

CaliforniaChoice Benefits *and* Rates Guide

Choice made simple

New and renewing business,
effective January 1, 2018, to March 15, 2018



Andre Hamil,
Health Net
*We partner with you to
promote workforce health.*



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New and renewing business, effective January 1, 2018, to March 15, 2018

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WholeCare HMO

Plan footnotes found on page 26.

Benefit description	WholeCare HMO			
	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
Unlimited lifetime maximum¹	✓	✓	✓	✓
Plan maximums				
Out-of-pocket maximum (single / family)	\$2,000 / \$4,000	\$6,850 / \$13,700	\$7,000 / \$14,000	\$7,200 / \$14,400
Professional services				
Office visit copay	\$20	\$30	\$45	\$45
Specialist visit	\$20	\$45	\$60	\$60
MinuteClinic services ²	\$20	\$30	\$30	\$30
Preventive care services ³	\$0	\$0	\$0	\$0
X-ray / Laboratory procedures	\$20 / \$20	\$50 / \$40	\$50 / \$40	\$50 / \$40
Rehabilitation and habilitation therapy	\$20	\$30	\$45	\$45
Outpatient services				
Outpatient surgery ASC / hospital (includes facility fee and physician/surgeon fees)	\$350	40%	40%	40% / 50%
Hospital services				
Inpatient hospital stay (includes maternity)	\$350 per admission	\$650 per admission	\$800 per admission	50%
Skilled nursing facility	\$350 per admission	\$25 per day	\$25 per day	\$25 per day
Emergency services				
Emergency room (copay waived if admitted)	\$100	\$250	\$300	\$300
Urgent care	\$20	\$45	\$60	\$60
Ambulance services (ground and air)	\$50	\$250	\$300	\$300
Mental/Behavioral health / Substance use disorder services⁴				
Mental/Behavioral health / Substance use disorder (inpatient)	\$350 per admission	\$650 per admission	\$800 per admission	50%
Mental/Behavioral health / Substance use disorder office visit (outpatient)	\$20	\$30	\$45	\$45
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0	\$0	\$0	\$0
Home health care services (100 visits per calendar year)	\$0	\$30	\$45	\$45
Other services				
Durable medical equipment	30%	40%	40%	50%
Acupuncture (medically necessary) ¹⁰	\$20	\$10	\$10	\$10
Chiropractic services	Not covered	Not covered	Not covered	Not covered
Self-injectables (other than insulin) ⁵	30%	40%	40%	50%
Prescription drug coverage^{6,7}				
Brand-name calendar year deductible (per member)	\$0	\$0	\$0	\$500
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$20 / \$50	\$10 / \$50 / \$60	\$10 / \$50 / \$60	\$20 (ded. waived) / 50% / 50% (\$250 max per 30 day script after deductible)
Tier 4 Specialty drugs ^{5,6}	30%	40%	40%	50%
Pediatric dental⁸				
Diagnostic and preventive services	\$0	\$0	\$0	\$0
Pediatric vision⁹				
Routine eye exam	\$0	\$0	\$0	\$0
Glasses (limitations apply)	1 pair per year	1 pair per year	1 pair per year	1 pair per year

Salud HMO y Más

Plan footnotes found on pages 26-27.

Benefit description	CalChoice Salud HMO y Más Platinum A + Infertility	
	Salud network (California members)	SIMNSA network (Mexico members and self-referral for California members) ¹
Unlimited lifetime maximum²	✓	✓
Plan maximums³ Out-of-pocket maximum (single / family)	\$2,000 / \$4,000	\$1,500 / \$4,500
Professional services		
Office visit copay	\$20	\$5
Specialist visit	\$20	\$5
MinuteClinic services ⁴	\$20	N/A
Preventive care services ⁵	\$0	\$0
X-ray / Laboratory procedures	\$20	\$0
Rehabilitation and habilitation therapy	\$20	\$5
Outpatient services		
Outpatient surgery (includes facility fee and physician/surgeon fees)	\$350	\$0
Hospital services		
Inpatient hospital stay (includes maternity)	\$350 per admission	\$0
Skilled nursing facility	\$350 per admission	\$0
Emergency services		
Emergency room (copay waived if admitted)	\$100	\$10
Urgent care	\$20	\$10
Ambulance services (ground and air)	\$50	\$0
Mental/Behavioral health / Substance use disorder services^{6,7}		
Mental/Behavioral health / Substance use disorder (inpatient)	\$350 per admission	\$0
Mental/Behavioral health / Substance use disorder office visit (outpatient)	\$20	\$5
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0	\$0
Home health care services (100 visits per calendar year)	\$0	Not covered
Other services		
Durable medical equipment	30%	\$0
Acupuncture (medically necessary) ¹³	\$20	Not covered
Chiropractic services	Not covered	Not covered
Self injectables (other than insulin) ⁸	30%	\$5
Prescription drug coverage^{9,10}		
Brand-name calendar year deductible (per member)	\$0	\$0
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$20 / \$50	\$5
Tier 4 Specialty drugs ^{8,9}	30%	\$5
Pediatric dental¹¹		
Diagnostic and preventive services	\$0	\$0
Pediatric vision¹²		
Routine eye exam	\$0	\$0
Glasses (limitations apply)	1 pair per year	Not covered

CommunityCare HMO

Plan footnotes found on page 27.

<i>Benefit description</i>	<i>CommunityCare HMO</i>
	CalChoice CommunityCare HMO Silver B
Unlimited lifetime maximum	✓
Plan maximums	
Out-of-pocket maximum (single / family)	\$7,200 / \$14,400
Professional services	
Office visit copay	\$45
Specialist visit	\$60
MinuteClinic services ¹	\$30
Preventive care services ²	\$0
X-ray / Laboratory procedures	\$50 / \$40
Rehabilitation and habilitation therapy	\$45
Outpatient services	
Outpatient surgery ASC / hospital (includes facility fee and physician/surgeon fees)	40% / 50%
Hospital services	
Inpatient hospital stay (includes maternity)	50%
Skilled nursing facility	\$25 per day
Emergency services	
Emergency room (copay waived if admitted)	\$300
Urgent care	\$60
Ambulance services (ground and air)	\$300
Mental/Behavioral health / Substance use disorder services³	
Mental/Behavioral health / Substance use disorder (inpatient)	50%
Mental/Behavioral health / Substance use disorder office visit (outpatient)	\$45
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0
Home health care services (100 visits per calendar year)	\$45
Other services	
Durable medical equipment	50%
Acupuncture (medically necessary) ⁴	\$10
Chiropractic services	Not covered
Self-injectables (other than insulin) ⁵	50%
Prescription drug coverage^{6,7}	
Brand-name calendar year deductible (per member)	\$500
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)	\$20 (ded. waived) / 50% / 50% (\$250 max per 30 day script after deductible)
Tier 4 Specialty drugs ^{5,6}	50%
Pediatric dental⁸	
Diagnostic and preventive services	\$0
Pediatric vision⁹	
Routine eye exam	\$0
Glasses (limitations apply)	1 pair per year

HSP

Plan footnotes found on page 28.

Benefit description	HSP		
	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
Unless otherwise noted, deductible applies.			
Unlimited lifetime maximum¹	✓	✓	✓
Calendar year deductible	\$500 / \$1,000	\$1,500 / \$3,000	\$5,000 / \$10,000
Plan maximums			
Out-of-pocket maximum (single / family)	\$7,150 / \$14,300	\$7,150 / \$14,300	\$7,150 / \$14,300
Professional services			
Office visit copay	\$5	\$30	\$45
Specialist visit	\$15	\$45	\$60
MinuteClinic services	Not covered	Not covered	Not covered
Preventive care services ²	\$0 (ded. waived)	\$0 (ded. waived)	\$0 (ded. waived)
X-ray / Laboratory procedures	\$15	\$30	50%
Rehabilitation and habilitation therapy	\$5	\$30	\$45
Outpatient services			
Outpatient surgery ASC / Hospital (includes facility fee and physician/surgeon fees)	40%	50%	50%
Hospital services			
Inpatient hospital stay (includes maternity)	40%	50%	50%
Skilled nursing facility	40%	50%	50%
Emergency services			
Emergency room (copay waived if admitted)	40%	50%	50%
Urgent care	\$15	\$45	\$60
Ambulance services (ground and air)	40%	50%	50%
Mental/Behavioral health / Substance use disorder services³			
Mental/Behavioral health / Substance use disorder (inpatient)	40%	50%	50%
Mental/Behavioral health / Substance use disorder (outpatient)	\$5	\$30	\$45
Mental/Behavioral health / Substance use disorder (outpatient services other than office visit)	\$0 (ded. waived)	\$0 (ded. waived)	\$0 (ded. waived)
Home health care services (100 visits per calendar year)	40%	50%	50%
Other services			
Durable medical equipment	40%	50%	50%
Acupuncture (medically necessary) ⁹	\$5	\$10	\$10
Chiropractic services	Not covered	Not covered	Not covered
Self-injectables (other than insulin) ⁴	40%	50%	50%
Prescription drug coverage^{5,6}			
Brand-name calendar year deductible (per member)	\$0	\$0	\$500 Individual / \$1,000 Family
Prescription drugs (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$20 / 40%	\$10 / \$30 / 50%	\$15 / \$45 / 50% (Maximum out-of-pocket cost per 30-day script: \$500 after prescription drug deductible)
Tier 4 Specialty drugs ^{4,5}	40%	50%	50% (Maximum out-of-pocket cost per 30-day script: \$500 after prescription drug deductible)
Pediatric dental⁷			
Diagnostic and preventive services	\$0	\$0	\$0
Pediatric vision⁸			
Routine eye exam	\$0	\$0	\$0
Glasses (limitations apply)	1 pair per year	1 pair per year	1 pair per year

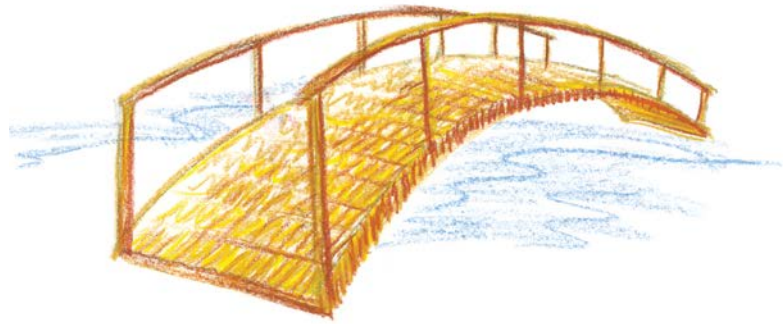
Medical rating regions

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 1	Nevada County
Region 2	Marin, Napa, Solano, and Sonoma counties
Region 3	El Dorado, Placer, Sacramento, and Yolo counties
Region 4	San Francisco County
Region 5	Contra Costa County
Region 6	Alameda County
Region 7	Santa Clara County
Region 8	San Mateo County
Region 9	Santa Cruz County
Region 10	Merced, San Joaquin, Stanislaus, and Tulare counties
Region 11	Fresno, Kings and Madera counties
Region 12	Santa Barbara and Ventura counties
Region 14	Kern County
Region 15	Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935.
Region 16	Los Angeles County. ZIP codes not including ZIP codes in region 15.
Region 17	Riverside and San Bernardino counties
Region 18	Orange County
Region 19	San Diego County

Calculate your rate

The medical premium 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.



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

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 1 Nevada County.

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	375.35	338.63	325.50	304.39
15	408.15	368.15	354.44	330.88
16	420.68	379.44	365.50	341.00
17	433.22	390.73	376.56	351.13
18	446.72	402.89	388.48	362.04
19	460.23	415.05	400.39	372.94
20	474.21	427.64	412.73	384.24
21	488.68	440.67	425.50	395.92
22	488.68	440.67	425.50	395.92
23	488.68	440.67	425.50	395.92
24	488.68	440.67	425.50	395.92
25	490.61	442.41	427.20	397.48
26	500.25	451.09	435.71	405.27
27	511.83	461.51	445.92	414.61
28	530.63	478.45	462.51	429.80
29	546.06	492.34	476.13	442.27
30	553.78	499.29	482.94	448.50
31	565.35	509.71	493.15	457.84
32	576.93	520.13	503.36	467.19
33	584.16	526.64	509.74	473.03
34	591.88	533.59	516.55	479.27
35	595.73	537.06	519.96	482.38
36	599.59	540.54	523.36	485.50
37	603.45	544.01	526.76	488.61
38	607.31	547.49	530.17	491.73
39	615.02	554.43	536.98	497.96
40	622.74	561.38	543.78	504.19
41	634.31	571.80	554.00	513.54
42	645.40	581.79	563.78	522.50
43	660.83	595.68	577.40	534.96
44	680.12	613.05	594.42	550.54
45	702.79	633.46	614.42	568.84
46	729.79	657.78	638.24	590.65
47	760.17	685.13	665.05	615.19
48	794.89	716.40	695.69	643.23
49	829.13	747.23	725.90	670.88
50	867.71	781.96	759.94	702.04
51	905.81	816.27	793.55	732.81
52	947.76	854.04	830.57	766.69
53	990.20	892.26	868.01	800.97
54	1,036.01	933.51	908.43	837.97
55	1,081.82	974.76	948.86	874.97
56	1,131.49	1,019.48	992.68	915.08
57	1,181.64	1,064.64	1,036.93	955.59
58	1,235.17	1,112.84	1,084.16	998.82
59	1,261.69	1,136.72	1,107.57	1,020.24
60	1,315.22	1,184.92	1,154.80	1,063.47
61	1,361.51	1,226.60	1,195.64	1,100.86
62	1,391.89	1,253.96	1,222.45	1,125.39
63	1,429.99	1,288.26	1,256.06	1,156.16
64 +	1,453.14	1,309.11	1,276.50	1,174.86

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

CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
449.30	405.21	390.75	364.12
488.67	440.66	425.49	395.91
503.72	454.21	438.77	408.07
518.77	467.76	452.05	420.22
534.98	482.36	466.35	433.31
551.19	496.95	480.65	446.40
567.98	512.07	495.46	459.96
585.34	527.71	510.79	473.99
585.34	527.71	510.79	473.99
585.34	527.71	510.79	473.99
585.34	527.71	510.79	473.99
587.66	529.79	512.83	475.86
599.24	540.22	523.05	485.21
613.13	552.73	535.30	496.43
635.71	573.06	555.23	514.66
654.23	589.74	571.57	529.63
663.49	598.08	579.74	537.11
677.39	610.59	592.00	548.33
691.28	623.10	604.26	559.55
699.96	630.92	611.92	566.56
709.22	639.26	620.10	574.04
713.86	643.43	624.18	577.78
718.49	647.60	628.27	581.52
723.12	651.77	632.35	585.26
727.75	655.94	636.44	589.00
737.01	664.28	644.61	596.48
746.27	672.62	652.79	603.96
760.17	685.13	665.04	615.19
773.48	697.12	676.79	625.94
792.01	713.80	693.14	640.90
815.16	734.65	713.57	659.60
842.37	759.15	737.58	681.58
874.79	788.34	766.18	707.76
911.26	821.18	798.36	737.21
952.94	858.71	835.14	770.88
994.04	895.72	871.40	804.07
1,040.35	937.42	912.27	841.47
1,086.08	978.60	952.62	878.41
1,136.45	1,023.95	997.06	919.09
1,187.39	1,069.82	1,042.01	960.23
1,242.38	1,119.34	1,090.53	1,004.65
1,297.38	1,168.85	1,139.06	1,049.06
1,357.00	1,222.54	1,191.67	1,097.22
1,417.21	1,276.76	1,244.79	1,145.84
1,481.47	1,334.61	1,301.49	1,197.74
1,513.31	1,363.28	1,329.58	1,223.45
1,577.56	1,421.14	1,386.28	1,275.35
1,633.14	1,471.18	1,435.31	1,320.23
1,669.61	1,504.02	1,467.49	1,349.69
1,715.34	1,545.20	1,507.84	1,386.62
1,743.12	1,570.23	1,532.37	1,409.07

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

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

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	375.78	339.01	325.88	304.74
15	408.61	368.57	354.85	331.26
16	421.17	379.88	365.93	341.39
17	433.72	391.18	377.00	351.53
18	447.24	403.35	388.93	362.45
19	460.76	415.52	400.86	373.37
20	474.76	428.13	413.21	384.67
21	489.24	441.17	425.99	396.37
22	489.24	441.17	425.99	396.37
23	489.24	441.17	425.99	396.37
24	489.24	441.17	425.99	396.37
25	491.17	442.91	427.70	397.93
26	500.83	451.61	436.21	405.73
27	512.41	462.04	446.44	415.09
28	531.24	478.99	463.05	430.30
29	546.69	492.91	476.68	442.77
30	554.42	499.86	483.50	449.01
31	566.00	510.29	493.72	458.37
32	577.59	520.73	503.95	467.73
33	584.83	527.25	510.34	473.58
34	592.56	534.20	517.15	479.82
35	596.42	537.68	520.56	482.94
36	600.28	541.16	523.97	486.05
37	604.14	544.64	527.38	489.17
38	608.01	548.12	530.79	492.29
39	615.73	555.07	537.60	498.53
40	623.46	562.03	544.42	504.77
41	635.04	572.46	554.64	514.13
42	646.15	582.46	564.44	523.10
43	661.60	596.37	578.07	535.57
44	680.91	613.76	595.11	551.17
45	703.60	634.19	615.13	569.50
46	730.63	658.54	638.99	591.33
47	761.05	685.92	665.82	615.90
48	795.81	717.22	696.50	643.97
49	830.09	748.09	726.74	671.66
50	868.71	782.87	760.82	702.85
51	906.85	817.21	794.47	733.66
52	948.86	855.03	831.53	767.58
53	991.34	893.29	869.02	801.89
54	1,037.21	934.58	909.49	838.93
55	1,083.07	975.88	949.96	875.98
56	1,132.80	1,020.66	993.84	916.14
57	1,183.01	1,065.87	1,038.14	956.69
58	1,236.60	1,114.13	1,085.43	999.97
59	1,263.15	1,138.04	1,108.86	1,021.42
60	1,316.74	1,186.29	1,156.14	1,064.70
61	1,363.09	1,228.02	1,197.04	1,102.13
62	1,393.51	1,255.41	1,223.87	1,126.70
63	1,431.65	1,289.75	1,257.53	1,157.50
64 +	1,454.82	1,310.61	1,277.97	1,176.21

Region 4 San Francisco County.

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	393.60	355.05	341.60	319.13
15	428.01	386.04	371.97	346.92
16	441.17	397.89	383.58	357.55
17	454.33	409.74	395.19	368.18
18	468.50	422.50	407.69	379.62
19	482.67	435.26	420.19	391.06
20	497.34	448.47	433.14	402.92
21	512.53	462.14	446.54	415.18
22	512.53	462.14	446.54	415.18
23	512.53	462.14	446.54	415.18
24	512.53	462.14	446.54	415.18
25	514.55	463.96	448.32	416.81
26	524.67	473.08	457.25	424.99
27	536.82	484.01	467.97	434.80
28	556.55	501.79	485.39	450.74
29	572.75	516.37	499.68	463.82
30	580.85	523.66	506.82	470.36
31	592.99	534.60	517.54	480.17
32	605.14	545.53	528.25	489.98
33	612.73	552.37	534.95	496.11
34	620.83	559.66	542.10	502.65
35	624.87	563.30	545.67	505.92
36	628.92	566.95	549.24	509.19
37	632.97	570.60	552.81	512.46
38	637.02	574.24	556.39	515.73
39	645.12	581.53	563.53	522.27
40	653.21	588.82	570.68	528.81
41	665.36	599.76	581.39	538.62
42	677.00	610.24	591.66	548.02
43	693.19	624.82	605.95	561.10
44	713.44	643.05	623.81	577.44
45	737.22	664.47	644.80	596.66
46	765.56	689.99	669.81	619.54
47	797.45	718.70	697.94	645.29
48	833.88	751.51	730.09	674.72
49	869.82	783.86	761.79	703.74
50	910.30	820.31	797.52	736.44
51	950.28	856.31	832.79	768.73
52	994.31	895.96	871.64	804.29
53	1,038.84	936.06	910.94	840.26
54	1,086.92	979.35	953.36	879.09
55	1,135.00	1,022.64	995.78	917.92
56	1,187.13	1,069.58	1,041.77	960.02
57	1,239.76	1,116.97	1,088.21	1,002.52
58	1,295.93	1,167.55	1,137.78	1,047.89
59	1,323.77	1,192.61	1,162.34	1,070.37
60	1,379.94	1,243.20	1,211.90	1,115.74
61	1,428.52	1,286.94	1,254.77	1,154.98
62	1,460.41	1,315.65	1,282.90	1,180.73
63	1,500.39	1,351.65	1,318.18	1,213.02
64 +	1,524.69	1,373.52	1,339.62	1,232.64

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 5 Contra Costa County.

Region 6 Alameda County.

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	403.51	363.98	350.35	327.14	418.99	377.92	364.01	339.64
15	438.81	395.76	381.49	355.64	455.66	410.94	396.36	369.25
16	452.30	407.91	393.40	366.54	469.68	423.56	408.74	380.58
17	465.80	420.06	405.31	377.44	483.71	436.19	421.11	391.90
18	480.33	433.15	418.13	389.18	498.80	449.79	434.43	404.10
19	494.86	446.24	430.95	400.91	513.90	463.38	447.75	416.29
20	509.91	459.79	444.23	413.07	529.54	477.46	461.55	428.92
21	525.49	473.81	457.97	425.65	545.72	492.03	475.83	441.99
22	525.49	473.81	457.97	425.65	545.72	492.03	475.83	441.99
23	525.49	473.81	457.97	425.65	545.72	492.03	475.83	441.99
24	525.49	473.81	457.97	425.65	545.72	492.03	475.83	441.99
25	527.56	475.68	459.80	427.32	547.88	493.97	477.73	443.73
26	537.94	485.03	468.96	435.71	558.66	503.69	487.25	452.44
27	550.40	496.24	479.96	445.77	571.61	515.34	498.67	462.90
28	570.64	514.47	497.82	462.12	592.64	534.28	517.22	479.88
29	587.25	529.43	512.47	475.53	609.89	549.82	532.45	493.82
30	595.56	536.90	519.80	482.24	618.52	557.59	540.06	500.79
31	608.01	548.12	530.79	492.30	631.47	569.24	551.48	511.24
32	620.47	559.34	541.78	502.36	644.41	580.89	562.90	521.69
33	628.25	566.35	548.65	508.65	652.50	588.18	570.04	528.23
34	636.56	573.83	555.98	515.35	661.13	595.95	577.65	535.19
35	640.71	577.57	559.64	518.71	665.44	599.83	581.46	538.68
36	644.86	581.30	563.31	522.06	669.75	603.72	585.27	542.16
37	649.02	585.04	566.97	525.41	674.07	607.60	589.07	545.65
38	653.17	588.78	570.63	528.77	678.38	611.48	592.88	549.13
39	661.47	596.26	577.96	535.48	687.01	619.25	600.49	556.10
40	669.78	603.74	585.29	542.18	695.64	627.02	608.11	563.07
41	682.23	614.95	596.28	552.24	708.58	638.68	619.53	573.52
42	694.17	625.70	606.81	561.89	720.98	649.85	630.47	583.54
43	710.78	640.66	621.47	575.30	738.24	665.38	645.70	597.48
44	731.54	659.35	639.79	592.07	759.81	684.81	664.73	614.90
45	755.94	681.32	661.31	611.77	785.16	707.63	687.10	635.37
46	785.00	707.49	686.96	635.24	815.36	734.82	713.74	659.76
47	817.70	736.94	715.81	661.65	849.33	765.41	743.72	687.20
48	855.07	770.59	748.79	691.84	888.16	800.38	777.98	718.56
49	891.93	803.77	781.30	721.60	926.45	834.85	811.76	749.48
50	933.45	841.16	817.94	755.13	969.59	873.70	849.83	784.32
51	974.45	878.08	854.12	788.25	1,012.19	912.06	887.42	818.73
52	1,019.61	918.74	893.96	824.72	1,059.11	954.31	928.82	856.62
53	1,065.28	959.87	934.26	861.61	1,106.56	997.04	970.69	894.95
54	1,114.59	1,004.27	977.77	901.43	1,157.79	1,043.17	1,015.89	936.33
55	1,163.90	1,048.67	1,021.28	941.26	1,209.02	1,089.30	1,061.10	977.70
56	1,217.36	1,096.80	1,068.45	984.43	1,264.57	1,139.31	1,110.11	1,022.56
57	1,271.34	1,145.41	1,116.08	1,028.03	1,320.65	1,189.81	1,159.59	1,067.86
58	1,328.95	1,197.29	1,166.92	1,074.56	1,380.51	1,243.71	1,212.41	1,116.20
59	1,357.50	1,222.99	1,192.10	1,097.62	1,410.17	1,270.42	1,238.58	1,140.16
60	1,415.11	1,274.87	1,242.94	1,144.15	1,470.03	1,324.32	1,291.40	1,188.50
61	1,464.94	1,319.73	1,286.90	1,184.39	1,521.80	1,370.93	1,337.08	1,230.32
62	1,497.64	1,349.18	1,315.76	1,210.80	1,555.78	1,401.53	1,367.05	1,257.75
63	1,538.64	1,386.10	1,351.94	1,243.92	1,598.38	1,439.89	1,404.64	1,292.16
64 +	1,563.57	1,408.53	1,373.91	1,264.05	1,624.26	1,463.19	1,427.49	1,313.07

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 7 Santa Clara County.

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	372.73	336.26	323.19	302.27
15	405.28	365.58	351.91	328.57
16	417.73	376.79	362.90	338.62
17	430.18	388.00	373.88	348.67
18	443.59	400.07	385.71	359.50
19	456.99	412.14	397.54	370.33
20	470.88	424.64	409.79	381.54
21	485.24	437.57	422.46	393.14
22	485.24	437.57	422.46	393.14
23	485.24	437.57	422.46	393.14
24	485.24	437.57	422.46	393.14
25	487.16	439.30	424.15	394.69
26	496.73	447.92	432.60	402.42
27	508.22	458.27	442.74	411.71
28	526.90	475.08	459.22	426.79
29	542.22	488.88	472.74	439.16
30	549.88	495.78	479.50	445.35
31	561.37	506.12	489.64	454.63
32	572.86	516.47	499.78	463.91
33	580.04	522.94	506.11	469.71
34	587.70	529.83	512.87	475.90
35	591.53	533.28	516.25	478.99
36	595.36	536.73	519.63	482.08
37	599.20	540.18	523.01	485.18
38	603.03	543.63	526.39	488.27
39	610.69	550.53	533.15	494.46
40	618.35	557.43	539.91	500.64
41	629.84	567.77	550.05	509.93
42	640.85	577.69	559.77	518.82
43	656.17	591.49	573.28	531.19
44	675.32	608.73	590.18	546.66
45	697.83	628.99	610.04	564.84
46	724.64	653.14	633.70	586.49
47	754.80	680.30	660.31	610.85
48	789.28	711.34	690.73	638.69
49	823.27	741.95	720.72	666.15
50	861.57	776.44	754.52	697.09
51	899.40	810.50	787.90	727.63
52	941.05	848.00	824.65	761.28
53	983.19	885.94	861.83	795.31
54	1,028.67	926.90	901.96	832.04
55	1,074.16	967.86	942.10	868.78
56	1,123.47	1,012.26	985.61	908.61
57	1,173.27	1,057.10	1,029.55	948.82
58	1,226.41	1,104.95	1,076.44	991.75
59	1,252.75	1,128.67	1,099.67	1,013.01
60	1,305.89	1,176.52	1,146.57	1,055.94
61	1,351.86	1,217.91	1,187.12	1,093.06
62	1,382.02	1,245.07	1,213.74	1,117.42
63	1,419.85	1,279.13	1,247.11	1,147.97
64 +	1,442.82	1,299.81	1,267.38	1,166.52

Region 8 San Mateo County.

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	390.78	352.52	339.11	316.85
15	424.94	383.28	369.26	344.44
16	438.00	395.04	380.78	354.99
17	451.07	406.80	392.31	365.54
18	465.13	419.47	404.72	376.90
19	479.20	432.13	417.13	388.26
20	493.77	445.25	429.99	400.03
21	508.84	458.82	443.29	412.20
22	508.84	458.82	443.29	412.20
23	508.84	458.82	443.29	412.20
24	508.84	458.82	443.29	412.20
25	510.85	460.63	445.06	413.83
26	520.90	469.68	453.93	421.94
27	532.96	480.54	464.56	431.68
28	552.55	498.18	481.85	447.50
29	568.63	512.66	496.04	460.49
30	576.66	519.89	503.13	466.98
31	588.72	530.75	513.77	476.72
32	600.78	541.61	524.41	486.46
33	608.32	548.39	531.06	492.54
34	616.35	555.63	538.15	499.04
35	620.37	559.25	541.70	502.28
36	624.39	562.87	545.24	505.53
37	628.41	566.49	548.79	508.77
38	632.43	570.11	552.34	512.02
39	640.47	577.35	559.43	518.51
40	648.51	584.58	566.52	525.00
41	660.56	595.44	577.16	534.74
42	672.12	605.85	587.36	544.07
43	688.20	620.32	601.54	557.06
44	708.29	638.42	619.27	573.29
45	731.90	659.68	640.11	592.36
46	760.04	685.01	664.93	615.08
47	791.69	713.51	692.86	640.64
48	827.86	746.08	724.77	669.86
49	863.53	778.20	756.25	698.67
50	903.72	814.39	791.71	731.13
51	943.41	850.13	826.73	763.18
52	987.12	889.48	865.30	798.48
53	1,031.33	929.29	904.31	834.19
54	1,079.06	972.27	946.42	872.73
55	1,126.78	1,015.24	988.53	911.28
56	1,178.53	1,061.84	1,034.19	953.07
57	1,230.78	1,108.89	1,080.29	995.27
58	1,286.54	1,159.10	1,129.50	1,040.31
59	1,314.18	1,183.98	1,153.88	1,062.63
60	1,369.94	1,234.19	1,203.08	1,107.67
61	1,418.17	1,277.62	1,245.64	1,146.62
62	1,449.82	1,306.12	1,273.56	1,172.18
63	1,489.51	1,341.86	1,308.58	1,204.24
64 +	1,513.62	1,363.56	1,329.87	1,223.70

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 9 Santa Cruz County.

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	395.35	356.63	343.15	320.54
15	429.92	387.76	373.65	348.46
16	443.14	399.66	385.31	359.14
17	456.36	411.56	396.98	369.81
18	470.59	424.38	409.54	381.31
19	484.83	437.20	422.10	392.81
20	499.57	450.47	435.10	404.71
21	514.82	464.21	448.56	417.03
22	514.82	464.21	448.56	417.03
23	514.82	464.21	448.56	417.03
24	514.82	464.21	448.56	417.03
25	516.85	466.04	450.36	418.67
26	527.02	475.19	459.33	426.89
27	539.22	486.18	470.09	436.74
28	559.05	504.03	487.59	452.75
29	575.32	518.68	501.94	465.89
30	583.45	526.00	509.12	472.46
31	595.65	536.99	519.88	482.31
32	607.85	547.98	530.65	492.17
33	615.48	554.84	537.38	498.33
34	623.61	562.17	544.55	504.90
35	627.68	565.83	548.14	508.18
36	631.74	569.49	551.73	511.47
37	635.81	573.15	555.32	514.75
38	639.88	576.81	558.91	518.03
39	648.01	584.14	566.08	524.60
40	656.15	591.46	573.26	531.17
41	668.35	602.45	584.03	541.03
42	680.04	612.98	594.34	550.47
43	696.31	627.63	608.70	563.61
44	716.64	645.94	626.64	580.03
45	740.53	667.45	647.72	599.33
46	769.00	693.08	672.84	622.32
47	801.03	721.92	701.10	648.19
48	837.63	754.88	733.40	677.75
49	873.73	787.38	765.25	706.90
50	914.40	824.00	801.13	739.75
51	954.56	860.17	836.57	772.18
52	998.79	899.99	875.59	807.90
53	1,043.52	940.27	915.06	844.04
54	1,091.82	983.76	957.68	883.04
55	1,140.11	1,027.25	1,000.29	922.05
56	1,192.48	1,074.40	1,046.49	964.34
57	1,245.35	1,122.00	1,093.14	1,007.04
58	1,301.77	1,172.81	1,142.93	1,052.61
59	1,329.73	1,197.99	1,167.60	1,075.19
60	1,386.16	1,248.80	1,217.40	1,120.77
61	1,434.97	1,292.75	1,260.46	1,160.18
62	1,466.99	1,321.58	1,288.72	1,186.05
63	1,507.16	1,357.75	1,324.15	1,218.49
64 +	1,531.56	1,379.73	1,345.68	1,238.19

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

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	423.54	382.02	368.02	343.31
15	460.62	415.40	400.74	373.26
16	474.79	428.17	413.24	384.70
17	488.97	440.93	425.75	396.15
18	504.24	454.68	439.22	408.48
19	519.50	468.42	452.69	420.81
20	535.31	482.66	466.64	433.58
21	551.67	497.39	481.08	446.79
22	551.67	497.39	481.08	446.79
23	551.67	497.39	481.08	446.79
24	551.67	497.39	481.08	446.79
25	553.85	499.35	483.00	448.55
26	564.75	509.17	492.62	457.36
27	577.84	520.95	504.17	467.93
28	599.10	540.10	522.93	485.10
29	616.55	555.81	538.32	499.19
30	625.27	563.66	546.02	506.24
31	638.36	575.45	557.57	516.81
32	651.44	587.23	569.11	527.38
33	659.62	594.59	576.33	533.98
34	668.35	602.45	584.03	541.03
35	672.71	606.38	587.87	544.55
36	677.07	610.30	591.72	548.07
37	681.43	614.23	595.57	551.59
38	685.79	618.16	599.42	555.12
39	694.52	626.01	607.12	562.16
40	703.24	633.87	614.82	569.21
41	716.33	645.65	626.36	579.78
42	728.87	656.94	637.43	589.90
43	746.31	672.65	652.82	604.00
44	768.12	692.29	672.06	621.61
45	793.75	715.36	694.67	642.31
46	824.28	742.86	721.61	666.96
47	858.63	773.79	751.92	694.71
48	897.88	809.13	786.56	726.41
49	936.59	843.99	820.72	757.68
50	980.21	883.26	859.20	792.90
51	1,023.28	922.05	897.21	827.69
52	1,070.72	964.76	939.06	866.00
53	1,118.70	1,007.96	981.40	904.75
54	1,170.49	1,054.60	1,027.10	946.58
55	1,222.29	1,101.24	1,072.80	988.42
56	1,278.45	1,151.81	1,122.35	1,033.77
57	1,335.15	1,202.87	1,172.38	1,079.57
58	1,395.67	1,257.36	1,225.78	1,128.44
59	1,425.66	1,284.36	1,252.24	1,152.66
60	1,486.18	1,338.85	1,305.64	1,201.54
61	1,538.52	1,385.98	1,351.82	1,243.81
62	1,572.87	1,416.91	1,382.13	1,271.56
63	1,615.94	1,455.70	1,420.14	1,306.34
64 +	1,642.11	1,479.27	1,443.24	1,327.47

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 11 Fresno, Kings and Madera counties.

Region 12 Santa Barbara and Ventura counties.

Age	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	333.17	300.64	288.28	270.33	353.73	319.15	306.42	286.93
15	362.21	326.79	313.91	293.78	384.59	346.95	333.66	311.86
16	373.32	336.79	323.71	302.75	396.40	357.57	344.07	321.39
17	384.42	346.79	333.51	311.72	408.20	368.20	354.49	330.92
18	396.38	357.56	344.06	321.38	420.91	379.65	365.70	341.19
19	408.34	368.33	354.61	331.03	433.62	391.09	376.92	351.45
20	420.73	379.48	365.54	341.04	446.79	402.95	388.53	362.09
21	433.54	391.02	376.84	351.39	460.41	415.21	400.55	373.08
22	433.54	391.02	376.84	351.39	460.41	415.21	400.55	373.08
23	433.54	391.02	376.84	351.39	460.41	415.21	400.55	373.08
24	433.54	391.02	376.84	351.39	460.41	415.21	400.55	373.08
25	435.25	392.56	378.35	352.76	462.22	416.84	402.15	374.55
26	443.79	400.25	385.89	359.66	471.30	425.02	410.16	381.88
27	454.04	409.48	394.93	367.94	482.19	434.83	419.78	390.68
28	470.69	424.47	409.63	381.39	499.90	450.77	435.40	404.98
29	484.36	436.78	421.69	392.43	514.43	463.85	448.21	416.71
30	491.19	442.93	427.72	397.95	521.69	470.39	454.62	422.58
31	501.44	452.16	436.76	406.23	532.58	480.20	464.24	431.38
32	511.69	461.39	445.80	414.51	543.48	490.01	473.85	440.18
33	518.10	467.16	451.46	419.68	550.29	496.14	479.86	445.68
34	524.93	473.31	457.49	425.20	557.55	502.68	486.27	451.54
35	528.35	476.39	460.50	427.96	561.18	505.95	489.47	454.48
36	531.77	479.47	463.52	430.72	564.81	509.22	492.67	457.41
37	535.18	482.54	466.53	433.48	568.45	512.49	495.88	460.34
38	538.60	485.62	469.55	436.24	572.08	515.76	499.08	463.28
39	545.43	491.77	475.58	441.76	579.34	522.30	505.49	469.14
40	552.27	497.93	481.60	447.28	586.60	528.84	511.90	475.01
41	562.52	507.16	490.65	455.56	597.50	538.65	521.51	483.81
42	572.34	516.00	499.32	463.49	607.94	548.06	530.73	492.24
43	586.01	528.31	511.38	474.53	622.47	561.14	543.54	503.97
44	603.09	543.69	526.45	488.32	640.63	577.49	559.57	518.64
45	623.16	561.77	544.16	504.54	661.96	596.70	578.39	535.87
46	647.08	583.30	565.26	523.85	687.38	619.59	600.82	556.40
47	673.99	607.53	589.00	545.58	715.98	645.34	626.06	579.50
48	704.74	635.22	616.14	570.42	748.67	674.77	654.90	605.90
49	735.06	662.52	642.89	594.91	780.90	703.79	683.34	631.93
50	769.23	693.29	673.04	622.50	817.21	736.49	715.38	661.26
51	802.97	723.67	702.81	649.75	853.08	768.79	747.02	690.22
52	840.13	757.13	735.60	679.76	892.57	804.35	781.87	722.12
53	877.71	790.97	768.76	710.12	932.52	840.32	817.12	754.38
54	918.28	827.50	804.56	742.89	975.64	879.15	855.17	789.21
55	958.86	864.04	840.36	775.66	1,018.77	917.98	893.22	824.04
56	1,002.85	903.65	879.17	811.18	1,065.53	960.09	934.48	861.81
57	1,047.26	943.64	918.36	847.06	1,112.74	1,002.60	976.14	899.94
58	1,094.67	986.33	960.19	885.34	1,163.13	1,047.97	1,020.60	940.63
59	1,118.16	1,007.48	980.92	904.32	1,188.09	1,070.45	1,042.63	960.80
60	1,165.57	1,050.17	1,022.75	942.60	1,238.48	1,115.82	1,087.09	1,001.50
61	1,206.57	1,087.08	1,058.93	975.72	1,282.06	1,155.06	1,125.54	1,036.69
62	1,233.47	1,111.31	1,082.67	997.45	1,310.66	1,180.82	1,150.78	1,059.79
63	1,267.21	1,141.69	1,112.44	1,024.70	1,346.53	1,213.11	1,182.42	1,088.75
64 +	1,287.72	1,160.16	1,130.52	1,041.27	1,368.33	1,232.73	1,201.65	1,106.34

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 14 Kern County.

Age	CalChoice Salud y Mas Platinum A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	274.51	292.85	264.34	252.71	237.76
15	298.34	318.31	287.26	275.17	258.32
16	307.45	328.04	296.02	283.76	266.18
17	316.56	337.77	304.79	292.35	274.04
18	326.37	348.26	314.23	301.59	282.51
19	336.18	358.74	323.67	310.84	290.97
20	346.34	369.60	333.44	320.42	299.74
21	356.85	380.83	343.55	330.33	308.81
22	356.85	380.83	343.55	330.33	308.81
23	356.85	380.83	343.55	330.33	308.81
24	356.85	380.83	343.55	330.33	308.81
25	358.26	382.33	344.90	331.65	310.02
26	365.26	389.81	351.65	338.26	316.07
27	373.67	398.80	359.74	346.19	323.33
28	387.34	413.40	372.88	359.07	335.12
29	398.55	425.38	383.67	369.64	344.80
30	404.16	431.37	389.06	374.93	349.63
31	412.57	440.35	397.15	382.86	356.89
32	420.98	449.34	405.25	390.78	364.15
33	426.23	454.95	410.30	395.74	368.68
34	431.84	460.94	415.70	401.02	373.52
35	434.64	463.94	418.39	403.67	375.94
36	437.45	466.93	421.09	406.31	378.36
37	440.25	469.93	423.79	408.95	380.78
38	443.05	472.92	426.48	411.60	383.20
39	448.66	478.91	431.88	416.88	388.03
40	454.27	484.90	437.27	422.17	392.87
41	462.68	493.89	445.36	430.09	400.13
42	470.74	502.50	453.11	437.69	407.08
43	481.95	514.48	463.90	448.26	416.76
44	495.97	529.46	477.39	461.48	428.85
45	512.43	547.05	493.23	477.00	443.06
46	532.06	568.02	512.11	495.50	460.00
47	554.13	591.60	533.35	516.31	479.04
48	579.36	618.56	557.62	540.10	500.82
49	604.24	645.14	581.55	563.55	522.28
50	632.27	675.09	608.52	589.98	546.47
51	659.95	704.66	635.15	616.07	570.36
52	690.44	737.24	664.48	644.81	596.66
53	721.28	770.18	694.14	673.88	623.27
54	754.56	805.75	726.17	705.26	652.00
55	787.85	841.31	758.19	736.64	680.72
56	823.94	879.87	792.92	770.67	711.87
57	860.39	918.81	827.97	805.02	743.31
58	899.28	960.36	865.39	841.69	776.87
59	918.55	980.96	883.93	859.86	793.50
60	957.45	1,022.51	921.35	896.52	827.07
61	991.09	1,058.45	953.72	928.24	856.09
62	1,013.16	1,082.04	974.95	949.05	875.14
63	1,040.84	1,111.61	1,001.58	975.14	899.03
64 +	1,057.65	1,129.59	1,017.75	990.99	913.53

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

Age	CalChoice Salud y Mas Platinum A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility	CalChoice CommunityCare HMO Silver B
0-14	239.23	272.16	245.71	234.45	221.05	188.77
15	259.92	295.78	266.98	255.29	240.13	205.55
16	267.83	304.81	275.11	263.26	247.42	211.96
17	275.74	313.84	283.24	271.23	254.71	218.38
18	284.26	323.57	292.00	279.81	262.57	225.29
19	292.78	333.29	300.75	288.39	270.42	232.20
20	301.60	343.37	309.82	297.28	278.56	239.36
21	310.73	353.79	319.21	306.47	286.97	246.76
22	310.73	353.79	319.21	306.47	286.97	246.76
23	310.73	353.79	319.21	306.47	286.97	246.76
24	310.73	353.79	319.21	306.47	286.97	246.76
25	311.95	355.18	320.46	307.70	288.10	247.74
26	318.03	362.12	326.71	313.83	293.71	252.68
27	325.34	370.46	334.22	321.18	300.44	258.60
28	337.20	384.00	346.42	333.14	311.38	268.23
29	346.94	395.12	356.42	342.94	320.36	276.12
30	351.81	400.68	361.43	347.85	324.84	280.07
31	359.11	409.01	368.93	355.20	331.58	285.99
32	366.42	417.35	376.44	362.56	338.31	291.91
33	370.98	422.56	381.13	367.15	342.52	295.62
34	375.85	428.12	386.14	372.06	347.01	299.56
35	378.28	430.89	388.64	374.51	349.25	301.54
36	380.72	433.67	391.14	376.96	351.49	303.51
37	383.15	436.45	393.64	379.41	353.74	305.49
38	385.59	439.23	396.14	381.87	355.98	307.46
39	390.45	444.79	401.15	386.77	360.47	311.41
40	395.32	450.35	406.15	391.67	364.96	315.36
41	402.63	458.68	413.66	399.03	371.69	321.28
42	409.62	466.67	420.85	406.08	378.14	326.95
43	419.36	477.79	430.86	415.88	387.12	334.85
44	431.53	491.68	443.37	428.14	398.34	344.72
45	445.83	508.00	458.07	442.55	411.53	356.32
46	462.87	527.45	475.58	459.71	427.24	370.14
47	482.04	549.34	495.29	479.02	444.91	385.68
48	503.95	574.34	517.81	501.08	465.11	403.45
49	525.56	599.01	540.01	522.84	485.02	420.97
50	549.90	626.79	565.03	547.36	507.47	440.71
51	573.94	654.23	589.74	571.57	529.63	460.20
52	600.41	684.45	616.95	598.24	554.03	481.67
53	627.19	715.02	644.47	625.21	578.72	503.39
54	656.09	748.01	674.18	654.32	605.37	526.83
55	685.00	781.01	703.89	683.44	632.02	550.27
56	716.34	816.79	736.11	715.00	660.91	575.69
57	747.99	852.91	768.64	746.88	690.09	601.35
58	781.76	891.46	803.35	780.89	721.23	628.74
59	798.50	910.57	820.55	797.75	736.65	642.31
60	832.27	949.12	855.27	831.77	767.79	669.70
61	861.48	982.46	885.29	861.19	794.72	693.39
62	880.65	1,004.35	905.00	880.50	812.40	708.93
63	904.69	1,031.79	929.70	904.71	834.56	728.43
64 +	919.29	1,048.47	944.73	919.41	848.01	740.28

CalChoice HMO Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 16

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

Age	CalChoice Salud y Mas Platinum A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility	CalChoice CommunityCare HMO Silver B
0-14	265.75	309.22	279.08	267.15	250.98	215.10
15	288.80	336.13	303.31	290.90	272.72	234.22
16	297.62	346.42	312.58	299.98	281.03	241.53
17	306.43	356.71	321.84	309.06	289.34	248.84
18	315.92	367.80	331.82	318.83	298.29	256.71
19	325.41	378.88	341.80	328.61	307.24	264.58
20	335.24	390.35	352.13	338.74	316.51	272.74
21	345.41	402.23	362.82	349.22	326.10	281.17
22	345.41	402.23	362.82	349.22	326.10	281.17
23	345.41	402.23	362.82	349.22	326.10	281.17
24	345.41	402.23	362.82	349.22	326.10	281.17
25	346.76	403.81	364.25	350.61	327.38	282.30
26	353.54	411.73	371.38	357.60	333.77	287.92
27	361.68	421.23	379.93	365.98	341.44	294.67
28	374.90	436.66	393.83	379.60	353.91	305.63
29	385.74	449.33	405.23	390.77	364.14	314.63
30	391.17	455.66	410.94	396.36	369.25	319.13
31	399.30	465.16	419.49	404.74	376.92	325.88
32	407.44	474.66	428.04	413.12	384.59	332.63
33	412.52	480.59	433.39	418.36	389.39	336.84
34	417.95	486.92	439.09	423.95	394.50	341.34
35	420.66	490.09	441.94	426.74	397.06	343.59
36	423.37	493.26	444.79	429.54	399.62	345.84
37	426.08	496.42	447.64	432.33	402.17	348.09
38	428.79	499.59	450.49	435.12	404.73	350.34
39	434.22	505.92	456.20	440.71	409.85	354.84
40	439.64	512.25	461.90	446.30	414.96	359.34
41	447.77	521.75	470.45	454.68	422.63	366.09
42	455.57	530.86	478.65	462.71	429.98	372.55
43	466.42	543.52	490.05	473.89	440.21	381.55
44	479.98	559.35	504.31	487.86	453.00	392.80
45	495.91	577.95	521.06	504.27	468.02	406.01
46	514.89	600.12	541.01	523.82	485.92	421.76
47	536.24	625.05	563.46	545.82	506.06	439.47
48	560.65	653.55	589.12	570.97	529.07	459.72
49	584.71	681.65	614.43	595.76	551.77	479.68
50	611.83	713.31	642.94	623.70	577.34	502.17
51	638.61	744.58	671.09	651.29	602.59	524.39
52	668.10	779.01	702.09	681.67	630.40	548.85
53	697.93	813.84	733.45	712.40	658.53	573.59
54	730.13	851.44	767.31	745.58	688.90	600.30
55	762.33	889.04	801.17	778.75	719.27	627.01
56	797.24	929.80	837.87	814.72	752.19	655.98
57	832.49	970.96	874.94	851.04	785.43	685.22
58	870.12	1,014.89	914.49	889.80	820.91	716.43
59	888.76	1,036.66	934.09	909.01	838.49	731.89
60	926.38	1,080.59	973.65	947.77	873.97	763.10
61	958.92	1,118.59	1,007.86	981.30	904.66	790.09
62	980.28	1,143.52	1,030.31	1,003.30	924.80	807.81
63	1,007.06	1,174.79	1,058.47	1,030.89	950.05	830.02
64 +	1,023.33	1,193.79	1,075.56	1,047.66	965.40	843.51

Region 17

Riverside and San Bernardino counties.

Age	CalChoice Salud y Mas Platinum A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	239.37	282.95	255.42	243.97	229.76
15	260.07	307.53	277.55	265.66	249.62
16	267.99	316.93	286.02	273.95	257.20
17	275.91	326.32	294.48	282.24	264.79
18	284.43	336.44	303.59	291.17	272.97
19	292.96	346.57	312.70	300.10	281.14
20	301.79	357.05	322.14	309.35	289.61
21	310.92	367.89	331.91	318.92	298.36
22	310.92	367.89	331.91	318.92	298.36
23	310.92	367.89	331.91	318.92	298.36
24	310.92	367.89	331.91	318.92	298.36
25	312.14	369.34	333.21	320.19	299.53
26	318.23	376.56	339.72	326.57	305.37
27	325.54	385.24	347.53	334.23	312.38
28	337.41	399.34	360.22	346.66	323.76
29	347.15	410.90	370.63	356.87	333.10
30	352.03	416.68	375.84	361.97	337.77
31	359.33	425.36	383.65	369.63	344.78
32	366.64	434.03	391.46	377.28	351.79
33	371.21	439.46	396.35	382.06	356.16
34	376.08	445.24	401.55	387.17	360.83
35	378.51	448.13	404.16	389.72	363.17
36	380.95	451.02	406.76	392.27	365.51
37	383.39	453.91	409.36	394.82	367.84
38	385.82	456.80	411.97	397.37	370.18
39	390.69	462.59	417.17	402.47	374.85
40	395.56	468.37	422.38	407.58	379.52
41	402.87	477.04	430.19	415.23	386.52
42	409.87	485.36	437.68	422.57	393.24
43	419.62	496.92	448.09	432.77	402.58
44	431.80	511.38	461.11	445.53	414.26
45	446.11	528.37	476.41	460.52	427.98
46	463.16	548.61	494.63	478.38	444.32
47	482.34	571.38	515.14	498.47	462.71
48	504.26	597.40	538.57	521.43	483.73
49	525.88	623.07	561.68	544.07	504.46
50	550.24	651.98	587.71	569.59	527.81
51	574.29	680.54	613.42	594.78	550.87
52	600.78	711.98	641.74	622.53	576.27
53	627.57	743.79	670.38	650.59	601.96
54	656.50	778.12	701.30	680.89	629.69
55	685.42	812.46	732.22	711.19	657.42
56	716.78	849.69	765.74	744.04	687.49
57	748.45	887.28	799.58	777.20	717.85
58	782.24	927.40	835.71	812.60	750.25
59	798.99	947.28	853.61	830.14	766.30
60	832.79	987.40	889.74	865.54	798.71
61	862.02	1,022.10	920.98	896.16	826.73
62	881.20	1,044.87	941.48	916.25	845.12
63	905.25	1,073.42	967.19	941.45	868.18
64 +	919.86	1,090.77	982.83	956.76	882.18

CalChoice HMO Rates

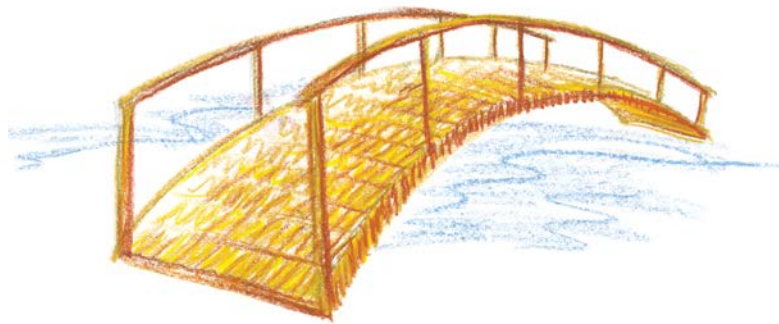
New and renewing business, effective January 1, 2018, to March 15, 2018

Region 18 Orange County.

Age	CalChoice Salud y Mas Platinum A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility	CalChoice CommunityCare HMO Silver B
0-14	264.51	321.72	290.33	278.18	261.07	223.98
15	287.45	349.74	315.56	302.91	283.71	243.89
16	296.22	360.46	325.21	312.36	292.36	251.50
17	304.99	371.17	334.86	321.81	301.02	259.11
18	314.44	382.71	345.25	332.00	310.34	267.31
19	323.88	394.25	355.64	342.18	319.66	275.51
20	333.66	406.20	366.40	352.72	329.31	284.00
21	343.78	418.57	377.54	363.63	339.29	292.78
22	343.78	418.57	377.54	363.63	339.29	292.78
23	343.78	418.57	377.54	363.63	339.29	292.78
24	343.78	418.57	377.54	363.63	339.29	292.78
25	345.13	420.21	379.02	365.09	340.62	293.95
26	351.88	428.46	386.44	372.36	347.28	299.81
27	359.98	438.35	395.35	381.09	355.27	306.83
28	373.13	454.42	409.82	395.27	368.25	318.25
29	383.93	467.61	421.70	406.90	378.90	327.62
30	389.32	474.20	427.63	412.72	384.23	332.30
31	397.42	484.09	436.54	421.45	392.21	339.33
32	405.52	493.98	445.44	430.18	400.20	346.36
33	410.58	500.16	451.01	435.63	405.20	350.75
34	415.97	506.76	456.95	441.45	410.52	355.43
35	418.67	510.06	459.92	444.36	413.18	357.78
36	421.37	513.35	462.89	447.27	415.85	360.12
37	424.07	516.65	465.85	450.18	418.51	362.46
38	426.77	519.95	468.82	453.09	421.17	364.80
39	432.17	526.54	474.76	458.90	426.50	369.49
40	437.56	533.13	480.70	464.72	431.82	374.17
41	445.66	543.02	489.60	473.45	439.81	381.20
42	453.42	552.50	498.14	481.81	447.47	387.93
43	464.21	565.69	510.01	493.45	458.12	397.30
44	477.71	582.18	524.86	507.99	471.43	409.01
45	493.56	601.55	542.30	525.08	487.08	422.77
46	512.45	624.62	563.08	545.45	505.71	439.17
47	533.70	650.59	586.46	568.36	526.68	457.61
48	557.99	680.26	613.18	594.54	550.65	478.69
49	581.94	709.52	639.52	620.36	574.28	499.48
50	608.93	742.49	669.21	649.45	600.91	522.90
51	635.58	775.05	698.53	678.17	627.20	546.03
52	664.93	810.90	730.81	709.81	656.16	571.50
53	694.61	847.17	763.47	741.81	685.45	597.27
54	726.66	886.32	798.72	776.35	717.07	625.08
55	758.71	925.47	833.97	810.90	748.69	652.90
56	793.45	967.92	872.19	848.35	782.97	683.05
57	828.53	1,010.78	910.79	886.17	817.59	713.50
58	865.98	1,056.52	951.98	926.53	854.53	746.00
59	884.53	1,079.19	972.39	946.53	872.84	762.10
60	921.98	1,124.93	1,013.58	986.90	909.79	794.60
61	954.36	1,164.50	1,049.20	1,021.81	941.74	822.71
62	975.61	1,190.46	1,072.58	1,044.71	962.71	841.15
63	1,002.26	1,223.02	1,101.90	1,073.44	989.00	864.28
64 +	1,018.44	1,242.81	1,119.72	1,090.89	1,004.97	878.34

Region 19 San Diego County.

Age	CalChoice Salud y Mas Platinum A + Infertility	CalChoice WholeCare HMO Platinum B + Infertility	CalChoice WholeCare HMO Gold A + Infertility	CalChoice WholeCare HMO Gold B	CalChoice WholeCare HMO Silver A + Infertility
0-14	306.05	341.48	308.12	295.61	277.03
15	332.68	371.26	334.94	321.89	301.09
16	342.86	382.64	345.19	331.94	310.28
17	353.05	394.03	355.44	341.98	319.48
18	364.01	406.29	366.49	352.80	329.38
19	374.98	418.56	377.53	363.62	339.29
20	386.33	431.26	388.96	374.83	349.54
21	398.08	444.39	400.79	386.42	360.15
22	398.08	444.39	400.79	386.42	360.15
23	398.08	444.39	400.79	386.42	360.15
24	398.08	444.39	400.79	386.42	360.15
25	399.65	446.15	402.37	387.97	361.57
26	407.48	454.91	410.26	395.70	368.64
27	416.88	465.42	419.72	404.97	377.13
28	432.16	482.50	435.10	420.04	390.93
29	444.69	496.51	447.72	432.41	402.24
30	450.95	503.52	454.03	438.59	407.90
31	460.35	514.03	463.49	447.86	416.39
32	469.75	524.54	472.96	457.14	424.88
33	475.63	531.11	478.87	462.93	430.19
34	481.89	538.11	485.18	469.12	435.85
35	485.03	541.62	488.34	472.21	438.68
36	488.16	545.12	491.49	475.30	441.51
37	491.29	548.63	494.65	478.39	444.34
38	494.42	552.13	497.80	481.48	447.16
39	500.69	559.14	504.11	487.66	452.82
40	506.96	566.14	510.42	493.85	458.48
41	516.36	576.65	519.89	503.12	466.97
42	525.36	586.73	528.95	512.01	475.11
43	537.90	600.74	541.57	524.37	486.43
44	553.56	618.26	557.35	539.83	500.57
45	571.97	638.84	575.88	557.99	517.20
46	593.90	663.37	597.97	579.63	537.01
47	618.57	690.96	622.81	603.98	559.29
48	646.77	722.49	651.20	631.80	584.76
49	674.58	753.58	679.20	659.24	609.87
50	705.91	788.62	710.75	690.15	638.16
51	736.85	823.22	741.90	720.68	666.11
52	770.92	861.32	776.21	754.30	696.88
53	805.38	899.86	810.91	788.30	728.01
54	842.59	941.46	848.37	825.01	761.61
55	879.79	983.07	885.84	861.72	795.21
56	920.13	1,028.18	926.45	901.52	831.64
57	960.86	1,073.72	967.46	941.71	868.43
58	1,004.33	1,122.33	1,011.24	984.60	907.69
59	1,025.87	1,146.42	1,032.93	1,005.86	927.14
60	1,069.34	1,195.03	1,076.70	1,048.75	966.40
61	1,106.94	1,237.07	1,114.55	1,085.85	1,000.36
62	1,131.61	1,264.67	1,139.40	1,110.19	1,022.64
63	1,162.55	1,299.26	1,170.55	1,140.72	1,050.58
64 +	1,181.34	1,320.27	1,189.47	1,159.26	1,067.55



CalChoice HSP *Rates*

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 1 Nevada County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	321.58	252.94	216.88
15	349.59	274.85	235.58
16	360.30	283.22	242.73
17	371.01	291.60	249.89
18	382.55	300.62	257.59
19	394.08	309.65	265.29
20	406.03	318.99	273.27
21	418.39	328.66	281.52
22	418.39	328.66	281.52
23	418.39	328.66	281.52
24	418.39	328.66	281.52
25	420.04	329.94	282.62
26	428.27	336.39	288.12
27	438.16	344.12	294.72
28	454.23	356.69	305.45
29	467.41	367.00	314.25
30	474.00	372.15	318.65
31	483.89	379.89	325.25
32	493.77	387.62	331.86
33	499.95	392.45	335.98
34	506.54	397.61	340.38
35	509.84	400.18	342.58
36	513.13	402.76	344.78
37	516.43	405.34	346.99
38	519.72	407.92	349.19
39	526.32	413.07	353.59
40	532.91	418.23	357.99
41	542.79	425.96	364.59
42	552.27	433.37	370.92
43	565.45	443.68	379.72
44	581.93	456.57	390.72
45	601.29	471.71	403.65
46	624.36	489.76	419.05
47	650.31	510.06	436.38
48	679.97	533.26	456.19
49	709.22	556.13	475.72
50	742.17	581.91	497.72
51	774.71	607.36	519.45
52	810.55	635.39	543.38
53	846.80	663.75	567.59
54	885.94	694.36	593.72
55	925.07	724.97	619.85
56	967.50	758.15	648.19
57	1,010.34	791.66	676.79
58	1,056.07	827.43	707.33
59	1,078.72	845.15	722.45
60	1,124.45	880.92	752.99
61	1,163.99	911.85	779.39
62	1,189.95	932.15	796.72
63	1,222.49	957.60	818.45
64 +	1,242.27	973.08	831.66

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

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	350.77	275.77	236.37
15	381.38	299.71	256.81
16	393.08	308.86	264.62
17	404.78	318.02	272.44
18	417.39	327.87	280.85
19	429.99	337.73	289.27
20	443.04	347.94	297.98
21	456.54	358.50	307.00
22	456.54	358.50	307.00
23	456.54	358.50	307.00
24	456.54	358.50	307.00
25	458.35	359.91	308.20
26	467.35	366.95	314.21
27	478.15	375.40	321.42
28	495.70	389.13	333.15
29	510.11	400.39	342.76
30	517.31	406.03	347.57
31	528.11	414.48	354.79
32	538.91	422.93	362.00
33	545.66	428.21	366.51
34	552.87	433.84	371.32
35	556.47	436.66	373.72
36	560.07	439.47	376.12
37	563.67	442.29	378.53
38	567.27	445.11	380.93
39	574.47	450.74	385.74
40	581.67	456.37	390.55
41	592.47	464.82	397.76
42	602.83	472.92	404.68
43	617.23	484.18	414.29
44	635.23	498.27	426.32
45	656.39	514.81	440.44
46	681.59	534.53	457.27
47	709.95	556.71	476.21
48	742.36	582.05	497.85
49	774.31	607.05	519.19
50	810.32	635.21	543.23
51	845.88	663.02	566.97
52	885.04	693.65	593.12
53	924.64	724.63	619.57
54	967.40	758.08	648.12
55	1,010.16	791.52	676.67
56	1,056.52	827.78	707.63
57	1,103.33	864.40	738.89
58	1,153.29	903.48	772.25
59	1,178.05	922.84	788.78
60	1,228.01	961.92	822.14
61	1,271.22	995.71	850.99
62	1,299.57	1,017.89	869.92
63	1,335.13	1,045.70	893.67
64 +	1,356.72	1,062.60	908.10

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

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

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	331.91	261.01	223.77
15	360.83	283.64	243.09
16	371.90	292.29	250.47
17	382.96	300.94	257.86
18	394.87	310.26	265.81
19	406.78	319.58	273.77
20	419.12	329.23	282.01
21	431.88	339.21	290.53
22	431.88	339.21	290.53
23	431.88	339.21	290.53
24	431.88	339.21	290.53
25	433.58	340.54	291.67
26	442.09	347.20	297.35
27	452.30	355.18	304.17
28	468.89	368.16	315.24
29	482.51	378.81	324.34
30	489.32	384.13	328.88
31	499.53	392.12	335.70
32	509.74	400.11	342.52
33	516.12	405.10	346.78
34	522.92	410.42	351.32
35	526.33	413.08	353.60
36	529.73	415.75	355.87
37	533.13	418.41	358.14
38	536.54	421.07	360.41
39	543.35	426.39	364.96
40	550.15	431.72	369.50
41	560.36	439.70	376.32
42	570.15	447.36	382.86
43	583.76	458.01	391.95
44	600.78	471.32	403.31
45	620.77	486.96	416.66
46	644.60	505.59	432.57
47	671.40	526.55	450.47
48	702.03	550.51	470.92
49	732.24	574.14	491.09
50	766.27	600.76	513.82
51	799.88	627.05	536.26
52	836.89	656.00	560.97
53	874.33	685.28	585.97
54	914.75	716.89	612.96
55	955.16	748.51	639.95
56	998.98	782.78	669.21
57	1,043.23	817.39	698.75
58	1,090.45	854.32	730.28
59	1,113.85	872.62	745.91
60	1,161.07	909.56	777.44
61	1,201.91	941.51	804.71
62	1,228.72	962.47	822.61
63	1,262.33	988.76	845.05
64 +	1,282.74	1,004.73	858.69

Region 4 San Francisco County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	350.77	275.77	236.37
15	381.38	299.71	256.81
16	393.08	308.86	264.62
17	404.78	318.02	272.44
18	417.39	327.87	280.85
19	429.99	337.73	289.27
20	443.04	347.94	297.98
21	456.54	358.50	307.00
22	456.54	358.50	307.00
23	456.54	358.50	307.00
24	456.54	358.50	307.00
25	458.35	359.91	308.20
26	467.35	366.95	314.21
27	478.15	375.40	321.42
28	495.70	389.13	333.15
29	510.11	400.39	342.76
30	517.31	406.03	347.57
31	528.11	414.48	354.79
32	538.91	422.93	362.00
33	545.66	428.21	366.51
34	552.87	433.84	371.32
35	556.47	436.66	373.72
36	560.07	439.47	376.12
37	563.67	442.29	378.53
38	567.27	445.11	380.93
39	574.47	450.74	385.74
40	581.67	456.37	390.55
41	592.47	464.82	397.76
42	602.83	472.92	404.68
43	617.23	484.18	414.29
44	635.23	498.27	426.32
45	656.39	514.81	440.44
46	681.59	534.53	457.27
47	709.95	556.71	476.21
48	742.36	582.05	497.85
49	774.31	607.05	519.19
50	810.32	635.21	543.23
51	845.88	663.02	566.97
52	885.04	693.65	593.12
53	924.64	724.63	619.57
54	967.40	758.08	648.12
55	1,010.16	791.52	676.67
56	1,056.52	827.78	707.63
57	1,103.33	864.40	738.89
58	1,153.29	903.48	772.25
59	1,178.05	922.84	788.78
60	1,228.01	961.92	822.14
61	1,271.22	995.71	850.99
62	1,299.57	1,017.89	869.92
63	1,335.13	1,045.70	893.67
64 +	1,356.72	1,062.60	908.10

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 5 Contra Costa County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	338.94	266.51	228.46
15	368.49	289.63	248.20
16	379.79	298.47	255.75
17	391.09	307.30	263.29
18	403.26	316.82	271.42
19	415.43	326.34	279.54
20	428.03	336.20	287.96
21	441.07	346.40	296.67
22	441.07	346.40	296.67
23	441.07	346.40	296.67
24	441.07	346.40	296.67
25	442.81	347.76	297.83
26	451.50	354.56	303.63
27	461.93	362.72	310.60
28	478.88	375.97	321.91
29	492.79	386.85	331.20
30	499.74	392.29	335.84
31	510.18	400.45	342.81
32	520.61	408.61	349.77
33	527.13	413.71	354.13
34	534.08	419.15	358.77
35	537.56	421.87	361.09
36	541.03	424.59	363.42
37	544.51	427.31	365.74
38	547.99	430.02	368.06
39	554.94	435.46	372.70
40	561.90	440.90	377.35
41	572.33	449.06	384.31
42	582.32	456.88	390.99
43	596.23	467.76	400.27
44	613.62	481.36	411.88
45	634.04	497.33	425.52
46	658.38	516.37	441.77
47	685.76	537.79	460.06
48	717.06	562.26	480.95
49	747.91	586.40	501.56
50	782.68	613.60	524.77
51	817.02	640.45	547.70
52	854.83	670.03	572.95
53	893.08	699.94	598.49
54	934.37	732.24	626.06
55	975.65	764.53	653.63
56	1,020.42	799.55	683.52
57	1,065.62	834.90	713.71
58	1,113.86	872.64	745.92
59	1,137.77	891.33	761.88
60	1,186.01	929.07	794.09
61	1,227.74	961.70	821.96
62	1,255.12	983.12	840.24
63	1,289.45	1,009.98	863.17
64 +	1,310.31	1,026.30	877.11

Region 6 Alameda County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	338.94	266.51	228.46
15	368.49	289.63	248.20
16	379.79	298.47	255.75
17	391.09	307.30	263.29
18	403.26	316.82	271.42
19	415.43	326.34	279.54
20	428.03	336.20	287.96
21	441.07	346.40	296.67
22	441.07	346.40	296.67
23	441.07	346.40	296.67
24	441.07	346.40	296.67
25	442.81	347.76	297.83
26	451.50	354.56	303.63
27	461.93	362.72	310.60
28	478.88	375.97	321.91
29	492.79	386.85	331.20
30	499.74	392.29	335.84
31	510.18	400.45	342.81
32	520.61	408.61	349.77
33	527.13	413.71	354.13
34	534.08	419.15	358.77
35	537.56	421.87	361.09
36	541.03	424.59	363.42
37	544.51	427.31	365.74
38	547.99	430.02	368.06
39	554.94	435.46	372.70
40	561.90	440.90	377.35
41	572.33	449.06	384.31
42	582.32	456.88	390.99
43	596.23	467.76	400.27
44	613.62	481.36	411.88
45	634.04	497.33	425.52
46	658.38	516.37	441.77
47	685.76	537.79	460.06
48	717.06	562.26	480.95
49	747.91	586.40	501.56
50	782.68	613.60	524.77
51	817.02	640.45	547.70
52	854.83	670.03	572.95
53	893.08	699.94	598.49
54	934.37	732.24	626.06
55	975.65	764.53	653.63
56	1,020.42	799.55	683.52
57	1,065.62	834.90	713.71
58	1,113.86	872.64	745.92
59	1,137.77	891.33	761.88
60	1,186.01	929.07	794.09
61	1,227.74	961.70	821.96
62	1,255.12	983.12	840.24
63	1,289.45	1,009.98	863.17
64 +	1,310.31	1,026.30	877.11

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 7 Santa Clara County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	338.83	266.42	228.39
15	368.37	289.53	248.12
16	379.67	298.37	255.66
17	390.96	307.20	263.21
18	403.13	316.72	271.33
19	415.29	326.24	279.45
20	427.89	336.09	287.87
21	440.93	346.29	296.57
22	440.93	346.29	296.57
23	440.93	346.29	296.57
24	440.93	346.29	296.57
25	442.67	347.64	297.73
26	451.35	354.44	303.53
27	461.78	362.60	310.50
28	478.73	375.85	321.81
29	492.63	386.73	331.09
30	499.58	392.16	335.74
31	510.01	400.32	342.70
32	520.44	408.48	349.66
33	526.95	413.57	354.01
34	533.91	419.01	358.66
35	537.38	421.73	360.98
36	540.86	424.45	363.30
37	544.33	427.17	365.62
38	547.81	429.88	367.94
39	554.76	435.32	372.58
40	561.71	440.76	377.22
41	572.14	448.92	384.19
42	582.13	456.73	390.86
43	596.04	467.61	400.14
44	613.41	481.20	411.75
45	633.84	497.17	425.38
46	658.17	516.20	441.63
47	685.54	537.61	459.91
48	716.82	562.08	480.80
49	747.67	586.21	501.39
50	782.43	613.40	524.60
51	816.75	640.24	547.52
52	854.55	669.81	572.76
53	892.78	699.71	598.29
54	934.06	732.00	625.86
55	975.33	764.28	653.42
56	1,020.09	799.29	683.30
57	1,065.27	834.63	713.47
58	1,113.50	872.35	745.67
59	1,137.39	891.04	761.63
60	1,185.62	928.76	793.83
61	1,227.33	961.39	821.69
62	1,254.70	982.80	839.96
63	1,289.03	1,009.64	862.88
64 +	1,309.89	1,025.97	876.81

Region 8 San Mateo County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	350.77	275.77	236.37
15	381.38	299.71	256.81
16	393.08	308.86	264.62
17	404.78	318.02	272.44
18	417.39	327.87	280.85
19	429.99	337.73	289.27
20	443.04	347.94	297.98
21	456.54	358.50	307.00
22	456.54	358.50	307.00
23	456.54	358.50	307.00
24	456.54	358.50	307.00
25	458.35	359.91	308.20
26	467.35	366.95	314.21
27	478.15	375.40	321.42
28	495.70	389.13	333.15
29	510.11	400.39	342.76
30	517.31	406.03	347.57
31	528.11	414.48	354.79
32	538.91	422.93	362.00
33	545.66	428.21	366.51
34	552.87	433.84	371.32
35	556.47	436.66	373.72
36	560.07	439.47	376.12
37	563.67	442.29	378.53
38	567.27	445.11	380.93
39	574.47	450.74	385.74
40	581.67	456.37	390.55
41	592.47	464.82	397.76
42	602.83	472.92	404.68
43	617.23	484.18	414.29
44	635.23	498.27	426.32
45	656.39	514.81	440.44
46	681.59	534.53	457.27
47	709.95	556.71	476.21
48	742.36	582.05	497.85
49	774.31	607.05	519.19
50	810.32	635.21	543.23
51	845.88	663.02	566.97
52	885.04	693.65	593.12
53	924.64	724.63	619.57
54	967.40	758.08	648.12
55	1,010.16	791.52	676.67
56	1,056.52	827.78	707.63
57	1,103.33	864.40	738.89
58	1,153.29	903.48	772.25
59	1,178.05	922.84	788.78
60	1,228.01	961.92	822.14
61	1,271.22	995.71	850.99
62	1,299.57	1,017.89	869.92
63	1,335.13	1,045.70	893.67
64 +	1,356.72	1,062.60	908.10

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 9 Santa Cruz County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	365.63	287.39	246.29
15	397.55	312.36	267.61
16	409.76	321.91	275.76
17	421.97	331.45	283.91
18	435.11	341.74	292.69
19	448.26	352.02	301.47
20	461.87	362.67	310.56
21	475.96	373.69	319.96
22	475.96	373.69	319.96
23	475.96	373.69	319.96
24	475.96	373.69	319.96
25	477.84	375.16	321.22
26	487.23	382.50	327.49
27	498.50	391.31	335.01
28	516.81	405.64	347.24
29	531.83	417.39	357.27
30	539.34	423.26	362.29
31	550.61	432.08	369.81
32	561.88	440.89	377.34
33	568.92	446.40	382.04
34	576.44	452.28	387.05
35	580.19	455.21	389.56
36	583.95	458.15	392.07
37	587.70	461.09	394.58
38	591.46	464.03	397.09
39	598.97	469.90	402.10
40	606.48	475.78	407.12
41	617.75	484.59	414.64
42	628.55	493.04	421.85
43	643.57	504.79	431.89
44	662.36	519.48	444.43
45	684.42	536.74	459.16
46	710.71	557.31	476.72
47	740.29	580.44	496.47
48	774.10	606.88	519.04
49	807.43	632.96	541.30
50	844.99	662.33	566.38
51	882.09	691.35	591.15
52	922.93	723.30	618.43
53	964.25	755.61	646.02
54	1,008.85	790.50	675.80
55	1,053.46	825.39	705.58
56	1,101.82	863.21	737.87
57	1,150.65	901.41	770.48
58	1,202.76	942.17	805.28
59	1,228.58	962.37	822.52
60	1,280.70	1,003.13	857.32
61	1,325.77	1,038.39	887.42
62	1,355.35	1,061.52	907.17
63	1,392.44	1,090.53	931.94
64 +	1,414.98	1,108.17	946.98

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

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	363.60	285.80	244.93
15	395.35	310.63	266.13
16	407.48	320.13	274.24
17	419.62	329.62	282.34
18	432.70	339.85	291.07
19	445.77	350.07	299.80
20	459.31	360.66	308.84
21	473.31	371.62	318.19
22	473.31	371.62	318.19
23	473.31	371.62	318.19
24	473.31	371.62	318.19
25	475.18	373.08	319.44
26	484.52	380.38	325.68
27	495.72	389.14	333.16
28	513.93	403.39	345.32
29	528.87	415.07	355.29
30	536.34	420.91	360.28
31	547.54	429.68	367.76
32	558.75	438.44	375.24
33	565.75	443.92	379.92
34	573.22	449.76	384.91
35	576.96	452.68	387.40
36	580.69	455.60	389.90
37	584.43	458.53	392.39
38	588.16	461.45	394.88
39	595.63	467.29	399.87
40	603.10	473.13	404.86
41	614.30	481.90	412.34
42	625.04	490.29	419.51
43	639.98	501.98	429.49
44	658.66	516.59	441.96
45	680.60	533.75	456.61
46	706.74	554.20	474.07
47	736.16	577.20	493.71
48	769.77	603.50	516.15
49	802.92	629.42	538.29
50	840.27	658.64	563.23
51	877.15	687.48	587.85
52	917.77	719.25	614.98
53	958.85	751.39	642.41
54	1,003.20	786.08	672.02
55	1,047.55	820.77	701.64
56	1,095.64	858.38	733.75
57	1,144.19	896.36	766.17
58	1,196.02	936.89	800.78
59	1,221.69	956.98	817.92
60	1,273.51	997.51	852.52
61	1,318.33	1,032.57	882.45
62	1,347.75	1,055.57	902.09
63	1,384.63	1,084.42	926.72
64 +	1,407.03	1,101.96	941.67

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 11 Fresno, Kings and Madera counties.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	264.91	208.61	179.03
15	287.88	226.58	194.37
16	296.66	233.45	200.24
17	305.45	240.32	206.10
18	314.91	247.72	212.42
19	324.37	255.12	218.74
20	334.17	262.78	225.28
21	344.30	270.71	232.05
22	344.30	270.71	232.05
23	344.30	270.71	232.05
24	344.30	270.71	232.05
25	345.65	271.76	232.95
26	352.41	277.05	237.46
27	360.52	283.39	242.88
28	373.69	293.70	251.68
29	384.51	302.15	258.89
30	389.91	306.38	262.50
31	398.02	312.72	267.92
32	406.13	319.07	273.33
33	411.20	323.03	276.72
34	416.60	327.26	280.33
35	419.30	329.37	282.13
36	422.01	331.49	283.94
37	424.71	333.60	285.74
38	427.41	335.71	287.55
39	432.82	339.94	291.16
40	438.22	344.17	294.76
41	446.33	350.51	300.18
42	454.10	356.59	305.37
43	464.91	365.05	312.59
44	478.43	375.62	321.61
45	494.31	388.04	332.21
46	513.23	402.84	344.85
47	534.51	419.48	359.06
48	558.84	438.51	375.30
49	582.82	457.27	391.32
50	609.85	478.41	409.37
51	636.54	499.29	427.19
52	665.94	522.28	446.82
53	695.67	545.54	466.67
54	727.76	570.64	488.10
55	759.86	595.74	509.53
56	794.66	622.96	532.77
57	829.79	650.45	556.23
58	867.30	679.78	581.27
59	885.88	694.31	593.68
60	923.38	723.64	618.72
61	955.81	749.01	640.38
62	977.10	765.66	654.59
63	1,003.79	786.54	672.42
64 +	1,020.00	799.23	683.25

Region 12 Santa Barbara and Ventura counties.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	277.54	218.49	187.47
15	301.63	237.33	203.56
16	310.85	244.54	209.71
17	320.06	251.75	215.86
18	329.98	259.51	222.49
19	339.91	267.27	229.11
20	350.18	275.31	235.97
21	360.81	283.62	243.07
22	360.81	283.62	243.07
23	360.81	283.62	243.07
24	360.81	283.62	243.07
25	362.23	284.73	244.02
26	369.32	290.27	248.75
27	377.82	296.93	254.43
28	391.64	307.74	263.66
29	402.98	316.61	271.23
30	408.65	321.04	275.02
31	417.16	327.69	280.70
32	425.66	334.34	286.38
33	430.98	338.50	289.92
34	436.65	342.94	293.71
35	439.48	345.15	295.60
36	442.32	347.37	297.50
37	445.15	349.59	299.39
38	447.99	351.81	301.28
39	453.66	356.24	305.07
40	459.33	360.68	308.85
41	467.83	367.33	314.53
42	475.98	373.70	319.98
43	487.32	382.57	327.55
44	501.49	393.66	337.01
45	518.15	406.69	348.13
46	537.99	422.21	361.39
47	560.32	439.67	376.29
48	585.83	459.63	393.33
49	610.99	479.31	410.13
50	639.34	501.48	429.06
51	667.34	523.38	447.75
52	698.17	547.49	468.34
53	729.35	571.88	489.16
54	763.01	598.21	511.64
55	796.68	624.54	534.12
56	833.18	653.09	558.49
57	870.03	681.92	583.10
58	909.37	712.68	609.37
59	928.86	727.93	622.38
60	968.19	758.69	648.65
61	1,002.21	785.30	671.36
62	1,024.53	802.76	686.27
63	1,052.53	824.66	704.96
64 +	1,069.53	837.96	716.31

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 14 Kern County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	277.79	218.68	187.64
15	301.91	237.55	203.74
16	311.13	244.76	209.90
17	320.35	251.98	216.06
18	330.29	259.74	222.69
19	340.22	267.51	229.32
20	350.50	275.56	236.19
21	361.14	283.88	243.29
22	361.14	283.88	243.29
23	361.14	283.88	243.29
24	361.14	283.88	243.29
25	362.56	284.99	244.24
26	369.66	290.54	248.98
27	378.17	297.20	254.66
28	392.00	308.02	263.90
29	403.35	316.89	271.48
30	409.03	321.33	275.27
31	417.54	327.99	280.95
32	426.05	334.65	286.64
33	431.37	338.81	290.19
34	437.05	343.25	293.98
35	439.89	345.47	295.87
36	442.72	347.69	297.77
37	445.56	349.91	299.66
38	448.40	352.13	301.56
39	454.07	356.35	305.35
40	459.75	361.01	309.14
41	468.26	367.66	314.82
42	476.42	374.05	320.27
43	487.77	382.92	327.85
44	501.96	394.02	337.32
45	518.63	407.06	348.45
46	538.49	422.60	361.72
47	560.84	440.07	376.64
48	586.37	460.05	393.69
49	611.56	479.75	410.51
50	639.93	501.94	429.45
51	667.95	523.86	448.16
52	698.81	547.99	468.77
53	730.02	572.41	489.61
54	763.72	598.76	512.11
55	797.42	625.12	534.61
56	833.95	653.70	559.01
57	870.84	682.55	583.64
58	910.21	713.34	609.93
59	929.72	728.60	622.96
60	969.09	759.40	649.25
61	1,003.14	786.03	671.98
62	1,025.48	803.51	686.90
63	1,053.50	825.43	705.61
64 +	1,070.52	838.74	716.97

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

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	277.79	218.68	187.64
15	301.91	237.55	203.74
16	311.13	244.76	209.90
17	320.35	251.98	216.06
18	330.29	259.74	222.69
19	340.22	267.51	229.32
20	350.50	275.56	236.19
21	361.14	283.88	243.29
22	361.14	283.88	243.29
23	361.14	283.88	243.29
24	361.14	283.88	243.29
25	362.56	284.99	244.24
26	369.66	290.54	248.98
27	378.17	297.20	254.66
28	392.00	308.02	263.90
29	403.35	316.89	271.48
30	409.03	321.33	275.27
31	417.54	327.99	280.95
32	426.05	334.65	286.64
33	431.37	338.81	290.19
34	437.05	343.25	293.98
35	439.89	345.47	295.87
36	442.72	347.69	297.77
37	445.56	349.91	299.66
38	448.40	352.13	301.56
39	454.07	356.35	305.35
40	459.75	361.01	309.14
41	468.26	367.66	314.82
42	476.42	374.05	320.27
43	487.77	382.92	327.85
44	501.96	394.02	337.32
45	518.63	407.06	348.45
46	538.49	422.60	361.72
47	560.84	440.07	376.64
48	586.37	460.05	393.69
49	611.56	479.75	410.51
50	639.93	501.94	429.45
51	667.95	523.86	448.16
52	698.81	547.99	468.77
53	730.02	572.41	489.61
54	763.72	598.76	512.11
55	797.42	625.12	534.61
56	833.95	653.70	559.01
57	870.84	682.55	583.64
58	910.21	713.34	609.93
59	929.72	728.60	622.96
60	969.09	759.40	649.25
61	1,003.14	786.03	671.98
62	1,025.48	803.51	686.90
63	1,053.50	825.43	705.61
64 +	1,070.52	838.74	716.97

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

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

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	311.44	245.00	210.11
15	338.55	266.21	228.21
16	348.92	274.32	235.13
17	359.28	282.43	242.05
18	370.45	291.16	249.51
19	381.61	299.89	256.96
20	393.17	308.93	264.68
21	405.13	318.29	272.67
22	405.13	318.29	272.67
23	405.13	318.29	272.67
24	405.13	318.29	272.67
25	406.73	319.53	273.73
26	414.70	325.77	279.06
27	424.27	333.25	285.45
28	439.82	345.42	295.83
29	452.57	355.40	304.35
30	458.95	360.38	308.61
31	468.52	367.87	315.00
32	478.09	375.35	321.38
33	484.07	380.03	325.38
34	490.45	385.02	329.64
35	493.64	387.51	331.77
36	496.83	390.01	333.90
37	500.02	392.50	336.03
38	503.21	395.00	338.16
39	509.59	399.99	342.42
40	515.96	404.98	346.68
41	525.53	412.46	353.06
42	534.70	419.63	359.19
43	547.46	429.61	367.71
44	563.41	442.09	378.35
45	582.15	456.74	390.87
46	604.47	474.20	405.78
47	629.59	493.85	422.55
48	658.29	516.30	441.71
49	686.60	538.44	460.62
50	718.49	563.39	481.91
51	749.99	588.03	502.94
52	784.68	615.15	526.11
53	819.76	642.60	549.53
54	857.63	672.22	574.82
55	895.51	701.85	600.11
56	936.57	733.96	627.53
57	978.04	766.40	655.22
58	1,022.29	801.01	684.77
59	1,044.22	818.16	699.41
60	1,088.47	852.77	728.96
61	1,126.74	882.71	754.52
62	1,151.86	902.36	771.29
63	1,183.36	926.99	792.32
64 +	1,202.49	941.97	805.11

Region 17 Riverside and San Bernardino counties.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	277.79	218.68	187.64
15	301.91	237.55	203.74
16	311.13	244.76	209.90
17	320.35	251.98	216.06
18	330.29	259.74	222.69
19	340.22	267.51	229.32
20	350.50	275.56	236.19
21	361.14	283.88	243.29
22	361.14	283.88	243.29
23	361.14	283.88	243.29
24	361.14	283.88	243.29
25	362.56	284.99	244.24
26	369.66	290.54	248.98
27	378.17	297.20	254.66
28	392.00	308.02	263.90
29	403.35	316.89	271.48
30	409.03	321.33	275.27
31	417.54	327.99	280.95
32	426.05	334.65	286.64
33	431.37	338.81	290.19
34	437.05	343.25	293.98
35	439.89	345.47	295.87
36	442.72	347.69	297.77
37	445.56	349.91	299.66
38	448.40	352.13	301.56
39	454.07	356.57	305.35
40	459.75	361.01	309.14
41	468.26	367.66	314.82
42	476.42	374.05	320.27
43	487.77	382.92	327.85
44	501.96	394.02	337.32
45	518.63	407.06	348.45
46	538.49	422.60	361.72
47	560.84	440.07	376.64
48	586.37	460.05	393.69
49	611.56	479.75	410.51
50	639.93	501.94	429.45
51	667.95	523.86	448.16
52	698.81	547.99	468.77
53	730.02	572.41	489.61
54	763.72	598.76	512.11
55	797.42	625.12	534.61
56	833.95	653.70	559.01
57	870.84	682.55	583.64
58	910.21	713.34	609.93
59	929.72	728.60	622.96
60	969.09	759.40	649.25
61	1,003.14	786.03	671.98
62	1,025.48	803.51	686.90
63	1,053.50	825.43	705.61
64 +	1,070.52	838.74	716.97

CalChoice HSP Rates

New and renewing business, effective January 1, 2018, to March 15, 2018

Region 18 Orange County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	282.31	222.22	190.66
15	306.83	241.40	207.03
16	316.21	248.74	213.29
17	325.59	256.07	219.55
18	335.68	263.97	226.29
19	345.78	271.86	233.04
20	356.24	280.04	240.02
21	367.06	288.51	247.24
22	367.06	288.51	247.24
23	367.06	288.51	247.24
24	367.06	288.51	247.24
25	368.50	289.63	248.21
26	375.71	295.27	253.02
27	384.37	302.04	258.80
28	398.43	313.04	268.19
29	409.97	322.07	275.90
30	415.74	326.58	279.75
31	424.39	333.35	285.53
32	433.05	340.12	291.31
33	438.46	344.35	294.92
34	444.23	348.87	298.77
35	447.11	351.12	300.70
36	450.00	353.38	302.62
37	452.88	355.63	304.55
38	455.77	357.89	306.48
39	461.54	362.40	310.33
40	467.30	366.92	314.18
41	475.96	373.69	319.96
42	484.25	380.17	325.50
43	495.79	389.20	333.21
44	510.22	400.48	342.84
45	527.17	413.74	354.15
46	547.36	429.53	367.64
47	570.08	447.30	382.81
48	596.04	467.61	400.15
49	621.64	487.64	417.24
50	650.49	510.20	436.51
51	678.98	532.48	455.53
52	710.35	557.02	476.48
53	742.09	581.84	497.67
54	776.34	608.64	520.54
55	810.60	635.43	543.42
56	847.74	664.49	568.22
57	885.25	693.82	593.26
58	925.27	725.13	619.99
59	945.11	740.64	633.23
60	985.14	771.95	659.96
61	1,019.75	799.03	683.08
62	1,042.47	816.80	698.25
63	1,070.96	839.08	717.27
64 +	1,088.28	852.63	728.82

Region 19 San Diego County.

Age	CalChoice HSP Gold A + Infertility	CalChoice HSP Silver A + Infertility	CalChoice HSP Bronze A + Infertility
0-14	279.56	220.07	188.81
15	303.83	239.05	205.03
16	313.11	246.31	211.22
17	322.40	253.57	217.42
18	332.39	261.39	224.10
19	342.39	269.21	230.77
20	352.74	277.31	237.68
21	363.45	285.69	244.84
22	363.45	285.69	244.84
23	363.45	285.69	244.84
24	363.45	285.69	244.84
25	364.88	286.80	245.79
26	372.02	292.39	250.56
27	380.59	299.09	256.28
28	394.51	309.98	265.57
29	405.93	318.91	273.20
30	411.65	323.38	277.02
31	420.21	330.08	282.74
32	428.78	336.79	288.46
33	434.14	340.97	292.04
34	439.85	345.44	295.85
35	442.71	347.68	297.76
36	445.56	349.91	299.66
37	448.42	352.14	301.57
38	451.27	354.38	303.48
39	456.99	358.85	307.29
40	462.70	363.31	311.11
41	471.27	370.02	316.83
42	479.48	376.44	322.31
43	490.90	385.37	329.94
44	505.18	396.54	339.47
45	521.96	409.67	350.68
46	541.95	425.30	364.03
47	564.44	442.90	379.05
48	590.15	463.00	396.21
49	615.49	482.83	413.14
50	644.05	505.17	432.21
51	672.26	527.22	451.04
52	703.32	551.52	471.78
53	734.73	576.09	492.76
54	768.65	602.62	515.40
55	802.56	629.15	538.05
56	839.33	657.91	562.60
57	876.46	686.95	587.40
58	916.09	717.94	613.86
59	935.72	733.30	626.97
60	975.35	764.30	653.43
61	1,009.62	791.10	676.31
62	1,032.11	808.69	691.33
63	1,060.32	830.75	710.16
64 +	1,077.45	844.17	721.62

Footnotes

WholeCare HMO

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

Salud HMO y Más

- ¹ In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA network, except for emergency services.
- ² There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility. The Salud HMO y Más Platinum A plan includes infertility benefits. Infertility benefits (including infertility injectables) are covered at 50%. In vitro fertilization (IVF) and zygote intrafallopian transfer (ZIFT) are not covered.
- ³ Any copayment or coinsurance paid for covered services in either the Salud network or the SIMNSA network will be credited to the individual and family OOPM of both networks.
- ⁴ MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.
- ⁵ Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the

FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

⁶ Salud network mental/behavioral health and substance abuse services are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.

⁷ SIMNSA network mental/behavioral health and substance abuse services must be provided by a SIMNSA provider.

⁸ Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Please refer to the plan's EOC for additional information.

⁹ The four prescription drug tiers are: **Tier 1** – Most generic drugs and low-cost preferred brands. **Tier 2** – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost. **Tier 3** – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. **Tier 4** – Specialty drugs.

¹⁰ Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member and are not subject to the deductible. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

¹¹ Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

¹² Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

¹³ Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

CommunityCare HMO

¹ MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.

² Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

³ Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.

⁴ Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁵ Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Please refer to the plan's EOC for additional information.

⁶ The four prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. Tier 4 – Specialty drugs.

⁷ Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net of California, Inc. (Health Net), then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

⁸ Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

⁹ Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

HSP

¹ There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility. The HSP Gold A, HSP Silver A and HSP Bronze A + Infertility plans include infertility benefits. Infertility benefits (including infertility injectables) are covered at 50%. In vitro fertilization (IVF) and zygote intrafallopian transfer (ZIFT) are not covered.

² Preventive care services are covered for children and adults, as directed by the member's physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

³ Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.

⁴ Tier 4 drugs include: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Please refer to the plan's EOC for additional information.

⁵ The four prescription drug tiers are: **Tier 1** – Most generic drugs and low-cost preferred brands. **Tier 2** – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost. **Tier 3** – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. **Tier 4** – Specialty drugs. Tier 3 and Tier 4 drugs for HSP Gold A and HSP Silver A will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Tier 3 and 4 drugs for HSP Bronze A will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply. Please refer to the plan's EOC for additional information.

⁶ Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, the member will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

⁷ Dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

⁸ Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

⁹ Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

Glossary

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

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

HMO (health maintenance organization)

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

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

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

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

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

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 on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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 **1-800-522-0088 (TTY: 711)**.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, 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: Health Net, PO Box 10348, Van Nuys, California 91410-0348, by fax: 1-877-831-6019, or online: healthnet.com.

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 509E, 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 us at the number listed on your ID card, or employer group applicants please call 1-800-522-0088 (TTY: 711). Individual & Family Plan (IFP) applicants please call 1-877-609-8711 (TTY: 711). For more help: If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو يرجى من مقدمي طلبات مجموعة أصحاب العمل الاتصال بمركز الاتصال 1-800-522-0088 (TTY: 711).. يرجى من مقدمي طلبات خطة الأفراد والعائلة (IFP) الاتصال على الرقم 1-877-609-8711 (TTY: 711). وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من Health Net Life Insurance Company، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով, իսկ գործատուի խմբի դիմորդներին խնդրում ենք զանգահարել 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Անհատական և Շնտանեկան Օրագրի անդերեն հապավումը (IFP) դիմորդներին խնդրում ենք զանգահարել 1-877-609-8711 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար, եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO ապահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության գիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，雇主團體申請人請致電 1-800-522-0088 (TTY: 711)。個人與家庭計畫 (IFP) 申請人請致電 1-877-609-8711 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

Hindi

बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज अपनी भाषा में पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या नियोक्ता समूह आवेदक कृपया 1-800-522-0088 (TTY: 711) संपर्क केंद्र पर कॉल करें। कृपया व्यक्तिगत और पारिवारिक प्लैन (IFP) के आवेदक 1-877-609-8711 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc., एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएचसी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau xav tau kev pab, hu peb tau rau ntawm tus xov tooj nyob ntawm koj daim npav, los yog tias koj yog tus neeg tso npe xav tau kev pab kho mob los ntawm koj txoj hauj-lwm thov hu rau 1-800-522-0088 (TTY: 711). Yog koj yog tus tso npe xav tau kev pab kho mob rau Ib Tug Neeg & Tsev Neeg Individual & Family Plan (IFP) thov hu 1-877-609-8711 (TTY: 711). Xav tau kev pab ntxiv: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

Japanese

無料の言語サービス。通訳をご利用いただけます。日本語で文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、雇用主を通じた団体保険の申込者の方は、1-800-522-0088、(TTY: 711) までお電話ください。個人および家族向けプラン (IFP) の申込者の方は、1-877-609-8711 (TTY: 711) までお電話ください。さらに援助が必要な場合: Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMOまたはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

Khmer

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នកនៅក្នុងភាសារបស់អ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ បេក្ខជនក្រុមនិយោជក អាចទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បេក្ខជនផែនការគ្រួសារ និងបេក្ខជនផែនការបុគ្គល សូមទូរសព្ទទៅលេខ 1-877-609-8711 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះ ឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO Health Net Life Insurance Company សូមទាក់ទងទៅនា យកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 고용주 그룹 신청인의 경우 1-800-522-0088 (TTY: 711) 번으로 전화해 주십시오. Individual & Family Plan (IFP) 신청인의 경우, 1-877-609-8711 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóllq. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínizingo naaltsoos bee néhó'dólinígíí bikáa'gi béesh bee hane'í bikáá' áají' hodílnih éi doodaii' employer groupjí ninaaltsoos siitsoozgo éi 1-800-522-0088 (TTY: 711). T'áá hó dóó ha'áchiní bit hak'é'esti'ígíí ÍIFP wolyéhígíí' éi kojí' hojilnih 1-877-609-8711 (TTY: 711). Shíká anáa'doowoł jinizingo: PPO éi doodaii' EPOjí Health Net Life Insurance Company wolyéhíjí béeso ách'ááq naa'nil biniyé hwe'iina' bik'é'esti'go éi CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éi doodaii' HSPjí Health Net of Californiají béeso ách'ááq naa'nil biniyé hats'íis bik'é'esti'go éi kojí' hojilnih DMHC Helpline 1-888-HMO-2219.

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد به زبان شما برایتان قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید، یا درخواست کنندگان گروه کارفرما لطفاً با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. درخواست کنندگان برنامه انفرادی یا خانواده (IFP) لطفاً با شماره 1-877-609-8711 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Panjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਤ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਾਰਿਵਾਰਕ ਪਲੈਨ (IFP) ਦੇ ਆਵੇਦਕ ਕਿਰਪਾ ਕਰਕੇ 1-877-609-8711 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ Health Net Life Insurance Company ਤੋਂ ਇੱਕ ਪੀਪੀਓ PPO ਜਾਂ ਈਓਏ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆਂ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਹੈਲਥ ਨੈੱਟ ਆਫ ਕੈਲੀਫੋਰਨੀਆਂ, ਇੱਕ ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы в переводе на ваш родной язык. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы хотите стать участником группового плана, предоставляемого работодателем, звоните в коммерческий контактный центр компании 1-800-522-0088 (TTY: 711). Если вы хотите стать участником плана для семей и частных лиц (IFP), звоните по телефону 1-877-609-8711 (TTY: 711). Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния CA Dept. of Insurance, телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания (DMHC), телефон 1-888-HMO-2219.

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación. Los solicitantes del grupo del empleador deben llamar al 1-800-522-0088 (TTY: 711). Los solicitantes de planes individuales y familiares deben llamar al 1-877-609-8711 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card, o para sa grupo ng mga aplikante ng employer, mangyaring tawagan ang 1-800-522-0088 (TTY: 711). Para sa mga aplikante ng Plano para sa Indibiduwal at Pamilya Individual & Family Plan, (IFP), mangyaring tawagan ang 1-877-609-8711 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ สำหรับความช่วยเหลือโทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ ผู้สมัครกลุ่มนายจ้าง กรุณาโทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) ผู้สมัครแผนบุคคลและครอบครัว Individual & Family Plan (IFP) กรุณาโทร 1-877-609-8711 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

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 nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị, hoặc người nộp đơn vào chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi 1-800-522-0088 (TTY: 711). Người nộp đơn thuộc Chương Trình Cá Nhân & Gia Đình viết tắt trong tiếng Anh là (IFP) vui lòng gọi số 1-877-609-8711 (TTY: 711). Để nhận thêm trợ giúp: Nếu quý vị đăng ký hợp đồng bảo hiểm PPO hoặc EPO từ Health Net Life Insurance Company, vui lòng gọi Sở Y Tế CA theo số 1-800-927-4357. Nếu quý vị đăng ký vào chương trình HMO hoặc HSP từ Health Net of California, Inc., vui lòng gọi Đường Dây Trợ Giúp DMHC theo số 1-888-HMO-2219.

For more information please contact

Health Net

PO Box 9103

Van Nuys, CA 91409-9103

Broker Services

1-800-448-4411, option 4

Small Business Group

Sales and Service Administration

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

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

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

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

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

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

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

Assistance for the hearing and speech impaired

TTY users call 711.

Other options

Coverage for individuals and families

1-800-909-3447

Coverage for family members over 65 years of age

1-800-944-7287

Coverage for children in a low-income household

1-800-327-0502

Coverage for businesses with 101+ employees

1-800-448-4411, option 4

www.healthnet.com/broker

www.healthnet.com/broker/reformguide