.99	764.34	716.98	730.96	698.73
51	897.39	830.17	789.43	798.15	748.69	763.29	729.64
52	939.25	868.89	826.25	835.38	783.62	798.90	763.68
53	981.59	908.06	863.50	873.04	818.95	834.92	798.11
54	1,027.30	950.35	903.72	913.70	857.08	873.80	835.27
55	1,073.02	992.64	943.93	954.35	895.22	912.68	872.44
56	1,122.58	1,038.49	987.53	998.43	936.57	954.83	912.74
57	1,172.62	1,084.78	1,031.55	1,042.94	978.32	997.40	953.42
58	1,226.03	1,134.19	1,078.53	1,090.44	1,022.88	1,042.83	996.85
59	1,252.49	1,158.67	1,101.81	1,113.98	1,044.96	1,065.34	1,018.37
60	1,305.90	1,208.08	1,148.80	1,161.49	1,089.52	1,110.77	1,061.79
61	1,352.10	1,250.81	1,189.43	1,202.57	1,128.06	1,150.06	1,099.35
62	1,382.41	1,278.86	1,216.10	1,229.53	1,153.35	1,175.84	1,124.00
63	1,420.42	1,314.02	1,249.54	1,263.34	1,185.06	1,208.17	1,154.91
64+	1,443.51	1,335.39	1,269.87	1,283.88	1,204.32	1,227.81	1,173.69

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 18 Orange County (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	261.08	241.52	229.67	232.21	217.82	222.07	212.28
15	284.29	262.99	250.09	252.85	237.18	241.81	231.15
16	293.16	271.20	257.89	260.74	244.58	249.35	238.36
17	302.03	279.41	265.70	268.63	251.99	256.90	245.57
18	311.59	288.25	274.10	277.13	259.96	265.03	253.34
19	321.15	297.09	282.51	285.63	267.93	273.16	261.11
20	331.04	306.24	291.22	294.43	276.19	281.58	269.16
21	341.28	315.72	300.22	303.54	284.73	290.28	277.49
22	341.28	315.72	300.22	303.54	284.73	290.28	277.49
23	341.28	315.72	300.22	303.54	284.73	290.28	277.49
24	341.28	315.72	300.22	303.54	284.73	290.28	277.49
25	342.65	316.98	301.42	304.75	285.87	291.45	278.60
26	349.47	323.29	307.43	310.82	291.57	297.25	284.15
27	357.66	330.87	314.63	318.11	298.40	304.22	290.81
28	370.97	343.18	326.34	329.95	309.50	315.54	301.63
29	381.89	353.29	335.95	339.66	318.61	324.83	310.51
30	387.35	358.34	340.75	344.52	323.17	329.47	314.95
31	395.54	365.91	347.96	351.80	330.00	336.44	321.61
32	403.73	373.49	355.16	359.09	336.84	343.41	328.27
33	408.85	378.23	359.67	363.64	341.11	347.76	332.43
34	414.31	383.28	364.47	368.50	345.66	352.41	336.87
35	417.04	385.80	366.87	370.92	347.94	354.73	339.09
36	419.78	388.33	369.27	373.35	350.22	357.05	341.31
37	422.51	390.86	371.68	375.78	352.50	359.37	343.53
38	425.24	393.38	374.08	378.21	354.78	361.69	345.75
39	430.70	398.43	378.88	383.07	359.33	366.34	350.19
40	436.16	403.48	383.69	387.92	363.89	370.98	354.63
41	444.35	411.06	390.89	395.21	370.72	377.95	361.29
42	452.20	418.32	397.80	402.19	377.27	384.63	367.67
43	463.12	428.43	407.40	411.90	386.38	393.92	376.55
44	476.77	441.05	419.41	424.04	397.77	405.53	387.65
45	492.81	455.89	433.52	438.31	411.15	419.17	400.69
46	511.92	473.57	450.33	455.31	427.10	435.43	416.23
47	533.42	493.46	469.25	474.43	445.04	453.71	433.71
48	557.99	516.20	490.86	496.29	465.54	474.61	453.69
49	582.22	538.61	512.18	517.84	485.75	495.22	473.39
50	609.53	563.87	536.20	542.12	508.53	518.45	495.59
51	636.49	588.81	559.92	566.10	531.02	541.38	517.51
52	666.18	616.28	586.04	592.51	555.80	566.63	541.65
53	696.21	644.06	612.46	619.22	580.85	592.18	566.07
54	728.63	674.05	640.98	648.06	607.90	619.76	592.43
55	761.06	704.05	669.50	676.89	634.95	647.33	618.79
56	796.21	736.56	700.42	708.16	664.28	677.23	647.37
57	831.70	769.40	731.64	739.72	693.89	707.42	676.23
58	869.58	804.44	764.97	773.42	725.50	739.64	707.03
59	888.35	821.81	781.48	790.11	741.16	755.61	722.30
60	926.24	856.85	814.81	823.80	772.76	787.83	753.10
61	959.00	887.16	843.63	852.94	800.10	815.70	779.74
62	980.50	907.05	862.54	872.07	818.03	833.99	797.22
63	1,007.46	931.99	886.26	896.05	840.53	856.92	819.14
64+	1,023.84	947.16	900.66	910.62	854.19	870.84	832.47

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 18 Orange County (continued).

Age	CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$20	CommunityCare HMO Bronze \$45
0-14	236.96	193.06	182.81
15	258.03	210.22	199.05
16	266.08	216.79	205.27
17	274.13	223.35	211.48
18	282.81	230.41	218.17
19	291.48	237.48	224.86
20	300.46	244.80	231.79
21	309.76	252.37	238.96
22	309.76	252.37	238.96
23	309.76	252.37	238.96
24	309.76	252.37	238.96
25	310.99	253.38	239.92
26	317.19	258.43	244.70
27	324.62	264.48	250.43
28	336.70	274.33	259.75
29	346.62	282.40	267.40
30	351.57	286.44	271.22
31	359.01	292.50	276.96
32	366.44	298.55	282.69
33	371.09	302.34	286.28
34	376.04	306.38	290.10
35	378.52	308.40	292.01
36	381.00	310.41	293.92
37	383.48	312.43	295.83
38	385.96	314.45	297.75
39	390.91	318.49	301.57
40	395.87	322.53	305.39
41	403.30	328.59	311.13
42	410.43	334.39	316.62
43	420.34	342.47	324.27
44	432.73	352.56	333.83
45	447.29	364.42	345.06
46	464.63	378.55	358.44
47	484.15	394.45	373.50
48	506.45	412.62	390.70
49	528.44	430.54	407.67
50	553.22	450.73	426.78
51	577.69	470.67	445.66
52	604.64	492.63	466.45
53	631.90	514.83	487.48
54	661.33	538.81	510.18
55	690.76	562.78	532.88
56	722.66	588.78	557.50
57	754.88	615.02	582.35
58	789.26	643.04	608.87
59	806.29	656.92	622.02
60	840.68	684.93	648.54
61	870.41	709.16	671.48
62	889.93	725.06	686.54
63	914.40	744.99	705.41
64+	929.28	757.11	716.88

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HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 19 San Diego County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40
0-14	320.30	296.31	281.77	284.88	267.23	272.44	260.43
15	348.78	322.65	306.82	310.21	290.98	296.66	283.58
16	359.66	332.72	316.39	319.89	300.07	305.92	292.43
17	370.55	342.79	325.97	329.57	309.15	315.18	301.28
18	382.27	353.64	336.28	340.00	318.93	325.15	310.81
19	394.00	364.48	346.60	350.42	328.71	335.12	320.35
20	406.14	375.71	357.28	361.22	338.84	345.45	330.22
21	418.70	387.33	368.33	372.40	349.32	356.13	340.43
22	418.70	387.33	368.33	372.40	349.32	356.13	340.43
23	418.70	387.33	368.33	372.40	349.32	356.13	340.43
24	418.70	387.33	368.33	372.40	349.32	356.13	340.43
25	420.37	388.88	369.80	373.88	350.72	357.56	341.79
26	428.75	396.63	377.17	381.33	357.71	364.68	348.60
27	438.80	405.93	386.01	390.27	366.09	373.23	356.77
28	455.13	421.03	400.37	404.79	379.71	387.12	370.05
29	468.52	433.43	412.16	416.71	390.89	398.51	380.94
30	475.22	439.62	418.05	422.67	396.48	404.21	386.39
31	485.27	448.92	426.89	431.61	404.86	412.76	394.56
32	495.32	458.22	435.73	440.54	413.25	421.31	402.73
33	501.60	464.03	441.26	446.13	418.49	426.65	407.84
34	508.30	470.22	447.15	452.09	424.08	432.35	413.28
35	511.65	473.32	450.10	455.07	426.87	435.20	416.01
36	515.00	476.42	453.04	458.05	429.67	438.04	418.73
37	518.35	479.52	455.99	461.03	432.46	440.89	421.45
38	521.70	482.62	458.94	464.00	435.25	443.74	424.18
39	528.40	488.82	464.83	469.96	440.84	449.44	429.63
40	535.10	495.01	470.72	475.92	446.43	455.14	435.07
41	545.15	504.31	479.56	484.86	454.82	463.69	443.24
42	554.78	513.22	488.03	493.42	462.85	471.88	451.07
43	568.17	525.61	499.82	505.34	474.03	483.27	461.97
44	584.92	541.11	514.55	520.24	488.00	497.52	475.58
45	604.60	559.31	531.86	537.74	504.42	514.26	491.58
46	628.05	581.00	552.49	558.59	523.98	534.20	510.65
47	654.43	605.40	575.70	582.05	545.99	556.64	532.10
48	684.57	633.29	602.22	608.87	571.14	582.28	556.61
49	714.30	660.79	628.37	635.31	595.94	607.56	580.78
50	747.80	691.78	657.83	665.10	623.89	636.06	608.01
51	780.87	722.38	686.93	694.52	651.48	664.19	634.91
52	817.30	756.08	718.98	726.92	681.88	695.17	664.52
53	854.14	790.16	751.39	759.69	712.62	726.51	694.48
54	893.92	826.96	786.38	795.06	745.80	760.35	726.82
55	933.70	863.76	821.37	830.44	778.99	794.18	759.16
56	976.82	903.65	859.31	868.80	814.97	830.86	794.23
57	1,020.37	943.93	897.61	907.53	851.30	867.90	829.63
58	1,066.84	986.93	938.50	948.86	890.07	907.43	867.42
59	1,089.87	1,008.23	958.76	969.34	909.28	927.02	886.14
60	1,136.35	1,051.23	999.64	1,010.68	948.06	966.55	923.93
61	1,176.54	1,088.41	1,035.00	1,046.43	981.59	1,000.74	956.61
62	1,202.92	1,112.81	1,058.20	1,069.89	1,003.60	1,023.17	978.06
63	1,236.00	1,143.41	1,087.30	1,099.31	1,031.20	1,051.31	1,004.96
64+	1,256.10	1,161.99	1,104.99	1,117.20	1,047.96	1,068.39	1,021.29

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 19 San Diego County (continued).

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	391.17	361.87	344.11	347.91	326.35	332.72	318.05
15	425.94	394.03	374.70	378.83	355.36	362.29	346.32
16	439.23	406.33	386.39	390.66	366.45	373.60	357.13
17	452.53	418.63	398.09	402.48	377.55	384.91	367.94
18	466.84	431.87	410.68	415.22	389.49	397.09	379.58
19	481.16	445.12	423.28	427.95	401.43	409.26	391.22
20	495.99	458.84	436.32	441.14	413.81	421.88	403.28
21	511.33	473.03	449.82	454.78	426.60	434.92	415.75
22	511.33	473.03	449.82	454.78	426.60	434.92	415.75
23	511.33	473.03	449.82	454.78	426.60	434.92	415.75
24	511.33	473.03	449.82	454.78	426.60	434.92	415.75
25	513.38	474.92	451.61	456.60	428.31	436.66	417.41
26	523.60	484.38	460.61	465.70	436.84	445.36	425.73
27	535.87	495.73	471.41	476.61	447.08	455.80	435.70
28	555.82	514.18	488.95	494.35	463.72	472.76	451.92
29	572.18	529.32	503.34	508.90	477.37	486.68	465.22
30	580.36	536.89	510.54	516.18	484.20	493.64	471.87
31	592.63	548.24	521.34	527.09	494.43	504.08	481.85
32	604.90	559.59	532.13	538.01	504.67	514.51	491.83
33	612.57	566.69	538.88	544.83	511.07	521.04	498.07
34	620.75	574.25	546.08	552.11	517.90	528.00	504.72
35	624.85	578.04	549.67	555.74	521.31	531.48	508.04
36	628.94	581.82	553.27	559.38	524.72	534.96	511.37
37	633.03	585.61	556.87	563.02	528.14	538.44	514.70
38	637.12	589.39	560.47	566.66	531.55	541.92	518.02
39	645.30	596.96	567.67	573.94	538.37	548.87	524.67
40	653.48	604.53	574.86	581.21	545.20	555.83	531.33
41	665.75	615.88	585.66	592.13	555.44	566.27	541.30
42	677.51	626.76	596.01	602.59	565.25	576.27	550.87
43	693.88	641.90	610.40	617.14	578.90	590.19	564.17
44	714.33	660.82	628.39	635.33	595.97	607.59	580.80
45	738.36	683.05	649.53	656.71	616.02	628.03	600.34
46	767.00	709.54	674.72	682.17	639.91	652.39	623.62
47	799.21	739.34	703.06	710.83	666.78	679.79	649.81
48	836.02	773.40	735.45	743.57	697.50	711.10	679.75
49	872.33	806.98	767.38	775.86	727.79	741.98	709.27
50	913.24	844.83	803.37	812.24	761.92	776.77	742.53
51	953.63	882.20	838.91	848.17	795.62	811.13	775.37
52	998.12	923.35	878.04	887.74	832.73	848.97	811.54
53	1,043.11	964.98	917.62	927.76	870.27	887.24	848.13
54	1,091.69	1,009.91	960.36	970.96	910.80	928.56	887.62
55	1,140.27	1,054.85	1,003.09	1,014.17	951.33	969.88	927.12
56	1,192.93	1,103.57	1,049.42	1,061.01	995.27	1,014.68	969.94
57	1,246.11	1,152.77	1,096.20	1,108.31	1,039.64	1,059.91	1,013.18
58	1,302.87	1,205.27	1,146.13	1,158.79	1,086.99	1,108.19	1,059.33
59	1,330.99	1,231.29	1,170.87	1,183.80	1,110.45	1,132.11	1,082.19
60	1,387.75	1,283.80	1,220.80	1,234.28	1,157.80	1,180.38	1,128.34
61	1,436.84	1,329.21	1,263.98	1,277.94	1,198.76	1,222.14	1,168.25
62	1,469.05	1,359.01	1,292.32	1,306.59	1,225.63	1,249.54	1,194.45
63	1,509.45	1,396.38	1,327.85	1,342.52	1,259.34	1,283.90	1,227.29
64+	1,533.99	1,419.09	1,349.46	1,364.34	1,279.80	1,304.76	1,247.25

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 19 San Diego County (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	305.88	282.97	269.08	272.05	255.20	260.17	248.70
15	333.07	308.12	293.00	296.24	277.88	283.30	270.81
16	343.47	317.74	302.15	305.48	286.56	292.14	279.26
17	353.86	327.35	311.29	314.73	295.23	300.99	287.72
18	365.06	337.71	321.14	324.69	304.57	310.51	296.82
19	376.25	348.07	330.99	334.64	313.91	320.03	305.92
20	387.85	358.80	341.19	344.96	323.58	329.89	315.35
21	399.84	369.89	351.74	355.63	333.59	340.10	325.10
22	399.84	369.89	351.74	355.63	333.59	340.10	325.10
23	399.84	369.89	351.74	355.63	333.59	340.10	325.10
24	399.84	369.89	351.74	355.63	333.59	340.10	325.10
25	401.44	371.37	353.15	357.05	334.93	341.46	326.40
26	409.44	378.77	360.18	364.16	341.60	348.26	332.90
27	419.04	387.65	368.62	372.70	349.60	356.42	340.71
28	434.63	402.07	382.34	386.57	362.61	369.69	353.39
29	447.43	413.91	393.60	397.95	373.29	380.57	363.79
30	453.82	419.83	399.23	403.64	378.63	386.01	368.99
31	463.42	428.71	407.67	412.17	386.63	394.17	376.79
32	473.02	437.58	416.11	420.71	394.64	402.33	384.60
33	479.01	443.13	421.39	426.04	399.64	407.44	389.47
34	485.41	449.05	427.01	431.73	404.98	412.88	394.67
35	488.61	452.01	429.83	434.57	407.65	415.60	397.27
36	491.81	454.97	432.64	437.42	410.32	418.32	399.88
37	495.01	457.93	435.46	440.26	412.99	421.04	402.48
38	498.21	460.89	438.27	443.11	415.65	423.76	405.08
39	504.60	466.80	443.90	448.80	420.99	429.20	410.28
40	511.00	472.72	449.53	454.49	426.33	434.64	415.48
41	520.60	481.60	457.97	463.02	434.34	442.81	423.28
42	529.79	490.11	466.06	471.20	442.01	450.63	430.76
43	542.59	501.94	477.31	482.58	452.68	461.51	441.16
44	558.58	516.74	491.38	496.81	466.03	475.12	454.17
45	577.38	534.12	507.91	513.52	481.71	491.10	469.45
46	599.77	554.84	527.61	533.44	500.39	510.15	487.65
47	624.96	578.14	549.77	555.84	521.40	531.57	508.13
48	653.75	604.77	575.10	581.45	545.42	556.06	531.54
49	682.13	631.04	600.07	606.70	569.11	580.21	554.62
50	714.12	660.63	628.21	635.15	595.79	607.41	580.63
51	745.71	689.85	656.00	663.24	622.15	634.28	606.32
52	780.50	722.03	686.60	694.18	651.17	663.87	634.60
53	815.68	754.58	717.55	725.48	680.53	693.80	663.21
54	853.67	789.72	750.97	759.26	712.22	726.11	694.09
55	891.65	824.86	784.38	793.05	743.91	758.42	724.98
56	932.84	862.96	820.61	829.68	778.27	793.45	758.46
57	974.42	901.43	857.19	866.66	812.96	828.82	792.27
58	1,018.80	942.49	896.24	906.13	849.99	866.57	828.36
59	1,040.79	962.83	915.58	925.69	868.34	885.27	846.24
60	1,085.18	1,003.89	954.63	965.17	905.37	923.02	882.33
61	1,123.56	1,039.40	988.39	999.31	937.39	955.67	913.54
62	1,148.75	1,062.70	1,010.55	1,021.71	958.41	977.10	934.02
63	1,180.34	1,091.92	1,038.34	1,049.81	984.76	1,003.97	959.70
64+	1,199.52	1,109.67	1,055.22	1,066.89	1,000.77	1,020.30	975.30

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 1 Nevada County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	405.12	381.15	316.66	272.97
15	441.13	415.03	344.81	297.24
16	454.90	427.99	355.57	306.52
17	468.67	440.94	366.33	315.79
18	483.50	454.89	377.92	325.79
19	498.33	468.84	389.51	335.78
20	513.69	483.29	401.52	346.12
21	529.57	498.24	413.94	356.83
22	529.57	498.24	413.94	356.83
23	529.57	498.24	413.94	356.83
24	529.57	498.24	413.94	356.83
25	531.69	500.23	415.59	358.26
26	542.28	510.19	423.87	365.39
27	554.99	522.15	433.81	373.96
28	575.65	541.58	449.95	387.87
29	592.59	557.53	463.19	399.29
30	601.07	565.50	469.82	405.00
31	613.78	577.46	479.75	413.57
32	626.49	589.41	489.69	422.13
33	634.43	596.89	495.90	427.48
34	642.90	604.86	502.52	433.19
35	647.14	608.85	505.83	436.05
36	651.38	612.83	509.14	438.90
37	655.61	616.82	512.45	441.75
38	659.85	620.80	515.76	444.61
39	668.32	628.77	522.39	450.32
40	676.79	636.75	529.01	456.03
41	689.50	648.70	538.95	464.59
42	701.68	660.16	548.47	472.80
43	718.63	676.11	561.71	484.22
44	739.81	696.04	578.27	498.49
45	764.70	719.45	597.72	515.26
46	794.36	747.36	620.90	535.24
47	827.72	778.74	646.98	557.72
48	865.85	814.62	676.79	583.42
49	903.45	849.99	706.18	608.75
50	945.82	889.85	739.29	637.30
51	987.65	929.21	771.99	665.49
52	1,033.73	972.56	808.00	696.53
53	1,080.33	1,016.40	844.43	727.93
54	1,130.64	1,063.74	883.75	761.83
55	1,180.95	1,111.07	923.08	795.73
56	1,235.49	1,162.39	965.71	832.48
57	1,290.57	1,214.20	1,008.76	869.59
58	1,349.35	1,269.51	1,054.71	909.20
59	1,378.48	1,296.91	1,077.48	928.83
60	1,437.26	1,352.21	1,123.42	968.43
61	1,488.10	1,400.05	1,163.16	1,002.69
62	1,521.46	1,431.43	1,189.24	1,025.17
63	1,563.30	1,470.80	1,221.94	1,053.36
64+	1,588.71	1,494.72	1,241.82	1,070.49

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

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	442.65	416.46	345.99	298.26
15	482.00	453.48	376.75	324.77
16	497.04	467.63	388.51	334.91
17	512.09	481.78	400.27	345.05
18	528.29	497.03	412.93	355.96
19	544.49	512.27	425.59	366.88
20	561.27	528.06	438.71	378.19
21	578.63	544.39	452.28	389.88
22	578.63	544.39	452.28	389.88
23	578.63	544.39	452.28	389.88
24	578.63	544.39	452.28	389.88
25	580.94	546.57	454.09	391.44
26	592.51	557.45	463.13	399.24
27	606.40	570.52	473.99	408.60
28	628.97	591.75	491.63	423.80
29	647.48	609.17	506.10	436.28
30	656.74	617.88	513.34	442.52
31	670.63	630.95	524.19	451.87
32	684.52	644.01	535.05	461.23
33	693.20	652.18	541.83	467.08
34	702.45	660.89	549.07	473.32
35	707.08	665.24	552.69	476.44
36	711.71	669.60	556.30	479.55
37	716.34	673.95	559.92	482.67
38	720.97	678.31	563.54	485.79
39	730.23	687.02	570.78	492.03
40	739.49	695.73	578.01	498.27
41	753.37	708.79	588.87	507.63
42	766.68	721.31	599.27	516.59
43	785.20	738.73	613.74	529.07
44	808.34	760.51	631.83	544.67
45	835.54	786.10	653.09	562.99
46	867.94	816.58	678.42	584.82
47	904.39	850.88	706.91	609.39
48	946.06	890.07	739.48	637.46
49	987.14	928.73	771.59	665.14
50	1,033.43	972.28	807.77	696.33
51	1,079.14	1,015.28	843.50	727.13
52	1,129.48	1,062.65	882.85	761.05
53	1,180.40	1,110.55	922.65	795.36
54	1,235.37	1,162.27	965.62	832.40
55	1,290.34	1,213.99	1,008.58	869.44
56	1,349.94	1,270.06	1,055.17	909.59
57	1,410.11	1,326.67	1,102.20	950.14
58	1,474.34	1,387.10	1,152.41	993.42
59	1,506.17	1,417.04	1,177.28	1,014.86
60	1,570.39	1,477.47	1,227.49	1,058.14
61	1,625.94	1,529.73	1,270.90	1,095.57
62	1,662.40	1,564.03	1,299.40	1,120.13
63	1,708.11	1,607.03	1,335.13	1,150.93
64+	1,735.89	1,633.17	1,356.84	1,169.64

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

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	418.39	393.64	327.03	281.92
15	455.59	428.63	356.10	306.98
16	469.81	442.01	367.22	316.56
17	484.03	455.38	378.33	326.14
18	499.34	469.79	390.30	336.46
19	514.65	484.20	402.27	346.78
20	530.51	499.12	414.67	357.46
21	546.92	514.56	427.50	368.52
22	546.92	514.56	427.50	368.52
23	546.92	514.56	427.50	368.52
24	546.92	514.56	427.50	368.52
25	549.11	516.62	429.21	369.99
26	560.05	526.91	437.76	377.36
27	573.17	539.26	448.02	386.21
28	594.50	559.32	464.69	400.58
29	612.01	575.79	478.37	412.37
30	620.76	584.02	485.21	418.27
31	633.88	596.37	495.47	427.11
32	647.01	608.72	505.73	435.96
33	655.21	616.44	512.14	441.49
34	663.96	624.67	518.98	447.38
35	668.34	628.79	522.40	450.33
36	672.71	632.91	525.82	453.28
37	677.09	637.02	529.24	456.23
38	681.46	641.14	532.66	459.17
39	690.21	649.37	539.50	465.07
40	698.97	657.61	546.34	470.97
41	712.09	669.95	556.60	479.81
42	724.67	681.79	566.43	488.29
43	742.17	698.26	580.11	500.08
44	764.05	718.84	597.21	514.82
45	789.75	743.02	617.30	532.14
46	820.38	771.84	641.24	552.78
47	854.84	804.25	668.18	575.99
48	894.22	841.30	698.96	602.53
49	933.05	877.84	729.31	628.69
50	976.80	919.00	763.51	658.17
51	1,020.01	959.65	797.28	687.29
52	1,067.59	1,004.42	834.47	719.35
53	1,115.72	1,049.70	872.09	751.78
54	1,167.68	1,098.58	912.70	786.79
55	1,219.63	1,147.47	953.32	821.80
56	1,275.97	1,200.46	997.35	859.75
57	1,332.85	1,253.98	1,041.81	898.08
58	1,393.56	1,311.09	1,089.26	938.99
59	1,423.64	1,339.40	1,112.77	959.25
60	1,484.34	1,396.51	1,160.23	1,000.16
61	1,536.85	1,445.91	1,201.27	1,035.54
62	1,571.31	1,478.33	1,228.20	1,058.75
63	1,614.51	1,518.98	1,261.97	1,087.87
64+	1,640.76	1,543.68	1,282.50	1,105.56

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 4 San Francisco County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	442.65	416.46	345.99	298.26
15	482.00	453.48	376.75	324.77
16	497.04	467.63	388.51	334.91
17	512.09	481.78	400.27	345.05
18	528.29	497.03	412.93	355.96
19	544.49	512.27	425.59	366.88
20	561.27	528.06	438.71	378.19
21	578.63	544.39	452.28	389.88
22	578.63	544.39	452.28	389.88
23	578.63	544.39	452.28	389.88
24	578.63	544.39	452.28	389.88
25	580.94	546.57	454.09	391.44
26	592.51	557.45	463.13	399.24
27	606.40	570.52	473.99	408.60
28	628.97	591.75	491.63	423.80
29	647.48	609.17	506.10	436.28
30	656.74	617.88	513.34	442.52
31	670.63	630.95	524.19	451.87
32	684.52	644.01	535.05	461.23
33	693.20	652.18	541.83	467.08
34	702.45	660.89	549.07	473.32
35	707.08	665.24	552.69	476.44
36	711.71	669.60	556.30	479.55
37	716.34	673.95	559.92	482.67
38	720.97	678.31	563.54	485.79
39	730.23	687.02	570.78	492.03
40	739.49	695.73	578.01	498.27
41	753.37	708.79	588.87	507.63
42	766.68	721.31	599.27	516.59
43	785.20	738.73	613.74	529.07
44	808.34	760.51	631.83	544.67
45	835.54	786.10	653.09	562.99
46	867.94	816.58	678.42	584.82
47	904.39	850.88	706.91	609.39
48	946.06	890.07	739.48	637.46
49	987.14	928.73	771.59	665.14
50	1,033.43	972.28	807.77	696.33
51	1,079.14	1,015.28	843.50	727.13
52	1,129.48	1,062.65	882.85	761.05
53	1,180.40	1,110.55	922.65	795.36
54	1,235.37	1,162.27	965.62	832.40
55	1,290.34	1,213.99	1,008.58	869.44
56	1,349.94	1,270.06	1,055.17	909.59
57	1,410.11	1,326.67	1,102.20	950.14
58	1,474.34	1,387.10	1,152.41	993.42
59	1,506.17	1,417.04	1,177.28	1,014.86
60	1,570.39	1,477.47	1,227.49	1,058.14
61	1,625.94	1,529.73	1,270.90	1,095.57
62	1,662.40	1,564.03	1,299.40	1,120.13
63	1,708.11	1,607.03	1,335.13	1,150.93
64+	1,735.89	1,633.17	1,356.84	1,169.64

Region 5 Contra Costa County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	427.43	402.14	334.10	288.01
15	465.43	437.89	363.80	313.61
16	479.95	451.55	375.15	323.39
17	494.48	465.22	386.51	333.18
18	510.12	479.94	398.73	343.72
19	525.77	494.66	410.96	354.27
20	541.97	509.90	423.63	365.18
21	558.73	525.67	436.73	376.48
22	558.73	525.67	436.73	376.48
23	558.73	525.67	436.73	376.48
24	558.73	525.67	436.73	376.48
25	560.97	527.78	438.48	377.98
26	572.14	538.29	447.21	385.51
27	585.55	550.90	457.69	394.55
28	607.34	571.41	474.73	409.23
29	625.22	588.23	488.70	421.28
30	634.16	596.64	495.69	427.30
31	647.57	609.25	506.17	436.34
32	660.98	621.87	516.65	445.37
33	669.36	629.76	523.20	451.02
34	678.30	638.17	530.19	457.04
35	682.77	642.37	533.68	460.06
36	687.24	646.58	537.18	463.07
37	691.71	650.78	540.67	466.08
38	696.18	654.99	544.17	469.09
39	705.12	663.40	551.15	475.12
40	714.06	671.81	558.14	481.14
41	727.47	684.43	568.62	490.17
42	740.32	696.52	578.67	498.83
43	758.20	713.34	592.64	510.88
44	780.55	734.36	610.11	525.94
45	806.81	759.07	630.64	543.63
46	838.10	788.51	655.10	564.72
47	873.30	821.63	682.61	588.44
48	913.53	859.47	714.05	615.54
49	953.20	896.80	745.06	642.27
50	997.90	938.85	780.00	672.39
51	1,042.04	980.38	814.50	702.13
52	1,090.65	1,026.11	852.50	734.89
53	1,139.82	1,072.37	890.93	768.02
54	1,192.90	1,122.31	932.42	803.78
55	1,245.98	1,172.25	973.91	839.55
56	1,303.53	1,226.39	1,018.89	878.32
57	1,361.64	1,281.06	1,064.31	917.48
58	1,423.66	1,339.41	1,112.79	959.27
59	1,454.39	1,368.33	1,136.81	979.97
60	1,516.41	1,426.68	1,185.29	1,021.76
61	1,570.04	1,477.14	1,227.21	1,057.90
62	1,605.24	1,510.26	1,254.73	1,081.62
63	1,649.38	1,551.79	1,289.23	1,111.36
64+	1,676.19	1,577.01	1,310.19	1,129.44

Region 6 Alameda County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	427.43	402.14	334.10	288.01
15	465.43	437.89	363.80	313.61
16	479.95	451.55	375.15	323.39
17	494.48	465.22	386.51	333.18
18	510.12	479.94	398.73	343.72
19	525.77	494.66	410.96	354.27
20	541.97	509.90	423.63	365.18
21	558.73	525.67	436.73	376.48
22	558.73	525.67	436.73	376.48
23	558.73	525.67	436.73	376.48
24	558.73	525.67	436.73	376.48
25	560.97	527.78	438.48	377.98
26	572.14	538.29	447.21	385.51
27	585.55	550.90	457.69	394.55
28	607.34	571.41	474.73	409.23
29	625.22	588.23	488.70	421.28
30	634.16	596.64	495.69	427.30
31	647.57	609.25	506.17	436.34
32	660.98	621.87	516.65	445.37
33	669.36	629.76	523.20	451.02
34	678.30	638.17	530.19	457.04
35	682.77	642.37	533.68	460.06
36	687.24	646.58	537.18	463.07
37	691.71	650.78	540.67	466.08
38	696.18	654.99	544.17	469.09
39	705.12	663.40	551.15	475.12
40	714.06	671.81	558.14	481.14
41	727.47	684.43	568.62	490.17
42	740.32	696.52	578.67	498.83
43	758.20	713.34	592.64	510.88
44	780.55	734.36	610.11	525.94
45	806.81	759.07	630.64	543.63
46	838.10	788.51	655.10	564.72
47	873.30	821.63	682.61	588.44
48	913.53	859.47	714.05	615.54
49	953.20	896.80	745.06	642.27
50	997.90	938.85	780.00	672.39
51	1,042.04	980.38	814.50	702.13
52	1,090.65	1,026.11	852.50	734.89
53	1,139.82	1,072.37	890.93	768.02
54	1,192.90	1,122.31	932.42	803.78
55	1,245.98	1,172.25	973.91	839.55
56	1,303.53	1,226.39	1,018.89	878.32
57	1,361.64	1,281.06	1,064.31	917.48
58	1,423.66	1,339.41	1,112.79	959.27
59	1,454.39	1,368.33	1,136.81	979.97
60	1,516.41	1,426.68	1,185.29	1,021.76
61	1,570.04	1,477.14	1,227.21	1,057.90
62	1,605.24	1,510.26	1,254.73	1,081.62
63	1,649.38	1,551.79	1,289.23	1,111.36
64+	1,676.19	1,577.01	1,310.19	1,129.44

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 7 Santa Clara County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	427.29	402.01	333.99	287.91
15	465.27	437.74	363.68	313.50
16	479.79	451.40	375.03	323.29
17	494.32	465.07	386.38	333.07
18	509.96	479.78	398.60	343.61
19	525.60	494.49	410.83	354.15
20	541.79	509.73	423.49	365.06
21	558.55	525.50	436.59	376.35
22	558.55	525.50	436.59	376.35
23	558.55	525.50	436.59	376.35
24	558.55	525.50	436.59	376.35
25	560.78	527.60	438.33	377.86
26	571.96	538.11	447.06	385.39
27	585.36	550.72	457.54	394.42
28	607.14	571.22	474.57	409.10
29	625.02	588.03	488.54	421.14
30	633.95	596.44	495.52	427.16
31	647.36	609.05	506.00	436.19
32	660.76	621.66	516.48	445.23
33	669.14	629.55	523.03	450.87
34	678.08	637.96	530.02	456.89
35	682.55	642.16	533.51	459.90
36	687.02	646.36	537.00	462.92
37	691.48	650.57	540.49	465.93
38	695.95	654.77	543.99	468.94
39	704.89	663.18	550.97	474.96
40	713.83	671.59	557.96	480.98
41	727.23	684.20	568.43	490.01
42	740.08	696.29	578.48	498.67
43	757.95	713.10	592.45	510.71
44	780.29	734.12	609.91	525.77
45	806.55	758.82	630.43	543.45
46	837.82	788.25	654.88	564.53
47	873.01	821.35	682.38	588.24
48	913.23	859.19	713.82	615.34
49	952.89	896.50	744.82	642.06
50	997.57	938.54	779.74	672.17
51	1,041.70	980.06	814.23	701.90
52	1,090.29	1,025.77	852.22	734.64
53	1,139.44	1,072.02	890.63	767.76
54	1,192.50	1,121.94	932.11	803.52
55	1,245.57	1,171.86	973.59	839.27
56	1,303.10	1,225.99	1,018.55	878.03
57	1,361.19	1,280.64	1,063.96	917.17
58	1,423.19	1,338.97	1,112.42	958.95
59	1,453.91	1,367.87	1,136.43	979.65
60	1,515.90	1,426.20	1,184.89	1,021.42
61	1,569.53	1,476.65	1,226.81	1,057.55
62	1,604.71	1,509.76	1,254.31	1,081.26
63	1,648.84	1,551.27	1,288.80	1,111.00
64+	1,675.65	1,576.50	1,309.77	1,129.05

Region 8 San Mateo County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	442.65	416.46	345.99	298.26
15	482.00	453.48	376.75	324.77
16	497.04	467.63	388.51	334.91
17	512.09	481.78	400.27	345.05
18	528.29	497.03	412.93	355.96
19	544.49	512.27	425.59	366.88
20	561.27	528.06	438.71	378.19
21	578.63	544.39	452.28	389.88
22	578.63	544.39	452.28	389.88
23	578.63	544.39	452.28	389.88
24	578.63	544.39	452.28	389.88
25	580.94	546.57	454.09	391.44
26	592.51	557.45	463.13	399.24
27	606.40	570.52	473.99	408.60
28	628.97	591.75	491.63	423.80
29	647.48	609.17	506.10	436.28
30	656.74	617.88	513.34	442.52
31	670.63	630.95	524.19	451.87
32	684.52	644.01	535.05	461.23
33	693.20	652.18	541.83	467.08
34	702.45	660.89	549.07	473.32
35	707.08	665.24	552.69	476.44
36	711.71	669.60	556.30	479.55
37	716.34	673.95	559.92	482.67
38	720.97	678.31	563.54	485.79
39	730.23	687.02	570.78	492.03
40	739.49	695.73	578.01	498.27
41	753.37	708.79	588.87	507.63
42	766.68	721.31	599.27	516.59
43	785.20	738.73	613.74	529.07
44	808.34	760.51	631.83	544.67
45	835.54	786.10	653.09	562.99
46	867.94	816.58	678.42	584.82
47	904.39	850.88	706.91	609.39
48	946.06	890.07	739.48	637.46
49	987.14	928.73	771.59	665.14
50	1,033.43	972.28	807.77	696.33
51	1,079.14	1,015.28	843.50	727.13
52	1,129.48	1,062.65	882.85	761.05
53	1,180.40	1,110.55	922.65	795.36
54	1,235.37	1,162.27	965.62	832.40
55	1,290.34	1,213.99	1,008.58	869.44
56	1,349.94	1,270.06	1,055.17	909.59
57	1,410.11	1,326.67	1,102.20	950.14
58	1,474.34	1,387.10	1,152.41	993.42
59	1,506.17	1,417.04	1,177.28	1,014.86
60	1,570.39	1,477.47	1,227.49	1,058.14
61	1,625.94	1,529.73	1,270.90	1,095.57
62	1,662.40	1,564.03	1,299.40	1,120.13
63	1,708.11	1,607.03	1,335.13	1,150.93
64+	1,735.89	1,633.17	1,356.84	1,169.64

Region 9 Santa Cruz County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	461.74	434.42	360.92	311.13
15	502.79	473.04	393.00	338.78
16	518.48	487.80	405.27	349.36
17	534.17	502.57	417.53	359.93
18	551.07	518.47	430.74	371.32
19	567.98	534.37	443.95	382.70
20	585.48	550.83	457.63	394.50
21	603.59	567.87	471.79	406.70
22	603.59	567.87	471.79	406.70
23	603.59	567.87	471.79	406.70
24	603.59	567.87	471.79	406.70
25	606.00	570.14	473.68	408.33
26	618.07	581.50	483.11	416.46
27	632.56	595.13	494.43	426.22
28	656.10	617.28	512.83	442.08
29	675.41	635.45	527.93	455.10
30	685.07	644.53	535.48	461.60
31	699.56	658.16	546.80	471.37
32	714.04	671.79	558.13	481.13
33	723.10	680.31	565.20	487.23
34	732.75	689.39	572.75	493.73
35	737.58	693.94	576.53	496.99
36	742.41	698.48	580.30	500.24
37	747.24	703.02	584.07	503.49
38	752.07	707.57	587.85	506.75
39	761.73	716.65	595.40	513.26
40	771.38	725.74	602.95	519.76
41	785.87	739.37	614.27	529.52
42	799.75	752.43	625.12	538.88
43	819.07	770.60	640.22	551.89
44	843.21	793.32	659.09	568.16
45	871.58	820.01	681.26	587.27
46	905.38	851.81	707.68	610.05
47	943.41	887.58	737.41	635.67
48	986.86	928.47	771.37	664.95
49	1,029.72	968.79	804.87	693.83
50	1,078.01	1,014.22	842.61	726.37
51	1,125.69	1,059.08	879.89	758.50
52	1,178.20	1,108.48	920.93	793.88
53	1,231.32	1,158.46	962.45	829.67
54	1,288.66	1,212.40	1,007.27	868.30
55	1,346.00	1,266.35	1,052.09	906.94
56	1,408.17	1,324.84	1,100.68	948.83
57	1,470.94	1,383.90	1,149.75	991.13
58	1,537.94	1,446.93	1,202.12	1,036.27
59	1,571.14	1,478.17	1,228.07	1,058.64
60	1,638.13	1,541.20	1,280.43	1,103.78
61	1,696.08	1,595.72	1,325.73	1,142.83
62	1,734.10	1,631.49	1,355.45	1,168.45
63	1,781.79	1,676.35	1,392.72	1,200.58
64+	1,810.77	1,703.61	1,415.37	1,220.10

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 10 Merced, San Joaquin, Stanislaus, and Tulare counties.					Region 11 Fresno, Kings and Madera counties.				Region 12 Santa Barbara and Ventura counties.			
Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	459.14	431.97	358.88	309.37	332.26	312.60	259.71	223.88	348.50	327.88	272.40	234.82
15	499.95	470.37	390.78	336.87	361.80	340.39	282.80	243.78	379.48	357.02	296.62	255.69
16	515.56	485.05	402.98	347.39	373.09	351.01	291.62	251.39	391.32	368.17	305.87	263.68
17	531.16	499.73	415.18	357.90	384.38	361.64	300.45	259.00	403.17	379.31	315.13	271.66
18	547.97	515.54	428.31	369.22	396.54	373.08	309.96	267.19	415.92	391.31	325.10	280.25
19	564.77	531.35	441.45	380.55	408.71	384.52	319.46	275.39	428.68	403.31	335.07	288.85
20	582.18	547.73	455.05	392.27	421.30	396.37	329.31	283.87	441.89	415.74	345.40	297.75
21	600.18	564.67	469.13	404.41	434.33	408.63	339.49	292.65	455.56	428.60	356.08	306.96
22	600.18	564.67	469.13	404.41	434.33	408.63	339.49	292.65	455.56	428.60	356.08	306.96
23	600.18	564.67	469.13	404.41	434.33	408.63	339.49	292.65	455.56	428.60	356.08	306.96
24	600.18	564.67	469.13	404.41	434.33	408.63	339.49	292.65	455.56	428.60	356.08	306.96
25	602.58	566.93	471.00	406.02	436.07	410.26	340.85	293.83	457.38	430.31	357.51	308.18
26	614.59	578.22	480.39	414.11	444.75	418.44	347.64	299.68	466.49	438.89	364.63	314.32
27	628.99	591.77	491.65	423.82	455.18	428.24	355.79	306.70	477.42	449.17	373.17	321.69
28	652.40	613.79	509.94	439.59	472.12	444.18	369.03	318.12	495.19	465.89	387.06	333.66
29	671.60	631.86	524.95	452.53	486.02	457.26	379.89	327.48	509.77	479.60	398.46	343.48
30	681.21	640.90	532.46	459.00	492.97	463.80	385.32	332.16	517.06	486.46	404.15	348.40
31	695.61	654.45	543.72	468.71	503.39	473.60	393.47	339.19	527.99	496.75	412.70	355.76
32	710.02	668.00	554.98	478.41	513.81	483.41	401.62	346.21	538.92	507.03	421.25	363.13
33	719.02	676.47	562.02	484.48	520.33	489.54	406.71	350.60	545.76	513.46	426.59	367.73
34	728.62	685.51	569.52	490.95	527.28	496.08	412.14	355.28	553.05	520.32	432.28	372.65
35	733.42	690.02	573.27	494.18	530.75	499.35	414.86	357.62	556.69	523.75	435.13	375.10
36	738.23	694.54	577.03	497.42	534.23	502.62	417.57	359.96	560.34	527.18	437.98	377.56
37	743.03	699.06	580.78	500.66	537.70	505.88	420.29	362.31	563.98	530.61	440.83	380.01
38	747.83	703.58	584.53	503.89	541.18	509.15	423.01	364.65	567.62	534.04	443.68	382.47
39	757.43	712.61	592.04	510.36	548.13	515.69	428.44	369.33	574.91	540.89	449.38	387.38
40	767.03	721.65	599.55	516.83	555.07	522.23	433.87	374.01	582.20	547.75	455.07	392.29
41	781.44	735.20	610.80	526.54	565.50	532.04	442.02	381.04	593.14	558.04	463.62	399.66
42	795.24	748.19	621.59	535.84	575.49	541.43	449.83	387.77	603.61	567.90	471.81	406.72
43	814.45	766.25	636.61	548.78	589.39	554.51	460.69	397.13	618.19	581.61	483.20	416.54
44	838.46	788.84	655.37	564.96	606.76	570.86	474.27	408.84	636.41	598.75	497.45	428.82
45	866.66	815.38	677.42	583.96	627.17	590.06	490.23	422.59	657.82	618.90	514.18	443.25
46	900.27	847.00	703.69	606.61	651.50	612.95	509.24	438.98	683.34	642.90	534.12	460.43
47	938.09	882.58	733.25	632.09	678.86	638.69	530.62	457.42	712.04	669.90	556.56	479.77
48	981.30	923.23	767.02	661.20	710.13	668.11	555.07	478.49	744.84	700.76	582.19	501.87
49	1,023.91	963.32	800.33	689.92	740.97	697.12	579.17	499.27	777.18	731.19	607.48	523.67
50	1,071.93	1,008.50	837.86	722.27	775.72	729.81	606.33	522.68	813.62	765.48	635.96	548.22
51	1,119.34	1,053.11	874.92	754.22	810.03	762.10	633.15	545.80	849.61	799.34	664.09	572.47
52	1,171.56	1,102.23	915.74	789.40	847.81	797.65	662.69	571.26	889.25	836.63	695.07	599.18
53	1,224.37	1,151.92	957.02	824.99	886.04	833.61	692.56	597.02	929.34	874.34	726.41	626.19
54	1,281.39	1,205.57	1,001.59	863.41	927.30	872.43	724.81	624.82	972.61	915.06	760.24	655.35
55	1,338.41	1,259.21	1,046.16	901.83	968.56	911.25	757.07	652.62	1,015.89	955.78	794.06	684.51
56	1,400.23	1,317.37	1,094.48	943.48	1,013.29	953.33	792.03	682.76	1,062.81	999.92	830.74	716.13
57	1,462.65	1,376.10	1,143.26	985.54	1,058.46	995.83	827.34	713.20	1,110.19	1,044.50	867.77	748.05
58	1,529.27	1,438.78	1,195.34	1,030.43	1,106.68	1,041.19	865.02	745.68	1,160.76	1,092.07	907.30	782.13
59	1,562.28	1,469.83	1,221.14	1,052.67	1,130.56	1,063.66	883.70	761.78	1,185.81	1,115.65	926.88	799.01
60	1,628.90	1,532.51	1,273.21	1,097.56	1,178.77	1,109.02	921.38	794.26	1,236.38	1,163.22	966.41	833.08
61	1,686.51	1,586.72	1,318.25	1,136.38	1,220.47	1,148.25	953.97	822.36	1,280.11	1,204.37	1,000.59	862.55
62	1,724.33	1,622.29	1,347.80	1,161.86	1,247.83	1,173.99	975.36	840.80	1,308.82	1,231.37	1,023.02	881.89
63	1,771.74	1,666.90	1,384.87	1,193.81	1,282.14	1,206.28	1,002.18	863.92	1,344.80	1,265.23	1,051.15	906.14
64+	1,800.54	1,694.01	1,407.39	1,213.23	1,302.99	1,225.89	1,018.47	877.95	1,366.68	1,285.80	1,068.24	920.88

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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.			
Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	348.83	328.19	272.66	235.04	348.83	328.19	272.66	235.04	392.09	368.89	306.47	264.19
15	379.83	357.36	296.89	255.93	379.83	357.36	296.89	255.93	426.94	401.68	333.71	287.67
16	391.69	368.51	306.16	263.92	391.69	368.51	306.16	263.92	440.26	414.21	344.13	296.65
17	403.54	379.67	315.43	271.91	403.54	379.67	315.43	271.91	453.59	426.75	354.54	305.63
18	416.31	391.68	325.41	280.51	416.31	391.68	325.41	280.51	467.94	440.25	365.76	315.30
19	429.08	403.69	335.39	289.12	429.08	403.69	335.39	289.12	482.29	453.75	376.98	324.97
20	442.30	416.13	345.72	298.03	442.30	416.13	345.72	298.03	497.16	467.74	388.60	334.99
21	455.98	429.00	356.41	307.24	455.98	429.00	356.41	307.24	512.53	482.20	400.62	345.35
22	455.98	429.00	356.41	307.24	455.98	429.00	356.41	307.24	512.53	482.20	400.62	345.35
23	455.98	429.00	356.41	307.24	455.98	429.00	356.41	307.24	512.53	482.20	400.62	345.35
24	455.98	429.00	356.41	307.24	455.98	429.00	356.41	307.24	512.53	482.20	400.62	345.35
25	457.81	430.72	357.84	308.47	457.81	430.72	357.84	308.47	514.58	484.13	402.22	346.73
26	466.93	439.30	364.97	314.62	466.93	439.30	364.97	314.62	524.83	493.78	410.23	353.63
27	477.87	449.59	373.52	321.99	477.87	449.59	373.52	321.99	537.13	505.35	419.85	361.92
28	495.65	466.32	387.42	333.97	495.65	466.32	387.42	333.97	557.12	524.15	435.47	375.39
29	510.24	480.05	398.83	343.81	510.24	480.05	398.83	343.81	573.52	539.59	448.29	386.44
30	517.54	486.92	404.53	348.72	517.54	486.92	404.53	348.72	581.72	547.30	454.70	391.97
31	528.48	497.21	413.08	356.09	528.48	497.21	413.08	356.09	594.02	558.87	464.31	400.26
32	539.43	507.51	421.64	363.47	539.43	507.51	421.64	363.47	606.32	570.45	473.93	408.54
33	546.27	513.94	426.98	368.08	546.27	513.94	426.98	368.08	614.01	577.68	479.94	413.72
34	553.56	520.81	432.69	372.99	553.56	520.81	432.69	372.99	622.21	585.39	486.35	419.25
35	557.21	524.24	435.54	375.45	557.21	524.24	435.54	375.45	626.31	589.25	489.55	422.01
36	560.86	527.67	438.39	377.91	560.86	527.67	438.39	377.91	630.41	593.11	492.76	424.78
37	564.51	531.10	441.24	380.37	564.51	531.10	441.24	380.37	634.51	596.97	495.96	427.54
38	568.15	534.53	444.09	382.83	568.15	534.53	444.09	382.83	638.61	600.83	499.17	430.30
39	575.45	541.40	449.80	387.74	575.45	541.40	449.80	387.74	646.81	608.54	505.58	435.83
40	582.75	548.26	455.50	392.66	582.75	548.26	455.50	392.66	655.01	616.26	511.99	441.35
41	593.69	558.56	464.05	400.03	593.69	558.56	464.05	400.03	667.32	627.83	521.60	449.64
42	604.18	568.43	472.25	407.10	604.18	568.43	472.25	407.10	679.10	638.92	530.82	457.58
43	618.77	582.15	483.65	416.93	618.77	582.15	483.65	416.93	695.50	654.35	543.64	468.63
44	637.01	599.31	497.91	429.22	637.01	599.31	497.91	429.22	716.01	673.64	559.66	482.45
45	658.44	619.48	514.66	443.66	658.44	619.48	514.66	443.66	740.10	696.30	578.49	498.68
46	683.97	643.50	534.62	460.86	683.97	643.50	534.62	460.86	768.80	723.30	600.92	518.02
47	712.70	670.53	557.08	480.22	712.70	670.53	557.08	480.22	801.09	753.68	626.16	539.78
48	745.53	701.42	582.74	502.34	745.53	701.42	582.74	502.34	837.99	788.40	655.01	564.64
49	777.91	731.87	608.04	524.16	777.91	731.87	608.04	524.16	874.38	822.64	683.45	589.16
50	814.38	766.19	636.56	548.74	814.38	766.19	636.56	548.74	915.38	861.21	715.50	616.79
51	850.41	800.09	664.71	573.01	850.41	800.09	664.71	573.01	955.87	899.31	747.15	644.07
52	890.08	837.41	695.72	599.74	890.08	837.41	695.72	599.74	1,000.46	941.26	782.00	674.12
53	930.20	875.16	727.09	626.78	930.20	875.16	727.09	626.78	1,045.56	983.69	817.26	704.51
54	973.52	915.92	760.95	655.96	973.52	915.92	760.95	655.96	1,094.25	1,029.50	855.31	737.31
55	1,016.84	956.67	794.80	685.15	1,016.84	956.67	794.80	685.15	1,142.94	1,075.31	893.37	770.12
56	1,063.81	1,000.86	831.52	716.80	1,063.81	1,000.86	831.52	716.80	1,195.74	1,124.98	934.64	805.69
57	1,111.23	1,045.47	868.58	748.75	1,111.23	1,045.47	868.58	748.75	1,249.04	1,175.13	976.30	841.61
58	1,161.84	1,093.09	908.14	782.86	1,161.84	1,093.09	908.14	782.86	1,305.93	1,228.65	1,020.77	879.94
59	1,186.92	1,116.69	927.75	799.75	1,186.92	1,116.69	927.75	799.75	1,334.12	1,255.17	1,042.80	898.94
60	1,237.54	1,164.31	967.31	833.86	1,237.54	1,164.31	967.31	833.86	1,391.01	1,308.70	1,087.27	937.27
61	1,281.31	1,205.49	1,001.53	863.35	1,281.31	1,205.49	1,001.53	863.35	1,440.21	1,354.99	1,125.73	970.42
62	1,310.04	1,232.52	1,023.98	882.71	1,310.04	1,232.52	1,023.98	882.71	1,472.50	1,385.37	1,150.97	992.18
63	1,346.06	1,266.41	1,052.14	906.98	1,346.06	1,266.41	1,052.14	906.98	1,512.99	1,423.46	1,182.62	1,019.46
64+	1,367.94	1,287.00	1,069.23	921.72	1,367.94	1,287.00	1,069.23	921.72	1,537.59	1,446.60	1,201.86	1,036.05

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 17 Riverside and San Bernardino counties.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	348.83	328.19	272.66	235.04
15	379.83	357.36	296.89	255.93
16	391.69	368.51	306.16	263.92
17	403.54	379.67	315.43	271.91
18	416.31	391.68	325.41	280.51
19	429.08	403.69	335.39	289.12
20	442.30	416.13	345.72	298.03
21	455.98	429.00	356.41	307.24
22	455.98	429.00	356.41	307.24
23	455.98	429.00	356.41	307.24
24	455.98	429.00	356.41	307.24
25	457.81	430.72	357.84	308.47
26	466.93	439.30	364.97	314.62
27	477.87	449.59	373.52	321.99
28	495.65	466.32	387.42	333.97
29	510.24	480.05	398.83	343.81
30	517.54	486.92	404.53	348.72
31	528.48	497.21	413.08	356.09
32	539.43	507.51	421.64	363.47
33	546.27	513.94	426.98	368.08
34	553.56	520.81	432.69	372.99
35	557.21	524.24	435.54	375.45
36	560.86	527.67	438.39	377.91
37	564.51	531.10	441.24	380.37
38	568.15	534.53	444.09	382.83
39	575.45	541.40	449.80	387.74
40	582.75	548.26	455.50	392.66
41	593.69	558.56	464.05	400.03
42	604.18	568.43	472.25	407.10
43	618.77	582.15	483.65	416.93
44	637.01	599.31	497.91	429.22
45	658.44	619.48	514.66	443.66
46	683.97	643.50	534.62	460.86
47	712.70	670.53	557.08	480.22
48	745.53	701.42	582.74	502.34
49	777.91	731.87	608.04	524.16
50	814.38	766.19	636.56	548.74
51	850.41	800.09	664.71	573.01
52	890.08	837.41	695.72	599.74
53	930.20	875.16	727.09	626.78
54	973.52	915.92	760.95	655.96
55	1,016.84	956.67	794.80	685.15
56	1,063.81	1,000.86	831.52	716.80
57	1,111.23	1,045.47	868.58	748.75
58	1,161.84	1,093.09	908.14	782.86
59	1,186.92	1,116.69	927.75	799.75
60	1,237.54	1,164.31	967.31	833.86
61	1,281.31	1,205.49	1,001.53	863.35
62	1,310.04	1,232.52	1,023.98	882.71
63	1,346.06	1,266.41	1,052.14	906.98
64+	1,367.94	1,287.00	1,069.23	921.72

Region 18 Orange County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	354.64	333.66	277.20	238.96
15	386.17	363.31	301.84	260.20
16	398.22	374.65	311.26	268.32
17	410.27	385.99	320.69	276.44
18	423.25	398.21	330.83	285.19
19	436.23	410.42	340.98	293.94
20	449.68	423.07	351.49	302.99
21	463.58	436.15	362.36	312.37
22	463.58	436.15	362.36	312.37
23	463.58	436.15	362.36	312.37
24	463.58	436.15	362.36	312.37
25	465.44	437.90	363.81	313.61
26	474.71	446.62	371.05	319.86
27	485.84	457.09	379.75	327.36
28	503.92	474.10	393.88	339.54
29	518.75	488.05	405.48	349.54
30	526.17	495.03	411.27	354.53
31	537.29	505.50	419.97	362.03
32	548.42	515.97	428.67	369.53
33	555.37	522.51	434.10	374.21
34	562.79	529.49	439.90	379.21
35	566.50	532.98	442.80	381.71
36	570.21	536.47	445.70	384.21
37	573.92	539.96	448.60	386.71
38	577.63	543.45	451.50	389.21
39	585.04	550.42	457.29	394.20
40	592.46	557.40	463.09	399.20
41	603.59	567.87	471.79	406.70
42	614.25	577.90	480.12	413.88
43	629.08	591.86	491.72	423.88
44	647.63	609.30	506.21	436.37
45	669.41	629.80	523.24	451.06
46	695.38	654.23	543.53	468.55
47	724.58	681.71	566.36	488.23
48	757.96	713.11	592.45	510.72
49	790.87	744.08	618.18	532.89
50	827.96	778.97	647.17	557.88
51	864.58	813.42	675.79	582.56
52	904.92	851.37	707.32	609.74
53	945.71	889.75	739.21	637.22
54	989.75	931.18	773.63	666.90
55	1,033.79	972.62	808.05	696.57
56	1,081.54	1,017.54	845.38	728.75
57	1,129.75	1,062.90	883.06	761.23
58	1,181.21	1,111.31	923.28	795.91
59	1,206.71	1,135.30	943.21	813.09
60	1,258.17	1,183.72	983.43	847.76
61	1,302.67	1,225.59	1,018.22	877.75
62	1,331.88	1,253.06	1,041.05	897.42
63	1,368.50	1,287.52	1,069.68	922.10
64+	1,390.74	1,308.45	1,087.08	937.11

Region 19 San Diego County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	351.10	330.32	274.43	236.57
15	382.30	359.68	298.83	257.60
16	394.24	370.91	308.15	265.64
17	406.17	382.14	317.48	273.68
18	419.02	394.23	327.52	282.34
19	431.87	406.32	337.57	291.00
20	445.18	418.84	347.97	299.97
21	458.95	431.79	358.73	309.24
22	458.95	431.79	358.73	309.24
23	458.95	431.79	358.73	309.24
24	458.95	431.79	358.73	309.24
25	460.78	433.52	360.17	310.48
26	469.96	442.15	367.34	316.66
27	480.98	452.52	375.95	324.09
28	498.88	469.36	389.94	336.15
29	513.56	483.17	401.42	346.04
30	520.91	490.08	407.16	350.99
31	531.92	500.45	415.77	358.41
32	542.94	510.81	424.38	365.83
33	549.82	517.29	429.76	370.47
34	557.16	524.20	435.50	375.42
35	560.84	527.65	438.37	377.89
36	564.51	531.10	441.24	380.37
37	568.18	534.56	444.11	382.84
38	571.85	538.01	446.98	385.32
39	579.19	544.92	452.72	390.26
40	586.54	551.83	458.46	395.21
41	597.55	562.19	467.07	402.63
42	608.11	572.12	475.32	409.75
43	622.79	585.94	486.80	419.64
44	641.15	603.21	501.15	432.01
45	662.72	623.51	518.01	446.55
46	688.42	647.69	538.10	463.86
47	717.34	674.89	560.70	483.35
48	750.38	705.98	586.53	505.61
49	782.97	736.64	612.00	527.57
50	819.68	771.18	640.70	552.31
51	855.94	805.29	669.04	576.74
52	895.87	842.86	700.25	603.64
53	936.26	880.86	731.82	630.85
54	979.86	921.88	765.90	660.23
55	1,023.46	962.90	799.98	689.61
56	1,070.73	1,007.37	836.93	721.46
57	1,118.46	1,052.28	874.23	753.62
58	1,169.40	1,100.21	914.05	787.95
59	1,194.64	1,123.95	933.78	804.96
60	1,245.59	1,171.88	973.60	839.28
61	1,289.65	1,213.33	1,008.04	868.97
62	1,318.56	1,240.54	1,030.64	888.45
63	1,354.82	1,274.65	1,058.98	912.88
64+	1,376.85	1,295.37	1,076.19	927.72

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all HSP plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud *con* Health Net Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 14 Kern County.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	261.38	248.94	240.55	239.34	228.44	232.85	222.58
15	284.61	271.06	261.94	260.61	248.75	253.55	242.37
16	293.49	279.53	270.11	268.74	256.51	261.46	249.93
17	302.38	287.99	278.29	276.88	264.27	269.38	257.50
18	311.94	297.10	287.09	285.64	272.63	277.90	265.65
19	321.51	306.21	295.90	294.40	281.00	286.42	273.79
20	331.42	315.65	305.01	303.47	289.66	295.25	282.23
21	341.67	325.41	314.45	312.86	298.61	304.38	290.96
22	341.67	325.41	314.45	312.86	298.61	304.38	290.96
23	341.67	325.41	314.45	312.86	298.61	304.38	290.96
24	341.67	325.41	314.45	312.86	298.61	304.38	290.96
25	343.04	326.71	315.71	314.11	299.81	305.60	292.12
26	349.87	333.22	321.99	320.37	305.78	311.68	297.94
27	358.07	341.03	329.54	327.87	312.95	318.99	304.92
28	371.40	353.72	341.80	340.08	324.59	330.86	316.27
29	382.33	364.13	351.87	350.09	334.15	340.60	325.58
30	387.80	369.34	356.90	355.09	338.93	345.47	330.24
31	396.00	377.15	364.44	362.60	346.09	352.77	337.22
32	404.20	384.96	371.99	370.11	353.26	360.08	344.20
33	409.32	389.84	376.71	374.80	357.74	364.65	348.57
34	414.79	395.04	381.74	379.81	362.52	369.52	353.22
35	417.52	397.65	384.26	382.31	364.91	371.95	355.55
36	420.25	400.25	386.77	384.81	367.30	374.39	357.88
37	422.99	402.85	389.29	387.32	369.68	376.82	360.21
38	425.72	405.46	391.80	389.82	372.07	379.26	362.53
39	431.19	410.66	396.83	394.83	376.85	384.13	367.19
40	436.65	415.87	401.86	399.83	381.63	389.00	371.85
41	444.85	423.68	409.41	407.34	388.80	396.30	378.83
42	452.71	431.17	416.64	414.54	395.66	403.30	385.52
43	463.65	441.58	426.71	424.55	405.22	413.04	394.83
44	477.31	454.59	439.28	437.06	417.16	425.22	406.47
45	493.37	469.89	454.06	451.77	431.20	439.52	420.14
46	512.50	488.11	471.67	469.29	447.92	456.57	436.44
47	534.03	508.61	491.48	489.00	466.73	475.74	454.77
48	558.63	532.04	514.12	511.52	488.23	497.66	475.72
49	582.89	555.15	536.45	533.73	509.44	519.27	496.38
50	610.22	581.18	561.60	558.76	533.32	543.62	519.65
51	637.21	606.89	586.45	583.48	556.92	567.67	542.64
52	666.94	635.20	613.80	610.70	582.89	594.15	567.95
53	697.01	663.83	641.47	638.23	609.17	620.93	593.56
54	729.47	694.75	671.35	667.95	637.54	649.85	621.20
55	761.92	725.66	701.22	697.67	665.91	678.76	648.84
56	797.12	759.18	733.61	729.90	696.67	710.12	678.81
57	832.65	793.02	766.31	762.43	727.72	741.77	709.07
58	870.57	829.14	801.21	797.16	760.87	775.56	741.36
59	889.37	847.04	818.51	814.37	777.29	792.30	757.37
60	927.29	883.16	853.41	849.09	810.44	826.08	789.66
61	960.09	914.40	883.60	879.13	839.11	855.30	817.59
62	981.62	934.90	903.41	898.84	857.92	874.48	835.92
63	1,008.61	960.60	928.25	923.55	881.51	898.53	858.91
64+	1,025.01	976.23	943.35	938.58	895.83	913.14	872.88

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	210.17	200.17	193.42	192.45	183.68	187.23	178.98
15	228.85	217.96	210.62	209.55	200.01	203.87	194.88
16	235.99	224.76	217.19	216.09	206.25	210.24	200.97
17	243.14	231.56	223.76	222.63	212.50	216.60	207.05
18	250.83	238.89	230.84	229.68	219.22	223.45	213.60
19	258.52	246.22	237.92	236.72	225.94	230.31	220.15
20	266.49	253.80	245.26	244.02	232.91	237.40	226.94
21	274.73	261.65	252.84	251.56	240.11	244.75	233.95
22	274.73	261.65	252.84	251.56	240.11	244.75	233.95
23	274.73	261.65	252.84	251.56	240.11	244.75	233.95
24	274.73	261.65	252.84	251.56	240.11	244.75	233.95
25	275.83	262.70	253.85	252.57	241.07	245.72	234.89
26	281.32	267.93	258.91	257.60	245.87	250.62	239.57
27	287.92	274.21	264.98	263.64	251.64	256.49	245.18
28	298.63	284.42	274.84	273.45	261.00	266.04	254.31
29	307.42	292.79	282.93	281.50	268.68	273.87	261.80
30	311.82	296.98	286.98	285.52	272.52	277.79	265.54
31	318.41	303.26	293.04	291.56	278.29	283.66	271.15
32	325.01	309.54	299.11	297.60	284.05	289.53	276.77
33	329.13	313.46	302.90	301.37	287.65	293.20	280.28
34	333.52	317.65	306.95	305.40	291.49	297.12	284.02
35	335.72	319.74	308.97	307.41	293.41	299.08	285.89
36	337.92	321.83	311.00	309.42	295.34	301.04	287.76
37	340.12	323.93	313.02	311.43	297.26	302.99	289.64
38	342.31	326.02	315.04	313.45	299.18	304.95	291.51
39	346.71	330.21	319.09	317.47	303.02	308.87	295.25
40	351.11	334.39	323.13	321.50	306.86	312.78	298.99
41	357.70	340.67	329.20	327.53	312.62	318.66	304.61
42	364.02	346.69	335.02	333.32	318.15	324.29	309.99
43	372.81	355.06	343.11	341.37	325.83	332.12	317.48
44	383.80	365.53	353.22	351.43	335.43	341.91	326.83
45	396.71	377.83	365.10	363.26	346.72	353.41	337.83
46	412.10	392.48	379.26	377.34	360.17	367.12	350.93
47	429.40	408.97	395.19	393.19	375.29	382.54	365.67
48	449.18	427.80	413.40	411.30	392.58	400.16	382.52
49	468.69	446.38	431.35	429.17	409.63	417.54	399.13
50	490.67	467.31	451.58	449.29	428.84	437.12	417.84
51	512.37	487.99	471.55	469.16	447.81	456.45	436.33
52	536.27	510.75	493.55	491.05	468.69	477.74	456.68
53	560.45	533.77	515.80	513.19	489.82	499.28	477.27
54	586.55	558.63	539.82	537.09	512.64	522.53	499.49
55	612.65	583.49	563.84	560.98	535.45	545.78	521.72
56	640.95	610.44	589.88	586.90	560.18	570.99	545.82
57	669.52	637.65	616.18	613.06	585.15	596.44	570.15
58	700.01	666.70	644.24	640.98	611.80	623.61	596.12
59	715.12	681.09	658.15	654.82	625.01	637.07	608.98
60	745.62	710.13	686.21	682.74	651.66	664.24	634.95
61	771.99	735.25	710.48	706.89	674.71	687.73	657.41
62	789.30	751.73	726.41	722.74	689.84	703.15	672.15
63	811.00	772.40	746.39	742.61	708.81	722.49	690.63
64+	824.19	784.95	758.52	754.68	720.33	734.25	701.85

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud *con* Health Net Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

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

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	234.07	222.93	215.42	214.33	204.57	208.52	199.33
15	254.88	242.75	234.57	233.38	222.76	227.06	217.05
16	262.83	250.32	241.89	240.67	229.71	234.15	223.82
17	270.79	257.90	249.21	247.95	236.66	241.23	230.60
18	279.35	266.06	257.10	255.80	244.15	248.86	237.89
19	287.92	274.22	264.98	263.64	251.64	256.50	245.19
20	296.80	282.67	273.15	271.77	259.39	264.40	252.74
21	305.97	291.41	281.60	280.17	267.42	272.58	260.56
22	305.97	291.41	281.60	280.17	267.42	272.58	260.56
23	305.97	291.41	281.60	280.17	267.42	272.58	260.56
24	305.97	291.41	281.60	280.17	267.42	272.58	260.56
25	307.20	292.58	282.72	281.29	268.49	273.67	261.60
26	313.32	298.41	288.35	286.90	273.83	279.12	266.81
27	320.66	305.40	295.11	293.62	280.25	285.66	273.07
28	332.59	316.76	306.10	304.55	290.68	296.29	283.23
29	342.39	326.09	315.11	313.51	299.24	305.02	291.57
30	347.28	330.75	319.61	317.99	303.52	309.38	295.74
31	354.62	337.75	326.37	324.72	309.94	315.92	301.99
32	361.97	344.74	333.13	331.44	316.35	322.46	308.24
33	366.56	349.11	337.35	335.65	320.37	326.55	312.15
34	371.45	353.77	341.86	340.13	324.64	330.91	316.32
35	373.90	356.10	344.11	342.37	326.78	333.09	318.41
36	376.35	358.44	346.36	344.61	328.92	335.27	320.49
37	378.80	360.77	348.62	346.85	331.06	337.45	322.58
38	381.24	363.10	350.87	349.09	333.20	339.63	324.66
39	386.14	367.76	355.37	353.58	337.48	344.00	328.83
40	391.04	372.42	359.88	358.06	341.76	348.36	333.00
41	398.38	379.42	366.64	364.78	348.18	354.90	339.25
42	405.42	386.12	373.12	371.23	354.33	361.17	345.24
43	415.21	395.45	382.13	380.19	362.88	369.89	353.58
44	427.45	407.10	393.39	391.40	373.58	380.79	364.00
45	441.83	420.80	406.63	404.57	386.15	393.60	376.25
46	458.96	437.12	422.39	420.26	401.13	408.87	390.84
47	478.24	455.48	440.14	437.91	417.97	426.04	407.26
48	500.27	476.46	460.41	458.08	437.23	445.67	426.02
49	521.99	497.15	480.40	477.97	456.21	465.02	444.52
50	546.47	520.46	502.93	500.39	477.61	486.83	465.36
51	570.64	543.48	525.18	522.52	498.73	508.36	485.95
52	597.26	568.83	549.68	546.90	522.00	532.07	508.62
53	624.19	594.48	574.46	571.55	545.53	556.06	531.55
54	653.26	622.16	601.21	598.17	570.94	581.96	556.30
55	682.32	649.85	627.96	624.78	596.34	607.85	581.05
56	713.84	679.86	656.96	653.64	623.88	635.93	607.89
57	745.66	710.17	686.25	682.78	651.70	664.28	634.99
58	779.62	742.52	717.51	713.88	681.38	694.53	663.91
59	796.45	758.54	733.00	729.29	696.09	709.52	678.24
60	830.41	790.89	764.25	760.39	725.77	739.78	707.16
61	859.79	818.87	791.29	787.28	751.44	765.95	732.18
62	879.06	837.22	809.03	804.93	768.29	783.12	748.59
63	903.24	860.25	831.27	827.07	789.41	804.65	769.18
64+	917.91	874.23	844.80	840.51	802.26	817.74	781.68

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 17 Riverside and San Bernardino counties.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	217.18	206.84	199.88	198.87	189.81	193.48	184.95
15	236.48	225.23	217.64	216.54	206.68	210.67	201.39
16	243.87	232.26	224.44	223.30	213.14	217.25	207.67
17	251.25	239.29	231.23	230.06	219.59	223.83	213.96
18	259.20	246.86	238.55	237.34	226.53	230.91	220.73
19	267.15	254.43	245.86	244.62	233.48	237.99	227.50
20	275.38	262.27	253.44	252.16	240.68	245.32	234.51
21	283.90	270.38	261.28	259.95	248.12	252.91	241.76
22	283.90	270.38	261.28	259.95	248.12	252.91	241.76
23	283.90	270.38	261.28	259.95	248.12	252.91	241.76
24	283.90	270.38	261.28	259.95	248.12	252.91	241.76
25	285.03	271.46	262.32	260.99	249.11	253.92	242.73
26	290.71	276.87	267.55	266.19	254.08	258.98	247.56
27	297.52	283.36	273.82	272.43	260.03	265.05	253.36
28	308.59	293.91	284.01	282.57	269.71	274.91	262.79
29	317.68	302.56	292.37	290.89	277.65	283.01	270.53
30	322.22	306.88	296.55	295.05	281.62	287.05	274.40
31	329.03	313.37	302.82	301.29	287.57	293.12	280.20
32	335.85	319.86	309.09	307.53	293.53	299.19	286.00
33	340.11	323.92	313.01	311.43	297.25	302.99	289.63
34	344.65	328.25	317.19	315.58	301.22	307.03	293.50
35	346.92	330.41	319.28	317.66	303.20	309.06	295.43
36	349.19	332.57	321.37	319.74	305.19	311.08	297.36
37	351.46	334.73	323.46	321.82	307.17	313.10	299.30
38	353.73	336.90	325.55	323.90	309.16	315.13	301.23
39	358.28	341.22	329.73	328.06	313.13	319.17	305.10
40	362.82	345.55	333.91	332.22	317.10	323.22	308.97
41	369.63	352.04	340.18	338.46	323.05	329.29	314.77
42	376.16	358.26	346.19	344.44	328.76	335.11	320.33
43	385.25	366.91	354.55	352.76	336.70	343.20	328.07
44	396.60	377.73	365.00	363.16	346.62	353.32	337.74
45	409.95	390.43	377.28	375.37	358.29	365.20	349.10
46	425.84	405.57	391.91	389.93	372.18	379.37	362.64
47	443.73	422.61	408.38	406.31	387.81	395.30	377.87
48	464.17	442.08	427.19	425.03	405.68	413.51	395.28
49	484.33	461.27	445.74	443.48	423.29	431.46	412.44
50	507.04	482.90	466.64	464.28	443.14	451.70	431.78
51	529.47	504.26	487.28	484.82	462.74	471.68	450.88
52	554.16	527.79	510.01	507.43	484.33	493.68	471.91
53	579.15	551.58	533.00	530.31	506.17	515.94	493.19
54	606.12	577.27	557.83	555.00	529.74	539.96	516.16
55	633.09	602.95	582.65	579.70	553.31	563.99	539.12
56	662.33	630.80	609.56	606.47	578.86	590.04	564.02
57	691.85	658.92	636.73	633.51	604.67	616.34	589.17
58	723.37	688.94	665.73	662.36	632.21	644.41	616.00
59	738.98	703.81	680.10	676.66	645.86	658.32	629.30
60	770.49	733.82	709.10	705.52	673.40	686.40	656.14
61	797.75	759.78	734.19	730.47	697.22	710.68	679.34
62	815.63	776.81	750.65	746.85	712.85	726.61	694.57
63	838.06	798.17	771.29	767.39	732.45	746.59	713.67
64+	851.70	811.14	783.84	779.85	744.36	758.73	725.28

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud *con* Health Net Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 18 Orange County.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	250.24	238.33	230.31	229.14	218.71	222.93	213.10
15	272.49	259.52	250.78	249.51	238.15	242.75	232.05
16	280.99	267.62	258.61	257.30	245.58	250.32	239.29
17	289.50	275.72	266.43	265.08	253.02	257.90	246.53
18	298.66	284.44	274.86	273.47	261.02	266.06	254.33
19	307.82	293.17	283.29	281.86	269.03	274.22	262.13
20	317.30	302.20	292.02	290.55	277.32	282.67	270.21
21	327.12	311.55	301.05	299.53	285.89	291.41	278.57
22	327.12	311.55	301.05	299.53	285.89	291.41	278.57
23	327.12	311.55	301.05	299.53	285.89	291.41	278.57
24	327.12	311.55	301.05	299.53	285.89	291.41	278.57
25	328.43	312.79	302.26	300.73	287.04	292.58	279.68
26	334.97	319.02	308.28	306.72	292.76	298.41	285.25
27	342.82	326.50	315.50	313.91	299.62	305.40	291.94
28	355.58	338.65	327.25	325.59	310.77	316.77	302.80
29	366.04	348.62	336.88	335.18	319.92	326.09	311.72
30	371.28	353.61	341.70	339.97	324.49	330.75	316.17
31	379.13	361.08	348.92	347.16	331.35	337.75	322.86
32	386.98	368.56	356.15	354.35	338.21	344.74	329.54
33	391.89	373.23	360.66	358.84	342.50	349.11	333.72
34	397.12	378.22	365.48	363.63	347.08	353.78	338.18
35	399.74	380.71	367.89	366.03	349.36	356.11	340.41
36	402.35	383.20	370.30	368.42	351.65	358.44	342.64
37	404.97	385.70	372.71	370.82	353.94	360.77	344.86
38	407.59	388.19	375.11	373.22	356.23	363.10	347.09
39	412.82	393.17	379.93	378.01	360.80	367.76	351.55
40	418.06	398.16	384.75	382.80	365.37	372.43	356.01
41	425.91	405.63	391.97	389.99	372.24	379.42	362.69
42	433.43	412.80	398.90	396.88	378.81	386.12	369.10
43	443.90	422.77	408.53	406.46	387.96	395.45	378.01
44	456.98	435.23	420.57	418.44	399.40	407.11	389.16
45	472.36	449.87	434.72	432.52	412.83	420.80	402.25
46	490.68	467.32	451.58	449.30	428.84	437.12	417.85
47	511.28	486.95	470.55	468.17	446.85	455.48	435.40
48	534.84	509.38	492.22	489.73	467.44	476.46	455.45
49	558.06	531.50	513.60	511.00	487.74	497.15	475.23
50	584.23	556.42	537.68	534.96	510.61	520.47	497.52
51	610.07	581.04	561.47	558.63	533.19	543.49	519.53
52	638.53	608.14	587.66	584.68	558.07	568.84	543.76
53	667.32	635.56	614.15	611.04	583.23	594.48	568.27
54	698.39	665.15	642.75	639.50	610.39	622.17	594.74
55	729.47	694.75	671.35	667.95	637.55	649.85	621.20
56	763.16	726.84	702.36	698.81	666.99	679.87	649.89
57	797.18	759.24	733.67	729.96	696.73	710.18	678.86
58	833.49	793.82	767.09	763.20	728.46	742.52	709.79
59	851.48	810.96	783.64	779.68	744.18	758.55	725.11
60	887.79	845.54	817.06	812.93	775.92	790.90	756.03
61	919.20	875.45	845.96	841.68	803.36	818.87	782.77
62	939.81	895.08	864.93	860.55	821.38	837.23	800.32
63	965.65	919.69	888.71	884.22	843.96	860.25	822.33
64+	981.36	934.65	903.15	898.59	857.67	874.23	835.71

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net Rates

New and renewing business, effective July 1, 2018, to September 15, 2018

Region 19 San Diego County.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	279.21	265.92	256.97	255.67	244.03	248.74	237.77
15	304.03	289.56	279.81	278.39	265.72	270.85	258.91
16	313.52	298.60	288.54	287.08	274.01	279.30	266.99
17	323.01	307.64	297.28	295.77	282.31	287.76	275.07
18	333.23	317.37	306.68	305.13	291.24	296.86	283.77
19	343.45	327.10	316.09	314.49	300.17	305.96	292.47
20	354.03	337.18	325.83	324.18	309.42	315.39	301.49
21	364.98	347.61	335.90	334.21	318.99	325.15	310.81
22	364.98	347.61	335.90	334.21	318.99	325.15	310.81
23	364.98	347.61	335.90	334.21	318.99	325.15	310.81
24	364.98	347.61	335.90	334.21	318.99	325.15	310.81
25	366.44	349.00	337.25	335.54	320.27	326.45	312.06
26	373.74	355.96	343.97	342.23	326.65	332.95	318.27
27	382.50	364.30	352.03	350.25	334.30	340.76	325.73
28	396.74	377.85	365.13	363.28	346.74	353.44	337.85
29	408.42	388.98	375.88	373.98	356.95	363.84	347.80
30	414.26	394.54	381.25	379.32	362.05	369.04	352.77
31	423.02	402.88	389.31	387.34	369.71	376.85	360.23
32	431.78	411.23	397.38	395.36	377.37	384.65	367.69
33	437.25	416.44	402.41	400.38	382.15	389.53	372.35
34	443.09	422.00	407.79	405.73	387.25	394.73	377.33
35	446.01	424.78	410.48	408.40	389.81	397.33	379.81
36	448.93	427.56	413.16	411.07	392.36	399.93	382.30
37	451.85	430.34	415.85	413.75	394.91	402.53	384.79
38	454.77	433.13	418.54	416.42	397.46	405.14	387.27
39	460.61	438.69	423.91	421.77	402.57	410.34	392.25
40	466.45	444.25	429.29	427.11	407.67	415.54	397.22
41	475.21	452.59	437.35	435.14	415.33	423.34	404.68
42	483.60	460.59	445.07	442.82	422.66	430.82	411.83
43	495.28	471.71	455.82	453.52	432.87	441.23	421.77
44	509.88	485.61	469.26	466.88	445.63	454.23	434.21
45	527.04	501.95	485.05	482.59	460.62	469.51	448.81
46	547.48	521.42	503.86	501.31	478.49	487.72	466.22
47	570.47	543.32	525.02	522.36	498.58	508.21	485.80
48	596.75	568.35	549.20	546.43	521.55	531.62	508.18
49	622.66	593.03	573.05	570.15	544.20	554.70	530.25
50	651.86	620.84	599.93	596.89	569.72	580.72	555.11
51	680.70	648.30	626.46	623.29	594.92	606.40	579.67
52	712.45	678.54	655.69	652.37	622.67	634.69	606.71
53	744.57	709.13	685.25	681.78	650.74	663.30	634.06
54	779.24	742.15	717.16	713.53	681.04	694.19	663.59
55	813.91	775.18	749.07	745.28	711.35	725.08	693.11
56	851.51	810.98	783.67	779.70	744.21	758.57	725.13
57	889.47	847.13	818.60	814.46	777.38	792.39	757.45
58	929.98	885.72	855.88	851.55	812.79	828.48	791.95
59	950.05	904.83	874.36	869.94	830.33	846.36	809.05
60	990.57	943.42	911.65	907.03	865.74	882.45	843.55
61	1,025.61	976.79	943.89	939.12	896.36	913.67	873.38
62	1,048.60	998.69	965.05	960.17	916.46	934.15	892.97
63	1,077.43	1,026.15	991.59	986.57	941.66	959.84	917.52
64+	1,094.94	1,042.83	1,007.70	1,002.63	956.97	975.45	932.43

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Dental Rates

New business, effective July 1, 2018, to September 15, 2018

(Renewing dental business, please contact Account Management for rates.)

Dental – HMO

	Specialty referral	Minimum enrolled	Minimum participation	Employee	Employee and spouse/ domestic partner	Employee and child(ren)	Family
Employer-paid group plan Plus DHMO 150-S (Plan code TW)	Yes	2	50%	\$17.02	\$32.34	\$34.02	\$48.49
Plus DHMO 225-S (Plan code TX)	Yes	2	50%	\$14.57	\$27.69	\$29.15	\$41.53
Voluntary group plan Plus DHMO 150 (V)-S (Plan code U1)	Yes	2	Less than 50%	\$17.95	\$34.09	\$35.87	\$51.15
Plus DHMO 225 (V)-S (Plan code U2)	Yes	2	Less than 50%	\$15.12	\$28.73	\$30.23	\$43.10

Voluntary DHMO rates apply to groups with less than 50% participation, less than 50% contribution or who do not have proof of prior group coverage.

Employer-paid dental – PPO

DPPO plans	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan code 14U – Classic 4 1500								
Employee	\$59.45	\$57.15	\$62.46	\$42.30	\$58.37	\$57.14	\$62.86	\$55.20
Employee and spouse/domestic partner	\$118.90	\$114.31	\$124.91	\$84.60	\$116.73	\$114.28	\$125.73	\$110.40
Employee and child(ren)	\$120.00	\$115.42	\$125.98	\$85.77	\$117.84	\$115.40	\$126.80	\$111.52
Family	\$187.53	\$180.35	\$196.91	\$133.87	\$184.13	\$180.30	\$198.18	\$174.23
Plan code TV – Classic 5 with ortho								
Employee	\$56.22	\$54.23	\$58.52	\$41.19	\$55.39	\$54.53	\$58.94	\$52.61
Employee and spouse/domestic partner	\$112.43	\$108.46	\$117.03	\$82.38	\$110.79	\$109.07	\$117.87	\$105.21
Employee and child(ren)	\$119.72	\$115.89	\$123.79	\$90.27	\$118.01	\$116.43	\$124.66	\$112.58
Family	\$184.41	\$178.35	\$191.01	\$138.00	\$181.75	\$179.22	\$192.36	\$173.18
Plan code TT – Essential 2 1000								
Employee	\$34.73	\$34.38	\$32.79	\$27.80	\$34.39	\$35.36	\$33.26	\$34.26
Employee and spouse/domestic partner	\$69.45	\$68.77	\$65.59	\$55.60	\$68.77	\$70.71	\$66.51	\$68.53
Employee and child(ren)	\$70.67	\$69.99	\$66.80	\$56.84	\$69.99	\$71.93	\$67.72	\$69.75
Family	\$110.19	\$109.13	\$104.13	\$88.52	\$109.12	\$112.17	\$105.57	\$108.74
Plan code 14S – Essential 5 5100 with ortho								
Employee	\$42.61	\$41.80	\$41.29	\$33.18	\$42.30	\$42.24	\$41.94	\$40.67
Employee and spouse/domestic partner	\$85.22	\$83.60	\$82.57	\$66.35	\$84.61	\$84.48	\$83.88	\$81.35
Employee and child(ren)	\$93.98	\$92.36	\$91.32	\$75.14	\$93.36	\$93.24	\$92.63	\$90.11
Family	\$143.44	\$140.90	\$139.28	\$113.92	\$142.48	\$142.28	\$141.32	\$137.38
Plan code TU – Essential 6 1500								
Employee	\$40.00	\$39.18	\$38.67	\$30.56	\$39.69	\$39.63	\$39.33	\$38.06
Employee and spouse/domestic partner	\$79.99	\$78.37	\$77.35	\$61.13	\$79.38	\$79.25	\$78.65	\$76.12
Employee and child(ren)	\$81.20	\$79.58	\$78.54	\$62.36	\$80.58	\$80.46	\$79.85	\$77.33
Family	\$126.69	\$124.15	\$122.53	\$97.17	\$125.73	\$125.53	\$124.57	\$120.63

The above rates are effective when the employer contributes 50% or more of the premium. Requires a minimum of 75% employee participation. Proof of prior group coverage is required for employer-paid rates. Area is determined by group's home-office ZIP code.

Details on dental rating areas found on page 3.

Dental Rates

New business, effective July 1, 2018, to September 15, 2018

(Renewing dental business, please contact Account Management for rates.)

Voluntary dental – PPO

<i>DPPO plans</i>	<i>Area 1</i>	<i>Area 2</i>	<i>Area 3</i>	<i>Area 4</i>	<i>Area 5</i>	<i>Area 6</i>	<i>Area 7</i>	<i>Area 8</i>
Plan code 14V – Classic 4 1500								
Employee	\$63.43	\$60.97	\$66.65	\$45.08	\$62.27	\$60.96	\$67.08	\$58.88
Employee and spouse/domestic partner	\$126.86	\$121.94	\$133.29	\$90.16	\$124.54	\$121.92	\$134.16	\$117.77
Employee and child(ren)	\$127.95	\$123.05	\$134.35	\$91.32	\$125.63	\$123.02	\$135.22	\$118.87
Family	\$199.98	\$192.30	\$210.02	\$142.57	\$196.35	\$192.25	\$211.38	\$185.76
Plan code UO – Classic 5 1500 with ortho								
Employee	\$59.97	\$57.84	\$62.43	\$43.89	\$59.09	\$58.17	\$62.88	\$56.11
Employee and spouse/domestic partner	\$119.94	\$115.69	\$124.86	\$87.78	\$118.18	\$116.34	\$125.76	\$112.21
Employee and child(ren)	\$127.65	\$123.55	\$132.00	\$96.13	\$125.82	\$124.13	\$132.93	\$120.01
Family	\$196.64	\$190.16	\$203.70	\$146.99	\$193.80	\$191.09	\$205.15	\$184.63
Plan code TV – Essential 2 1000								
Employee	\$36.98	\$36.61	\$34.91	\$29.57	\$36.61	\$37.65	\$35.40	\$36.48
Employee and spouse/domestic partner	\$73.95	\$73.22	\$69.81	\$59.13	\$73.22	\$75.30	\$70.80	\$72.96
Employee and child(ren)	\$75.17	\$74.44	\$71.02	\$60.37	\$74.43	\$76.51	\$72.01	\$74.17
Family	\$117.23	\$116.09	\$110.74	\$94.04	\$116.09	\$119.34	\$112.29	\$115.68
Plan code 14T – Essential 5 1500 with ortho								
Employee	\$45.41	\$44.54	\$43.99	\$35.32	\$45.08	\$45.01	\$44.69	\$43.34
Employee and spouse/domestic partner	\$90.82	\$89.08	\$87.99	\$70.64	\$90.16	\$90.03	\$89.39	\$86.68
Employee and child(ren)	\$100.10	\$98.37	\$97.26	\$79.95	\$99.44	\$99.31	\$98.65	\$95.97
Family	\$152.80	\$150.09	\$148.36	\$121.22	\$151.77	\$151.56	\$150.54	\$146.32
Plan code TZ – Essential 6 1500								
Employee	\$42.61	\$41.75	\$41.20	\$32.52	\$42.29	\$42.22	\$41.90	\$40.54
Employee and spouse/domestic partner	\$85.23	\$83.49	\$82.40	\$65.04	\$84.57	\$84.44	\$83.79	\$81.09
Employee and child(ren)	\$86.43	\$84.70	\$83.58	\$66.27	\$85.77	\$85.64	\$84.98	\$82.29
Family	\$134.88	\$132.17	\$130.43	\$103.30	\$133.85	\$133.64	\$132.62	\$128.40

Voluntary rates apply to those cases with less than 50% contribution, less than 75% participation or who do not have proof of prior group coverage.

Area is determined by group's home-office ZIP code.

Details on dental rating areas found on page 3.

Rate Guide

New and renewing business, effective July 1, 2018, to September 15, 2018

Vision – Employer-paid

Plan	Exam copay	Materials copay	Employee	Employee and spouse/ domestic partner	Employee and child(ren)	Family
Preferred Value 10-2 ¹	N/A	\$10	\$4.73	\$8.99	\$9.46	\$14.19
Preferred 1025-2	\$10	\$25	\$6.29	\$11.96	\$12.59	\$18.88
Preferred 1025-3	\$10	\$25	\$5.76	\$10.93	\$11.51	\$17.27

Vision – Voluntary

Plan	Exam copay	Materials copay	Employee	Employee and spouse/ domestic partner	Employee and child(ren)	Family
Preferred 1025-2	\$10	\$25	\$8.53	\$16.20	\$17.05	\$25.58
Preferred 1025-3	\$10	\$25	\$8.06	\$15.31	\$16.12	\$24.18

Chiropractic

Network	Plan	Monthly rate per member
Full Network, WholeCare, Salud, and SmartCare HMO	Platinum \$10	\$3.00
	Platinum \$20	\$3.00
	Gold \$30	\$3.00
	Gold \$40	\$3.00
	Silver \$40	\$3.00
CommunityCare HMO	Gold \$5	\$3.00
	Silver \$20	\$3.00
	Bronze \$45	\$3.00
PureCare HSP	Health Net Platinum 90 HSP 0/15	\$3.00
	Health Net Gold 80 HSP 0/25	\$3.00
	Health Net Silver 70 HSP 2000/45	\$3.00
	Health Net Bronze 60 HSP 6300/75	\$3.00

Basic Life and Accidental Death & Dismemberment

Age tier	Monthly rate per \$1,000 coverage
0–29	\$0.19
30–34	\$0.21
35–39	\$0.25
40–44	\$0.33
45–49	\$0.46
50–54	\$0.74
55–59	\$1.15
60–64	\$2.30
65–69	\$3.82
70–74	\$6.25
75–79	\$9.75
80–84	\$14.16
85 and over	\$29.24

¹Preferred Value Vision Plan may not be offered on a voluntary basis.

Glossary

Coinsurance Refers to the percentage of covered costs payable by member. I.e., if a member's coinsurance is 20%, 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. Generally, if you go out-of-network, you will pay more.

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.

PPO (preferred provider organization) Plans that offer insureds access to visit any physician or hospital in our large statewide PPO network. When visiting in-network physicians, insureds receive in-network specific discounts and a lower coinsurance than for out-of-network providers.

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

Health Net Life Insurance Company (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:

Group Employer Applicants 1-800-522-0088 (TTY: 711)

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

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

Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: healthnet.com (Group) or myhealthnetca.com (IFP)

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

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

(continued)

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.

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Health Net of California, Inc.

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: healthnet.com (Group) or myhealthnetca.com (IFP)

If you are not satisfied with the decision or it has been more than 30 days since you filed the complaint, you may submit an Independent Medical Review Application/Complaint Form to the Department of Managed Health Care (DMHC). The form is available at www.dmhc.ca.gov/FileaComplaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711). For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

Arabic

خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المبين على بطاقتك أو الاتصال بالرقم الفرعي لخطة الأفراد والعائلة: (TTY: 711) 1-800-839-2172. للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: (TTY: 711) 1-888-926-4988 أو المشروعات الصغيرة (TTY: 711) 1-888-926-5133. لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم (TTY: 711) 1-800-522-0088.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝ 1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆորնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի Խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 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，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（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, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (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, hu xovtooj rau Neeg Qhua Lub Chaw Tiv Toj ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Kev Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (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。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターまでお問い合わせいただくか、Individual & Family Plan (IFP) (個人・家族向けプラン) Off Exchange: 1-800-839-2172 (TTY: 711) までお電話ください。カリフォルニア州のマーケットプレイスについては、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business 1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、1-800-522-0088 (TTY: 711) までお電話ください。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអភិវឌ្ឍន៍ចំនួនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (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 고객센터 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

Navajo

Doo bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóot'íjį́. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídooltah nínízingo t'áá ná ákódoolnííł. Ákót'éégo shíká a'doowoł nínízingo Customer Contact Center hoolyéhíjį́' hodíílnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kojį́' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojį́' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojį́' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojį́' hólne' 1-800-522-0088 (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، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (IFP) Off Exchange) به شماره: 1-800-839-2172 (TTY:711) تماس بگیرید. برای بازار کالیفرنیا، با IFP On Exchange شماره 1-888-926-4988 (TTY:711) یا کسب و کار کوچک (TTY:711) 1-888-926-5133 (TTY:711) تماس بگیرید. برای طرح های گروهی از طریق Health Net، با 1-800-522-0088 (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, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਔਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੋਲ ਬਿਜਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੈਨਾਂ ਲਈ, 1-800-522-0088 (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, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (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, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (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, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรมด TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรมด TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรมด TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรมด 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, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).

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

FLY017549EH00 (12/17)

For more information, please contact:

Health Net, 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 2

www.healthnet.com/broker

www.healthnet.com/employer/reformguide

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