

Rates Guide

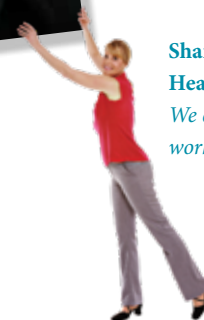
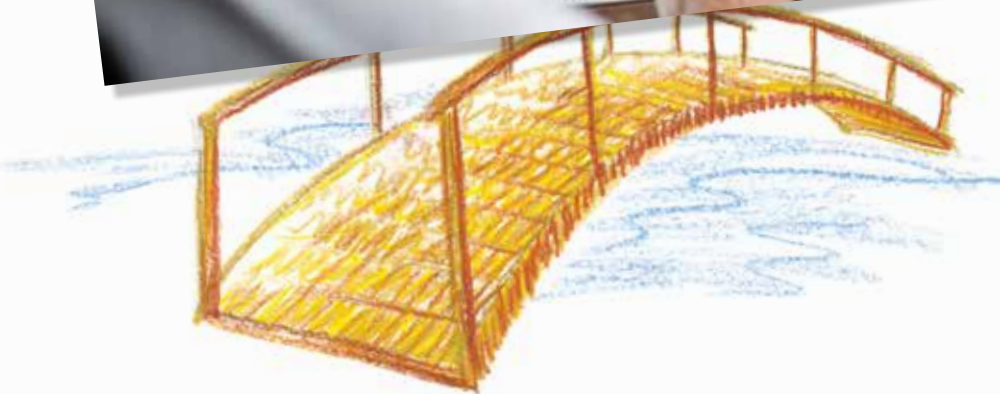
Choice made simple

New and renewing business, effective
April 1, 2018, to June 15, 2018



Sharyl Barney,
Health Net

*We create solutions that
work for your business.*



Health Net®

Table of Contents

New and renewing business, effective April 1, 2018, to June 15, 2018

Medical rating regions	2
Dental rating regions by area	3
Choice package overview	4
Find your rate	4
Calculate your rate	4
PPO Rates	
Region 1	5
Region 2	6
Region 3	7
Region 4	8
Region 5	9
Region 6	10
Region 7	11
Region 8	12
Region 9	13
Region 10	14
Region 11	15
Region 12	16
Region 13	17
Region 14	18
Region 15	19–20
Region 16	21–22
Region 17	23
Region 18	24
Region 19	25
HMO Rates	
Region 1	26
Region 2	27
Region 3	28
Region 4	29
Region 5	30
Region 6	31
Region 7	32–33
Region 8	34
Region 9	35–36
Region 10	37
Region 11	38
Region 12	39
Region 14	40
Region 15	41–42
Region 16	43–44
Region 17	45–46
Region 18	47–48
Region 19	49–50

PureCare HSP Rates

Region 1..... 51
Region 2..... 51
Region 3..... 51
Region 4..... 52
Region 5..... 52
Region 6..... 52
Region 7..... 53
Region 8..... 53
Region 9..... 53
Region 10..... 54
Region 11..... 54
Region 12..... 54
Region 14..... 55
Region 15..... 55
Region 16..... 55
Region 17..... 56
Region 18..... 56
Region 19..... 56

Salud con Health Net Rates

Region 14..... 57
Region 15..... 57
Region 16..... 58
Region 17..... 58
Region 18..... 59
Region 19..... 59

Dental Rates..... 60–61

Vision, Chiropractic, Basic Life, and AD&D Rates..... 62

Glossary..... 63

Medical rating regions

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 1	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties
Region 2	Marin, Napa, Solano, and Sonoma counties
Region 3	El Dorado, Placer, Sacramento, and Yolo counties
Region 4	San Francisco County
Region 5	Contra Costa County
Region 6	Alameda County
Region 7	Santa Clara County
Region 8	San Mateo County
Region 9	Monterey, San Benito and Santa Cruz counties
Region 10	Mariposa, Merced, San Joaquin, Stanislaus, and Tulare counties
Region 11	Fresno, Kings and Madera counties
Region 12	San Luis Obispo, Santa Barbara and Ventura counties
Region 13	Imperial, Inyo and Mono counties
Region 14	Kern County
Region 15	Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935.
Region 16	Los Angeles County. ZIP codes not including ZIP codes in region 15.
Region 17	Riverside and San Bernardino counties
Region 18	Orange County
Region 19	San Diego County

How to receive a quote

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

Dental rating regions by area

Dental HMO

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

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

PPO rating area by ZIP codes

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

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

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

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

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

Area 6 contains the ZIP codes starting with 942.

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

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

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

Choice package: combinations that fit small businesses

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

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

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

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

Find your rate

Finding the rate that applies to you is easy:

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

Premium payment options

- Online billing
- Monthly billing

Calculate your rate

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 4 San Francisco County.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 5 Contra Costa County.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 6 Alameda County.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 7 Santa Clara County.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 8 San Mateo County.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 9 Monterey, San Benito and Santa Cruz counties.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 11 Fresno, Kings and Madera counties.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 13 Imperial, Inyo and Mono counties.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 14 Kern County.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

EnhancedCare PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

EnhancedCare PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 17 Riverside and San Bernardino counties.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 18 Orange County.

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

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

PPO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 19 San Diego County.

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

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 1 Nevada County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	421.10	402.13	377.05	365.97	349.83	425.57	406.40	381.05	369.85	353.54
15	458.54	437.88	410.57	398.50	380.93	463.40	442.52	414.92	402.72	384.97
16	472.85	451.54	423.38	410.94	392.82	477.86	456.33	427.87	415.29	396.98
17	487.16	465.21	436.19	423.38	404.71	492.32	470.14	440.82	427.86	409.00
18	502.57	479.93	450.00	436.77	417.51	507.90	485.02	454.77	441.40	421.94
19	517.99	494.65	463.80	450.17	430.32	523.48	499.89	468.71	454.94	434.88
20	533.95	509.89	478.09	464.04	443.58	539.61	515.30	483.16	468.96	448.28
21	550.46	525.66	492.88	478.39	457.30	556.30	531.24	498.10	483.46	462.15
22	550.46	525.66	492.88	478.39	457.30	556.30	531.24	498.10	483.46	462.15
23	550.46	525.66	492.88	478.39	457.30	556.30	531.24	498.10	483.46	462.15
24	550.46	525.66	492.88	478.39	457.30	556.30	531.24	498.10	483.46	462.15
25	552.66	527.77	494.85	480.30	459.13	558.52	533.36	500.09	485.40	464.00
26	563.67	538.28	504.70	489.87	468.27	569.65	543.99	510.05	495.07	473.24
27	576.89	550.89	516.53	501.35	479.25	583.00	556.73	522.01	506.67	484.33
28	598.35	571.40	535.76	520.01	497.08	604.70	577.45	541.44	525.52	502.35
29	615.97	588.22	551.53	535.32	511.72	622.50	594.45	557.37	540.99	517.14
30	624.78	596.63	559.41	542.97	519.03	631.40	602.95	565.34	548.73	524.54
31	637.99	609.24	571.24	554.45	530.01	644.75	615.70	577.30	560.33	535.63
32	651.20	621.86	583.07	565.94	540.98	658.10	628.45	589.25	571.94	546.72
33	659.45	629.74	590.46	573.11	547.84	666.45	636.42	596.72	579.19	553.65
34	668.26	638.15	598.35	580.77	555.16	675.35	644.92	604.69	586.92	561.05
35	672.67	642.36	602.29	584.59	558.82	679.80	649.17	608.68	590.79	564.74
36	677.07	646.57	606.24	588.42	562.48	684.25	653.42	612.66	594.66	568.44
37	681.47	650.77	610.18	592.25	566.14	688.70	657.67	616.65	598.53	572.14
38	685.88	654.98	614.12	596.07	569.79	693.15	661.92	620.63	602.39	575.83
39	694.68	663.39	622.01	603.73	577.11	702.05	670.42	628.60	610.13	583.23
40	703.49	671.80	629.89	611.38	584.43	710.95	678.92	636.57	617.86	590.62
41	716.70	684.41	641.72	622.86	595.40	724.30	691.67	648.53	629.47	601.71
42	729.36	696.50	653.06	633.87	605.92	737.10	703.89	659.98	640.59	612.34
43	746.98	713.32	668.83	649.18	620.55	754.90	720.89	675.92	656.06	627.13
44	769.00	734.35	688.55	668.31	638.85	777.15	742.14	695.85	675.40	645.62
45	794.87	759.06	711.71	690.80	660.34	803.30	767.10	719.26	698.12	667.34
46	825.69	788.49	739.31	717.59	685.95	834.45	796.85	747.15	725.19	693.22
47	860.37	821.61	770.36	747.72	714.76	869.49	830.32	778.53	755.65	722.34
48	900.01	859.46	805.85	782.17	747.68	909.55	868.57	814.39	790.46	755.61
49	939.09	896.78	840.85	816.13	780.15	949.05	906.29	849.76	824.79	788.42
50	983.13	938.83	880.28	854.41	816.74	993.55	948.79	889.61	863.46	825.39
51	1,026.61	980.36	919.21	892.20	852.86	1,037.50	990.75	928.96	901.66	861.90
52	1,074.50	1,026.09	962.09	933.82	892.65	1,085.89	1,036.97	972.29	943.72	902.11
53	1,122.94	1,072.35	1,005.47	975.92	932.89	1,134.85	1,083.72	1,016.12	986.26	942.78
54	1,175.24	1,122.29	1,052.29	1,021.36	976.33	1,187.70	1,134.19	1,063.44	1,032.19	986.68
55	1,227.53	1,172.23	1,099.11	1,066.81	1,019.78	1,240.55	1,184.66	1,110.76	1,078.12	1,030.59
56	1,284.23	1,226.37	1,149.88	1,116.08	1,066.88	1,297.84	1,239.37	1,162.07	1,127.92	1,078.19
57	1,341.48	1,281.04	1,201.14	1,165.84	1,114.44	1,355.70	1,294.62	1,213.87	1,178.20	1,126.25
58	1,402.58	1,339.39	1,255.85	1,218.94	1,165.20	1,417.45	1,353.59	1,269.16	1,231.86	1,177.55
59	1,432.86	1,368.30	1,282.95	1,245.25	1,190.35	1,448.05	1,382.81	1,296.56	1,258.45	1,202.97
60	1,493.96	1,426.65	1,337.66	1,298.35	1,241.11	1,509.79	1,441.77	1,351.84	1,312.12	1,254.27
61	1,546.80	1,477.11	1,384.98	1,344.28	1,285.01	1,563.20	1,492.77	1,399.66	1,358.53	1,298.63
62	1,581.48	1,510.23	1,416.03	1,374.42	1,313.82	1,598.25	1,526.24	1,431.04	1,388.99	1,327.75
63	1,624.97	1,551.76	1,454.97	1,412.21	1,349.95	1,642.19	1,568.21	1,470.39	1,427.18	1,364.26
64+	1,651.38	1,576.98	1,478.64	1,435.17	1,371.90	1,668.90	1,593.72	1,494.30	1,450.38	1,386.45

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	505.52	482.74	452.63	439.33	419.96	510.87	487.86	457.43	443.99	424.41
15	550.45	525.65	492.86	478.38	457.29	556.29	531.22	498.09	483.45	462.14
16	567.63	542.06	508.25	493.31	471.56	573.65	547.80	513.63	498.54	476.56
17	584.81	558.46	523.63	508.24	485.83	591.01	564.38	529.18	513.63	490.98
18	603.31	576.13	540.20	524.32	501.20	609.71	582.24	545.92	529.88	506.52
19	621.82	593.80	556.76	540.40	516.58	628.41	600.10	562.67	546.13	522.05
20	640.98	612.10	573.92	557.06	532.50	647.78	618.59	580.01	562.96	538.14
21	660.80	631.03	591.67	574.28	548.96	667.81	637.72	597.95	580.37	554.78
22	660.80	631.03	591.67	574.28	548.96	667.81	637.72	597.95	580.37	554.78
23	660.80	631.03	591.67	574.28	548.96	667.81	637.72	597.95	580.37	554.78
24	660.80	631.03	591.67	574.28	548.96	667.81	637.72	597.95	580.37	554.78
25	663.45	633.56	594.04	576.58	551.16	670.48	640.27	600.34	582.69	557.00
26	676.66	646.18	605.87	588.07	562.14	683.84	653.03	612.30	594.30	568.10
27	692.52	661.32	620.07	601.85	575.31	699.86	668.33	626.65	608.23	581.41
28	718.29	685.93	643.15	624.25	596.72	725.91	693.20	649.97	630.87	603.05
29	739.44	706.13	662.08	642.62	614.29	747.28	713.61	669.10	649.44	620.80
30	750.01	716.22	671.55	651.81	623.07	757.96	723.81	678.67	658.72	629.68
31	765.87	731.37	685.75	665.60	636.25	773.99	739.12	693.02	672.65	643.00
32	781.73	746.51	699.95	679.38	649.43	790.02	754.43	707.37	686.58	656.31
33	791.64	755.98	708.82	687.99	657.66	800.04	763.99	716.34	695.29	664.63
34	802.22	766.07	718.29	697.18	666.44	810.72	774.20	725.91	704.57	673.51
35	807.50	771.12	723.02	701.78	670.83	816.06	779.30	730.69	709.22	677.95
36	812.79	776.17	727.76	706.37	675.23	821.41	784.40	735.47	713.86	682.38
37	818.08	781.22	732.49	710.96	679.62	826.75	789.50	740.26	718.50	686.82
38	823.36	786.27	737.22	715.56	684.01	832.09	794.60	745.04	723.14	691.26
39	833.93	796.36	746.69	724.75	692.79	842.78	804.81	754.61	732.43	700.14
40	844.51	806.46	756.16	733.94	701.58	853.46	815.01	764.17	741.72	709.01
41	860.37	821.60	770.36	747.72	714.75	869.49	830.31	778.52	755.65	722.33
42	875.57	836.12	783.97	760.93	727.38	884.85	844.98	792.28	768.99	735.09
43	896.71	856.31	802.90	779.30	744.94	906.22	865.39	811.41	787.57	752.84
44	923.14	881.55	826.57	802.28	766.90	932.93	890.90	835.33	810.78	775.03
45	954.20	911.21	854.38	829.27	792.70	964.32	920.87	863.43	838.06	801.11
46	991.21	946.55	887.51	861.43	823.45	1,001.71	956.58	896.92	870.56	832.18
47	1,032.84	986.30	924.78	897.61	858.03	1,043.79	996.76	934.59	907.12	867.13
48	1,080.41	1,031.74	967.38	938.95	897.56	1,091.87	1,042.68	977.64	948.91	907.07
49	1,127.33	1,076.54	1,009.39	979.73	936.53	1,139.28	1,087.95	1,020.09	990.12	946.46
50	1,180.20	1,127.02	1,056.73	1,025.67	980.45	1,192.71	1,138.97	1,067.93	1,036.55	990.84
51	1,232.40	1,176.88	1,103.47	1,071.04	1,023.82	1,245.46	1,189.35	1,115.17	1,082.39	1,034.67
52	1,289.89	1,231.78	1,154.95	1,121.00	1,071.58	1,303.56	1,244.83	1,167.19	1,132.89	1,082.94
53	1,348.04	1,287.31	1,207.01	1,171.54	1,119.89	1,362.33	1,300.95	1,219.81	1,183.96	1,131.76
54	1,410.82	1,347.25	1,263.22	1,226.10	1,172.04	1,425.77	1,361.54	1,276.61	1,239.10	1,184.46
55	1,473.59	1,407.20	1,319.43	1,280.65	1,224.19	1,489.21	1,422.12	1,333.42	1,294.23	1,237.17
56	1,541.66	1,472.20	1,380.37	1,339.81	1,280.73	1,558.00	1,487.81	1,395.01	1,354.01	1,294.31
57	1,610.38	1,537.83	1,441.91	1,399.53	1,337.83	1,627.45	1,554.13	1,457.19	1,414.37	1,352.01
58	1,683.73	1,607.87	1,507.58	1,463.28	1,398.76	1,701.58	1,624.92	1,523.56	1,478.79	1,413.59
59	1,720.07	1,642.58	1,540.12	1,494.86	1,428.95	1,738.31	1,659.99	1,556.45	1,510.71	1,444.10
60	1,793.42	1,712.62	1,605.80	1,558.61	1,489.89	1,812.43	1,730.78	1,622.82	1,575.13	1,505.68
61	1,856.86	1,773.20	1,662.60	1,613.74	1,542.59	1,876.54	1,792.00	1,680.23	1,630.85	1,558.94
62	1,898.49	1,812.96	1,699.88	1,649.92	1,577.18	1,918.62	1,832.18	1,717.90	1,667.41	1,593.90
63	1,950.69	1,862.81	1,746.62	1,695.29	1,620.54	1,971.37	1,882.56	1,765.13	1,713.26	1,637.72
64+	1,982.40	1,893.09	1,775.01	1,722.84	1,646.88	2,003.43	1,913.16	1,793.85	1,741.11	1,664.34

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	421.59	402.60	377.49	366.39	350.24	426.06	406.87	381.49	370.28	353.95
15	459.07	438.39	411.04	398.96	381.37	463.94	443.03	415.40	403.19	385.42
16	473.40	452.07	423.87	411.42	393.28	478.42	456.86	428.37	415.78	397.45
17	487.73	465.75	436.70	423.87	405.18	492.90	470.69	441.33	428.36	409.48
18	503.16	480.49	450.52	437.28	418.00	508.49	485.58	455.30	441.91	422.43
19	518.59	495.22	464.34	450.69	430.82	524.09	500.47	469.26	455.47	435.39
20	534.57	510.49	478.65	464.58	444.10	540.24	515.90	483.72	469.50	448.80
21	551.10	526.27	493.45	478.95	457.83	556.95	531.85	498.68	484.02	462.68
22	551.10	526.27	493.45	478.95	457.83	556.95	531.85	498.68	484.02	462.68
23	551.10	526.27	493.45	478.95	457.83	556.95	531.85	498.68	484.02	462.68
24	551.10	526.27	493.45	478.95	457.83	556.95	531.85	498.68	484.02	462.68
25	553.31	528.38	495.42	480.86	459.66	559.17	533.98	500.67	485.96	464.54
26	564.33	538.91	505.29	490.44	468.82	570.31	544.62	510.65	495.64	473.79
27	577.56	551.54	517.13	501.94	479.81	583.68	557.38	522.62	507.26	484.89
28	599.05	572.06	536.38	520.62	497.66	605.40	578.13	542.07	526.13	502.94
29	616.69	588.90	552.17	535.94	512.31	623.22	595.14	558.02	541.62	517.74
30	625.50	597.32	560.06	543.61	519.64	632.13	603.65	566.00	549.37	525.15
31	638.73	609.95	571.91	555.10	530.63	645.50	616.42	577.97	560.98	536.25
32	651.96	622.58	583.75	566.59	541.61	658.87	629.18	589.94	572.60	547.36
33	660.22	630.48	591.15	573.78	548.48	667.22	637.16	597.42	579.86	554.30
34	669.04	638.90	599.05	581.44	555.81	676.13	645.67	605.40	587.61	561.70
35	673.45	643.11	602.99	585.27	559.47	680.59	649.93	609.39	591.48	565.40
36	677.86	647.32	606.94	589.11	563.13	685.04	654.18	613.38	595.35	569.10
37	682.27	651.53	610.89	592.94	566.79	689.50	658.44	617.37	599.22	572.80
38	686.68	655.74	614.84	596.77	570.46	693.95	662.69	621.36	603.09	576.50
39	695.49	664.16	622.73	604.43	577.78	702.87	671.20	629.33	610.84	583.91
40	704.31	672.58	630.63	612.09	585.11	711.78	679.71	637.31	618.58	591.31
41	717.54	685.21	642.47	623.59	596.10	725.14	692.47	649.28	630.20	602.42
42	730.21	697.31	653.82	634.61	606.63	737.95	704.71	660.75	641.33	613.06
43	747.85	714.15	669.61	649.93	621.28	755.78	721.73	676.71	656.82	627.86
44	769.89	735.21	689.35	669.09	639.59	778.05	743.00	696.66	676.18	646.37
45	795.79	759.94	712.54	691.60	661.11	804.23	768.00	720.09	698.93	668.12
46	826.66	789.41	740.17	718.42	686.75	835.42	797.78	748.02	726.04	694.03
47	861.38	822.57	771.26	748.59	715.59	870.51	831.29	779.44	756.53	723.18
48	901.05	860.46	806.79	783.08	748.55	910.61	869.58	815.34	791.38	756.49
49	940.18	897.82	841.82	817.08	781.06	950.15	907.34	850.75	825.75	789.34
50	984.27	939.93	881.30	855.40	817.69	994.71	949.89	890.64	864.47	826.35
51	1,027.81	981.50	920.28	893.24	853.85	1,038.70	991.91	930.04	902.71	862.91
52	1,075.75	1,027.29	963.21	934.91	893.69	1,087.16	1,038.18	973.42	944.82	903.16
53	1,124.25	1,073.60	1,006.64	977.05	933.97	1,136.17	1,084.98	1,017.31	987.41	943.88
54	1,176.61	1,123.60	1,053.51	1,022.55	977.47	1,189.08	1,135.51	1,064.68	1,033.39	987.83
55	1,228.96	1,173.59	1,100.39	1,068.05	1,020.96	1,241.99	1,186.03	1,112.06	1,079.38	1,031.79
56	1,285.72	1,227.80	1,151.22	1,117.38	1,068.12	1,299.36	1,240.82	1,163.42	1,129.23	1,079.44
57	1,343.04	1,282.53	1,202.54	1,167.19	1,115.73	1,357.28	1,296.13	1,215.28	1,179.57	1,127.56
58	1,404.21	1,340.95	1,257.31	1,220.36	1,166.55	1,419.10	1,355.16	1,270.64	1,233.30	1,178.92
59	1,434.52	1,369.89	1,284.45	1,246.70	1,191.73	1,449.73	1,384.42	1,298.06	1,259.92	1,204.37
60	1,495.70	1,428.31	1,339.22	1,299.86	1,242.55	1,511.55	1,443.45	1,353.42	1,313.64	1,255.73
61	1,548.60	1,478.83	1,386.59	1,345.84	1,286.50	1,565.02	1,494.51	1,401.29	1,360.11	1,300.14
62	1,583.32	1,511.99	1,417.68	1,376.02	1,315.35	1,600.11	1,528.02	1,432.71	1,390.60	1,329.29
63	1,626.86	1,553.56	1,456.66	1,413.85	1,351.52	1,644.11	1,570.03	1,472.10	1,428.84	1,365.84
64+	1,653.30	1,578.81	1,480.35	1,436.85	1,373.49	1,670.85	1,595.55	1,496.04	1,452.06	1,388.04

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 4 San Francisco County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	441.93	422.02	395.70	384.07	367.13	446.61	426.49	399.89	388.14	371.03
15	481.21	459.53	430.87	418.21	399.77	486.31	464.40	435.44	422.64	404.01
16	496.23	473.87	444.32	431.26	412.25	501.49	478.90	449.03	435.83	416.62
17	511.25	488.22	457.77	444.31	424.72	516.67	493.39	462.62	449.02	429.23
18	527.43	503.66	472.25	458.37	438.16	533.02	509.00	477.25	463.23	442.81
19	543.60	519.11	486.73	472.43	451.60	549.36	524.61	491.89	477.44	456.39
20	560.35	535.11	501.73	486.99	465.52	566.29	540.78	507.05	492.15	470.45
21	577.68	551.66	517.25	502.05	479.91	583.81	557.51	522.73	507.37	485.00
22	577.68	551.66	517.25	502.05	479.91	583.81	557.51	522.73	507.37	485.00
23	577.68	551.66	517.25	502.05	479.91	583.81	557.51	522.73	507.37	485.00
24	577.68	551.66	517.25	502.05	479.91	583.81	557.51	522.73	507.37	485.00
25	580.00	553.86	519.32	504.06	481.83	586.14	559.74	524.82	509.40	486.94
26	591.55	564.90	529.66	514.10	491.43	597.82	570.89	535.28	519.55	496.64
27	605.41	578.14	542.08	526.15	502.95	611.83	584.27	547.82	531.72	508.28
28	627.94	599.65	562.25	545.73	521.67	634.60	606.01	568.21	551.51	527.20
29	646.43	617.31	578.80	561.79	537.02	653.28	623.85	584.94	567.75	542.72
30	655.67	626.13	587.08	569.82	544.70	662.62	632.77	593.30	575.87	550.48
31	669.54	639.37	599.49	581.87	556.22	676.63	646.15	605.85	588.04	562.12
32	683.40	652.61	611.91	593.92	567.74	690.65	659.53	618.39	600.22	573.76
33	692.07	660.89	619.66	601.45	574.94	699.40	667.89	626.23	607.83	581.03
34	701.31	669.71	627.94	609.49	582.61	708.74	676.81	634.60	615.95	588.79
35	705.93	674.13	632.08	613.50	586.45	713.41	681.27	638.78	620.01	592.67
36	710.55	678.54	636.22	617.52	590.29	718.08	685.73	642.96	624.07	596.55
37	715.17	682.95	640.35	621.54	594.13	722.76	690.19	647.14	628.12	600.43
38	719.80	687.37	644.49	625.55	597.97	727.43	694.65	651.32	632.18	604.31
39	729.04	696.19	652.77	633.58	605.65	736.77	703.57	659.69	640.30	612.07
40	738.28	705.02	661.04	641.62	613.33	746.11	712.49	668.05	648.42	619.83
41	752.15	718.26	673.46	653.67	624.85	760.12	725.87	680.60	660.60	631.47
42	765.43	730.95	685.36	665.21	635.88	773.55	738.70	692.62	672.27	642.63
43	783.92	748.60	701.91	681.28	651.24	792.23	756.54	709.35	688.50	658.15
44	807.03	770.67	722.60	701.36	670.44	815.58	778.84	730.26	708.80	677.55
45	834.18	796.59	746.91	724.96	692.99	843.02	805.04	754.83	732.64	700.34
46	866.53	827.49	775.87	753.07	719.87	875.71	836.26	784.10	761.06	727.50
47	902.92	862.24	808.46	784.70	750.10	912.49	871.38	817.03	793.02	758.06
48	944.51	901.96	845.70	820.85	784.66	954.53	911.52	854.67	829.55	792.98
49	985.53	941.13	882.43	856.49	818.73	995.98	951.11	891.78	865.57	827.41
50	1,031.74	985.26	923.81	896.66	857.12	1,042.68	995.71	933.60	906.16	866.21
51	1,077.38	1,028.84	964.67	936.32	895.04	1,088.80	1,039.75	974.90	946.25	904.53
52	1,127.64	1,076.84	1,009.67	980.00	936.79	1,139.60	1,088.25	1,020.37	990.39	946.72
53	1,178.48	1,125.38	1,055.19	1,024.18	979.02	1,190.97	1,137.31	1,066.37	1,035.04	989.40
54	1,233.36	1,177.79	1,104.33	1,071.87	1,024.61	1,246.43	1,190.28	1,116.03	1,083.24	1,035.48
55	1,288.24	1,230.20	1,153.47	1,119.57	1,070.21	1,301.89	1,243.24	1,165.69	1,131.44	1,081.55
56	1,347.74	1,287.02	1,206.74	1,171.28	1,119.64	1,362.03	1,300.66	1,219.54	1,183.70	1,131.51
57	1,407.82	1,344.39	1,260.54	1,223.49	1,169.55	1,422.74	1,358.64	1,273.90	1,236.46	1,181.95
58	1,471.94	1,405.62	1,317.95	1,279.22	1,222.82	1,487.55	1,420.53	1,331.92	1,292.78	1,235.78
59	1,503.71	1,435.97	1,346.40	1,306.83	1,249.21	1,519.65	1,451.19	1,360.67	1,320.69	1,262.46
60	1,567.84	1,497.20	1,403.81	1,362.56	1,302.48	1,584.46	1,513.07	1,418.70	1,377.00	1,316.29
61	1,623.29	1,550.16	1,453.47	1,410.75	1,348.56	1,640.50	1,566.59	1,468.88	1,425.71	1,362.85
62	1,659.69	1,584.91	1,486.06	1,442.38	1,378.79	1,677.28	1,601.72	1,501.81	1,457.68	1,393.41
63	1,705.33	1,628.49	1,526.92	1,482.05	1,416.70	1,723.40	1,645.76	1,543.11	1,497.76	1,431.72
64+	1,733.04	1,654.98	1,551.75	1,506.15	1,439.73	1,751.43	1,672.53	1,568.19	1,522.11	1,455.00

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 5 Contra Costa County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	453.25	432.83	405.83	393.90	376.54	458.05	437.41	410.13	398.08	380.53
15	493.53	471.30	441.90	428.92	410.01	498.77	476.30	446.59	433.46	414.35
16	508.94	486.01	455.70	442.30	422.80	514.33	491.16	460.53	446.99	427.28
17	524.34	500.72	469.49	455.69	435.60	529.90	506.03	474.47	460.52	440.22
18	540.93	516.56	484.34	470.11	449.38	546.67	522.04	489.48	475.09	454.15
19	557.52	532.40	499.20	484.53	463.16	563.43	538.05	504.49	489.66	468.07
20	574.70	548.81	514.58	499.46	477.44	580.80	554.63	520.04	504.75	482.50
21	592.48	565.79	530.50	514.90	492.20	598.76	571.78	536.12	520.36	497.42
22	592.48	565.79	530.50	514.90	492.20	598.76	571.78	536.12	520.36	497.42
23	592.48	565.79	530.50	514.90	492.20	598.76	571.78	536.12	520.36	497.42
24	592.48	565.79	530.50	514.90	492.20	598.76	571.78	536.12	520.36	497.42
25	594.85	568.05	532.62	516.96	494.17	601.15	574.07	538.26	522.44	499.41
26	606.70	579.36	543.23	527.26	504.02	613.13	585.51	548.99	532.85	509.36
27	620.92	592.94	555.96	539.62	515.83	627.50	599.23	561.85	545.34	521.30
28	644.02	615.01	576.65	559.70	535.02	650.85	621.53	582.76	565.64	540.70
29	662.98	633.11	593.62	576.18	550.78	670.01	639.83	599.92	582.29	556.61
30	672.46	642.17	602.11	584.42	558.65	679.59	648.97	608.50	590.61	564.57
31	686.68	655.75	614.84	596.77	570.46	693.96	662.70	621.36	603.10	576.51
32	700.90	669.32	627.58	609.13	582.28	708.33	676.42	634.23	615.59	588.45
33	709.79	677.81	635.53	616.86	589.66	717.31	685.00	642.27	623.40	595.91
34	719.27	686.86	644.02	625.09	597.53	726.89	694.15	650.85	631.72	603.87
35	724.01	691.39	648.27	629.21	601.47	731.68	698.72	655.14	635.88	607.85
36	728.75	695.92	652.51	633.33	605.41	736.47	703.29	659.43	640.05	611.83
37	733.49	700.44	656.75	637.45	609.35	741.26	707.87	663.72	644.21	615.81
38	738.23	704.97	661.00	641.57	613.28	746.05	712.44	668.00	648.37	619.79
39	747.71	714.02	669.48	649.81	621.16	755.63	721.59	676.58	656.70	627.75
40	757.19	723.07	677.97	658.05	629.04	765.21	730.74	685.16	665.02	635.70
41	771.41	736.65	690.70	670.41	640.85	779.58	744.46	698.03	677.51	647.64
42	785.03	749.67	702.91	682.25	652.17	793.36	757.61	710.36	689.48	659.08
43	803.99	767.77	719.88	698.73	667.92	812.52	775.91	727.51	706.13	675.00
44	827.69	790.40	741.10	719.32	687.61	836.47	798.78	748.96	726.95	694.90
45	855.54	816.99	766.03	743.52	710.74	864.61	825.66	774.16	751.40	718.28
46	888.72	848.68	795.74	772.36	738.30	898.14	857.68	804.18	780.55	746.13
47	926.04	884.32	829.16	804.80	769.31	935.86	893.70	837.95	813.33	777.47
48	968.70	925.06	867.36	841.87	804.75	978.97	934.87	876.55	850.79	813.28
49	1,010.77	965.23	905.02	878.43	839.70	1,021.48	975.46	914.62	887.74	848.60
50	1,058.17	1,010.49	947.46	919.62	879.07	1,069.38	1,021.21	957.51	929.37	888.39
51	1,104.97	1,055.19	989.37	960.30	917.96	1,116.69	1,066.38	999.86	970.48	927.69
52	1,156.52	1,104.41	1,035.53	1,005.09	960.78	1,168.78	1,116.12	1,046.50	1,015.75	970.97
53	1,208.66	1,154.20	1,082.21	1,050.41	1,004.09	1,221.47	1,166.44	1,093.68	1,061.54	1,014.74
54	1,264.94	1,207.95	1,132.61	1,099.32	1,050.85	1,278.35	1,220.76	1,144.61	1,110.98	1,061.99
55	1,321.23	1,261.70	1,183.00	1,148.24	1,097.61	1,335.23	1,275.08	1,195.55	1,160.41	1,109.25
56	1,382.25	1,319.98	1,237.65	1,201.27	1,148.31	1,396.91	1,333.97	1,250.77	1,214.01	1,160.48
57	1,443.87	1,378.82	1,292.82	1,254.82	1,199.50	1,459.18	1,393.44	1,306.52	1,268.13	1,212.21
58	1,509.63	1,441.62	1,351.70	1,311.98	1,254.13	1,525.64	1,456.90	1,366.03	1,325.89	1,267.43
59	1,542.22	1,472.74	1,380.88	1,340.30	1,281.20	1,558.57	1,488.35	1,395.52	1,354.51	1,294.79
60	1,607.99	1,535.54	1,439.76	1,397.45	1,335.84	1,625.03	1,551.82	1,455.03	1,412.27	1,350.00
61	1,664.86	1,589.86	1,490.69	1,446.88	1,383.09	1,682.51	1,606.71	1,506.49	1,462.22	1,397.75
62	1,702.19	1,625.50	1,524.11	1,479.32	1,414.10	1,720.24	1,642.73	1,540.27	1,495.00	1,429.09
63	1,749.00	1,670.20	1,566.02	1,520.00	1,452.98	1,767.54	1,687.90	1,582.62	1,536.11	1,468.39
64+	1,777.44	1,697.37	1,591.50	1,544.70	1,476.60	1,796.28	1,715.34	1,608.36	1,561.08	1,492.26

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 6 Alameda County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	470.92	449.70	421.65	409.26	391.22	475.91	454.47	426.12	413.60	395.36
15	512.78	489.67	459.13	445.64	425.99	518.21	494.86	464.00	450.36	430.51
16	528.78	504.96	473.46	459.55	439.29	534.39	510.31	478.48	464.42	443.94
17	544.79	520.24	487.79	473.46	452.58	550.56	525.76	492.96	478.48	457.38
18	562.02	536.70	503.22	488.44	466.90	567.98	542.39	508.56	493.61	471.85
19	579.26	553.16	518.66	503.42	481.22	585.40	559.02	524.16	508.75	486.32
20	597.11	570.21	534.64	518.93	496.05	603.44	576.25	540.31	524.43	501.31
21	615.58	587.84	551.18	534.98	511.39	622.10	594.08	557.02	540.65	516.81
22	615.58	587.84	551.18	534.98	511.39	622.10	594.08	557.02	540.65	516.81
23	615.58	587.84	551.18	534.98	511.39	622.10	594.08	557.02	540.65	516.81
24	615.58	587.84	551.18	534.98	511.39	622.10	594.08	557.02	540.65	516.81
25	618.04	590.19	553.38	537.12	513.44	624.59	596.45	559.25	542.81	518.88
26	630.35	601.95	564.41	547.82	523.67	637.03	608.33	570.39	553.63	529.22
27	645.12	616.06	577.63	560.66	535.94	651.96	622.59	583.76	566.60	541.62
28	669.13	638.99	599.13	581.52	555.88	676.23	645.76	605.48	587.69	561.78
29	688.83	657.80	616.77	598.64	572.25	696.13	664.77	623.31	604.99	578.31
30	698.68	667.20	625.59	607.20	580.43	706.09	674.28	632.22	613.64	586.58
31	713.45	681.31	638.81	620.04	592.70	721.02	688.53	645.59	626.61	598.99
32	728.23	695.42	652.04	632.88	604.98	735.95	702.79	658.96	639.59	611.39
33	737.46	704.24	660.31	640.90	612.65	745.28	711.70	667.31	647.70	619.14
34	747.31	713.64	669.13	649.46	620.83	755.23	721.21	676.22	656.35	627.41
35	752.24	718.34	673.54	653.74	624.92	760.21	725.96	680.68	660.68	631.55
36	757.16	723.05	677.95	658.02	629.01	765.19	730.71	685.14	665.00	635.68
37	762.08	727.75	682.36	662.30	633.10	770.16	735.47	689.59	669.33	639.82
38	767.01	732.45	686.77	666.58	637.19	775.14	740.22	694.05	673.65	643.95
39	776.86	741.86	695.59	675.14	645.38	785.09	749.72	702.96	682.30	652.22
40	786.71	751.26	704.40	683.70	653.56	795.05	759.23	711.87	690.95	660.49
41	801.48	765.37	717.63	696.54	665.83	809.98	773.49	725.24	703.93	672.89
42	815.64	778.89	730.31	708.85	677.59	824.29	787.15	738.05	716.36	684.78
43	835.34	797.70	747.95	725.97	693.96	844.19	806.16	755.88	733.66	701.32
44	859.96	821.22	769.99	747.37	714.41	869.08	829.92	778.16	755.29	721.99
45	888.89	848.85	795.90	772.51	738.45	898.32	857.84	804.34	780.70	746.28
46	923.37	881.77	826.77	802.47	767.09	933.15	891.11	835.53	810.98	775.22
47	962.15	918.80	861.49	836.17	799.31	972.35	928.54	870.62	845.04	807.78
48	1,006.47	961.12	901.17	874.69	836.13	1,017.14	971.31	910.73	883.96	844.99
49	1,050.17	1,002.86	940.31	912.67	872.44	1,061.31	1,013.49	950.28	922.35	881.68
50	1,099.42	1,049.89	984.40	955.47	913.35	1,111.08	1,061.02	994.84	965.60	923.03
51	1,148.05	1,096.33	1,027.95	997.74	953.75	1,160.22	1,107.95	1,038.84	1,008.31	963.86
52	1,201.61	1,147.47	1,075.90	1,044.28	998.24	1,214.35	1,159.64	1,087.30	1,055.35	1,008.82
53	1,255.78	1,199.20	1,124.40	1,091.36	1,043.24	1,269.09	1,211.91	1,136.32	1,102.93	1,054.30
54	1,314.26	1,255.05	1,176.76	1,142.18	1,091.82	1,328.19	1,268.35	1,189.24	1,154.29	1,103.40
55	1,372.74	1,310.89	1,229.13	1,193.00	1,140.40	1,387.29	1,324.79	1,242.16	1,205.65	1,152.49
56	1,436.14	1,371.44	1,285.90	1,248.11	1,193.08	1,451.37	1,385.98	1,299.53	1,261.34	1,205.73
57	1,500.16	1,432.57	1,343.22	1,303.74	1,246.26	1,516.07	1,447.76	1,357.46	1,317.57	1,259.48
58	1,568.49	1,497.82	1,404.40	1,363.13	1,303.03	1,585.12	1,513.70	1,419.29	1,377.58	1,316.84
59	1,602.35	1,530.16	1,434.71	1,392.55	1,331.15	1,619.33	1,546.38	1,449.92	1,407.31	1,345.27
60	1,670.68	1,595.41	1,495.90	1,451.93	1,387.92	1,688.39	1,612.32	1,511.75	1,467.33	1,402.63
61	1,729.77	1,651.84	1,548.81	1,503.29	1,437.01	1,748.11	1,669.35	1,565.23	1,519.23	1,452.25
62	1,768.55	1,688.87	1,583.53	1,537.00	1,469.23	1,787.30	1,706.78	1,600.32	1,553.29	1,484.81
63	1,817.18	1,735.31	1,627.08	1,579.26	1,509.63	1,836.45	1,753.71	1,644.32	1,596.00	1,525.63
64+	1,846.74	1,763.52	1,653.54	1,604.94	1,534.17	1,866.30	1,782.24	1,671.06	1,621.95	1,550.43

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 7 Santa Clara County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	418.10	399.27	374.36	363.36	347.34	422.54	403.50	378.33	367.21	351.02
15	455.27	434.76	407.64	395.66	378.22	460.09	439.37	411.96	399.85	382.23
16	469.48	448.33	420.36	408.01	390.02	474.46	453.08	424.82	412.33	394.16
17	483.69	461.90	433.09	420.36	401.83	488.82	466.79	437.68	424.82	406.09
18	498.99	476.51	446.79	433.66	414.54	504.28	481.56	451.53	438.26	418.93
19	514.29	491.12	460.49	446.96	427.25	519.75	496.33	465.37	451.70	431.78
20	530.14	506.26	474.68	460.73	440.42	535.76	511.63	479.71	465.62	445.09
21	546.54	521.92	489.36	474.98	454.04	552.33	527.45	494.55	480.02	458.85
22	546.54	521.92	489.36	474.98	454.04	552.33	527.45	494.55	480.02	458.85
23	546.54	521.92	489.36	474.98	454.04	552.33	527.45	494.55	480.02	458.85
24	546.54	521.92	489.36	474.98	454.04	552.33	527.45	494.55	480.02	458.85
25	548.73	524.01	491.32	476.88	455.86	554.54	529.56	496.53	481.94	460.69
26	559.66	534.44	501.11	486.38	464.94	565.59	540.11	506.42	491.54	469.87
27	572.77	546.97	512.85	497.78	475.83	578.85	552.77	518.29	503.06	480.88
28	594.09	567.32	531.94	516.31	493.54	600.39	573.34	537.58	521.78	498.77
29	611.58	584.03	547.60	531.50	508.07	618.06	590.22	553.40	537.14	513.46
30	620.32	592.38	555.43	539.10	515.34	626.90	598.66	561.32	544.82	520.80
31	633.44	604.90	567.17	550.50	526.23	640.16	611.32	573.18	556.34	531.81
32	646.56	617.43	578.92	561.90	537.13	653.41	623.97	585.05	567.86	542.82
33	654.76	625.26	586.26	569.03	543.94	661.70	631.89	592.47	575.06	549.71
34	663.50	633.61	594.09	576.63	551.20	670.53	640.32	600.39	582.74	557.05
35	667.87	637.78	598.00	580.43	554.84	674.95	644.54	604.34	586.58	560.72
36	672.25	641.96	601.92	584.23	558.47	679.37	648.76	608.30	590.42	564.39
37	676.62	646.13	605.83	588.03	562.10	683.79	652.98	612.25	594.26	568.06
38	680.99	650.31	609.75	591.83	565.73	688.21	657.20	616.21	598.10	571.73
39	689.73	658.66	617.58	599.43	573.00	697.05	665.64	624.12	605.78	579.07
40	698.48	667.01	625.41	607.03	580.26	705.88	674.08	632.04	613.46	586.41
41	711.60	679.54	637.15	618.43	591.16	719.14	686.74	643.91	624.98	597.43
42	724.17	691.54	648.41	629.35	601.60	731.84	698.87	655.28	636.02	607.98
43	741.66	708.24	664.07	644.55	616.13	749.52	715.75	671.11	651.38	622.66
44	763.52	729.12	683.64	663.55	634.29	771.61	736.85	690.89	670.58	641.02
45	789.20	753.65	706.64	685.87	655.63	797.57	761.64	714.13	693.14	662.58
46	819.81	782.88	734.05	712.47	681.06	828.50	791.18	741.83	720.03	688.28
47	854.24	815.76	764.87	742.40	709.66	863.30	824.41	772.98	750.27	717.19
48	893.59	853.33	800.11	776.60	742.36	903.07	862.38	808.59	784.83	750.23
49	932.40	890.39	834.85	810.32	774.59	942.28	899.83	843.70	818.91	782.80
50	976.12	932.14	874.00	848.32	810.92	986.47	942.03	883.27	857.31	819.51
51	1,019.30	973.38	912.66	885.84	846.78	1,030.10	983.70	922.34	895.23	855.76
52	1,066.85	1,018.78	955.24	927.16	886.29	1,078.16	1,029.58	965.36	936.99	895.68
53	1,114.94	1,064.71	998.30	968.96	926.24	1,126.76	1,076.00	1,008.88	979.24	936.06
54	1,166.86	1,114.29	1,044.79	1,014.09	969.38	1,179.23	1,126.11	1,055.87	1,024.84	979.65
55	1,218.79	1,163.88	1,091.28	1,059.21	1,012.51	1,231.71	1,176.21	1,102.85	1,070.44	1,023.24
56	1,275.08	1,217.63	1,141.68	1,108.13	1,059.28	1,288.60	1,230.54	1,153.79	1,119.88	1,070.51
57	1,331.92	1,271.91	1,192.58	1,157.53	1,106.50	1,346.04	1,285.40	1,205.22	1,169.80	1,118.23
58	1,392.59	1,329.85	1,246.90	1,210.25	1,156.89	1,407.35	1,343.94	1,260.12	1,223.08	1,169.16
59	1,422.65	1,358.55	1,273.81	1,236.38	1,181.87	1,437.73	1,372.95	1,287.32	1,249.48	1,194.40
60	1,483.31	1,416.48	1,328.13	1,289.10	1,232.26	1,499.04	1,431.50	1,342.21	1,302.77	1,245.33
61	1,535.78	1,466.59	1,375.11	1,334.70	1,275.85	1,552.06	1,482.14	1,389.69	1,348.85	1,289.38
62	1,570.21	1,499.47	1,405.94	1,364.62	1,304.46	1,586.86	1,515.37	1,420.85	1,379.09	1,318.29
63	1,613.39	1,540.70	1,444.60	1,402.15	1,340.33	1,630.49	1,557.03	1,459.92	1,417.01	1,354.54
64+	1,639.62	1,565.76	1,468.08	1,424.94	1,362.12	1,656.99	1,582.35	1,483.65	1,440.06	1,376.55

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 7 Santa Clara County (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Gold \$30	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	325.51	310.85	291.46	282.89	270.42
15	354.45	338.48	317.37	308.04	294.46
16	365.51	349.04	327.27	317.65	303.65
17	376.57	359.61	337.18	327.27	312.84
18	388.49	370.98	347.84	337.62	322.74
19	400.40	382.36	358.51	347.98	332.63
20	412.74	394.15	369.56	358.70	342.89
21	425.51	406.34	380.99	369.79	353.49
22	425.51	406.34	380.99	369.79	353.49
23	425.51	406.34	380.99	369.79	353.49
24	425.51	406.34	380.99	369.79	353.49
25	427.21	407.96	382.51	371.27	354.90
26	435.72	416.09	390.13	378.67	361.97
27	445.93	425.84	399.28	387.54	370.46
28	462.52	441.69	414.14	401.97	384.24
29	476.14	454.69	426.33	413.80	395.56
30	482.95	461.19	432.42	419.72	401.21
31	493.16	470.94	441.57	428.59	409.70
32	503.37	480.69	450.71	437.47	418.18
33	509.76	486.79	456.43	443.01	423.48
34	516.56	493.29	462.52	448.93	429.14
35	519.97	496.54	465.57	451.89	431.96
36	523.37	499.79	468.62	454.85	434.79
37	526.78	503.04	471.67	457.81	437.62
38	530.18	506.29	474.71	460.76	440.45
39	536.99	512.80	480.81	466.68	446.10
40	543.80	519.30	486.91	472.60	451.76
41	554.01	529.05	496.05	481.47	460.24
42	563.80	538.39	504.81	489.98	468.37
43	577.41	551.40	517.00	501.81	479.69
44	594.43	567.65	532.24	516.60	493.83
45	614.43	586.75	550.15	533.98	510.44
46	638.26	609.50	571.49	554.69	530.24
47	665.07	635.10	595.49	577.99	552.51
48	695.70	664.36	622.92	604.61	577.96
49	725.91	693.21	649.97	630.87	603.05
50	759.95	725.72	680.45	660.45	631.33
51	793.57	757.82	710.55	689.67	659.26
52	830.59	793.17	743.69	721.84	690.01
53	868.03	828.92	777.22	754.38	721.12
54	908.46	867.53	813.42	789.51	754.70
55	948.88	906.13	849.61	824.64	788.28
56	992.71	947.98	888.85	862.73	824.69
57	1,036.96	990.24	928.47	901.19	861.46
58	1,084.19	1,035.34	970.76	942.24	900.69
59	1,107.59	1,057.69	991.72	962.57	920.13
60	1,154.82	1,102.79	1,034.01	1,003.62	959.37
61	1,195.67	1,141.80	1,070.58	1,039.12	993.31
62	1,222.48	1,167.40	1,094.59	1,062.42	1,015.58
63	1,256.09	1,199.50	1,124.68	1,091.63	1,043.50
64+	1,276.53	1,219.02	1,142.97	1,109.37	1,060.47

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 8 San Mateo County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	438.71	418.95	392.81	381.27	364.46	443.36	423.39	396.98	385.31	368.32
15	477.71	456.19	427.73	415.16	396.86	482.77	461.02	432.27	419.56	401.06
16	492.62	470.42	441.08	428.12	409.24	497.84	475.41	445.76	432.66	413.58
17	507.53	484.66	454.43	441.08	421.63	512.91	489.80	459.25	445.75	426.10
18	523.59	500.00	468.81	455.03	434.97	529.14	505.30	473.78	459.86	439.58
19	539.64	515.33	483.19	468.99	448.31	545.36	520.79	488.31	473.96	453.06
20	556.27	531.21	498.08	483.44	462.13	562.17	536.84	503.36	488.57	467.03
21	573.48	547.64	513.48	498.39	476.42	579.56	553.45	518.93	503.68	481.47
22	573.48	547.64	513.48	498.39	476.42	579.56	553.45	518.93	503.68	481.47
23	573.48	547.64	513.48	498.39	476.42	579.56	553.45	518.93	503.68	481.47
24	573.48	547.64	513.48	498.39	476.42	579.56	553.45	518.93	503.68	481.47
25	575.77	549.83	515.54	500.39	478.32	581.88	555.66	521.00	505.69	483.40
26	587.24	560.79	525.81	510.35	487.85	593.47	566.73	531.38	515.77	493.03
27	601.01	573.93	538.13	522.32	499.29	607.38	580.01	543.84	527.85	504.58
28	623.37	595.29	558.16	541.75	517.87	629.98	601.60	564.07	547.50	523.36
29	641.72	612.81	574.59	557.70	533.11	648.53	619.31	580.68	563.61	538.76
30	650.90	621.57	582.80	565.68	540.74	657.80	628.16	588.98	571.67	546.47
31	664.66	634.72	595.13	577.64	552.17	671.71	641.45	601.44	583.76	558.02
32	678.43	647.86	607.45	589.60	563.60	685.62	654.73	613.89	595.85	569.58
33	687.03	656.08	615.15	597.07	570.75	694.31	663.03	621.67	603.40	576.80
34	696.20	664.84	623.37	605.05	578.37	703.58	671.89	629.98	611.46	584.50
35	700.79	669.22	627.48	609.04	582.18	708.22	676.31	634.13	615.49	588.36
36	705.38	673.60	631.58	613.02	586.00	712.86	680.74	638.28	619.52	592.21
37	709.97	677.98	635.69	617.01	589.81	717.49	685.17	642.43	623.55	596.06
38	714.56	682.36	639.80	621.00	593.62	722.13	689.60	646.58	627.58	599.91
39	723.73	691.12	648.02	628.97	601.24	731.40	698.45	654.89	635.64	607.62
40	732.91	699.89	656.23	636.95	608.86	740.68	707.31	663.19	643.70	615.32
41	746.67	713.03	668.56	648.91	620.30	754.59	720.59	675.64	655.79	626.87
42	759.86	725.63	680.37	660.37	631.26	767.92	733.32	687.58	667.37	637.95
43	778.21	743.15	696.80	676.32	646.50	786.46	751.03	704.18	683.49	653.35
44	801.15	765.06	717.34	696.26	665.56	809.64	773.17	724.94	703.64	672.61
45	828.10	790.80	741.47	719.68	687.95	836.88	799.18	749.33	727.31	695.24
46	860.22	821.46	770.23	747.59	714.63	869.34	830.17	778.39	755.52	722.20
47	896.35	855.96	802.57	778.99	744.64	905.85	865.04	811.08	787.25	752.54
48	937.64	895.39	839.55	814.87	778.95	947.58	904.89	848.45	823.51	787.20
49	978.36	934.28	876.00	850.26	812.77	988.73	944.18	885.29	859.27	821.39
50	1,024.23	978.09	917.08	890.13	850.88	1,035.09	988.46	926.80	899.57	859.91
51	1,069.54	1,021.35	957.65	929.50	888.52	1,080.88	1,032.18	967.80	939.36	897.94
52	1,119.43	1,069.00	1,002.32	972.86	929.97	1,131.30	1,080.33	1,012.95	983.18	939.83
53	1,169.90	1,117.19	1,047.51	1,016.72	971.90	1,182.30	1,129.03	1,058.61	1,027.50	982.20
54	1,224.38	1,169.22	1,096.29	1,064.07	1,017.16	1,237.36	1,181.61	1,107.91	1,075.35	1,027.94
55	1,278.86	1,221.24	1,145.07	1,111.42	1,062.41	1,292.42	1,234.19	1,157.21	1,123.20	1,073.68
56	1,337.93	1,277.65	1,197.96	1,162.75	1,111.49	1,352.11	1,291.19	1,210.66	1,175.08	1,123.27
57	1,397.57	1,334.60	1,251.36	1,214.58	1,161.03	1,412.38	1,348.75	1,264.63	1,227.46	1,173.34
58	1,461.22	1,395.39	1,308.36	1,269.91	1,213.92	1,476.72	1,410.19	1,322.23	1,283.37	1,226.79
59	1,492.77	1,425.51	1,336.60	1,297.32	1,240.12	1,508.59	1,440.62	1,350.77	1,311.07	1,253.27
60	1,556.42	1,486.30	1,393.59	1,352.64	1,293.00	1,572.92	1,502.06	1,408.37	1,366.98	1,306.71
61	1,611.48	1,538.87	1,442.89	1,400.48	1,338.74	1,628.56	1,555.19	1,458.19	1,415.33	1,352.93
62	1,647.61	1,573.38	1,475.24	1,431.88	1,368.75	1,665.07	1,590.06	1,490.88	1,447.06	1,383.26
63	1,692.91	1,616.64	1,515.80	1,471.26	1,406.39	1,710.86	1,633.78	1,531.87	1,486.85	1,421.30
64+	1,720.44	1,642.92	1,540.44	1,495.17	1,429.26	1,738.68	1,660.35	1,556.79	1,511.04	1,444.41

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 9 Santa Cruz County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	443.93	423.93	397.49	385.81	368.80	448.64	428.43	401.70	389.90	372.71
15	483.39	461.61	432.82	420.10	401.58	488.52	466.51	437.41	424.55	405.84
16	498.48	476.02	446.33	433.21	414.11	503.76	481.07	451.06	437.81	418.50
17	513.57	490.43	459.84	446.33	426.65	519.01	495.63	464.71	451.06	431.17
18	529.82	505.95	474.39	460.45	440.15	535.43	511.31	479.42	465.33	444.81
19	546.06	521.46	488.94	474.57	453.64	551.85	526.99	494.12	479.60	458.45
20	562.89	537.53	504.01	489.19	467.63	568.86	543.23	509.35	494.38	472.58
21	580.30	554.16	519.59	504.32	482.09	586.45	560.03	525.10	509.67	487.20
22	580.30	554.16	519.59	504.32	482.09	586.45	560.03	525.10	509.67	487.20
23	580.30	554.16	519.59	504.32	482.09	586.45	560.03	525.10	509.67	487.20
24	580.30	554.16	519.59	504.32	482.09	586.45	560.03	525.10	509.67	487.20
25	582.62	556.37	521.67	506.34	484.02	588.80	562.27	527.20	511.71	489.15
26	594.23	567.46	532.06	516.43	493.66	600.53	573.47	537.70	521.90	498.89
27	608.16	580.76	544.53	528.53	505.23	614.60	586.91	550.31	534.13	510.58
28	630.79	602.37	564.80	548.20	524.03	637.48	608.76	570.79	554.01	529.58
29	649.36	620.10	581.42	564.34	539.46	656.24	626.68	587.59	570.32	545.18
30	658.64	628.97	589.74	572.41	547.17	665.63	635.64	595.99	578.47	552.97
31	672.57	642.27	602.21	584.51	558.74	679.70	649.08	608.59	590.71	564.66
32	686.50	655.57	614.68	596.61	570.31	693.78	662.52	621.19	602.94	576.36
33	695.20	663.88	622.47	604.18	577.54	702.57	670.92	629.07	610.58	583.66
34	704.49	672.75	630.79	612.25	585.25	711.96	679.88	637.47	618.74	591.46
35	709.13	677.18	634.94	616.28	589.11	716.65	684.36	641.67	622.82	595.36
36	713.77	681.61	639.10	620.32	592.97	721.34	688.84	645.87	626.89	599.25
37	718.41	686.05	643.26	624.35	596.82	726.03	693.32	650.08	630.97	603.15
38	723.06	690.48	647.41	628.39	600.68	730.72	697.80	654.28	635.05	607.05
39	732.34	699.35	655.73	636.46	608.39	740.11	706.76	662.68	643.20	614.84
40	741.63	708.21	664.04	644.52	616.11	749.49	715.72	671.08	651.36	622.64
41	755.55	721.51	676.51	656.63	627.68	763.56	729.16	683.68	663.59	634.33
42	768.90	734.26	688.46	668.23	638.77	777.05	742.04	695.76	675.31	645.54
43	787.47	751.99	705.09	684.37	654.19	795.82	759.96	712.56	691.62	661.13
44	810.68	774.16	725.87	704.54	673.48	819.28	782.37	733.57	712.01	680.62
45	837.96	800.20	750.29	728.24	696.13	846.84	808.69	758.25	735.96	703.51
46	870.45	831.24	779.39	756.48	723.13	879.68	840.05	787.65	764.50	730.80
47	907.01	866.15	812.12	788.26	753.50	916.63	875.33	820.73	796.61	761.49
48	948.79	906.05	849.53	824.57	788.21	958.85	915.65	858.54	833.31	796.57
49	990.00	945.39	886.43	860.38	822.44	1,000.49	955.42	895.82	869.50	831.16
50	1,036.42	989.73	927.99	900.72	861.01	1,047.41	1,000.22	937.83	910.27	870.14
51	1,082.26	1,033.50	969.04	940.56	899.09	1,093.74	1,044.46	979.31	950.53	908.63
52	1,132.75	1,081.72	1,014.25	984.44	941.04	1,144.76	1,093.18	1,025.00	994.87	951.01
53	1,183.82	1,130.48	1,059.97	1,028.82	983.46	1,196.37	1,142.47	1,071.21	1,039.73	993.88
54	1,238.95	1,183.13	1,109.33	1,076.73	1,029.26	1,252.08	1,195.67	1,121.09	1,088.14	1,040.17
55	1,294.07	1,235.77	1,158.69	1,124.64	1,075.06	1,307.79	1,248.87	1,170.98	1,136.56	1,086.45
56	1,353.85	1,292.85	1,212.21	1,176.59	1,124.71	1,368.20	1,306.56	1,225.06	1,189.06	1,136.63
57	1,414.20	1,350.48	1,266.25	1,229.04	1,174.85	1,429.19	1,364.80	1,279.67	1,242.06	1,187.30
58	1,478.61	1,411.99	1,323.92	1,285.01	1,228.36	1,494.29	1,426.96	1,337.96	1,298.64	1,241.38
59	1,510.53	1,442.47	1,352.50	1,312.75	1,254.87	1,526.54	1,457.77	1,366.84	1,326.67	1,268.18
60	1,574.94	1,503.98	1,410.18	1,368.73	1,308.39	1,591.64	1,519.93	1,425.13	1,383.24	1,322.26
61	1,630.65	1,557.18	1,460.06	1,417.15	1,354.67	1,647.94	1,573.69	1,475.53	1,432.17	1,369.03
62	1,667.21	1,592.10	1,492.79	1,448.92	1,385.04	1,684.88	1,608.97	1,508.62	1,464.28	1,399.72
63	1,713.05	1,635.87	1,533.84	1,488.76	1,423.12	1,731.21	1,653.22	1,550.10	1,504.54	1,438.21
64+	1,740.90	1,662.48	1,558.77	1,512.96	1,446.27	1,759.35	1,680.09	1,575.30	1,529.01	1,461.60

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 9 Santa Cruz County (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Gold \$30	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	345.62	330.05	309.46	300.37	287.12
15	376.34	359.39	336.97	327.07	312.65
16	388.09	370.60	347.49	337.28	322.41
17	399.83	381.82	358.01	347.48	332.16
18	412.49	393.90	369.33	358.48	342.67
19	425.14	405.98	380.66	369.47	353.18
20	438.24	418.49	392.39	380.86	364.07
21	451.79	431.44	404.53	392.64	375.33
22	451.79	431.44	404.53	392.64	375.33
23	451.79	431.44	404.53	392.64	375.33
24	451.79	431.44	404.53	392.64	375.33
25	453.60	433.16	406.14	394.21	376.83
26	462.63	441.79	414.23	402.06	384.33
27	473.48	452.15	423.94	411.48	393.34
28	491.10	468.97	439.72	426.80	407.98
29	505.55	482.78	452.66	439.36	419.99
30	512.78	489.68	459.14	445.64	426.00
31	523.63	500.03	468.85	455.07	435.00
32	534.47	510.39	478.55	464.49	444.01
33	541.25	516.86	484.62	470.38	449.64
34	548.47	523.76	491.09	476.66	455.65
35	552.09	527.22	494.33	479.80	458.65
36	555.70	530.67	497.57	482.94	461.65
37	559.32	534.12	500.80	486.09	464.65
38	562.93	537.57	504.04	489.23	467.66
39	570.16	544.47	510.51	495.51	473.66
40	577.39	551.38	516.98	501.79	479.67
41	588.23	561.73	526.69	511.21	488.68
42	598.62	571.65	536.00	520.24	497.31
43	613.08	585.46	548.94	532.81	509.32
44	631.15	602.72	565.12	548.51	524.33
45	652.39	622.99	584.14	566.97	541.97
46	677.69	647.15	606.79	588.96	562.99
47	706.15	674.33	632.27	613.69	586.64
48	738.68	705.40	661.40	641.96	613.66
49	770.76	736.03	690.12	669.84	640.31
50	806.90	770.55	722.48	701.25	670.33
51	842.59	804.63	754.44	732.27	699.98
52	881.90	842.16	789.63	766.43	732.64
53	921.65	880.13	825.23	800.98	765.67
54	964.57	921.12	863.66	838.28	801.32
55	1,007.49	962.10	902.09	875.58	836.98
56	1,054.03	1,006.54	943.76	916.02	875.64
57	1,101.01	1,051.41	985.83	956.86	914.67
58	1,151.16	1,099.30	1,030.73	1,000.44	956.33
59	1,176.01	1,123.03	1,052.98	1,022.04	976.97
60	1,226.16	1,170.92	1,097.88	1,065.62	1,018.64
61	1,269.53	1,212.34	1,136.72	1,103.31	1,054.67
62	1,298.00	1,239.52	1,162.20	1,128.05	1,078.31
63	1,333.69	1,273.60	1,194.16	1,159.07	1,107.96
64+	1,355.37	1,294.32	1,213.59	1,177.92	1,125.99

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	476.11	454.66	426.30	413.77	395.53	481.16	459.48	430.82	418.16	399.72
15	518.43	495.07	464.19	450.55	430.69	523.93	500.32	469.12	455.33	435.25
16	534.61	510.53	478.68	464.62	444.13	540.28	515.94	483.76	469.54	448.84
17	550.79	525.98	493.17	478.68	457.57	556.63	531.56	498.40	483.75	462.42
18	568.22	542.62	508.78	493.82	472.05	574.24	548.37	514.17	499.06	477.06
19	585.65	559.26	524.38	508.97	486.53	591.86	565.19	529.94	514.36	491.69
20	603.70	576.50	540.54	524.65	501.52	610.10	582.61	546.27	530.22	506.84
21	622.37	594.33	557.26	540.88	517.03	628.96	600.63	563.16	546.61	522.51
22	622.37	594.33	557.26	540.88	517.03	628.96	600.63	563.16	546.61	522.51
23	622.37	594.33	557.26	540.88	517.03	628.96	600.63	563.16	546.61	522.51
24	622.37	594.33	557.26	540.88	517.03	628.96	600.63	563.16	546.61	522.51
25	624.86	596.70	559.49	543.04	519.10	631.48	603.03	565.42	548.80	524.60
26	637.30	608.59	570.63	553.86	529.44	644.06	615.04	576.68	559.73	535.05
27	652.24	622.85	584.01	566.84	541.85	659.16	629.46	590.20	572.85	547.59
28	676.51	646.03	605.74	587.94	562.01	683.68	652.88	612.16	594.17	567.97
29	696.43	665.05	623.57	605.24	578.56	703.81	672.10	630.18	611.66	584.69
30	706.39	674.56	632.49	613.90	586.83	713.88	681.71	639.19	620.41	593.05
31	721.32	688.83	645.86	626.88	599.24	728.97	696.13	652.71	633.53	605.59
32	736.26	703.09	659.23	639.86	611.65	744.07	710.54	666.22	646.64	618.13
33	745.60	712.00	667.59	647.97	619.41	753.50	719.55	674.67	654.84	625.97
34	755.55	721.51	676.51	656.63	627.68	763.56	729.16	683.68	663.59	634.33
35	760.53	726.27	680.97	660.96	631.81	768.59	733.97	688.19	667.96	638.51
36	765.51	731.02	685.43	665.28	635.95	773.63	738.77	692.69	672.34	642.69
37	770.49	735.78	689.88	669.61	640.09	778.66	743.58	697.20	676.71	646.87
38	775.47	740.53	694.34	673.94	644.22	783.69	748.38	701.70	681.08	651.05
39	785.43	750.04	703.26	682.59	652.50	793.75	757.99	710.71	689.83	659.41
40	795.38	759.55	712.17	691.24	660.77	803.82	767.60	719.72	698.57	667.77
41	810.32	773.81	725.55	704.23	673.18	818.91	782.02	733.24	711.69	680.31
42	824.64	787.48	738.37	716.67	685.07	833.38	795.83	746.19	724.26	692.33
43	844.55	806.50	756.20	733.97	701.61	853.51	815.05	764.21	741.76	709.05
44	869.45	830.28	778.49	755.61	722.29	878.66	839.08	786.74	763.62	729.95
45	898.70	858.21	804.68	781.03	746.60	908.23	867.31	813.21	789.31	754.51
46	933.55	891.49	835.89	811.32	775.55	943.45	900.94	844.75	819.92	783.77
47	972.76	928.93	870.99	845.40	808.12	983.07	938.78	880.23	854.36	816.69
48	1,017.57	971.73	911.11	884.34	845.35	1,028.36	982.03	920.77	893.71	854.31
49	1,061.76	1,013.92	950.68	922.74	882.06	1,073.01	1,024.67	960.76	932.52	891.41
50	1,111.55	1,061.47	995.26	966.01	923.42	1,123.33	1,072.72	1,005.81	976.25	933.21
51	1,160.71	1,108.42	1,039.28	1,008.74	964.27	1,173.02	1,120.17	1,050.30	1,019.44	974.49
52	1,214.86	1,160.13	1,087.77	1,055.80	1,009.25	1,227.74	1,172.43	1,099.30	1,066.99	1,019.95
53	1,269.63	1,212.43	1,136.80	1,103.39	1,054.75	1,283.09	1,225.28	1,148.86	1,115.09	1,065.93
54	1,328.75	1,268.89	1,189.74	1,154.78	1,103.87	1,342.84	1,282.34	1,202.36	1,167.02	1,115.57
55	1,387.88	1,325.35	1,242.68	1,206.16	1,152.98	1,402.59	1,339.40	1,255.86	1,218.95	1,165.21
56	1,451.98	1,386.57	1,300.08	1,261.87	1,206.24	1,467.37	1,401.26	1,313.86	1,275.25	1,219.03
57	1,516.71	1,448.38	1,358.03	1,318.12	1,260.01	1,532.79	1,463.73	1,372.43	1,332.10	1,273.37
58	1,585.79	1,514.35	1,419.89	1,378.16	1,317.40	1,602.60	1,530.40	1,434.94	1,392.77	1,331.37
59	1,620.02	1,547.03	1,450.54	1,407.91	1,345.84	1,637.20	1,563.43	1,465.92	1,422.84	1,360.10
60	1,689.10	1,613.00	1,512.39	1,467.95	1,403.23	1,707.01	1,630.10	1,528.43	1,483.51	1,418.10
61	1,748.85	1,670.06	1,565.89	1,519.87	1,452.86	1,767.39	1,687.76	1,582.49	1,535.99	1,468.26
62	1,788.06	1,707.50	1,601.00	1,553.95	1,485.44	1,807.02	1,725.60	1,617.97	1,570.42	1,501.18
63	1,837.23	1,754.45	1,645.02	1,596.68	1,526.28	1,856.70	1,773.05	1,662.46	1,613.60	1,542.46
64+	1,867.11	1,782.99	1,671.78	1,622.64	1,551.09	1,886.88	1,801.89	1,689.48	1,639.83	1,567.53

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 11 Fresno, Kings and Madera counties.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	372.95	356.15	333.94	324.12	309.83	376.91	359.93	337.48	327.56	313.12
15	406.10	387.81	363.62	352.93	337.37	410.41	391.92	367.47	356.67	340.95
16	418.78	399.91	374.97	363.95	347.90	423.22	404.15	378.94	367.81	351.59
17	431.46	412.02	386.32	374.96	358.43	436.03	416.38	390.41	378.94	362.23
18	445.11	425.05	398.54	386.83	369.77	449.82	429.56	402.77	390.93	373.69
19	458.76	438.09	410.76	398.69	381.11	463.62	442.73	415.12	402.92	385.15
20	472.89	451.59	423.42	410.98	392.86	477.91	456.38	427.91	415.33	397.02
21	487.52	465.56	436.52	423.69	405.01	492.69	470.49	441.14	428.18	409.30
22	487.52	465.56	436.52	423.69	405.01	492.69	470.49	441.14	428.18	409.30
23	487.52	465.56	436.52	423.69	405.01	492.69	470.49	441.14	428.18	409.30
24	487.52	465.56	436.52	423.69	405.01	492.69	470.49	441.14	428.18	409.30
25	489.47	467.42	438.26	425.38	406.63	494.66	472.37	442.91	429.89	410.94
26	499.22	476.73	446.99	433.86	414.73	504.51	481.78	451.73	438.46	419.13
27	510.92	487.90	457.47	444.03	424.45	516.34	493.07	462.32	448.73	428.95
28	529.93	506.06	474.49	460.55	440.24	535.55	511.42	479.52	465.43	444.91
29	545.53	520.96	488.46	474.11	453.20	551.32	526.48	493.64	479.13	458.01
30	553.34	528.41	495.45	480.89	459.68	559.20	534.01	500.70	485.98	464.56
31	565.04	539.58	505.92	491.06	469.40	571.03	545.30	511.29	496.26	474.38
32	576.74	550.75	516.40	501.22	479.13	582.85	556.59	521.87	506.54	484.20
33	584.05	557.74	522.95	507.58	485.20	590.24	563.65	528.49	512.96	490.34
34	591.85	565.18	529.93	514.36	491.68	598.12	571.18	535.55	519.81	496.89
35	595.75	568.91	533.42	517.75	494.92	602.07	574.94	539.08	523.24	500.17
36	599.65	572.63	536.92	521.14	498.16	606.01	578.70	542.61	526.66	503.44
37	603.55	576.36	540.41	524.53	501.40	609.95	582.47	546.14	530.09	506.72
38	607.45	580.08	543.90	527.92	504.64	613.89	586.23	549.67	533.51	509.99
39	615.25	587.53	550.88	534.70	511.12	621.77	593.76	556.72	540.36	516.54
40	623.05	594.98	557.87	541.47	517.60	629.66	601.29	563.78	547.21	523.09
41	634.75	606.15	568.35	551.64	527.32	641.48	612.58	574.37	557.49	532.91
42	645.96	616.86	578.39	561.39	536.64	652.81	623.40	584.52	567.34	542.33
43	661.56	631.76	592.35	574.95	549.60	668.58	638.46	598.63	581.04	555.42
44	681.07	650.38	609.81	591.89	565.80	688.29	657.28	616.28	598.17	571.80
45	703.98	672.26	630.33	611.81	584.83	711.44	679.39	637.01	618.29	591.03
46	731.28	698.33	654.78	635.53	607.51	739.03	705.74	661.72	642.27	613.95
47	761.99	727.66	682.28	662.23	633.03	770.07	735.38	689.51	669.25	639.74
48	797.10	761.18	713.71	692.73	662.19	805.55	769.25	721.27	700.07	669.21
49	831.71	794.24	744.70	722.81	690.94	840.53	802.66	752.59	730.48	698.27
50	870.71	831.48	779.62	756.71	723.35	879.94	840.30	787.88	764.73	731.01
51	909.22	868.26	814.10	790.18	755.34	918.86	877.47	822.74	798.56	763.35
52	951.64	908.76	852.08	827.04	790.58	961.73	918.40	861.11	835.81	798.96
53	994.54	949.73	890.50	864.32	826.22	1,005.08	959.80	899.94	873.49	834.98
54	1,040.86	993.96	931.96	904.58	864.69	1,051.89	1,004.50	941.84	914.17	873.86
55	1,087.17	1,038.19	973.43	944.83	903.17	1,098.70	1,049.20	983.75	954.84	912.74
56	1,137.38	1,086.14	1,018.39	988.47	944.88	1,149.44	1,097.66	1,029.19	998.94	954.90
57	1,188.09	1,134.56	1,063.79	1,032.53	987.01	1,200.68	1,146.59	1,075.07	1,043.48	997.47
58	1,242.20	1,186.24	1,112.25	1,079.56	1,031.96	1,255.37	1,198.81	1,124.04	1,091.00	1,042.90
59	1,269.01	1,211.84	1,136.25	1,102.86	1,054.24	1,282.47	1,224.69	1,148.30	1,114.55	1,065.41
60	1,323.13	1,263.52	1,184.71	1,149.89	1,099.19	1,337.16	1,276.91	1,197.27	1,162.08	1,110.85
61	1,369.93	1,308.21	1,226.61	1,190.57	1,138.07	1,384.45	1,322.08	1,239.62	1,203.19	1,150.14
62	1,400.64	1,337.54	1,254.11	1,217.26	1,163.59	1,415.49	1,351.72	1,267.41	1,230.16	1,175.93
63	1,439.16	1,374.32	1,288.60	1,250.73	1,195.59	1,454.42	1,388.89	1,302.26	1,263.99	1,208.26
64+	1,462.56	1,396.68	1,309.56	1,271.07	1,215.03	1,478.07	1,411.47	1,323.42	1,284.54	1,227.90

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 12 Santa Barbara and Ventura counties.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	396.41	378.55	354.94	344.51	329.32	400.62	382.57	358.71	348.16	332.81
15	431.65	412.20	386.49	375.13	358.60	436.23	416.57	390.59	379.11	362.40
16	445.12	425.07	398.56	386.84	369.79	449.84	429.58	402.78	390.94	373.71
17	458.60	437.94	410.62	398.55	380.98	463.46	442.58	414.97	402.78	385.02
18	473.11	451.79	423.61	411.16	393.03	478.12	456.58	428.10	415.52	397.20
19	487.62	465.65	436.60	423.77	405.09	492.79	470.58	441.23	428.26	409.38
20	502.64	480.00	450.06	436.83	417.57	507.97	485.09	454.83	441.46	422.00
21	518.19	494.84	463.98	450.34	430.49	523.68	500.09	468.90	455.12	435.05
22	518.19	494.84	463.98	450.34	430.49	523.68	500.09	468.90	455.12	435.05
23	518.19	494.84	463.98	450.34	430.49	523.68	500.09	468.90	455.12	435.05
24	518.19	494.84	463.98	450.34	430.49	523.68	500.09	468.90	455.12	435.05
25	520.26	496.82	465.83	452.14	432.21	525.78	502.09	470.77	456.94	436.79
26	530.63	506.72	475.11	461.15	440.82	536.25	512.09	480.15	466.04	445.49
27	543.06	518.60	486.25	471.96	451.15	548.82	524.09	491.40	476.96	455.93
28	563.27	537.89	504.34	489.52	467.94	569.24	543.60	509.69	494.71	472.90
29	579.85	553.73	519.19	503.93	481.71	586.00	559.60	524.69	509.28	486.82
30	588.14	561.65	526.61	511.14	488.60	594.38	567.60	532.20	516.56	493.78
31	600.58	573.52	537.75	521.95	498.93	606.95	579.60	543.45	527.48	504.22
32	613.02	585.40	548.89	532.75	509.27	619.52	591.61	554.70	538.40	514.66
33	620.79	592.82	555.85	539.51	515.72	627.37	599.11	561.74	545.23	521.19
34	629.08	600.74	563.27	546.72	522.61	635.75	607.11	569.24	552.51	528.15
35	633.23	604.70	566.98	550.32	526.05	639.94	611.11	572.99	556.15	531.63
36	637.37	608.66	570.69	553.92	529.50	644.13	615.11	576.74	559.79	535.11
37	641.52	612.62	574.40	557.52	532.94	648.32	619.11	580.49	563.43	538.59
38	645.66	616.57	578.12	561.13	536.39	652.51	623.11	584.24	567.07	542.07
39	653.95	624.49	585.54	568.33	543.27	660.89	631.11	591.75	574.36	549.03
40	662.25	632.41	592.96	575.54	550.16	669.27	639.11	599.25	581.64	555.99
41	674.68	644.29	604.10	586.35	560.49	681.83	651.12	610.50	592.56	566.44
42	686.60	655.67	614.77	596.70	570.39	693.88	662.62	621.29	603.03	576.44
43	703.18	671.50	629.62	611.11	584.17	710.64	678.62	636.29	617.59	590.36
44	723.91	691.30	648.18	629.13	601.39	731.58	698.62	655.05	635.80	607.77
45	748.26	714.55	669.98	650.29	621.62	756.20	722.13	677.09	657.19	628.21
46	777.28	742.26	695.97	675.51	645.73	785.52	750.13	703.34	682.67	652.58
47	809.93	773.44	725.20	703.88	672.85	818.52	781.64	732.88	711.35	679.98
48	847.24	809.07	758.60	736.31	703.85	856.22	817.65	766.65	744.12	711.31
49	884.03	844.20	791.55	768.28	734.41	893.40	853.15	799.94	776.43	742.20
50	925.49	883.79	828.66	804.31	768.85	935.30	893.16	837.45	812.84	777.00
51	966.42	922.88	865.32	839.89	802.86	976.67	932.67	874.49	848.79	811.37
52	1,011.50	965.93	905.68	879.07	840.31	1,022.23	976.17	915.29	888.39	849.22
53	1,057.11	1,009.48	946.51	918.70	878.19	1,068.31	1,020.18	956.55	928.44	887.50
54	1,106.33	1,056.49	990.59	961.48	919.09	1,118.06	1,067.69	1,001.09	971.67	928.83
55	1,155.56	1,103.50	1,034.67	1,004.26	959.99	1,167.81	1,115.20	1,045.64	1,014.91	970.16
56	1,208.93	1,154.47	1,082.46	1,050.65	1,004.33	1,221.75	1,166.71	1,093.94	1,061.79	1,014.97
57	1,262.83	1,205.93	1,130.71	1,097.48	1,049.10	1,276.21	1,218.72	1,142.70	1,109.12	1,060.22
58	1,320.35	1,260.86	1,182.21	1,147.47	1,096.88	1,334.34	1,274.23	1,194.75	1,159.64	1,108.51
59	1,348.85	1,288.08	1,207.73	1,172.24	1,120.56	1,363.15	1,301.73	1,220.54	1,184.67	1,132.44
60	1,406.36	1,343.00	1,259.23	1,222.23	1,168.34	1,421.27	1,357.24	1,272.58	1,235.19	1,180.73
61	1,456.11	1,390.51	1,303.78	1,265.46	1,209.67	1,471.55	1,405.25	1,317.60	1,278.88	1,222.49
62	1,488.76	1,421.68	1,333.01	1,293.83	1,236.79	1,504.54	1,436.76	1,347.14	1,307.55	1,249.90
63	1,529.69	1,460.78	1,369.66	1,329.41	1,270.80	1,545.91	1,476.26	1,384.18	1,343.50	1,284.27
64+	1,554.57	1,484.52	1,391.94	1,351.02	1,291.47	1,571.04	1,500.27	1,406.70	1,365.36	1,305.15

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 14 Kern County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	326.92	312.19	292.72	284.12	271.59	330.39	315.50	295.83	287.13	274.47
15	355.98	339.95	318.74	309.37	295.73	359.76	343.55	322.12	312.65	298.87
16	367.09	350.56	328.69	319.03	304.97	370.99	354.27	332.18	322.41	308.20
17	378.21	361.17	338.64	328.69	314.20	382.22	365.00	342.23	332.17	317.53
18	390.17	372.59	349.35	339.09	324.14	394.31	376.54	353.06	342.68	327.57
19	402.14	384.02	360.07	349.49	334.08	406.40	388.09	363.88	353.19	337.62
20	414.53	395.86	371.16	360.26	344.37	418.93	400.05	375.10	364.08	348.02
21	427.35	408.10	382.64	371.40	355.02	431.88	412.42	386.70	375.34	358.79
22	427.35	408.10	382.64	371.40	355.02	431.88	412.42	386.70	375.34	358.79
23	427.35	408.10	382.64	371.40	355.02	431.88	412.42	386.70	375.34	358.79
24	427.35	408.10	382.64	371.40	355.02	431.88	412.42	386.70	375.34	358.79
25	429.06	409.73	384.17	372.88	356.44	433.61	414.07	388.25	376.84	360.22
26	437.61	417.89	391.83	380.31	363.54	442.25	422.32	395.98	384.34	367.40
27	447.86	427.69	401.01	389.23	372.06	452.61	432.22	405.26	393.35	376.01
28	464.53	443.60	415.93	403.71	385.91	469.46	448.31	420.34	407.99	390.00
29	478.21	456.66	428.18	415.59	397.27	483.28	461.50	432.72	420.00	401.48
30	485.04	463.19	434.30	421.54	402.95	490.19	468.10	438.90	426.01	407.22
31	495.30	472.99	443.48	430.45	411.47	500.55	478.00	448.19	435.01	415.83
32	505.56	482.78	452.67	439.36	419.99	510.92	487.90	457.47	444.02	424.45
33	511.97	488.90	458.41	444.93	425.32	517.39	494.08	463.27	449.65	429.83
34	518.80	495.43	464.53	450.88	431.00	524.30	500.68	469.45	455.66	435.57
35	522.22	498.70	467.59	453.85	433.84	527.76	503.98	472.55	458.66	438.44
36	525.64	501.96	470.65	456.82	436.68	531.21	507.28	475.64	461.66	441.31
37	529.06	505.23	473.71	459.79	439.52	534.67	510.58	478.73	464.67	444.18
38	532.48	508.49	476.77	462.76	442.36	538.13	513.88	481.83	467.67	447.05
39	539.32	515.02	482.90	468.70	448.04	545.04	520.48	488.02	473.67	452.79
40	546.16	521.55	489.02	474.65	453.72	551.95	527.08	494.20	479.68	458.53
41	556.41	531.34	498.20	483.56	462.24	562.31	536.98	503.48	488.69	467.14
42	566.24	540.73	507.00	492.10	470.41	572.24	546.46	512.38	497.32	475.39
43	579.92	553.79	519.25	503.99	481.77	586.06	559.66	524.75	509.33	486.87
44	597.01	570.11	534.55	518.84	495.97	603.34	576.16	540.22	524.34	501.23
45	617.10	589.29	552.54	536.30	512.65	623.64	595.54	558.39	541.98	518.09
46	641.03	612.15	573.96	557.10	532.54	647.82	618.64	580.05	563.00	538.18
47	667.95	637.86	598.07	580.50	554.90	675.03	644.62	604.41	586.65	560.78
48	698.72	667.24	625.62	607.24	580.46	706.13	674.31	632.25	613.67	586.62
49	729.06	696.22	652.79	633.61	605.67	736.79	703.60	659.71	640.32	612.09
50	763.25	728.86	683.40	663.32	634.07	771.34	736.59	690.65	670.35	640.79
51	797.01	761.10	713.63	692.66	662.12	805.46	769.17	721.20	700.00	669.14
52	834.19	796.61	746.92	724.97	693.01	843.03	805.05	754.84	732.65	700.35
53	871.80	832.52	780.59	757.65	724.25	881.04	841.35	788.87	765.68	731.93
54	912.40	871.29	816.94	792.93	757.97	922.07	880.53	825.60	801.34	766.01
55	952.99	910.06	853.29	828.22	791.70	963.10	919.71	862.34	837.00	800.10
56	997.01	952.09	892.71	866.47	828.27	1,007.58	962.19	902.17	875.66	837.05
57	1,041.46	994.53	932.50	905.10	865.19	1,052.50	1,005.08	942.39	914.69	874.36
58	1,088.89	1,039.83	974.98	946.32	904.60	1,100.44	1,050.86	985.31	956.35	914.19
59	1,112.40	1,062.28	996.02	966.75	924.13	1,124.19	1,073.54	1,006.58	977.00	933.92
60	1,159.83	1,107.58	1,038.49	1,007.97	963.53	1,172.13	1,119.32	1,049.50	1,018.66	973.75
61	1,200.86	1,146.76	1,075.23	1,043.63	997.62	1,213.59	1,158.91	1,086.63	1,054.69	1,008.19
62	1,227.78	1,172.47	1,099.33	1,067.03	1,019.98	1,240.80	1,184.90	1,110.99	1,078.34	1,030.80
63	1,261.54	1,204.71	1,129.56	1,096.37	1,048.03	1,274.92	1,217.48	1,141.54	1,107.99	1,059.14
64+	1,282.05	1,224.30	1,147.92	1,114.20	1,065.06	1,295.64	1,237.26	1,160.10	1,126.02	1,076.37

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	253.49	242.07	226.97	220.30	210.59	306.53	292.72	274.46	266.39	254.65
15	276.02	263.58	247.14	239.88	229.30	333.77	318.73	298.85	290.07	277.28
16	284.63	271.81	254.86	247.37	236.46	344.19	328.68	308.18	299.12	285.94
17	293.25	280.04	262.57	254.85	243.62	354.61	338.63	317.51	308.18	294.59
18	302.53	288.90	270.88	262.92	251.33	365.83	349.35	327.56	317.93	303.91
19	311.81	297.76	279.19	270.98	259.03	377.05	360.06	337.60	327.68	313.23
20	321.42	306.93	287.79	279.33	267.02	388.67	371.16	348.01	337.78	322.89
21	331.36	316.43	296.69	287.97	275.28	400.69	382.63	358.77	348.22	332.87
22	331.36	316.43	296.69	287.97	275.28	400.69	382.63	358.77	348.22	332.87
23	331.36	316.43	296.69	287.97	275.28	400.69	382.63	358.77	348.22	332.87
24	331.36	316.43	296.69	287.97	275.28	400.69	382.63	358.77	348.22	332.87
25	332.68	317.69	297.88	289.12	276.38	402.29	384.17	360.20	349.62	334.20
26	339.31	324.02	303.81	294.88	281.88	410.30	391.82	367.38	356.58	340.86
27	347.26	331.62	310.93	301.79	288.49	419.92	401.00	375.99	364.94	348.85
28	360.18	343.96	322.50	313.03	299.22	435.55	415.92	389.98	378.52	361.83
29	370.79	354.08	332.00	322.24	308.03	448.37	428.17	401.46	389.66	372.48
30	376.09	359.15	336.74	326.85	312.44	454.78	434.29	407.20	395.23	377.81
31	384.04	366.74	343.86	333.76	319.04	464.40	443.47	415.81	403.59	385.80
32	391.99	374.33	350.99	340.67	325.65	474.01	452.66	424.42	411.95	393.79
33	396.96	379.08	355.44	344.99	329.78	480.02	458.40	429.80	417.17	398.78
34	402.27	384.14	360.18	349.60	334.18	486.43	464.52	435.54	422.74	404.11
35	404.92	386.67	362.56	351.90	336.39	489.64	467.58	438.41	425.53	406.77
36	407.57	389.21	364.93	354.20	338.59	492.84	470.64	441.28	428.32	409.43
37	410.22	391.74	367.30	356.51	340.79	496.05	473.70	444.15	431.10	412.09
38	412.87	394.27	369.68	358.81	342.99	499.26	476.76	447.03	433.89	414.76
39	418.17	399.33	374.42	363.42	347.40	505.67	482.88	452.77	439.46	420.08
40	423.47	404.39	379.17	368.03	351.80	512.08	489.01	458.51	445.03	425.41
41	431.43	411.99	386.29	374.94	358.41	521.69	498.19	467.12	453.39	433.40
42	439.05	419.27	393.12	381.56	364.74	530.91	506.99	475.37	461.40	441.05
43	449.65	429.39	402.61	390.78	373.55	543.73	519.24	486.85	472.54	451.71
44	462.90	442.05	414.48	402.30	384.56	559.76	534.54	501.20	486.47	465.02
45	478.48	456.92	428.42	415.83	397.50	578.59	552.52	518.06	502.84	480.67
46	497.03	474.64	445.04	431.96	412.91	601.03	573.95	538.15	522.34	499.31
47	517.91	494.58	463.73	450.10	430.25	626.27	598.06	560.75	544.27	520.28
48	541.77	517.36	485.09	470.83	450.07	655.12	625.61	586.59	569.35	544.25
49	565.29	539.83	506.15	491.28	469.62	683.57	652.77	612.06	594.07	567.88
50	591.80	565.14	529.89	514.32	491.64	715.63	683.39	640.76	621.93	594.51
51	617.98	590.14	553.33	537.07	513.39	747.28	713.61	669.10	649.44	620.81
52	646.81	617.67	579.14	562.12	537.34	782.14	746.90	700.32	679.73	649.77
53	675.97	645.51	605.25	587.46	561.56	817.40	780.57	731.89	710.38	679.06
54	707.45	675.57	633.43	614.82	587.71	855.47	816.92	765.97	743.46	710.68
55	738.92	705.63	661.62	642.18	613.86	893.53	853.28	800.05	776.54	742.30
56	773.05	738.23	692.18	671.84	642.22	934.80	892.69	837.01	812.41	776.59
57	807.52	771.13	723.04	701.79	670.85	976.47	932.48	874.32	848.62	811.21
58	844.30	806.26	755.97	733.75	701.40	1,020.95	974.95	914.14	887.28	848.16
59	862.52	823.66	772.29	749.59	716.54	1,042.99	996.00	933.87	906.43	866.46
60	899.30	858.78	805.22	781.55	747.10	1,087.46	1,038.47	973.70	945.08	903.41
61	931.11	889.16	833.70	809.20	773.52	1,125.93	1,075.20	1,008.14	978.51	935.37
62	951.99	909.10	852.39	827.34	790.87	1,151.17	1,099.31	1,030.74	1,000.45	956.34
63	978.16	934.09	875.83	850.09	812.61	1,182.83	1,129.54	1,059.08	1,027.96	982.64
64+	994.08	949.29	890.07	863.91	825.84	1,202.07	1,147.89	1,076.31	1,044.66	998.61

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$20	CommunityCare HMO Bronze \$45	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Gold \$30	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	219.39	178.74	169.25	224.15	214.05	200.70	194.80	186.22
15	238.89	194.63	184.29	244.08	233.08	218.54	212.12	202.77
16	246.34	200.71	190.04	251.70	240.36	225.36	218.74	209.10
17	253.80	206.78	195.79	259.31	247.63	232.19	225.36	215.43
18	261.83	213.32	201.99	267.52	255.47	239.53	232.49	222.24
19	269.86	219.87	208.18	275.72	263.30	246.88	239.62	229.06
20	278.18	226.64	214.60	284.22	271.41	254.49	247.01	236.12
21	286.78	233.65	221.24	293.01	279.81	262.36	254.65	243.42
22	286.78	233.65	221.24	293.01	279.81	262.36	254.65	243.42
23	286.78	233.65	221.24	293.01	279.81	262.36	254.65	243.42
24	286.78	233.65	221.24	293.01	279.81	262.36	254.65	243.42
25	287.93	234.59	222.12	294.18	280.93	263.41	255.66	244.39
26	293.66	239.26	226.55	300.04	286.52	268.65	260.76	249.26
27	300.55	244.87	231.86	307.07	293.24	274.95	266.87	255.10
28	311.73	253.98	240.48	318.50	304.15	285.18	276.80	264.60
29	320.91	261.46	247.56	327.88	313.11	293.58	284.95	272.39
30	325.50	265.19	251.10	332.57	317.58	297.77	289.02	276.28
31	332.38	270.80	256.41	339.60	324.30	304.07	295.13	282.12
32	339.26	276.41	261.72	346.63	331.01	310.37	301.25	287.96
33	343.56	279.91	265.04	351.03	335.21	314.30	305.07	291.62
34	348.15	283.65	268.58	355.71	339.69	318.50	309.14	295.51
35	350.45	285.52	270.35	358.06	341.93	320.60	311.18	297.46
36	352.74	287.39	272.12	360.40	344.16	322.70	313.21	299.41
37	355.03	289.26	273.89	362.75	346.40	324.80	315.25	301.35
38	357.33	291.13	275.66	365.09	348.64	326.90	317.29	303.30
39	361.92	294.87	279.20	369.78	353.12	331.09	321.36	307.19
40	366.51	298.61	282.74	374.47	357.60	335.29	325.44	311.09
41	373.39	304.21	288.05	381.50	364.31	341.59	331.55	316.93
42	379.98	309.59	293.14	388.24	370.75	347.62	337.41	322.53
43	389.16	317.06	300.22	397.61	379.70	356.02	345.55	330.32
44	400.63	326.41	309.07	409.33	390.89	366.51	355.74	340.06
45	414.11	337.39	319.47	423.11	404.04	378.84	367.71	351.50
46	430.17	350.48	331.86	439.51	419.71	393.53	381.97	365.13
47	448.24	365.20	345.79	457.97	437.34	410.06	398.01	380.46
48	468.89	382.02	361.72	479.07	457.49	428.95	416.35	397.99
49	489.25	398.61	377.43	499.87	477.35	447.58	434.43	415.27
50	512.19	417.30	395.13	523.32	499.74	468.57	454.80	434.75
51	534.85	435.76	412.61	546.46	521.84	489.29	474.91	453.98
52	559.80	456.09	431.85	571.96	546.19	512.12	497.07	475.15
53	585.03	476.65	451.32	597.74	570.81	535.21	519.48	496.57
54	612.28	498.84	472.34	625.58	597.39	560.13	543.67	519.70
55	639.52	521.04	493.36	653.41	623.97	585.05	567.86	542.82
56	669.06	545.11	516.15	683.59	652.79	612.08	594.09	567.90
57	698.89	569.41	539.15	714.07	681.89	639.36	620.57	593.21
58	730.72	595.34	563.71	746.59	712.95	668.48	648.84	620.23
59	746.49	608.19	575.88	762.70	728.34	682.91	662.84	633.62
60	778.32	634.13	600.44	795.23	759.40	712.03	691.11	660.64
61	805.85	656.56	621.68	823.36	786.26	737.22	715.56	684.01
62	823.92	671.28	635.61	841.82	803.89	753.75	731.60	699.34
63	846.58	689.74	653.09	864.97	826.00	774.48	751.71	718.57
64+	860.34	700.95	663.72	879.03	839.43	787.08	763.95	730.26

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	285.80	272.93	255.90	248.38	237.43	349.28	333.54	312.74	303.54	290.16
15	311.21	297.19	278.65	270.46	258.54	380.32	363.19	340.53	330.53	315.95
16	320.92	306.46	287.35	278.90	266.61	392.19	374.52	351.16	340.84	325.82
17	330.64	315.74	296.05	287.35	274.68	404.06	385.86	361.79	351.16	335.68
18	341.10	325.73	305.41	296.44	283.37	416.85	398.07	373.24	362.27	346.30
19	351.56	335.72	314.78	305.53	292.06	429.63	410.28	384.69	373.38	356.92
20	362.39	346.07	324.48	314.94	301.06	442.87	422.92	396.54	384.89	367.92
21	373.60	356.77	334.52	324.68	310.37	456.57	436.00	408.80	396.79	379.30
22	373.60	356.77	334.52	324.68	310.37	456.57	436.00	408.80	396.79	379.30
23	373.60	356.77	334.52	324.68	310.37	456.57	436.00	408.80	396.79	379.30
24	373.60	356.77	334.52	324.68	310.37	456.57	436.00	408.80	396.79	379.30
25	375.09	358.20	335.85	325.98	311.61	458.40	437.74	410.44	398.38	380.81
26	382.57	365.33	342.54	332.48	317.82	467.53	446.46	418.62	406.31	388.40
27	391.53	373.89	350.57	340.27	325.27	478.48	456.93	428.43	415.84	397.50
28	406.10	387.81	363.62	352.93	337.37	496.29	473.93	444.37	431.31	412.30
29	418.06	399.22	374.32	363.32	347.30	510.90	487.88	457.45	444.01	424.43
30	424.04	404.93	379.67	368.52	352.27	518.21	494.86	463.99	450.36	430.50
31	433.00	413.49	387.70	376.31	359.72	529.16	505.32	473.80	459.88	439.60
32	441.97	422.06	395.73	384.10	367.17	540.12	515.79	483.62	469.40	448.71
33	447.57	427.41	400.75	388.97	371.82	546.97	522.33	489.75	475.36	454.40
34	453.55	433.12	406.10	394.17	376.79	554.28	529.30	496.29	481.70	460.47
35	456.54	435.97	408.78	396.76	379.27	557.93	532.79	499.56	484.88	463.50
36	459.53	438.82	411.45	399.36	381.75	561.58	536.28	502.83	488.05	466.53
37	462.52	441.68	414.13	401.96	384.24	565.23	539.77	506.10	491.23	469.57
38	465.51	444.53	416.81	404.56	386.72	568.89	543.26	509.37	494.40	472.60
39	471.48	450.24	422.16	409.75	391.69	576.19	550.23	515.91	500.75	478.67
40	477.46	455.95	427.51	414.95	396.65	583.50	557.21	522.45	507.10	484.74
41	486.43	464.51	435.54	422.74	404.10	594.45	567.67	532.26	516.62	493.84
42	495.02	472.72	443.23	430.21	411.24	604.95	577.70	541.67	525.75	502.57
43	506.98	484.13	453.94	440.60	421.17	619.56	591.65	554.75	538.44	514.71
44	521.92	498.41	467.32	453.58	433.59	637.83	609.09	571.10	554.32	529.88
45	539.48	515.17	483.04	468.84	448.17	659.29	629.58	590.31	572.97	547.70
46	560.40	535.15	501.77	487.03	465.55	684.85	654.00	613.21	595.19	568.94
47	583.94	557.63	522.85	507.48	485.11	713.62	681.47	638.96	620.18	592.84
48	610.84	583.32	546.93	530.86	507.45	746.49	712.86	668.40	648.75	620.15
49	637.36	608.65	570.68	553.91	529.49	778.91	743.82	697.42	676.92	647.08
50	667.25	637.19	597.44	579.89	554.32	815.43	778.70	730.13	708.67	677.42
51	696.76	665.37	623.87	605.54	578.84	851.50	813.14	762.42	740.01	707.39
52	729.27	696.41	652.97	633.78	605.84	891.22	851.07	797.99	774.54	740.39
53	762.14	727.81	682.41	662.36	633.15	931.40	889.44	833.96	809.45	773.76
54	797.64	761.70	714.19	693.20	662.64	974.78	930.86	872.80	847.15	809.80
55	833.13	795.59	745.97	724.05	692.12	1,018.15	972.28	911.63	884.84	845.83
56	871.61	832.34	780.42	757.49	724.09	1,065.18	1,017.19	953.74	925.71	884.90
57	910.46	869.44	815.21	791.26	756.37	1,112.66	1,062.53	996.26	966.98	924.35
58	951.93	909.05	852.34	827.30	790.82	1,163.34	1,110.93	1,041.63	1,011.02	966.45
59	972.48	928.67	870.74	845.15	807.89	1,188.45	1,134.91	1,064.12	1,032.85	987.31
60	1,013.95	968.27	907.87	881.19	842.34	1,239.13	1,183.30	1,109.50	1,076.89	1,029.41
61	1,049.82	1,002.52	939.99	912.36	872.14	1,282.96	1,225.16	1,148.74	1,114.98	1,065.82
62	1,073.35	1,024.99	961.06	932.82	891.69	1,311.72	1,252.63	1,174.50	1,139.98	1,089.72
63	1,102.87	1,053.18	987.49	958.47	916.21	1,347.79	1,287.07	1,206.79	1,171.33	1,119.68
64+	1,120.80	1,070.31	1,003.56	974.04	931.11	1,369.71	1,308.00	1,226.40	1,190.37	1,137.90

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$20	CommunityCare HMO Bronze \$45	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Gold \$30	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	249.98	203.67	192.85	255.32	243.82	228.61	221.89	212.11
15	272.21	221.78	209.99	278.01	265.49	248.93	241.61	230.96
16	280.70	228.70	216.55	286.69	273.77	256.70	249.15	238.17
17	289.20	235.62	223.10	295.37	282.06	264.47	256.70	245.38
18	298.35	243.08	230.16	304.71	290.98	272.84	264.82	253.14
19	307.50	250.53	237.22	314.06	299.91	281.20	272.94	260.90
20	316.97	258.25	244.53	323.74	309.15	289.87	281.35	268.95
21	326.78	266.24	252.09	333.75	318.71	298.83	290.05	277.26
22	326.78	266.24	252.09	333.75	318.71	298.83	290.05	277.26
23	326.78	266.24	252.09	333.75	318.71	298.83	290.05	277.26
24	326.78	266.24	252.09	333.75	318.71	298.83	290.05	277.26
25	328.08	267.30	253.10	335.08	319.99	300.03	291.21	278.37
26	334.62	272.63	258.14	341.76	326.36	306.01	297.01	283.92
27	342.46	279.02	264.19	349.77	334.01	313.18	303.97	290.57
28	355.21	289.40	274.02	362.79	346.44	324.83	315.29	301.39
29	365.66	297.92	282.09	373.47	356.64	334.39	324.57	310.26
30	370.89	302.18	286.12	378.81	361.74	339.18	329.21	314.69
31	378.74	308.57	292.18	386.82	369.39	346.35	336.17	321.35
32	386.58	314.96	298.23	394.83	377.04	353.52	343.13	328.00
33	391.48	318.95	302.01	399.83	381.82	358.00	347.48	332.16
34	396.71	323.21	306.04	405.17	386.92	362.78	352.12	336.60
35	399.32	325.34	308.06	407.84	389.47	365.17	354.44	338.82
36	401.94	327.47	310.07	410.51	392.02	367.57	356.76	341.03
37	404.55	329.60	312.09	413.18	394.57	369.96	359.08	343.25
38	407.16	331.73	314.11	415.85	397.12	372.35	361.40	345.47
39	412.39	335.99	318.14	421.19	402.22	377.13	366.04	349.91
40	417.62	340.25	322.17	426.53	407.32	381.91	370.69	354.34
41	425.46	346.64	328.22	434.54	414.96	389.08	377.65	361.00
42	432.98	352.77	334.02	442.22	422.29	395.95	384.32	367.37
43	443.44	361.28	342.09	452.90	432.49	405.52	393.60	376.25
44	456.51	371.93	352.17	466.25	445.24	417.47	405.20	387.34
45	471.87	384.45	364.02	481.93	460.22	431.52	418.83	400.37
46	490.17	399.36	378.14	500.62	478.07	448.25	435.08	415.89
47	510.75	416.13	394.02	521.65	498.15	467.08	453.35	433.36
48	534.28	435.30	412.17	545.68	521.10	488.59	474.23	453.33
49	557.48	454.20	430.07	569.38	543.72	509.81	494.83	473.01
50	583.62	475.50	450.24	596.08	569.22	533.72	518.03	495.19
51	609.44	496.53	470.15	622.44	594.40	557.32	540.95	517.10
52	637.87	519.70	492.08	651.48	622.13	583.32	566.18	541.22
53	666.63	543.13	514.27	680.85	650.17	609.62	591.70	565.62
54	697.67	568.42	538.22	712.56	680.45	638.01	619.26	591.96
55	728.71	593.71	562.17	744.26	710.73	666.40	646.81	618.30
56	762.37	621.13	588.13	778.64	743.56	697.18	676.69	646.86
57	796.36	648.82	614.35	813.35	776.70	728.26	706.86	675.69
58	832.63	678.37	642.33	850.39	812.08	761.43	739.05	706.47
59	850.60	693.02	656.20	868.75	829.61	777.86	755.00	721.72
60	886.87	722.57	684.18	905.80	864.99	811.03	787.20	752.49
61	918.24	748.13	708.38	937.84	895.58	839.72	815.04	779.11
62	938.83	764.90	724.26	958.86	915.66	858.55	833.32	796.58
63	964.65	785.93	744.18	985.23	940.84	882.16	856.23	818.48
64+	980.34	798.72	756.27	1,001.25	956.13	896.49	870.15	831.78

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 17 Riverside and San Bernardino counties.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	260.80	249.05	233.52	226.65	216.66	318.97	304.60	285.60	277.21	264.99
15	283.98	271.19	254.27	246.80	235.92	347.33	331.68	310.99	301.85	288.54
16	292.85	279.65	262.21	254.50	243.28	358.17	342.03	320.70	311.27	297.55
17	301.71	288.12	270.15	262.21	250.65	369.01	352.38	330.40	320.69	306.55
18	311.26	297.23	278.69	270.50	258.58	380.68	363.53	340.86	330.84	316.25
19	320.80	306.35	287.24	278.80	266.51	392.36	374.68	351.31	340.99	325.95
20	330.69	315.79	296.09	287.39	274.72	404.45	386.23	362.14	351.49	336.00
21	340.92	325.56	305.25	296.28	283.22	416.96	398.17	373.34	362.36	346.39
22	340.92	325.56	305.25	296.28	283.22	416.96	398.17	373.34	362.36	346.39
23	340.92	325.56	305.25	296.28	283.22	416.96	398.17	373.34	362.36	346.39
24	340.92	325.56	305.25	296.28	283.22	416.96	398.17	373.34	362.36	346.39
25	342.28	326.86	306.47	297.46	284.35	418.62	399.76	374.83	363.81	347.77
26	349.10	333.37	312.58	303.39	290.01	426.96	407.73	382.30	371.06	354.70
27	357.28	341.18	319.90	310.50	296.81	436.97	417.28	391.26	379.76	363.01
28	370.57	353.88	331.81	322.06	307.86	453.23	432.81	405.82	393.89	376.52
29	381.48	364.30	341.57	331.54	316.92	466.57	445.55	417.76	405.49	387.61
30	386.94	369.51	346.46	336.28	321.45	473.25	451.93	423.74	411.28	393.15
31	395.12	377.32	353.78	343.39	328.25	483.25	461.48	432.70	419.98	401.46
32	403.30	385.13	361.11	350.50	335.04	493.26	471.04	441.66	428.68	409.78
33	408.42	390.02	365.69	354.94	339.29	499.51	477.01	447.26	434.11	414.97
34	413.87	395.22	370.57	359.68	343.82	506.19	483.38	453.23	439.91	420.52
35	416.60	397.83	373.02	362.05	346.09	509.52	486.57	456.22	442.81	423.29
36	419.33	400.43	375.46	364.42	348.36	512.86	489.75	459.20	445.71	426.06
37	422.05	403.04	377.90	366.79	350.62	516.19	492.94	462.19	448.61	428.83
38	424.78	405.64	380.34	369.16	352.89	519.53	496.12	465.18	451.51	431.60
39	430.24	410.85	385.23	373.90	357.42	526.20	502.49	471.15	457.30	437.14
40	435.69	416.06	390.11	378.64	361.95	532.87	508.86	477.12	463.10	442.68
41	443.87	423.87	397.44	385.76	368.75	542.88	518.42	486.08	471.80	451.00
42	451.71	431.36	404.46	392.57	375.26	552.47	527.58	494.67	480.13	458.96
43	462.62	441.78	414.22	402.05	384.32	565.81	540.32	506.62	491.73	470.05
44	476.26	454.80	426.43	413.90	395.65	582.49	556.25	521.55	506.22	483.90
45	492.28	470.10	440.78	427.83	408.96	602.09	574.96	539.10	523.25	500.18
46	511.37	488.33	457.87	444.42	424.82	625.44	597.26	560.00	543.55	519.58
47	532.85	508.84	477.11	463.08	442.67	651.70	622.34	583.52	566.38	541.40
48	557.40	532.28	499.08	484.42	463.06	681.72	651.01	610.40	592.47	566.34
49	581.60	555.40	520.76	505.45	483.17	711.33	679.28	636.91	618.19	590.94
50	608.87	581.44	545.18	529.15	505.82	744.69	711.13	666.78	647.18	618.65
51	635.81	607.16	569.29	552.56	528.20	777.62	742.59	696.27	675.81	646.01
52	665.47	635.49	595.85	578.34	552.84	813.90	777.23	728.75	707.34	676.15
53	695.47	664.13	622.71	604.41	577.76	850.59	812.27	761.61	739.22	706.63
54	727.85	695.06	651.71	632.56	604.67	890.20	850.10	797.07	773.65	739.54
55	760.24	725.99	680.71	660.70	631.57	929.81	887.92	832.54	808.07	772.45
56	795.36	759.52	712.15	691.22	660.74	972.76	928.93	870.99	845.40	808.12
57	830.81	793.38	743.89	722.03	690.20	1,016.12	970.34	909.82	883.08	844.15
58	868.65	829.52	777.78	754.92	721.63	1,062.41	1,014.54	951.26	923.30	882.60
59	887.40	847.42	794.57	771.21	737.21	1,085.34	1,036.44	971.79	943.24	901.65
60	925.24	883.56	828.45	804.10	768.65	1,131.62	1,080.64	1,013.23	983.46	940.10
61	957.97	914.81	857.75	832.54	795.84	1,171.65	1,118.86	1,049.08	1,018.24	973.35
62	979.45	935.32	876.98	851.21	813.68	1,197.92	1,143.95	1,072.60	1,041.07	995.17
63	1,006.38	961.04	901.10	874.62	836.05	1,230.86	1,175.40	1,102.09	1,069.70	1,022.54
64+	1,022.76	976.68	915.75	888.84	849.66	1,250.88	1,194.51	1,120.02	1,087.08	1,039.17

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 17 Riverside and San Bernardino counties (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Gold \$30	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	260.91	249.15	233.61	226.75	216.75
15	284.10	271.30	254.38	246.90	236.02
16	292.97	279.77	262.32	254.61	243.38
17	301.84	288.24	270.26	262.32	250.75
18	311.39	297.36	278.81	270.62	258.68
19	320.93	306.48	287.36	278.91	266.62
20	330.83	315.92	296.22	287.51	274.83
21	341.06	325.69	305.38	296.40	283.33
22	341.06	325.69	305.38	296.40	283.33
23	341.06	325.69	305.38	296.40	283.33
24	341.06	325.69	305.38	296.40	283.33
25	342.42	326.99	306.60	297.59	284.47
26	349.24	333.51	312.71	303.52	290.13
27	357.43	341.32	320.03	310.63	296.93
28	370.73	354.03	331.94	322.19	307.98
29	381.64	364.45	341.72	331.67	317.05
30	387.10	369.66	346.60	336.42	321.58
31	395.29	377.48	353.93	343.53	328.38
32	403.47	385.29	361.26	350.64	335.18
33	408.59	390.18	365.84	355.09	339.43
34	414.04	395.39	370.73	359.83	343.97
35	416.77	397.99	373.17	362.20	346.23
36	419.50	400.60	375.61	364.57	348.50
37	422.23	403.21	378.06	366.95	350.77
38	424.96	405.81	380.50	369.32	353.03
39	430.41	411.02	385.39	374.06	357.57
40	435.87	416.23	390.27	378.80	362.10
41	444.06	424.05	397.60	385.92	368.90
42	451.90	431.54	404.62	392.73	375.42
43	462.81	441.96	414.40	402.22	384.48
44	476.46	454.99	426.61	414.07	395.82
45	492.49	470.30	440.96	428.00	409.13
46	511.59	488.54	458.07	444.60	425.00
47	533.07	509.06	477.30	463.28	442.85
48	557.63	532.51	499.29	484.62	463.25
49	581.84	555.63	520.97	505.66	483.37
50	609.13	581.68	545.40	529.37	506.03
51	636.07	607.41	569.53	552.79	528.42
52	665.74	635.75	596.10	578.58	553.07
53	695.76	664.41	622.97	604.66	578.00
54	728.16	695.35	651.98	632.82	604.92
55	760.56	726.29	680.99	660.98	631.83
56	795.69	759.84	712.44	691.51	661.02
57	831.16	793.71	744.20	722.33	690.49
58	869.01	829.86	778.10	755.23	721.94
59	887.77	847.77	794.90	771.53	737.52
60	925.63	883.93	828.79	804.44	768.97
61	958.37	915.19	858.11	832.89	796.17
62	979.86	935.71	877.35	851.56	814.02
63	1,006.80	961.44	901.47	874.98	836.40
64+	1,023.18	977.07	916.14	889.20	849.99

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 18 Orange County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	312.98	298.88	280.24	272.00	260.01	363.69	347.31	325.65	316.08	302.14
15	340.80	325.45	305.15	296.18	283.12	396.02	378.18	354.59	344.17	329.00
16	351.44	335.61	314.68	305.43	291.96	408.38	389.98	365.66	354.91	339.27
17	362.08	345.77	324.20	314.67	300.80	420.74	401.79	376.73	365.66	349.53
18	373.53	356.71	334.46	324.63	310.32	434.06	414.50	388.65	377.22	360.59
19	384.99	367.65	344.71	334.58	319.83	447.37	427.21	400.56	388.79	371.65
20	396.86	378.98	355.34	344.89	329.69	461.15	440.38	412.91	400.77	383.10
21	409.13	390.70	366.33	355.56	339.89	475.42	454.00	425.68	413.17	394.95
22	409.13	390.70	366.33	355.56	339.89	475.42	454.00	425.68	413.17	394.95
23	409.13	390.70	366.33	355.56	339.89	475.42	454.00	425.68	413.17	394.95
24	409.13	390.70	366.33	355.56	339.89	475.42	454.00	425.68	413.17	394.95
25	410.77	392.26	367.79	356.98	341.24	477.32	455.81	427.38	414.82	396.53
26	418.95	400.07	375.12	364.10	348.04	486.83	464.89	435.90	423.09	404.43
27	428.77	409.45	383.91	372.63	356.20	498.24	475.79	446.11	433.00	413.91
28	444.72	424.69	398.20	386.50	369.46	516.78	493.50	462.71	449.12	429.31
29	457.82	437.19	409.92	397.87	380.33	531.99	508.02	476.34	462.34	441.95
30	464.36	443.44	415.78	403.56	385.77	539.60	515.29	483.15	468.95	448.27
31	474.18	452.82	424.57	412.10	393.93	551.01	526.18	493.36	478.86	457.75
32	484.00	462.19	433.37	420.63	402.08	562.42	537.08	503.58	488.78	467.23
33	490.14	468.05	438.86	425.96	407.18	569.55	543.89	509.96	494.98	473.15
34	496.68	474.31	444.72	431.65	412.62	577.16	551.15	516.78	501.59	479.47
35	499.96	477.43	447.65	434.50	415.34	580.96	554.79	520.18	504.89	482.63
36	503.23	480.56	450.58	437.34	418.06	584.76	558.42	523.59	508.20	485.79
37	506.50	483.68	453.51	440.19	420.78	588.57	562.05	526.99	511.50	488.95
38	509.78	486.81	456.44	443.03	423.50	592.37	565.68	530.40	514.81	492.11
39	516.32	493.06	462.31	448.72	428.94	599.98	572.94	537.21	521.42	498.43
40	522.87	499.31	468.17	454.41	434.37	607.58	580.21	544.02	528.03	504.75
41	532.69	508.69	476.96	462.94	442.53	618.99	591.10	554.24	537.95	514.23
42	542.10	517.67	485.38	471.12	450.35	629.93	601.55	564.03	547.45	523.31
43	555.19	530.18	497.11	482.50	461.22	645.14	616.07	577.65	560.67	535.95
44	571.55	545.80	511.76	496.72	474.82	664.16	634.23	594.67	577.20	551.75
45	590.78	564.17	528.98	513.43	490.79	686.50	655.57	614.68	596.62	570.31
46	613.69	586.04	549.49	533.34	509.83	713.12	681.00	638.52	619.75	592.43
47	639.47	610.66	572.57	555.74	531.24	743.08	709.60	665.34	645.78	617.31
48	668.93	638.79	598.95	581.34	555.71	777.31	742.29	695.99	675.53	645.75
49	697.97	666.53	624.95	606.59	579.84	811.06	774.52	726.21	704.87	673.79
50	730.70	697.78	654.26	635.03	607.03	849.09	810.84	760.26	737.92	705.39
51	763.03	728.65	683.20	663.12	633.89	886.65	846.71	793.89	770.56	736.59
52	798.62	762.64	715.07	694.06	663.46	928.01	886.20	830.93	806.51	770.95
53	834.62	797.02	747.31	725.35	693.37	969.85	926.16	868.39	842.87	805.71
54	873.49	834.14	782.11	759.12	725.65	1,015.01	969.28	908.83	882.12	843.23
55	912.36	871.25	816.91	792.90	757.94	1,060.18	1,012.41	949.27	921.37	880.75
56	954.50	911.50	854.64	829.53	792.95	1,109.15	1,059.18	993.11	963.93	921.43
57	997.05	952.13	892.74	866.50	828.30	1,158.59	1,106.39	1,037.38	1,006.90	962.50
58	1,042.46	995.50	933.40	905.97	866.03	1,211.36	1,156.79	1,084.63	1,052.76	1,006.34
59	1,064.96	1,016.98	953.55	925.53	884.72	1,237.51	1,181.76	1,108.04	1,075.48	1,028.06
60	1,110.38	1,060.35	994.21	964.99	922.45	1,290.28	1,232.15	1,155.30	1,121.34	1,071.90
61	1,149.65	1,097.86	1,029.38	999.13	955.08	1,335.92	1,275.73	1,196.16	1,161.01	1,109.82
62	1,175.43	1,122.47	1,052.46	1,021.53	976.49	1,365.87	1,304.33	1,222.98	1,187.04	1,134.70
63	1,207.75	1,153.34	1,081.40	1,049.62	1,003.34	1,403.43	1,340.20	1,256.61	1,219.68	1,165.90
64+	1,227.39	1,172.10	1,098.99	1,066.68	1,019.67	1,426.26	1,362.00	1,277.04	1,239.51	1,184.85

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 18 Orange County (continued).

Age	CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$20	CommunityCare HMO Bronze \$45	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Gold \$30	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	260.30	212.08	200.81	265.93	253.95	238.11	231.12	220.93
15	283.44	230.93	218.66	289.57	276.53	259.28	251.66	240.56
16	292.29	238.14	225.49	298.61	285.16	267.37	259.51	248.07
17	301.14	245.35	232.31	307.65	293.79	275.46	267.37	255.58
18	310.66	253.11	239.66	317.38	303.08	284.18	275.83	263.67
19	320.19	260.87	247.01	327.12	312.38	292.89	284.29	271.75
20	330.06	268.91	254.62	337.20	322.01	301.92	293.05	280.13
21	340.27	277.23	262.50	347.63	331.96	311.26	302.11	288.79
22	340.27	277.23	262.50	347.63	331.96	311.26	302.11	288.79
23	340.27	277.23	262.50	347.63	331.96	311.26	302.11	288.79
24	340.27	277.23	262.50	347.63	331.96	311.26	302.11	288.79
25	341.63	278.34	263.55	349.02	333.29	312.50	303.32	289.95
26	348.43	283.88	268.80	355.97	339.93	318.73	309.36	295.72
27	356.60	290.53	275.10	364.31	347.90	326.20	316.61	302.65
28	369.87	301.35	285.34	377.87	360.85	338.34	328.40	313.92
29	380.76	310.22	293.74	388.99	371.47	348.30	338.06	323.16
30	386.20	314.65	297.94	394.56	376.78	353.28	342.90	327.78
31	394.37	321.31	304.24	402.90	384.75	360.75	350.15	334.71
32	402.54	327.96	310.54	411.24	392.71	368.22	357.40	341.64
33	407.64	332.12	314.47	416.46	397.69	372.89	361.93	345.97
34	413.08	336.55	318.67	422.02	403.01	377.87	366.76	350.59
35	415.81	338.77	320.77	424.80	405.66	380.36	369.18	352.90
36	418.53	340.99	322.87	427.58	408.32	382.85	371.60	355.21
37	421.25	343.21	324.97	430.36	410.97	385.34	374.01	357.52
38	423.97	345.43	327.07	433.14	413.63	387.83	376.43	359.83
39	429.42	349.86	331.27	438.70	418.94	392.81	381.26	364.45
40	434.86	354.30	335.47	444.27	424.25	397.79	386.10	369.08
41	443.03	360.95	341.77	452.61	432.22	405.26	393.35	376.01
42	450.85	367.33	347.81	460.61	439.85	412.42	400.30	382.65
43	461.74	376.20	356.21	471.73	450.48	422.38	409.97	391.89
44	475.35	387.29	366.71	485.63	463.75	434.83	422.05	403.44
45	491.35	400.32	379.05	501.97	479.36	449.46	436.25	417.02
46	510.40	415.84	393.75	521.44	497.95	466.89	453.17	433.19
47	531.84	433.31	410.29	543.34	518.86	486.50	472.20	451.38
48	556.34	453.27	429.19	568.37	542.76	508.91	493.95	472.17
49	580.50	472.95	447.82	593.05	566.33	531.01	515.40	492.68
50	607.72	495.13	468.82	620.86	592.89	555.91	539.57	515.78
51	634.60	517.03	489.56	648.32	619.11	580.50	563.44	538.60
52	664.20	541.15	512.40	678.57	648.00	607.58	589.72	563.72
53	694.14	565.55	535.50	709.16	677.21	634.97	616.31	589.13
54	726.47	591.88	560.43	742.18	708.74	664.54	645.01	616.57
55	758.80	618.22	585.37	775.21	740.28	694.11	673.71	644.01
56	793.84	646.77	612.41	811.01	774.47	726.17	704.83	673.75
57	829.23	675.60	639.71	847.17	809.00	758.54	736.25	703.79
58	867.00	706.38	668.85	885.75	845.85	793.09	769.78	735.84
59	885.71	721.62	683.28	904.87	864.10	810.21	786.40	751.72
60	923.48	752.40	712.42	943.46	900.95	844.76	819.93	783.78
61	956.15	779.01	737.62	976.83	932.82	874.64	848.93	811.50
62	977.59	796.48	754.16	998.73	953.73	894.25	867.97	829.70
63	1,004.47	818.38	774.90	1,026.19	979.96	918.84	891.83	852.51
64+	1,020.81	831.69	787.50	1,042.89	995.88	933.78	906.33	866.37

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 19 San Diego County.

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Gold \$30	WholeCare HMO Gold \$40	WholeCare HMO Silver \$40	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Gold \$30	Full Network HMO Gold \$40	Full Network HMO Silver \$40
0-14	316.16	301.91	283.08	274.76	262.65	386.49	369.08	346.05	335.88	321.08
15	344.26	328.75	308.24	299.18	285.99	420.84	401.88	376.82	365.74	349.62
16	355.00	339.01	317.86	308.52	294.92	433.98	414.43	388.58	377.16	360.53
17	365.75	349.27	327.49	317.86	303.85	447.11	426.97	400.34	388.57	371.44
18	377.32	360.32	337.85	327.92	313.46	461.26	440.48	413.00	400.87	383.19
19	388.89	371.37	348.21	337.97	323.07	475.41	453.99	425.67	413.16	394.94
20	400.88	382.82	358.94	348.39	333.03	490.06	467.98	438.79	425.89	407.12
21	413.28	394.66	370.04	359.17	343.33	505.21	482.45	452.36	439.07	419.71
22	413.28	394.66	370.04	359.17	343.33	505.21	482.45	452.36	439.07	419.71
23	413.28	394.66	370.04	359.17	343.33	505.21	482.45	452.36	439.07	419.71
24	413.28	394.66	370.04	359.17	343.33	505.21	482.45	452.36	439.07	419.71
25	414.93	396.24	371.52	360.60	344.70	507.23	484.38	454.17	440.82	421.39
26	423.19	404.13	378.92	367.79	351.57	517.34	494.03	463.22	449.60	429.78
27	433.11	413.60	387.80	376.41	359.81	529.46	505.61	474.07	460.14	439.85
28	449.23	428.99	402.23	390.41	373.20	549.17	524.42	491.71	477.26	456.22
29	462.46	441.62	414.08	401.91	384.19	565.33	539.86	506.19	491.31	469.65
30	469.07	447.94	420.00	407.65	389.68	573.42	547.58	513.43	498.34	476.37
31	478.99	457.41	428.88	416.27	397.92	585.54	559.16	524.28	508.88	486.44
32	488.91	466.88	437.76	424.89	406.16	597.67	570.74	535.14	519.41	496.51
33	495.10	472.80	443.31	430.28	411.31	605.25	577.98	541.93	526.00	502.81
34	501.72	479.11	449.23	436.03	416.80	613.33	585.70	549.16	533.02	509.52
35	505.02	482.27	452.19	438.90	419.55	617.37	589.56	552.78	536.54	512.88
36	508.33	485.43	455.15	441.77	422.30	621.41	593.42	556.40	540.05	516.24
37	511.64	488.59	458.11	444.65	425.04	625.45	597.27	560.02	543.56	519.60
38	514.94	491.74	461.07	447.52	427.79	629.50	601.13	563.64	547.08	522.95
39	521.55	498.06	466.99	453.27	433.28	637.58	608.85	570.88	554.10	529.67
40	528.17	504.37	472.91	459.01	438.78	645.66	616.57	578.11	561.13	536.39
41	538.09	513.84	481.79	467.63	447.02	657.79	628.15	588.97	571.66	546.46
42	547.59	522.92	490.30	475.89	454.91	669.41	639.25	599.38	581.76	556.11
43	560.82	535.55	502.14	487.39	465.90	685.57	654.69	613.85	595.81	569.54
44	577.35	551.34	516.95	501.75	479.63	705.78	673.98	631.95	613.37	586.33
45	596.77	569.88	534.34	518.64	495.77	729.53	696.66	653.21	634.01	606.06
46	619.91	591.99	555.06	538.75	515.00	757.82	723.68	678.54	658.60	629.56
47	645.95	616.85	578.37	561.38	536.63	789.65	754.07	707.04	686.26	656.00
48	675.71	645.26	605.02	587.24	561.34	826.02	788.81	739.61	717.87	686.22
49	705.05	673.28	631.29	612.74	585.72	861.89	823.06	771.72	749.04	716.02
50	738.11	704.86	660.89	641.47	613.19	902.31	861.66	807.91	784.17	749.60
51	770.76	736.03	690.13	669.84	640.31	942.22	899.77	843.65	818.86	782.75
52	806.72	770.37	722.32	701.09	670.18	986.18	941.75	883.01	857.05	819.27
53	843.08	805.10	754.88	732.70	700.39	1,030.63	984.20	922.81	895.69	856.20
54	882.34	842.59	790.04	766.82	733.01	1,078.63	1,030.03	965.79	937.40	896.07
55	921.61	880.08	825.19	800.94	765.63	1,126.62	1,075.87	1,008.76	979.12	935.95
56	964.17	920.73	863.30	837.93	800.99	1,178.66	1,125.56	1,055.35	1,024.34	979.18
57	1,007.15	961.78	901.79	875.29	836.70	1,231.20	1,175.73	1,102.40	1,070.00	1,022.83
58	1,053.03	1,005.59	942.86	915.15	874.81	1,287.28	1,229.29	1,152.61	1,118.74	1,069.41
59	1,075.76	1,027.29	963.22	934.91	893.69	1,315.07	1,255.82	1,177.49	1,142.89	1,092.50
60	1,121.63	1,071.10	1,004.29	974.78	931.80	1,371.15	1,309.37	1,227.70	1,191.62	1,139.08
61	1,161.31	1,108.99	1,039.81	1,009.26	964.76	1,419.65	1,355.69	1,271.13	1,233.77	1,179.38
62	1,187.34	1,133.85	1,063.13	1,031.88	986.39	1,451.48	1,386.08	1,299.63	1,261.43	1,205.82
63	1,219.99	1,165.03	1,092.36	1,060.26	1,013.51	1,491.39	1,424.20	1,335.36	1,296.12	1,238.97
64+	1,239.84	1,183.98	1,110.12	1,077.51	1,029.99	1,515.63	1,447.35	1,357.08	1,317.21	1,259.13

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

HMO Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 19 San Diego County (continued).

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Gold \$30	SmartCare HMO Gold \$40	SmartCare HMO Silver \$40
0-14	318.13	303.80	284.85	276.48	264.29
15	346.41	330.80	310.17	301.05	287.78
16	357.22	341.12	319.85	310.45	296.76
17	368.03	351.45	329.53	319.84	305.74
18	379.67	362.57	339.95	329.96	315.42
19	391.32	373.69	350.38	340.08	325.09
20	403.38	385.20	361.18	350.56	335.11
21	415.85	397.12	372.35	361.41	345.47
22	415.85	397.12	372.35	361.41	345.47
23	415.85	397.12	372.35	361.41	345.47
24	415.85	397.12	372.35	361.41	345.47
25	417.52	398.71	373.84	362.85	346.85
26	425.83	406.65	381.28	370.08	353.76
27	435.81	416.18	390.22	378.75	362.05
28	452.03	431.67	404.74	392.85	375.53
29	465.34	444.37	416.66	404.41	386.58
30	471.99	450.73	422.62	410.20	392.11
31	481.97	460.26	431.55	418.87	400.40
32	491.95	469.79	440.49	427.54	408.69
33	498.19	475.75	446.07	432.96	413.87
34	504.85	482.10	452.03	438.75	419.40
35	508.17	485.28	455.01	441.64	422.17
36	511.50	488.45	457.99	444.53	424.93
37	514.83	491.63	460.97	447.42	427.69
38	518.15	494.81	463.95	450.31	430.46
39	524.81	501.16	469.90	456.09	435.98
40	531.46	507.52	475.86	461.88	441.51
41	541.44	517.05	484.80	470.55	449.80
42	551.01	526.18	493.36	478.86	457.75
43	564.31	538.89	505.28	490.43	468.80
44	580.95	554.77	520.17	504.88	482.62
45	600.49	573.44	537.67	521.87	498.86
46	623.78	595.68	558.52	542.11	518.21
47	649.98	620.70	581.98	564.88	539.97
48	679.92	649.29	608.79	590.90	564.85
49	709.45	677.48	635.23	616.56	589.37
50	742.71	709.25	665.01	645.47	617.01
51	775.57	740.62	694.43	674.02	644.30
52	811.75	775.17	726.82	705.46	674.36
53	848.34	810.12	759.59	737.27	704.76
54	887.85	847.85	794.96	771.60	737.58
55	927.35	885.57	830.34	805.93	770.40
56	970.19	926.48	868.69	843.16	805.98
57	1,013.43	967.78	907.41	880.74	841.91
58	1,059.59	1,011.86	948.74	920.86	880.26
59	1,082.47	1,033.70	969.22	940.74	899.26
60	1,128.63	1,077.78	1,010.55	980.85	937.61
61	1,168.55	1,115.90	1,046.30	1,015.55	970.77
62	1,194.75	1,140.92	1,069.76	1,038.32	992.54
63	1,227.60	1,172.29	1,099.17	1,066.87	1,019.83
64+	1,247.55	1,191.36	1,117.05	1,084.23	1,036.41

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

PureCare HSP Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 1 Nevada County.					Region 2 Marin, Napa, Solano, and Sonoma counties.				Region 3 El Dorado, Placer, Sacramento, and Yolo counties.			
Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	417.79	383.34	318.48	274.54	456.49	418.84	347.98	299.97	431.48	395.89	328.91	283.53
15	454.93	417.41	346.79	298.94	497.07	456.08	378.91	326.63	469.83	431.08	358.15	308.74
16	469.13	430.44	357.61	308.27	512.58	470.31	390.74	336.83	484.50	444.54	369.33	318.37
17	483.33	443.47	368.43	317.60	528.10	484.55	402.56	347.02	499.16	458.00	380.50	328.01
18	498.62	457.50	380.09	327.65	544.80	499.88	415.30	358.00	514.95	472.49	392.54	338.39
19	513.91	471.53	391.75	337.70	561.51	515.21	428.03	368.98	530.74	486.98	404.58	348.76
20	529.75	486.06	403.82	348.11	578.82	531.08	441.23	380.35	547.10	501.98	417.05	359.51
21	546.13	501.09	416.31	358.88	596.72	547.51	454.87	392.12	564.02	517.51	429.95	370.63
22	546.13	501.09	416.31	358.88	596.72	547.51	454.87	392.12	564.02	517.51	429.95	370.63
23	546.13	501.09	416.31	358.88	596.72	547.51	454.87	392.12	564.02	517.51	429.95	370.63
24	546.13	501.09	416.31	358.88	596.72	547.51	454.87	392.12	564.02	517.51	429.95	370.63
25	548.32	503.10	417.98	360.31	599.11	549.70	456.69	393.69	566.28	519.58	431.67	372.11
26	559.24	513.12	426.30	367.49	611.04	560.65	465.79	401.53	577.56	529.93	440.27	379.53
27	572.35	525.15	436.29	376.10	625.36	573.79	476.71	410.94	591.10	542.35	450.59	388.42
28	593.65	544.69	452.53	390.10	648.63	595.14	494.45	426.23	613.09	562.53	467.35	402.88
29	611.12	560.72	465.85	401.58	667.73	612.66	509.00	438.78	631.14	579.09	481.11	414.74
30	619.86	568.74	472.51	407.32	677.28	621.42	516.28	445.05	640.17	587.37	487.99	420.67
31	632.97	580.77	482.50	415.94	691.60	634.56	527.20	454.46	653.70	599.79	498.31	429.56
32	646.07	592.79	492.49	424.55	705.92	647.70	538.11	463.88	667.24	612.21	508.63	438.46
33	654.27	600.31	498.74	429.93	714.87	655.92	544.94	469.76	675.70	619.98	515.08	444.02
34	663.00	608.33	505.40	435.67	724.42	664.68	552.22	476.03	684.72	628.26	521.96	449.95
35	667.37	612.34	508.73	438.55	729.19	669.06	555.85	479.17	689.24	632.40	525.40	452.91
36	671.74	616.35	512.06	441.42	733.96	673.44	559.49	482.30	693.75	636.54	528.84	455.88
37	676.11	620.35	515.39	444.29	738.74	677.82	563.13	485.44	698.26	640.68	532.28	458.84
38	680.48	624.36	518.72	447.16	743.51	682.20	566.77	488.58	702.77	644.82	535.71	461.81
39	689.22	632.38	525.38	452.90	753.06	690.96	574.05	494.85	711.80	653.10	542.59	467.74
40	697.96	640.40	532.04	458.64	762.61	699.72	581.33	501.13	720.82	661.38	549.47	473.67
41	711.06	652.42	542.04	467.26	776.93	712.86	592.24	510.54	734.36	673.80	559.79	482.56
42	723.62	663.95	551.61	475.51	790.65	725.45	602.71	519.56	747.33	685.70	569.68	491.09
43	741.10	679.98	564.93	486.99	809.75	742.97	617.26	532.10	765.38	702.26	583.44	502.95
44	762.95	700.03	581.58	501.35	833.62	764.87	635.46	547.79	787.94	722.96	600.64	517.77
45	788.61	723.58	601.15	518.22	861.66	790.60	656.84	566.22	814.45	747.28	620.84	535.19
46	819.20	751.64	624.46	538.31	895.08	821.26	682.31	588.18	846.03	776.26	644.92	555.95
47	853.60	783.21	650.69	560.92	932.67	855.76	710.97	612.88	881.57	808.87	672.01	579.30
48	892.93	819.29	680.67	586.76	975.64	895.18	743.72	641.11	922.18	846.13	702.96	605.98
49	931.70	854.87	710.22	612.24	1,018.00	934.05	776.01	668.95	962.22	882.87	733.49	632.30
50	975.39	894.95	743.53	640.95	1,065.74	977.85	812.40	700.32	1,007.34	924.27	767.89	661.95
51	1,018.54	934.54	776.42	669.30	1,112.88	1,021.11	848.34	731.30	1,051.90	965.15	801.85	691.23
52	1,066.05	978.13	812.64	700.52	1,164.80	1,068.74	887.91	765.41	1,100.97	1,010.18	839.26	723.47
53	1,114.11	1,022.23	849.27	732.11	1,217.31	1,116.92	927.94	799.92	1,150.61	1,055.72	877.09	756.09
54	1,165.99	1,069.83	888.82	766.20	1,274.00	1,168.93	971.15	837.17	1,204.19	1,104.88	917.94	791.30
55	1,217.87	1,117.44	928.37	800.29	1,330.68	1,220.95	1,014.37	874.42	1,257.77	1,154.04	958.78	826.51
56	1,274.13	1,169.05	971.25	837.26	1,392.15	1,277.34	1,061.22	914.81	1,315.86	1,207.35	1,003.07	864.68
57	1,330.92	1,221.17	1,014.55	874.58	1,454.21	1,334.28	1,108.52	955.59	1,374.52	1,261.17	1,047.78	903.23
58	1,391.54	1,276.79	1,060.76	914.41	1,520.44	1,395.05	1,159.01	999.12	1,437.13	1,318.61	1,095.51	944.37
59	1,421.58	1,304.35	1,083.65	934.15	1,553.26	1,425.17	1,184.03	1,020.68	1,468.15	1,347.08	1,119.15	964.75
60	1,482.20	1,359.97	1,129.87	973.99	1,619.50	1,485.94	1,234.52	1,064.21	1,530.76	1,404.52	1,166.88	1,005.89
61	1,534.63	1,408.07	1,169.83	1,008.44	1,676.78	1,538.50	1,278.19	1,101.85	1,584.90	1,454.20	1,208.15	1,041.47
62	1,569.04	1,439.64	1,196.06	1,031.05	1,714.37	1,572.99	1,306.85	1,126.55	1,620.44	1,486.80	1,235.24	1,064.82
63	1,612.18	1,479.23	1,228.95	1,059.40	1,761.52	1,616.25	1,342.78	1,157.53	1,664.99	1,527.69	1,269.21	1,094.10
64+	1,638.39	1,503.27	1,248.93	1,076.64	1,790.16	1,642.53	1,364.61	1,176.36	1,692.06	1,552.53	1,289.85	1,111.89

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

PureCare HSP Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 4 San Francisco County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	456.49	418.84	347.98	299.97
15	497.07	456.08	378.91	326.63
16	512.58	470.31	390.74	336.83
17	528.10	484.55	402.56	347.02
18	544.80	499.88	415.30	358.00
19	561.51	515.21	428.03	368.98
20	578.82	531.08	441.23	380.35
21	596.72	547.51	454.87	392.12
22	596.72	547.51	454.87	392.12
23	596.72	547.51	454.87	392.12
24	596.72	547.51	454.87	392.12
25	599.11	549.70	456.69	393.69
26	611.04	560.65	465.79	401.53
27	625.36	573.79	476.71	410.94
28	648.63	595.14	494.45	426.23
29	667.73	612.66	509.00	438.78
30	677.28	621.42	516.28	445.05
31	691.60	634.56	527.20	454.46
32	705.92	647.70	538.11	463.88
33	714.87	655.92	544.94	469.76
34	724.42	664.68	552.22	476.03
35	729.19	669.06	555.85	479.17
36	733.96	673.44	559.49	482.30
37	738.74	677.82	563.13	485.44
38	743.51	682.20	566.77	488.58
39	753.06	690.96	574.05	494.85
40	762.61	699.72	581.33	501.13
41	776.93	712.86	592.24	510.54
42	790.65	725.45	602.71	519.56
43	809.75	742.97	617.26	532.10
44	833.62	764.87	635.46	547.79
45	861.66	790.60	656.84	566.22
46	895.08	821.26	682.31	588.18
47	932.67	855.76	710.97	612.88
48	975.64	895.18	743.72	641.11
49	1,018.00	934.05	776.01	668.95
50	1,065.74	977.85	812.40	700.32
51	1,112.88	1,021.11	848.34	731.30
52	1,164.80	1,068.74	887.91	765.41
53	1,217.31	1,116.92	927.94	799.92
54	1,274.00	1,168.93	971.15	837.17
55	1,330.68	1,220.95	1,014.37	874.42
56	1,392.15	1,277.34	1,061.22	914.81
57	1,454.21	1,334.28	1,108.52	955.59
58	1,520.44	1,395.05	1,159.01	999.12
59	1,553.26	1,425.17	1,184.03	1,020.68
60	1,619.50	1,485.94	1,234.52	1,064.21
61	1,676.78	1,538.50	1,278.19	1,101.85
62	1,714.37	1,572.99	1,306.85	1,126.55
63	1,761.52	1,616.25	1,342.78	1,157.53
64+	1,790.16	1,642.53	1,364.61	1,176.36

Region 5 Contra Costa County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	440.80	404.45	336.01	289.66
15	479.98	440.40	365.88	315.40
16	494.96	454.14	377.30	325.25
17	509.94	467.89	388.72	335.09
18	526.07	482.69	401.02	345.70
19	542.21	497.49	413.32	356.30
20	558.92	512.83	426.06	367.28
21	576.20	528.69	439.23	378.64
22	576.20	528.69	439.23	378.64
23	576.20	528.69	439.23	378.64
24	576.20	528.69	439.23	378.64
25	578.51	530.80	440.99	380.15
26	590.03	541.38	449.78	387.72
27	603.86	554.06	460.32	396.81
28	626.33	574.68	477.45	411.58
29	644.77	591.60	491.50	423.69
30	653.99	600.06	498.53	429.75
31	667.82	612.75	509.07	438.84
32	681.65	625.44	519.61	447.93
33	690.29	633.37	526.20	453.61
34	699.51	641.83	533.23	459.67
35	704.12	646.06	536.74	462.69
36	708.73	650.28	540.26	465.72
37	713.34	654.51	543.77	468.75
38	717.95	658.74	547.29	471.78
39	727.17	667.20	554.31	477.84
40	736.39	675.66	561.34	483.90
41	750.22	688.35	571.88	492.99
42	763.47	700.51	581.99	501.69
43	781.91	717.43	596.04	513.81
44	804.96	738.58	613.61	528.96
45	832.04	763.42	634.25	546.75
46	864.31	793.03	658.85	567.96
47	900.61	826.34	686.52	591.81
48	942.09	864.40	718.15	619.07
49	983.01	901.94	749.33	645.95
50	1,029.10	944.23	784.47	676.25
51	1,074.62	986.00	819.17	706.16
52	1,124.75	1,032.00	857.39	739.10
53	1,175.46	1,078.52	896.04	772.42
54	1,230.20	1,128.75	937.77	808.39
55	1,284.94	1,178.97	979.49	844.36
56	1,344.29	1,233.43	1,024.73	883.36
57	1,404.21	1,288.41	1,070.41	922.74
58	1,468.17	1,347.09	1,119.17	964.77
59	1,499.86	1,376.17	1,143.33	985.59
60	1,563.82	1,434.86	1,192.08	1,027.62
61	1,619.14	1,485.61	1,234.25	1,063.97
62	1,655.44	1,518.92	1,261.92	1,087.82
63	1,700.96	1,560.68	1,296.62	1,117.74
64+	1,728.60	1,586.07	1,317.69	1,135.92

Region 6 Alameda County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	440.80	404.45	336.01	289.66
15	479.98	440.40	365.88	315.40
16	494.96	454.14	377.30	325.25
17	509.94	467.89	388.72	335.09
18	526.07	482.69	401.02	345.70
19	542.21	497.49	413.32	356.30
20	558.92	512.83	426.06	367.28
21	576.20	528.69	439.23	378.64
22	576.20	528.69	439.23	378.64
23	576.20	528.69	439.23	378.64
24	576.20	528.69	439.23	378.64
25	578.51	530.80	440.99	380.15
26	590.03	541.38	449.78	387.72
27	603.86	554.06	460.32	396.81
28	626.33	574.68	477.45	411.58
29	644.77	591.60	491.50	423.69
30	653.99	600.06	498.53	429.75
31	667.82	612.75	509.07	438.84
32	681.65	625.44	519.61	447.93
33	690.29	633.37	526.20	453.61
34	699.51	641.83	533.23	459.67
35	704.12	646.06	536.74	462.69
36	708.73	650.28	540.26	465.72
37	713.34	654.51	543.77	468.75
38	717.95	658.74	547.29	471.78
39	727.17	667.20	554.31	477.84
40	736.39	675.66	561.34	483.90
41	750.22	688.35	571.88	492.99
42	763.47	700.51	581.99	501.69
43	781.91	717.43	596.04	513.81
44	804.96	738.58	613.61	528.96
45	832.04	763.42	634.25	546.75
46	864.31	793.03	658.85	567.96
47	900.61	826.34	686.52	591.81
48	942.09	864.40	718.15	619.07
49	983.01	901.94	749.33	645.95
50	1,029.10	944.23	784.47	676.25
51	1,074.62	986.00	819.17	706.16
52	1,124.75	1,032.00	857.39	739.10
53	1,175.46	1,078.52	896.04	772.42
54	1,230.20	1,128.75	937.77	808.39
55	1,284.94	1,178.97	979.49	844.36
56	1,344.29	1,233.43	1,024.73	883.36
57	1,404.21	1,288.41	1,070.41	922.74
58	1,468.17	1,347.09	1,119.17	964.77
59	1,499.86	1,376.17	1,143.33	985.59
60	1,563.82	1,434.86	1,192.08	1,027.62
61	1,619.14	1,485.61	1,234.25	1,063.97
62	1,655.44	1,518.92	1,261.92	1,087.82
63	1,700.96	1,560.68	1,296.62	1,117.74
64+	1,728.60	1,586.07	1,317.69	1,135.92

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

PureCare HSP Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 7 Santa Clara County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	440.65	404.31	335.90	289.56
15	479.82	440.25	365.76	315.30
16	494.80	453.99	377.18	325.14
17	509.77	467.73	388.59	334.98
18	525.90	482.53	400.89	345.58
19	542.03	497.33	413.18	356.18
20	558.73	512.66	425.92	367.16
21	576.01	528.51	439.09	378.51
22	576.01	528.51	439.09	378.51
23	576.01	528.51	439.09	378.51
24	576.01	528.51	439.09	378.51
25	578.32	530.63	440.85	380.03
26	589.84	541.20	449.63	387.60
27	603.66	553.88	460.17	396.68
28	626.13	574.49	477.29	411.44
29	644.56	591.40	491.34	423.55
30	653.78	599.86	498.37	429.61
31	667.60	612.55	508.90	438.70
32	681.42	625.23	519.44	447.78
33	690.07	633.16	526.03	453.46
34	699.28	641.61	533.05	459.51
35	703.89	645.84	536.57	462.54
36	708.50	650.07	540.08	465.57
37	713.11	654.30	543.59	468.60
38	717.71	658.53	547.10	471.63
39	726.93	666.98	554.13	477.68
40	736.15	675.44	561.16	483.74
41	749.97	688.12	571.69	492.82
42	763.22	700.28	581.79	501.53
43	781.65	717.19	595.84	513.64
44	804.69	738.33	613.41	528.78
45	831.76	763.17	634.04	546.57
46	864.02	792.77	658.63	567.77
47	900.31	826.06	686.30	591.61
48	941.78	864.12	717.91	618.87
49	982.68	901.64	749.09	645.74
50	1,028.76	943.92	784.21	676.02
51	1,074.27	985.67	818.90	705.92
52	1,124.38	1,031.66	857.10	738.85
53	1,175.07	1,078.16	895.74	772.16
54	1,229.79	1,128.37	937.46	808.12
55	1,284.51	1,178.58	979.17	844.08
56	1,343.84	1,233.02	1,024.39	883.07
57	1,403.75	1,287.98	1,070.06	922.43
58	1,467.68	1,346.65	1,118.80	964.45
59	1,499.37	1,375.72	1,142.95	985.27
60	1,563.30	1,434.38	1,191.69	1,027.28
61	1,618.60	1,485.12	1,233.84	1,063.62
62	1,654.89	1,518.41	1,261.50	1,087.46
63	1,700.39	1,560.17	1,296.19	1,117.37
64+	1,728.03	1,585.53	1,317.27	1,135.53

Region 8 San Mateo County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	456.49	418.84	347.98	299.97
15	497.07	456.08	378.91	326.63
16	512.58	470.31	390.74	336.83
17	528.10	484.55	402.56	347.02
18	544.80	499.88	415.30	358.00
19	561.51	515.21	428.03	368.98
20	578.82	531.08	441.23	380.35
21	596.72	547.51	454.87	392.12
22	596.72	547.51	454.87	392.12
23	596.72	547.51	454.87	392.12
24	596.72	547.51	454.87	392.12
25	599.11	549.70	456.69	393.69
26	611.04	560.65	465.79	401.53
27	625.36	573.79	476.71	410.94
28	648.63	595.14	494.45	426.23
29	667.73	612.66	509.00	438.78
30	677.28	621.42	516.28	445.05
31	691.60	634.56	527.20	454.46
32	705.92	647.70	538.11	463.88
33	714.87	655.92	544.94	469.76
34	724.42	664.68	552.22	476.03
35	729.19	669.06	555.85	479.17
36	733.96	673.44	559.49	482.30
37	738.74	677.82	563.13	485.44
38	743.51	682.20	566.77	488.58
39	753.06	690.96	574.05	494.85
40	762.61	699.72	581.33	501.13
41	776.93	712.86	592.24	510.54
42	790.65	725.45	602.71	519.56
43	809.75	742.97	617.26	532.10
44	833.62	764.87	635.46	547.79
45	861.66	790.60	656.84	566.22
46	895.08	821.26	682.31	588.18
47	932.67	855.76	710.97	612.88
48	975.64	895.18	743.72	641.11
49	1,018.00	934.05	776.01	668.95
50	1,065.74	977.85	812.40	700.32
51	1,112.88	1,021.11	848.34	731.30
52	1,164.80	1,068.74	887.91	765.41
53	1,217.31	1,116.92	927.94	799.92
54	1,274.00	1,168.93	971.15	837.17
55	1,330.68	1,220.95	1,014.37	874.42
56	1,392.15	1,277.34	1,061.22	914.81
57	1,454.21	1,334.28	1,108.52	955.59
58	1,520.44	1,395.05	1,159.01	999.12
59	1,553.26	1,425.17	1,184.03	1,020.68
60	1,619.50	1,485.94	1,234.52	1,064.21
61	1,676.78	1,538.50	1,278.19	1,101.85
62	1,714.37	1,572.99	1,306.85	1,126.55
63	1,761.52	1,616.25	1,342.78	1,157.53
64+	1,790.16	1,642.53	1,364.61	1,176.36

Region 9 Santa Cruz County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	476.18	436.91	362.99	312.91
15	518.51	475.75	395.25	340.72
16	534.69	490.60	407.59	351.36
17	550.88	505.45	419.93	361.99
18	568.31	521.44	433.21	373.45
19	585.73	537.43	446.50	384.90
20	603.79	553.99	460.26	396.76
21	622.46	571.13	474.49	409.03
22	622.46	571.13	474.49	409.03
23	622.46	571.13	474.49	409.03
24	622.46	571.13	474.49	409.03
25	624.95	573.41	476.39	410.67
26	637.40	584.83	485.88	418.85
27	652.34	598.54	497.27	428.67
28	676.61	620.81	515.77	444.62
29	696.53	639.09	530.96	457.71
30	706.49	648.23	538.55	464.25
31	721.43	661.94	549.94	474.07
32	736.37	675.64	561.33	483.88
33	745.71	684.21	568.44	490.02
34	755.67	693.35	576.04	496.56
35	760.65	697.92	579.83	499.84
36	765.62	702.49	583.63	503.11
37	770.60	707.05	587.42	506.38
38	775.58	711.62	591.22	509.65
39	785.54	720.76	598.81	516.20
40	795.50	729.90	606.40	522.74
41	810.44	743.61	617.79	532.56
42	824.76	756.74	628.70	541.97
43	844.68	775.02	643.89	555.06
44	869.58	797.86	662.87	571.42
45	898.83	824.71	685.17	590.64
46	933.69	856.69	711.74	613.55
47	972.90	892.67	741.63	639.32
48	1,017.72	933.79	775.80	668.77
49	1,061.92	974.34	809.49	697.81
50	1,111.71	1,020.03	847.45	730.53
51	1,160.89	1,065.15	884.93	762.84
52	1,215.04	1,114.84	926.21	798.43
53	1,269.82	1,165.10	967.97	834.42
54	1,328.95	1,219.36	1,013.04	873.28
55	1,388.08	1,273.61	1,058.12	912.14
56	1,452.20	1,332.44	1,106.99	954.27
57	1,516.93	1,391.84	1,156.34	996.81
58	1,586.03	1,455.23	1,209.01	1,042.21
59	1,620.26	1,486.64	1,235.11	1,064.71
60	1,689.35	1,550.04	1,287.78	1,110.11
61	1,749.11	1,604.87	1,333.33	1,149.38
62	1,788.33	1,640.85	1,363.22	1,175.15
63	1,837.50	1,685.97	1,400.70	1,207.46
64+	1,867.38	1,713.39	1,423.47	1,227.09

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

PureCare HSP Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	473.50	434.45	360.94	311.14
15	515.58	473.07	393.02	338.80
16	531.68	487.83	405.29	349.38
17	547.77	502.60	417.56	359.95
18	565.10	518.50	430.77	371.34
19	582.43	534.40	443.98	382.73
20	600.38	550.87	457.66	394.52
21	618.95	567.91	471.82	406.73
22	618.95	567.91	471.82	406.73
23	618.95	567.91	471.82	406.73
24	618.95	567.91	471.82	406.73
25	621.43	570.18	473.71	408.35
26	633.80	581.54	483.14	416.49
27	648.66	595.17	494.47	426.25
28	672.80	617.31	512.87	442.11
29	692.60	635.49	527.96	455.13
30	702.51	644.57	535.51	461.63
31	717.36	658.20	546.84	471.39
32	732.22	671.83	558.16	481.16
33	741.50	680.35	565.24	487.26
34	751.40	689.44	572.79	493.76
35	756.36	693.98	576.56	497.02
36	761.31	698.52	580.34	500.27
37	766.26	703.07	584.11	503.53
38	771.21	707.61	587.89	506.78
39	781.11	716.70	595.43	513.29
40	791.02	725.78	602.98	519.79
41	805.87	739.41	614.31	529.56
42	820.11	752.48	625.16	538.91
43	839.91	770.65	640.26	551.93
44	864.67	793.36	659.13	568.20
45	893.76	820.06	681.31	587.31
46	928.42	851.86	707.73	610.09
47	967.42	887.64	737.45	635.71
48	1,011.98	928.53	771.42	665.00
49	1,055.93	968.85	804.92	693.87
50	1,105.44	1,014.28	842.67	726.41
51	1,154.34	1,059.14	879.94	758.54
52	1,208.19	1,108.55	920.99	793.93
53	1,262.66	1,158.53	962.51	829.72
54	1,321.46	1,212.48	1,007.33	868.36
55	1,380.26	1,266.43	1,052.15	907.00
56	1,444.01	1,324.92	1,100.75	948.89
57	1,508.38	1,383.99	1,149.82	991.19
58	1,577.08	1,447.02	1,202.19	1,036.34
59	1,611.12	1,478.26	1,228.14	1,058.71
60	1,679.83	1,541.30	1,280.51	1,103.85
61	1,739.25	1,595.82	1,325.81	1,142.90
62	1,778.24	1,631.59	1,355.53	1,168.52
63	1,827.14	1,676.46	1,392.81	1,200.65
64+	1,856.85	1,703.73	1,415.46	1,220.19

Region 11 Fresno, Kings and Madera counties.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	342.65	314.39	261.20	225.16
15	373.11	342.34	284.42	245.18
16	384.76	353.03	293.29	252.83
17	396.40	363.71	302.17	260.48
18	408.94	375.22	311.73	268.73
19	421.48	386.73	321.29	276.97
20	434.47	398.64	331.19	285.50
21	447.91	410.97	341.44	294.33
22	447.91	410.97	341.44	294.33
23	447.91	410.97	341.44	294.33
24	447.91	410.97	341.44	294.33
25	449.70	412.62	342.80	295.51
26	458.66	420.84	349.63	301.40
27	469.41	430.70	357.83	308.46
28	486.88	446.73	371.14	319.94
29	501.21	459.88	382.07	329.36
30	508.38	466.45	387.53	334.07
31	519.13	476.32	395.73	341.13
32	529.88	486.18	403.92	348.20
33	536.60	492.35	409.04	352.61
34	543.76	498.92	414.51	357.32
35	547.35	502.21	417.24	359.67
36	550.93	505.50	419.97	362.03
37	554.51	508.78	422.70	364.38
38	558.10	512.07	425.43	366.74
39	565.26	518.65	430.89	371.45
40	572.43	525.22	436.36	376.16
41	583.18	535.09	444.55	383.22
42	593.48	544.54	452.40	389.99
43	607.82	557.69	463.33	399.41
44	625.73	574.13	476.99	411.18
45	646.78	593.45	493.04	425.02
46	671.87	616.46	512.16	441.50
47	700.09	642.35	533.67	460.04
48	732.33	671.94	558.25	481.23
49	764.14	701.12	582.49	502.13
50	799.97	734.00	609.81	525.68
51	835.35	766.47	636.78	548.93
52	874.32	802.22	666.49	574.54
53	913.74	838.39	696.53	600.44
54	956.29	877.43	728.97	628.40
55	998.84	916.47	761.41	656.36
56	1,044.98	958.80	796.57	686.68
57	1,091.56	1,001.54	832.08	717.29
58	1,141.28	1,047.16	869.98	749.96
59	1,165.91	1,069.76	888.76	766.15
60	1,215.63	1,115.38	926.66	798.82
61	1,258.63	1,154.83	959.44	827.07
62	1,286.85	1,180.73	980.95	845.62
63	1,322.23	1,213.19	1,007.92	868.87
64+	1,343.73	1,232.91	1,024.32	882.99

Region 12 Santa Barbara and Ventura counties.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	359.40	329.76	273.96	236.17
15	391.34	359.07	298.32	257.16
16	403.56	370.28	307.63	265.19
17	415.77	381.49	316.94	273.21
18	428.93	393.56	326.97	281.86
19	442.08	405.63	336.99	290.50
20	455.71	418.13	347.38	299.46
21	469.80	431.06	358.12	308.72
22	469.80	431.06	358.12	308.72
23	469.80	431.06	358.12	308.72
24	469.80	431.06	358.12	308.72
25	471.68	432.78	359.56	309.95
26	481.08	441.40	366.72	316.13
27	492.35	451.75	375.31	323.54
28	510.67	468.56	389.28	335.58
29	525.71	482.35	400.74	345.45
30	533.22	489.25	406.47	350.39
31	544.50	499.60	415.07	357.80
32	555.77	509.94	423.66	365.21
33	562.82	516.41	429.03	369.84
34	570.34	523.30	434.76	374.78
35	574.10	526.75	437.63	377.25
36	577.86	530.20	440.49	379.72
37	581.61	533.65	443.36	382.19
38	585.37	537.10	446.22	384.66
39	592.89	543.99	451.95	389.60
40	600.41	550.89	457.68	394.54
41	611.68	561.24	466.28	401.95
42	622.49	571.15	474.51	409.05
43	637.52	584.95	485.97	418.93
44	656.31	602.19	500.30	431.28
45	678.39	622.45	517.13	445.79
46	704.70	646.59	537.19	463.08
47	734.30	673.74	559.75	482.52
48	768.12	704.78	585.53	504.75
49	801.48	735.38	610.96	526.67
50	839.06	769.87	639.61	551.37
51	876.18	803.92	667.90	575.76
52	917.05	841.42	699.06	602.61
53	958.39	879.36	730.57	629.78
54	1,003.03	920.31	764.59	659.11
55	1,047.66	961.26	798.62	688.44
56	1,096.05	1,005.66	835.50	720.24
57	1,144.91	1,050.49	872.75	752.34
58	1,197.05	1,098.34	912.50	786.61
59	1,222.89	1,122.04	932.20	803.59
60	1,275.04	1,169.89	971.95	837.86
61	1,320.14	1,211.27	1,006.33	867.49
62	1,349.74	1,238.43	1,028.89	886.94
63	1,386.85	1,272.48	1,057.18	911.33
64+	1,409.40	1,293.18	1,074.36	926.16

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

PureCare HSP Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 14 Kern County.					Region 15 Los Angeles County, ZIP codes starting with 906-912, 915, 917-918, and 935.				Region 16 Los Angeles County, ZIP codes not including ZIP codes in region 15.			
Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	359.73	330.07	274.22	236.39	359.73	330.07	274.22	236.39	404.35	371.00	308.23	265.70
15	391.71	359.41	298.60	257.40	391.71	359.41	298.60	257.40	440.29	403.98	335.63	289.32
16	403.94	370.62	307.92	265.44	403.94	370.62	307.92	265.44	454.03	416.59	346.10	298.35
17	416.16	381.84	317.24	273.47	416.16	381.84	317.24	273.47	467.77	429.20	356.58	307.38
18	429.33	393.92	327.27	282.12	429.33	393.92	327.27	282.12	482.57	442.78	367.86	317.11
19	442.50	406.00	337.31	290.77	442.50	406.00	337.31	290.77	497.37	456.35	379.14	326.83
20	456.13	418.52	347.70	299.73	456.13	418.52	347.70	299.73	512.70	470.42	390.83	336.91
21	470.24	431.46	358.46	309.00	470.24	431.46	358.46	309.00	528.56	484.97	402.91	347.33
22	470.24	431.46	358.46	309.00	470.24	431.46	358.46	309.00	528.56	484.97	402.91	347.33
23	470.24	431.46	358.46	309.00	470.24	431.46	358.46	309.00	528.56	484.97	402.91	347.33
24	470.24	431.46	358.46	309.00	470.24	431.46	358.46	309.00	528.56	484.97	402.91	347.33
25	472.12	433.19	359.89	310.24	472.12	433.19	359.89	310.24	530.67	486.91	404.52	348.72
26	481.53	441.82	367.06	316.42	481.53	441.82	367.06	316.42	541.24	496.61	412.58	355.66
27	492.81	452.17	375.66	323.84	492.81	452.17	375.66	323.84	553.93	508.25	422.25	364.00
28	511.15	469.00	389.64	335.89	511.15	469.00	389.64	335.89	574.54	527.16	437.97	377.54
29	526.20	482.80	401.11	345.78	526.20	482.80	401.11	345.78	591.46	542.68	450.86	388.66
30	533.72	489.71	406.85	350.72	533.72	489.71	406.85	350.72	599.91	550.44	457.31	394.22
31	545.01	500.06	415.45	358.14	545.01	500.06	415.45	358.14	612.60	562.08	466.98	402.55
32	556.29	510.42	424.06	365.55	556.29	510.42	424.06	365.55	625.28	573.72	476.65	410.89
33	563.35	516.89	429.43	370.19	563.35	516.89	429.43	370.19	633.21	580.99	482.69	416.10
34	570.87	523.79	435.17	375.13	570.87	523.79	435.17	375.13	641.67	588.75	489.14	421.65
35	574.63	527.24	438.04	377.60	574.63	527.24	438.04	377.60	645.90	592.63	492.36	424.43
36	578.39	530.70	440.90	380.08	578.39	530.70	440.90	380.08	650.12	596.51	495.58	427.21
37	582.16	534.15	443.77	382.55	582.16	534.15	443.77	382.55	654.35	600.39	498.81	429.99
38	585.92	537.60	446.64	385.02	585.92	537.60	446.64	385.02	658.58	604.27	502.03	432.77
39	593.44	544.50	452.37	389.96	593.44	544.50	452.37	389.96	667.04	612.03	508.48	438.33
40	600.97	551.41	458.11	394.91	600.97	551.41	458.11	394.91	675.50	619.79	514.92	443.88
41	612.25	561.76	466.71	402.32	612.25	561.76	466.71	402.32	688.18	631.43	524.59	452.22
42	623.07	571.68	474.96	409.43	623.07	571.68	474.96	409.43	700.34	642.58	533.86	460.21
43	638.12	585.49	486.43	419.32	638.12	585.49	486.43	419.32	717.25	658.10	546.75	471.32
44	656.92	602.75	500.77	431.68	656.92	602.75	500.77	431.68	738.39	677.50	562.87	485.21
45	679.03	623.03	517.61	446.20	679.03	623.03	517.61	446.20	763.24	700.29	581.81	501.54
46	705.36	647.19	537.69	463.51	705.36	647.19	537.69	463.51	792.84	727.45	604.37	520.99
47	734.98	674.37	560.27	482.97	734.98	674.37	560.27	482.97	826.13	758.01	629.75	542.87
48	768.84	705.44	586.08	505.22	768.84	705.44	586.08	505.22	864.19	792.92	658.76	567.88
49	802.23	736.07	611.53	527.16	802.23	736.07	611.53	527.16	901.72	827.36	687.37	592.54
50	839.85	770.59	640.21	551.88	839.85	770.59	640.21	551.88	944.00	866.15	719.60	620.32
51	877.00	804.67	668.52	576.29	877.00	804.67	668.52	576.29	985.76	904.47	751.43	647.76
52	917.91	842.21	699.71	603.18	917.91	842.21	699.71	603.18	1,031.74	946.66	786.49	677.98
53	959.29	880.18	731.25	630.37	959.29	880.18	731.25	630.37	1,078.26	989.33	821.94	708.55
54	1,003.96	921.17	765.31	659.73	1,003.96	921.17	765.31	659.73	1,128.47	1,035.41	860.22	741.54
55	1,048.63	962.16	799.36	689.08	1,048.63	962.16	799.36	689.08	1,178.68	1,081.48	898.50	774.54
56	1,097.07	1,006.60	836.28	720.91	1,097.07	1,006.60	836.28	720.91	1,233.12	1,131.43	940.00	810.31
57	1,145.97	1,051.47	873.56	753.04	1,145.97	1,051.47	873.56	753.04	1,288.09	1,181.87	981.90	846.43
58	1,198.17	1,099.36	913.35	787.34	1,198.17	1,099.36	913.35	787.34	1,346.76	1,235.70	1,026.62	884.99
59	1,224.03	1,123.09	933.07	804.34	1,224.03	1,123.09	933.07	804.34	1,375.83	1,262.37	1,048.78	904.09
60	1,276.23	1,170.98	972.86	838.64	1,276.23	1,170.98	972.86	838.64	1,434.50	1,316.20	1,093.51	942.64
61	1,321.37	1,212.40	1,007.27	868.30	1,321.37	1,212.40	1,007.27	868.30	1,485.24	1,362.76	1,132.18	975.99
62	1,351.00	1,239.58	1,029.85	887.77	1,351.00	1,239.58	1,029.85	887.77	1,518.54	1,393.31	1,157.57	997.87
63	1,388.15	1,273.67	1,058.17	912.18	1,388.15	1,273.67	1,058.17	912.18	1,560.30	1,431.63	1,189.40	1,025.31
64+	1,410.72	1,294.38	1,075.38	927.00	1,410.72	1,294.38	1,075.38	927.00	1,585.68	1,454.91	1,208.73	1,041.99

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

PureCare HSP Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 17 Riverside and San Bernardino counties.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	359.73	330.07	274.22	236.39
15	391.71	359.41	298.60	257.40
16	403.94	370.62	307.92	265.44
17	416.16	381.84	317.24	273.47
18	429.33	393.92	327.27	282.12
19	442.50	406.00	337.31	290.77
20	456.13	418.52	347.70	299.73
21	470.24	431.46	358.46	309.00
22	470.24	431.46	358.46	309.00
23	470.24	431.46	358.46	309.00
24	470.24	431.46	358.46	309.00
25	472.12	433.19	359.89	310.24
26	481.53	441.82	367.06	316.42
27	492.81	452.17	375.66	323.84
28	511.15	469.00	389.64	335.89
29	526.20	482.80	401.11	345.78
30	533.72	489.71	406.85	350.72
31	545.01	500.06	415.45	358.14
32	556.29	510.42	424.06	365.55
33	563.35	516.89	429.43	370.19
34	570.87	523.79	435.17	375.13
35	574.63	527.24	438.04	377.60
36	578.39	530.70	440.90	380.08
37	582.16	534.15	443.77	382.55
38	585.92	537.60	446.64	385.02
39	593.44	544.50	452.37	389.96
40	600.97	551.41	458.11	394.91
41	612.25	561.76	466.71	402.32
42	623.07	571.68	474.96	409.43
43	638.12	585.49	486.43	419.32
44	656.92	602.75	500.77	431.68
45	679.03	623.03	517.61	446.20
46	705.36	647.19	537.69	463.51
47	734.98	674.37	560.27	482.97
48	768.84	705.44	586.08	505.22
49	802.23	736.07	611.53	527.16
50	839.85	770.59	640.21	551.88
51	877.00	804.67	668.52	576.29
52	917.91	842.21	699.71	603.18
53	959.29	880.18	731.25	630.37
54	1,003.96	921.17	765.31	659.73
55	1,048.63	962.16	799.36	689.08
56	1,097.07	1,006.60	836.28	720.91
57	1,145.97	1,051.47	873.56	753.04
58	1,198.17	1,099.36	913.35	787.34
59	1,224.03	1,123.09	933.07	804.34
60	1,276.23	1,170.98	972.86	838.64
61	1,321.37	1,212.40	1,007.27	868.30
62	1,351.00	1,239.58	1,029.85	887.77
63	1,388.15	1,273.67	1,058.17	912.18
64+	1,410.72	1,294.38	1,075.38	927.00

Region 18 Orange County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	365.73	335.57	278.79	240.33
15	398.24	365.40	303.57	261.69
16	410.67	376.80	313.05	269.86
17	423.10	388.21	322.52	278.03
18	436.49	400.49	332.73	286.82
19	449.87	412.77	342.93	295.62
20	463.74	425.49	353.50	304.73
21	478.08	438.65	364.43	314.16
22	478.08	438.65	364.43	314.16
23	478.08	438.65	364.43	314.16
24	478.08	438.65	364.43	314.16
25	479.99	440.41	365.89	315.41
26	489.55	449.18	373.18	321.70
27	501.03	459.71	381.93	329.24
28	519.67	476.82	396.14	341.49
29	534.97	490.85	407.80	351.54
30	542.62	497.87	413.63	356.57
31	554.09	508.40	422.38	364.11
32	565.57	518.93	431.13	371.65
33	572.74	525.51	436.59	376.36
34	580.39	532.52	442.42	381.39
35	584.21	536.03	445.34	383.90
36	588.04	539.54	448.25	386.41
37	591.86	543.05	451.17	388.93
38	595.69	546.56	454.08	391.44
39	603.34	553.58	459.92	396.46
40	610.98	560.60	465.75	401.49
41	622.46	571.13	474.49	409.03
42	633.45	581.21	482.87	416.26
43	648.75	595.25	494.54	426.31
44	667.88	612.80	509.11	438.88
45	690.35	633.41	526.24	453.64
46	717.12	657.98	546.65	471.23
47	747.24	685.61	569.61	491.03
48	781.66	717.20	595.85	513.65
49	815.60	748.34	621.72	535.95
50	853.85	783.43	650.88	561.08
51	891.62	818.09	679.67	585.90
52	933.21	856.25	711.37	613.23
53	975.28	894.85	743.45	640.88
54	1,020.70	936.52	778.07	670.72
55	1,066.12	978.20	812.69	700.57
56	1,115.36	1,023.38	850.22	732.93
57	1,165.08	1,069.00	888.13	765.60
58	1,218.14	1,117.69	928.58	800.47
59	1,244.44	1,141.81	948.62	817.75
60	1,297.51	1,190.50	989.07	852.62
61	1,343.40	1,232.61	1,024.06	882.78
62	1,373.52	1,260.25	1,047.02	902.57
63	1,411.29	1,294.90	1,075.81	927.39
64+	1,434.24	1,315.95	1,093.29	942.48

Region 19 San Diego County.

Age	Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75
0-14	362.07	332.21	276.00	237.93
15	394.26	361.74	300.54	259.08
16	406.56	373.04	309.92	267.16
17	418.87	384.33	319.30	275.25
18	432.12	396.49	329.40	283.96
19	445.37	408.65	339.50	292.67
20	459.10	421.24	349.97	301.69
21	473.30	434.27	360.79	311.02
22	473.30	434.27	360.79	311.02
23	473.30	434.27	360.79	311.02
24	473.30	434.27	360.79	311.02
25	475.19	436.00	362.23	312.26
26	484.66	444.69	369.45	318.48
27	496.02	455.11	378.11	325.94
28	514.48	472.05	392.18	338.07
29	529.62	485.95	403.72	348.03
30	537.19	492.89	409.50	353.00
31	548.55	503.32	418.16	360.47
32	559.91	513.74	426.82	367.93
33	567.01	520.25	432.23	372.60
34	574.59	527.20	438.00	377.57
35	578.37	530.67	440.89	380.06
36	582.16	534.15	443.77	382.55
37	585.94	537.62	446.66	385.04
38	589.73	541.10	449.55	387.53
39	597.30	548.05	455.32	392.50
40	604.88	554.99	461.09	397.48
41	616.24	565.42	469.75	404.94
42	627.12	575.40	478.05	412.10
43	642.27	589.30	489.59	422.05
44	661.20	606.67	504.02	434.49
45	683.44	627.08	520.98	449.11
46	709.95	651.40	541.19	466.52
47	739.77	678.76	563.92	486.12
48	773.84	710.03	589.89	508.51
49	807.45	740.86	615.51	530.59
50	845.31	775.60	644.37	555.47
51	882.70	809.91	672.87	580.04
52	923.88	847.69	704.26	607.10
53	965.53	885.91	736.01	634.47
54	1,010.49	927.16	770.29	664.02
55	1,055.46	968.42	804.56	693.56
56	1,104.21	1,013.15	841.72	725.60
57	1,153.43	1,058.31	879.25	757.94
58	1,205.97	1,106.51	919.29	792.47
59	1,232.00	1,130.40	939.14	809.57
60	1,284.53	1,178.60	979.19	844.10
61	1,329.97	1,220.29	1,013.82	873.95
62	1,359.79	1,247.65	1,036.55	893.55
63	1,397.18	1,281.96	1,065.05	918.12
64+	1,419.90	1,302.81	1,082.37	933.06

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

Salud con Health Net Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 14 Kern County.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	266.83	254.81	238.91	231.89	221.67
15	290.55	277.46	260.15	252.50	241.37
16	299.61	286.12	268.27	260.39	248.91
17	308.68	294.78	276.39	268.27	256.44
18	318.45	304.10	285.13	276.75	264.55
19	328.21	313.43	293.88	285.24	272.67
20	338.33	323.09	302.93	294.03	281.07
21	348.79	333.08	312.30	303.13	289.76
22	348.79	333.08	312.30	303.13	289.76
23	348.79	333.08	312.30	303.13	289.76
24	348.79	333.08	312.30	303.13	289.76
25	350.19	334.41	313.55	304.34	290.92
26	357.16	341.07	319.80	310.40	296.72
27	365.54	349.07	327.29	317.68	303.67
28	379.14	362.06	339.47	329.50	314.97
29	390.30	372.72	349.47	339.20	324.24
30	395.88	378.05	354.47	344.05	328.88
31	404.25	386.04	361.96	351.32	335.83
32	412.62	394.03	369.46	358.60	342.79
33	417.86	399.03	374.14	363.14	347.13
34	423.44	404.36	379.14	367.99	351.77
35	426.23	407.02	381.64	370.42	354.09
36	429.02	409.69	384.13	372.84	356.41
37	431.81	412.35	386.63	375.27	358.72
38	434.60	415.02	389.13	377.69	361.04
39	440.18	420.35	394.13	382.55	365.68
40	445.76	425.68	399.12	387.40	370.32
41	454.13	433.67	406.62	394.67	377.27
42	462.15	441.33	413.80	401.64	383.93
43	473.31	451.99	423.80	411.34	393.21
44	487.26	465.31	436.29	423.47	404.80
45	503.66	480.97	450.97	437.71	418.42
46	523.19	499.62	468.46	454.69	434.64
47	545.16	520.60	488.13	473.79	452.90
48	570.28	544.59	510.62	495.61	473.76
49	595.04	568.23	532.79	517.13	494.33
50	622.95	594.88	557.78	541.38	517.51
51	650.50	621.19	582.45	565.33	540.40
52	680.85	650.17	609.62	591.70	565.61
53	711.54	679.48	637.10	618.38	591.11
54	744.67	711.12	666.77	647.17	618.64
55	777.81	742.77	696.44	675.97	646.17
56	813.74	777.07	728.61	707.19	676.01
57	850.01	811.71	761.09	738.72	706.15
58	888.73	848.69	795.75	772.37	738.31
59	907.91	867.01	812.93	789.04	754.25
60	946.63	903.98	847.59	822.68	786.41
61	980.11	935.95	877.57	851.78	814.23
62	1,002.08	956.94	897.25	870.88	832.48
63	1,029.64	983.25	921.92	894.83	855.38
64+	1,046.37	999.24	936.90	909.39	869.28

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

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	214.55	204.88	192.11	186.46	178.24
15	233.62	223.10	209.18	203.03	194.08
16	240.91	230.06	215.71	209.37	200.14
17	248.21	237.02	222.24	215.71	206.20
18	256.06	244.52	229.27	222.53	212.72
19	263.91	252.02	236.30	229.36	219.25
20	272.04	259.79	243.58	236.43	226.00
21	280.46	267.82	251.12	243.74	232.99
22	280.46	267.82	251.12	243.74	232.99
23	280.46	267.82	251.12	243.74	232.99
24	280.46	267.82	251.12	243.74	232.99
25	281.58	268.89	252.12	244.71	233.92
26	287.19	274.25	257.14	249.59	238.58
27	293.92	280.68	263.17	255.44	244.18
28	304.86	291.12	272.97	264.94	253.26
29	313.83	299.69	281.00	272.74	260.72
30	318.32	303.98	285.02	276.64	264.45
31	325.05	310.41	291.05	282.49	270.04
32	331.78	316.83	297.07	288.34	275.63
33	335.99	320.85	300.84	292.00	279.12
34	340.48	325.14	304.86	295.90	282.85
35	342.72	327.28	306.87	297.85	284.72
36	344.96	329.42	308.88	299.80	286.58
37	347.21	331.56	310.88	301.75	288.44
38	349.45	333.71	312.89	303.70	290.31
39	353.94	337.99	316.91	307.60	294.04
40	358.43	342.28	320.93	311.50	297.76
41	365.16	348.71	326.96	317.35	303.36
42	371.61	354.87	332.73	322.95	308.71
43	380.58	363.44	340.77	330.75	316.17
44	391.80	374.15	350.81	340.50	325.49
45	404.98	386.74	362.61	351.96	336.44
46	420.69	401.73	376.68	365.61	349.49
47	438.36	418.61	392.50	380.96	364.17
48	458.55	437.89	410.58	398.51	380.94
49	478.46	456.91	428.41	415.82	397.48
50	500.90	478.33	448.50	435.32	416.12
51	523.06	499.49	468.33	454.57	434.53
52	547.46	522.79	490.18	475.78	454.80
53	572.14	546.36	512.28	497.23	475.30
54	598.78	571.80	536.14	520.38	497.44
55	625.42	597.25	559.99	543.54	519.57
56	654.31	624.83	585.86	568.64	543.57
57	683.48	652.68	611.97	593.99	567.80
58	714.61	682.41	639.85	621.04	593.66
59	730.03	697.14	653.66	634.45	606.48
60	761.16	726.87	681.53	661.50	632.34
61	788.09	752.58	705.64	684.90	654.71
62	805.76	769.46	721.46	700.26	669.39
63	827.91	790.61	741.30	719.51	687.79
64+	841.38	803.46	753.36	731.22	698.97

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

Salud *con* Health Net Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

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

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	238.95	228.19	213.95	207.66	198.51
15	260.19	248.47	232.97	226.12	216.15
16	268.31	256.22	240.24	233.18	222.90
17	276.43	263.98	247.51	240.24	229.65
18	285.18	272.33	255.34	247.84	236.91
19	293.93	280.68	263.18	255.44	244.18
20	302.98	289.33	271.29	263.31	251.70
21	312.35	298.28	279.68	271.46	259.49
22	312.35	298.28	279.68	271.46	259.49
23	312.35	298.28	279.68	271.46	259.49
24	312.35	298.28	279.68	271.46	259.49
25	313.60	299.47	280.80	272.54	260.53
26	319.85	305.44	286.39	277.97	265.72
27	327.35	312.60	293.10	284.49	271.94
28	339.53	324.23	304.01	295.07	282.06
29	349.52	333.78	312.96	303.76	290.37
30	354.52	338.55	317.43	308.10	294.52
31	362.02	345.71	324.15	314.62	300.75
32	369.51	352.87	330.86	321.13	306.98
33	374.20	357.34	335.05	325.21	310.87
34	379.20	362.11	339.53	329.55	315.02
35	381.70	364.50	341.76	331.72	317.10
36	384.20	366.89	344.00	333.89	319.17
37	386.69	369.27	346.24	336.06	321.25
38	389.19	371.66	348.48	338.24	323.32
39	394.19	376.43	352.95	342.58	327.48
40	399.19	381.20	357.43	346.92	331.63
41	406.69	388.36	364.14	353.44	337.85
42	413.87	395.22	370.57	359.68	343.82
43	423.86	404.77	379.52	368.37	352.13
44	436.36	416.70	390.71	379.23	362.51
45	451.04	430.72	403.85	391.98	374.70
46	468.53	447.42	419.51	407.19	389.23
47	488.21	466.21	437.13	424.29	405.58
48	510.70	487.69	457.27	443.83	424.26
49	532.88	508.87	477.13	463.11	442.69
50	557.86	532.73	499.50	484.82	463.45
51	582.54	556.30	521.60	506.27	483.95
52	609.72	582.25	545.93	529.88	506.52
53	637.20	608.49	570.54	553.77	529.36
54	666.88	636.83	597.11	579.56	554.01
55	696.55	665.17	623.68	605.35	578.66
56	728.72	695.89	652.49	633.31	605.39
57	761.21	726.91	681.57	661.54	632.37
58	795.88	760.02	712.62	691.67	661.18
59	813.06	776.43	728.00	706.60	675.45
60	847.73	809.54	759.04	736.74	704.25
61	877.72	838.17	785.89	762.80	729.16
62	897.39	856.96	803.51	779.90	745.51
63	922.07	880.53	825.61	801.34	766.01
64+	937.05	894.84	839.04	814.38	778.47

Region 17 Riverside and San Bernardino counties.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	221.71	211.72	198.51	192.68	184.18
15	241.42	230.54	216.16	209.81	200.56
16	248.95	237.73	222.91	216.36	206.82
17	256.49	244.93	229.65	222.90	213.08
18	264.60	252.68	236.92	229.96	219.82
19	272.72	260.43	244.19	237.01	226.56
20	281.12	268.46	251.71	244.31	233.54
21	289.81	276.76	259.50	251.87	240.76
22	289.81	276.76	259.50	251.87	240.76
23	289.81	276.76	259.50	251.87	240.76
24	289.81	276.76	259.50	251.87	240.76
25	290.97	277.86	260.53	252.88	241.73
26	296.77	283.40	265.72	257.91	246.54
27	303.73	290.04	271.95	263.96	252.32
28	315.03	300.84	282.07	273.78	261.71
29	324.30	309.69	290.38	281.84	269.42
30	328.94	314.12	294.53	285.87	273.27
31	335.90	320.76	300.76	291.92	279.05
32	342.85	327.40	306.98	297.96	284.82
33	347.20	331.56	310.88	301.74	288.44
34	351.84	335.98	315.03	305.77	292.29
35	354.15	338.20	317.10	307.78	294.21
36	356.47	340.41	319.18	309.80	296.14
37	358.79	342.63	321.26	311.81	298.07
38	361.11	344.84	323.33	313.83	299.99
39	365.75	349.27	327.48	317.86	303.84
40	370.38	353.70	331.63	321.89	307.70
41	377.34	360.34	337.86	327.93	313.48
42	384.00	366.70	343.83	333.73	319.01
43	393.28	375.56	352.14	341.79	326.72
44	404.87	386.63	362.51	351.86	336.35
45	418.49	399.64	374.71	363.70	347.66
46	434.72	415.14	389.24	377.80	361.15
47	452.98	432.57	405.59	393.67	376.31
48	473.85	452.50	424.27	411.81	393.65
49	494.42	472.15	442.70	429.69	410.74
50	517.61	494.29	463.46	449.84	430.01
51	540.50	516.15	483.96	469.74	449.03
52	565.72	540.23	506.53	491.65	469.97
53	591.22	564.59	529.37	513.81	491.16
54	618.75	590.88	554.02	537.74	514.03
55	646.29	617.17	578.67	561.67	536.90
56	676.14	645.68	605.40	587.61	561.70
57	706.28	674.46	632.39	613.81	586.74
58	738.45	705.18	661.19	641.76	613.47
59	754.39	720.40	675.47	655.62	626.71
60	786.56	751.12	704.27	683.57	653.43
61	814.38	777.69	729.18	707.75	676.55
62	832.64	795.12	745.53	723.62	691.72
63	855.53	816.99	766.03	743.52	710.74
64+	869.43	830.28	778.50	755.61	722.28

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

Salud con Health Net Rates

New and renewing business, effective April 1, 2018, to June 15, 2018

Region 18 Orange County.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	255.46	243.95	228.74	222.01	212.23
15	278.17	265.64	249.07	241.75	231.09
16	286.85	273.93	256.84	249.29	238.30
17	295.53	282.22	264.62	256.84	245.52
18	304.88	291.15	272.99	264.97	253.28
19	314.23	300.08	281.36	273.09	261.05
20	323.92	309.33	290.03	281.51	269.10
21	333.94	318.89	299.00	290.21	277.42
22	333.94	318.89	299.00	290.21	277.42
23	333.94	318.89	299.00	290.21	277.42
24	333.94	318.89	299.00	290.21	277.42
25	335.27	320.17	300.20	291.38	278.53
26	341.95	326.55	306.18	297.18	284.08
27	349.97	334.20	313.35	304.14	290.74
28	362.99	346.64	325.01	315.46	301.55
29	373.68	356.84	334.58	324.75	310.43
30	379.02	361.94	339.37	329.39	314.87
31	387.03	369.60	346.54	336.36	321.53
32	395.05	377.25	353.72	343.32	328.19
33	400.06	382.03	358.20	347.68	332.35
34	405.40	387.14	362.99	352.32	336.79
35	408.07	389.69	365.38	354.64	339.01
36	410.74	392.24	367.77	356.96	341.23
37	413.41	394.79	370.16	359.29	343.44
38	416.09	397.34	372.56	361.61	345.66
39	421.43	402.44	377.34	366.25	350.10
40	426.77	407.54	382.12	370.89	354.54
41	434.79	415.20	389.30	377.86	361.20
42	442.47	422.53	396.18	384.53	367.58
43	453.15	432.74	405.75	393.82	376.46
44	466.51	445.49	417.71	405.43	387.55
45	482.21	460.48	431.76	419.07	400.59
46	500.91	478.34	448.50	435.32	416.13
47	521.94	498.43	467.34	453.61	433.61
48	545.99	521.39	488.87	474.50	453.58
49	569.70	544.03	510.10	495.11	473.28
50	596.41	569.54	534.02	518.32	495.47
51	622.79	594.73	557.64	541.25	517.39
52	651.85	622.48	583.65	566.50	541.52
53	681.23	650.54	609.96	592.04	565.94
54	712.96	680.84	638.37	619.61	592.29
55	744.68	711.13	666.77	647.18	618.64
56	779.08	743.98	697.57	677.07	647.22
57	813.81	777.14	728.67	707.25	676.07
58	850.87	812.54	761.86	739.47	706.86
59	869.24	830.08	778.30	755.43	722.12
60	906.31	865.47	811.49	787.64	752.92
61	938.36	896.09	840.19	815.50	779.55
62	959.40	916.18	859.03	833.79	797.03
63	985.78	941.37	882.65	856.71	818.94
64+	1,001.82	956.67	897.00	870.63	832.26

Region 19 San Diego County.

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$40	Salud HMO y Más Silver \$40
0-14	285.03	272.19	255.22	247.71	236.79
15	310.37	296.39	277.90	269.73	257.84
16	320.06	305.64	286.57	278.15	265.89
17	329.75	314.89	295.25	286.57	273.94
18	340.18	324.85	304.59	295.64	282.60
19	350.61	334.82	313.93	304.71	291.27
20	361.42	345.13	323.61	314.10	300.25
21	372.59	355.81	333.61	323.81	309.53
22	372.59	355.81	333.61	323.81	309.53
23	372.59	355.81	333.61	323.81	309.53
24	372.59	355.81	333.61	323.81	309.53
25	374.08	357.23	334.95	325.11	310.77
26	381.54	364.35	341.62	331.58	316.96
27	390.48	372.89	349.63	339.35	324.39
28	405.01	386.76	362.64	351.98	336.46
29	416.93	398.15	373.31	362.34	346.37
30	422.89	403.84	378.65	367.52	351.32
31	431.84	412.38	386.66	375.30	358.75
32	440.78	420.92	394.67	383.07	366.18
33	446.37	426.26	399.67	387.92	370.82
34	452.33	431.95	405.01	393.11	375.77
35	455.31	434.80	407.68	395.70	378.25
36	458.29	437.64	410.35	398.29	380.73
37	461.27	440.49	413.01	400.88	383.20
38	464.25	443.34	415.68	403.47	385.68
39	470.21	449.03	421.02	408.65	390.63
40	476.18	454.72	426.36	413.83	395.58
41	485.12	463.26	434.37	421.60	403.01
42	493.69	471.45	442.04	429.05	410.13
43	505.61	482.83	452.72	439.41	420.04
44	520.51	497.06	466.06	452.36	432.42
45	538.03	513.79	481.74	467.58	446.97
46	558.89	533.71	500.42	485.72	464.30
47	582.36	556.13	521.44	506.12	483.80
48	609.19	581.75	545.46	529.43	506.09
49	635.65	607.01	569.15	552.42	528.06
50	665.45	635.47	595.84	578.33	552.83
51	694.89	663.58	622.19	603.91	577.28
52	727.30	694.54	651.22	632.08	604.21
53	760.09	725.85	680.57	660.57	631.45
54	795.49	759.65	712.27	691.33	660.85
55	830.89	793.45	743.96	722.10	690.26
56	869.26	830.10	778.32	755.45	722.14
57	908.01	867.10	813.02	789.13	754.33
58	949.37	906.60	850.05	825.07	788.69
59	969.86	926.17	868.40	842.88	805.72
60	1,011.22	965.66	905.43	878.82	840.07
61	1,046.99	999.82	937.46	909.91	869.79
62	1,070.46	1,022.24	958.47	930.31	889.29
63	1,099.90	1,050.34	984.83	955.89	913.74
64+	1,117.77	1,067.43	1,000.83	971.43	928.59

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

Dental Rates

New business, effective April 1, 2018, to June 15, 2018

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

Dental – HMO

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

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

Employer-paid dental – PPO

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

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

Details on dental rating areas found on page 3.

Dental Rates

New business, effective April 1, 2018, to June 15, 2018

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

Voluntary dental – PPO

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

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

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

Details on dental rating areas found on page 3.

Rate Guide

New and renewing business, effective April 1, 2018, to June 15, 2018

Vision – Employer-paid

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

Vision – Voluntary

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

Chiropractic

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

Basic Life and Accidental Death & Dismemberment

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

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

Glossary

Coinsurance Refers to the percentage of covered costs payable by member. I.e., if a member's coinsurance is 20%, Health Net pays 80% of the covered costs, and the member is responsible for the remaining 20% of the costs.

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

HMO (health maintenance organization)

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

OON (out-of-network) A physician, provider group or hospital that is not a contracted participant of the Health Net provider network. Generally, if you go out-of-network, you will pay more.

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

PPO (preferred provider organization)

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

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

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

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net Life Insurance Company and Health Net of California, Inc. (Health Net) comply with applicable federal civil rights laws and do 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:

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

Individual & Family Plan Applicants 1-877-609-8711 (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.

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

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 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call 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 Ընտանեկան 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

សេវាភាសាដោយឥតគិតថ្លៃ។ 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 hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzinígíí bikáa'gi béésh bee hane'í bikáá' áají' hodíílnih éí doodaii' employer groupqjí ninaaltsoos siitsoozgo éí 1-800-522-0088 (TTY: 711). T'áá hó dóó ha'áłchíní bíł hak'é'ésti'ígíí ÍIFP wolyéhígííó éí koji' hojilnih 1-877-609-8711 (TTY: 711). Shíká anáá'doowoł jinízingo: PPO éí doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'ááq' haa'nil biniiyé hwe'iina' bik'é'ésti'go éí CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éí doodaii' HSPqjí Health Net of Californiaqjí béeso ách'ááq' haa'nil biniiyé hats'íís bik'é'ésti'go éí koji' hojilnih DMHC Helpline 1-888-HMO-2219.

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 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 สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ 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 2

www.healthnet.com/broker

www.healthnet.com/employer/reformguide

Health Net HSP, HMO and Salud con Health Net HMO y Más plans are offered by Health Net of California, Inc. PPO and Life/AD&D insurance plans are underwritten by Health Net Life Insurance Company. Vision plans, other than pediatric vision, are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC. Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company and administered by Dental Benefit Administrative Services. Obligations of Fidelity Security Life Insurance Company, DBP and Unimerica Life Insurance Company are neither the obligations of, nor guaranteed by, Health Net, Inc. or its affiliates. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net and Salud con Health Net are registered service marks of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.