

For plans available through Covered California

Rates Guide

Choice made simple

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



Health Net®

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Our PPO plans offer more

Health Net Life Insurance Company (Health Net) brings value to the table with competitively priced PPO plans for small group businesses that want more flexibility and choice. Our popular PPO plans offer insureds the freedom to choose from our broad network of doctors and hospitals. Through our PPO Network, your employees will receive the highest level of benefits at the lowest possible cost. And they'll appreciate the flexibility to choose their care from doctors and hospitals outside of our network (at a higher out-of-pocket cost).

Plus, we've designed our PPO plans to give you all the advantages of Covered California.™ Our PPO health plans are available in all four cost levels – platinum, gold, silver, and bronze – and our EnhancedCare PPO plans are available in the Silver and Bronze cost levels – making it easy for you to find the right mix of coverage and cost for your business.

EnhancedCare PPO gives members the best of PPO and HMO coverage – combining the choice and flexibility of a PPO with the care navigation and support of an HMO. By bringing a tailored network design to the PPO experience, this new plan's price point makes a difference for your employees' bottom line. EnhancedCare PPO Network uses the same plan designs as our Full Network PPO HDHP plans. EnhancedCare PPO comes with our new Advanced Choice Pharmacy Network. It includes many pharmacies like CVS, Safeway, Costco, and Vons. Not included: Walgreens.

Tax credit through SHOP

You may be eligible for either a 35 or 50 percent tax credit. For more information, visit www.healthcare.gov.

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

² Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	³ Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt
0-14	563.28	424.29	381.81	401.65	347.03
15	613.35	462.01	415.75	437.35	377.88
16	632.50	476.43	428.72	451.00	389.67

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

- Simple pay (Automatic Bank Draft) option
- 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.

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 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	512.95	386.38	347.69	365.76	316.03	321.94	291.85	285.02
15	558.55	420.73	378.60	398.28	344.12	350.56	317.79	310.36
16	575.98	433.86	390.42	410.71	354.86	361.50	327.71	320.05
17	593.42	446.99	402.23	423.14	365.60	372.44	337.63	329.73
18	612.19	461.13	414.96	436.52	377.17	384.23	348.31	340.17
19	630.97	475.28	427.69	449.91	388.73	396.01	358.99	350.60
20	650.41	489.92	440.87	463.78	400.71	408.21	370.05	361.40
21	670.53	505.08	454.50	478.12	413.11	420.84	381.50	372.58
22	670.53	505.08	454.50	478.12	413.11	420.84	381.50	372.58
23	670.53	505.08	454.50	478.12	413.11	420.84	381.50	372.58
24	670.53	505.08	454.50	478.12	413.11	420.84	381.50	372.58
25	673.21	507.10	456.32	480.03	414.76	422.52	383.03	374.07
26	686.62	517.20	465.41	489.60	423.02	430.94	390.66	381.52
27	702.71	529.32	476.32	501.07	432.93	441.04	399.81	390.46
28	728.86	549.02	494.04	519.72	449.05	457.45	414.69	404.99
29	750.32	565.18	508.59	535.02	462.26	470.92	426.90	416.92
30	761.05	573.26	515.86	542.67	468.87	477.65	433.00	422.88
31	777.14	585.38	526.77	554.14	478.79	487.75	442.16	431.82
32	793.23	597.50	537.68	565.62	488.70	497.85	451.31	440.76
33	803.29	605.08	544.49	572.79	494.90	504.17	457.04	446.35
34	814.02	613.16	551.77	580.44	501.51	510.90	463.14	452.31
35	819.38	617.20	555.40	584.26	504.81	514.27	466.19	455.29
36	824.75	621.24	559.04	588.09	508.12	517.63	469.24	458.27
37	830.11	625.28	562.67	591.91	511.42	521.00	472.30	461.25
38	835.48	629.32	566.31	595.74	514.73	524.37	475.35	464.23
39	846.21	637.41	573.58	603.39	521.34	531.10	481.45	470.20
40	856.93	645.49	580.85	611.04	527.95	537.83	487.56	476.16
41	873.03	657.61	591.76	622.51	537.86	547.93	496.71	485.10
42	888.45	669.23	602.22	633.51	547.36	557.61	505.49	493.67
43	909.91	685.39	616.76	648.81	560.58	571.08	517.69	505.59
44	936.73	705.59	634.94	667.94	577.11	587.91	532.95	520.49
45	968.24	729.33	656.30	690.41	596.52	607.69	550.89	538.00
46	1,005.79	757.61	681.75	717.18	619.66	631.26	572.25	558.87
47	1,048.03	789.43	710.39	747.30	645.68	657.77	596.28	582.34
48	1,096.31	825.80	743.11	781.73	675.43	688.07	623.75	609.17
49	1,143.92	861.66	775.38	815.68	704.76	717.95	650.84	635.62
50	1,197.56	902.07	811.74	853.92	737.81	751.62	681.36	665.43
51	1,250.53	941.97	847.65	891.70	770.44	784.87	711.50	694.86
52	1,308.87	985.91	887.19	933.29	806.38	821.48	744.69	727.28
53	1,367.88	1,030.35	927.18	975.37	842.73	858.51	778.26	760.06
54	1,431.58	1,078.34	970.36	1,020.79	881.98	898.49	814.50	795.46
55	1,495.28	1,126.32	1,013.54	1,066.21	921.22	938.47	850.74	830.85
56	1,564.34	1,178.34	1,060.35	1,115.46	963.77	981.82	890.04	869.23
57	1,634.08	1,230.87	1,107.62	1,165.18	1,006.74	1,025.59	929.71	907.98
58	1,708.50	1,286.93	1,158.07	1,218.25	1,052.59	1,072.30	972.06	949.33
59	1,745.38	1,314.71	1,183.07	1,244.55	1,075.31	1,095.45	993.04	969.82
60	1,819.81	1,370.78	1,233.52	1,297.62	1,121.17	1,142.16	1,035.39	1,011.18
61	1,884.18	1,419.26	1,277.15	1,343.52	1,160.83	1,182.56	1,072.01	1,046.95
62	1,926.43	1,451.08	1,305.78	1,373.64	1,186.85	1,209.07	1,096.05	1,070.42
63	1,979.40	1,490.98	1,341.69	1,411.41	1,219.49	1,242.32	1,126.19	1,099.85
64+	2,011.59	1,515.24	1,363.50	1,434.36	1,239.33	1,262.52	1,144.50	1,117.74

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	563.28	424.29	381.81	401.65	347.03	353.53	320.48	312.99
15	613.35	462.01	415.75	437.35	377.88	384.95	348.97	340.81
16	632.50	476.43	428.72	451.00	389.67	396.97	359.86	351.45
17	651.64	490.85	441.70	464.65	401.47	408.99	370.75	362.09
18	672.26	506.38	455.67	479.36	414.17	421.93	382.48	373.54
19	692.87	521.91	469.65	494.06	426.87	434.87	394.21	385.00
20	714.23	537.99	484.12	509.28	440.03	448.27	406.36	396.86
21	736.32	554.63	499.10	525.03	453.64	462.13	418.93	409.14
22	736.32	554.63	499.10	525.03	453.64	462.13	418.93	409.14
23	736.32	554.63	499.10	525.03	453.64	462.13	418.93	409.14
24	736.32	554.63	499.10	525.03	453.64	462.13	418.93	409.14
25	739.26	556.85	501.09	527.13	455.45	463.98	420.61	410.77
26	753.99	567.94	511.07	537.63	464.52	473.22	428.99	418.96
27	771.66	581.25	523.05	550.23	475.41	484.31	439.04	428.77
28	800.38	602.89	542.52	570.71	493.10	502.34	455.38	444.73
29	823.94	620.63	558.49	587.51	507.62	517.12	468.78	457.82
30	835.72	629.51	566.47	595.91	514.88	524.52	475.49	464.37
31	853.39	642.82	578.45	608.51	525.77	535.61	485.54	474.19
32	871.06	656.13	590.43	621.11	536.65	546.70	495.60	484.01
33	882.11	664.45	597.92	628.99	543.46	553.63	501.88	490.14
34	893.89	673.32	605.90	637.39	550.72	561.03	508.58	496.69
35	899.78	677.76	609.90	641.59	554.35	564.72	511.93	499.96
36	905.67	682.20	613.89	645.79	557.97	568.42	515.29	503.24
37	911.56	686.63	617.88	649.99	561.60	572.12	518.64	506.51
38	917.45	691.07	621.87	654.19	565.23	575.81	521.99	509.78
39	929.23	699.95	629.86	662.59	572.49	583.21	528.69	516.33
40	941.01	708.82	637.84	670.99	579.75	590.60	535.39	522.88
41	958.68	722.13	649.82	683.59	590.64	601.69	545.45	532.69
42	975.62	734.89	661.30	695.67	601.07	612.32	555.08	542.10
43	999.18	752.64	677.27	712.47	615.59	627.11	568.49	555.20
44	1,028.64	774.82	697.24	733.47	633.73	645.60	585.25	571.56
45	1,063.24	800.89	720.69	758.15	655.05	667.32	604.94	590.79
46	1,104.48	831.95	748.64	787.55	680.46	693.20	628.40	613.70
47	1,150.86	866.89	780.09	820.63	709.04	722.31	654.79	639.48
48	1,203.88	906.82	816.02	858.43	741.70	755.58	684.95	668.94
49	1,256.16	946.20	851.46	895.71	773.91	788.40	714.70	697.99
50	1,315.06	990.57	891.39	937.71	810.20	825.37	748.21	730.72
51	1,373.23	1,034.39	930.81	979.19	846.03	861.87	781.31	763.04
52	1,437.29	1,082.64	974.24	1,024.86	885.50	902.08	817.75	798.63
53	1,502.09	1,131.45	1,018.16	1,071.07	925.42	942.75	854.62	834.64
54	1,572.04	1,184.14	1,065.57	1,120.95	968.52	986.65	894.42	873.50
55	1,641.99	1,236.83	1,112.98	1,170.82	1,011.61	1,030.55	934.22	912.37
56	1,717.83	1,293.96	1,164.39	1,224.90	1,058.34	1,078.15	977.37	954.51
57	1,794.40	1,351.64	1,216.30	1,279.51	1,105.52	1,126.21	1,020.93	997.06
58	1,876.14	1,413.20	1,271.70	1,337.78	1,155.87	1,177.51	1,067.44	1,042.48
59	1,916.63	1,443.71	1,299.15	1,366.66	1,180.82	1,202.93	1,090.48	1,064.98
60	1,998.36	1,505.27	1,354.55	1,424.94	1,231.17	1,254.22	1,136.98	1,110.39
61	2,069.05	1,558.52	1,402.46	1,475.34	1,274.72	1,298.59	1,177.20	1,149.67
62	2,115.44	1,593.46	1,433.90	1,508.42	1,303.30	1,327.70	1,203.59	1,175.45
63	2,173.61	1,637.27	1,473.33	1,549.90	1,339.14	1,364.21	1,236.68	1,207.77
64+	2,208.96	1,663.89	1,497.30	1,575.09	1,360.92	1,386.39	1,256.79	1,227.42

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	528.37	398.00	358.15	376.76	325.53	331.62	300.62	293.59
15	575.34	433.37	389.98	410.25	354.46	361.10	327.34	319.69
16	593.30	446.90	402.15	423.05	365.52	372.37	337.56	329.67
17	611.25	460.43	414.33	435.86	376.59	383.64	347.78	339.64
18	630.59	475.00	427.43	449.65	388.50	395.78	358.78	350.39
19	649.93	489.56	440.54	463.44	400.42	407.91	369.78	361.14
20	669.96	504.65	454.12	477.72	412.76	420.48	381.18	372.27
21	690.68	520.26	468.16	492.49	425.52	433.49	392.97	383.78
22	690.68	520.26	468.16	492.49	425.52	433.49	392.97	383.78
23	690.68	520.26	468.16	492.49	425.52	433.49	392.97	383.78
24	690.68	520.26	468.16	492.49	425.52	433.49	392.97	383.78
25	693.45	522.34	470.04	494.46	427.22	435.22	394.54	385.31
26	707.26	532.74	479.40	504.31	435.74	443.89	402.40	392.99
27	723.84	545.23	490.64	516.13	445.95	454.30	411.83	402.20
28	750.77	565.52	508.89	535.34	462.54	471.20	427.16	417.17
29	772.87	582.17	523.88	551.10	476.16	485.07	439.73	429.45
30	783.93	590.49	531.37	558.98	482.97	492.01	446.02	435.59
31	800.50	602.98	542.60	570.80	493.18	502.41	455.45	444.80
32	817.08	615.47	553.84	582.62	503.39	512.82	464.88	454.01
33	827.44	623.27	560.86	590.01	509.78	519.32	470.77	459.77
34	838.49	631.59	568.35	597.89	516.58	526.26	477.06	465.91
35	844.01	635.76	572.10	601.83	519.99	529.72	480.21	468.98
36	849.54	639.92	575.84	605.77	523.39	533.19	483.35	472.05
37	855.07	644.08	579.59	609.71	526.80	536.66	486.49	475.12
38	860.59	648.24	583.33	613.65	530.20	540.13	489.64	478.19
39	871.64	656.57	590.82	621.53	537.01	547.06	495.92	484.33
40	882.69	664.89	598.31	629.41	543.82	554.00	502.21	490.47
41	899.27	677.38	609.55	641.23	554.03	564.40	511.64	499.68
42	915.15	689.34	620.32	652.55	563.82	574.37	520.68	508.51
43	937.26	705.99	635.30	668.31	577.43	588.25	533.26	520.79
44	964.88	726.80	654.03	688.01	594.46	605.59	548.98	536.14
45	997.35	751.25	676.03	711.16	614.46	625.96	567.44	554.18
46	1,036.02	780.39	702.25	738.74	638.28	650.23	589.45	575.67
47	1,079.54	813.16	731.74	769.77	665.09	677.54	614.21	599.85
48	1,129.27	850.62	765.45	805.23	695.73	708.76	642.50	627.48
49	1,178.31	887.56	798.69	840.19	725.94	739.53	670.40	654.73
50	1,233.56	929.18	836.14	879.59	759.98	774.21	701.84	685.43
51	1,288.12	970.28	873.13	918.50	793.60	808.46	732.88	715.75
52	1,348.21	1,015.54	913.86	961.35	830.62	846.17	767.07	749.14
53	1,408.99	1,061.33	955.05	1,004.69	868.07	884.32	801.65	782.91
54	1,474.61	1,110.75	999.53	1,051.47	908.49	925.50	838.99	819.37
55	1,540.22	1,160.18	1,044.01	1,098.26	948.92	966.68	876.32	855.83
56	1,611.36	1,213.76	1,092.23	1,148.99	992.74	1,011.33	916.79	895.36
57	1,683.19	1,267.87	1,140.92	1,200.21	1,037.00	1,056.41	957.66	935.27
58	1,759.86	1,325.62	1,192.88	1,254.87	1,084.23	1,104.53	1,001.28	977.87
59	1,797.85	1,354.23	1,218.63	1,281.96	1,107.64	1,128.37	1,022.89	998.98
60	1,874.51	1,411.98	1,270.60	1,336.63	1,154.87	1,176.49	1,066.51	1,041.58
61	1,940.82	1,461.93	1,315.54	1,383.91	1,195.72	1,218.11	1,104.24	1,078.42
62	1,984.33	1,494.70	1,345.04	1,414.93	1,222.53	1,245.42	1,128.99	1,102.60
63	2,038.90	1,535.80	1,382.02	1,453.84	1,256.14	1,279.66	1,160.04	1,132.92
64+	2,072.04	1,560.78	1,404.48	1,477.47	1,276.56	1,300.47	1,178.91	1,151.34

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 4 San Francisco County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	584.99	440.64	396.52	417.13	360.41	367.15	332.83	325.05
15	636.99	479.81	431.77	454.21	392.44	399.79	362.42	353.94
16	656.87	494.79	445.24	468.38	404.69	412.27	373.73	364.99
17	676.75	509.76	458.72	482.56	416.94	424.75	385.04	376.04
18	698.16	525.89	473.23	497.83	430.13	438.18	397.22	387.94
19	719.57	542.02	487.75	513.09	443.32	451.62	409.41	399.83
20	741.75	558.72	502.78	528.91	456.99	465.54	422.02	412.15
21	764.69	576.01	518.33	545.27	471.12	479.94	435.07	424.90
22	764.69	576.01	518.33	545.27	471.12	479.94	435.07	424.90
23	764.69	576.01	518.33	545.27	471.12	479.94	435.07	424.90
24	764.69	576.01	518.33	545.27	471.12	479.94	435.07	424.90
25	767.75	578.31	520.40	547.45	473.00	481.86	436.82	426.60
26	783.04	589.83	530.77	558.35	482.43	491.46	445.52	435.10
27	801.40	603.65	543.21	571.44	493.73	502.98	455.96	445.30
28	831.22	626.12	563.42	592.70	512.11	521.69	472.93	461.87
29	855.69	644.55	580.01	610.15	527.18	537.05	486.85	475.47
30	867.92	653.77	588.30	618.88	534.72	544.73	493.81	482.26
31	886.28	667.59	600.74	631.96	546.03	556.25	504.25	492.46
32	904.63	681.41	613.18	645.05	557.33	567.77	514.69	502.66
33	916.10	690.05	620.96	653.23	564.40	574.97	521.22	509.03
34	928.34	699.27	629.25	661.95	571.94	582.65	528.18	515.83
35	934.45	703.88	633.40	666.31	575.71	586.49	531.66	519.23
36	940.57	708.49	637.54	670.68	579.48	590.33	535.14	522.63
37	946.69	713.09	641.69	675.04	583.25	594.16	538.62	526.03
38	952.81	717.70	645.84	679.40	587.01	598.00	542.10	529.43
39	965.04	726.92	654.13	688.12	594.55	605.68	549.06	536.23
40	977.28	736.13	662.42	696.85	602.09	613.36	556.03	543.02
41	995.63	749.96	674.86	709.94	613.40	624.88	566.47	553.22
42	1,013.22	763.21	686.79	722.48	624.23	635.92	576.47	563.00
43	1,037.69	781.64	703.37	739.93	639.31	651.28	590.40	576.59
44	1,068.27	804.68	724.11	761.74	658.15	670.48	607.80	593.59
45	1,104.21	831.75	748.47	787.36	680.30	693.03	628.25	613.56
46	1,147.04	864.01	777.49	817.90	706.68	719.91	652.61	637.35
47	1,195.21	900.30	810.15	852.25	736.36	750.15	680.02	664.12
48	1,250.27	941.77	847.47	891.51	770.28	784.70	711.35	694.71
49	1,304.56	982.66	884.27	930.22	803.73	818.78	742.24	724.88
50	1,365.74	1,028.75	925.74	973.84	841.42	857.17	777.04	758.87
51	1,426.15	1,074.25	966.68	1,016.92	878.64	895.09	811.41	792.44
52	1,492.68	1,124.36	1,011.78	1,064.36	919.62	936.84	849.27	829.41
53	1,559.97	1,175.05	1,057.39	1,112.34	961.08	979.08	887.55	866.80
54	1,632.62	1,229.77	1,106.63	1,164.14	1,005.84	1,024.67	928.88	907.17
55	1,705.26	1,284.49	1,155.87	1,215.94	1,050.59	1,070.26	970.22	947.53
56	1,784.03	1,343.82	1,209.26	1,272.10	1,099.12	1,119.70	1,015.03	991.30
57	1,863.55	1,403.72	1,263.17	1,328.81	1,148.12	1,169.61	1,060.28	1,035.49
58	1,948.43	1,467.66	1,320.70	1,389.34	1,200.41	1,222.89	1,108.57	1,082.65
59	1,990.49	1,499.34	1,349.21	1,419.33	1,226.32	1,249.28	1,132.50	1,106.02
60	2,075.37	1,563.28	1,406.75	1,479.85	1,278.62	1,302.56	1,180.79	1,153.18
61	2,148.78	1,618.57	1,456.50	1,532.20	1,323.84	1,348.63	1,222.56	1,193.97
62	2,196.96	1,654.86	1,489.16	1,566.55	1,353.52	1,378.87	1,249.97	1,220.74
63	2,257.37	1,700.37	1,530.11	1,609.62	1,390.74	1,416.78	1,284.34	1,254.31
64+	2,294.07	1,728.03	1,554.99	1,635.81	1,413.36	1,439.82	1,305.21	1,274.70

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 5 Contra Costa County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	541.99	408.26	367.38	386.47	333.92	340.17	308.37	301.16
15	590.17	444.54	400.03	420.82	363.60	370.40	335.78	327.93
16	608.59	458.42	412.52	433.96	374.95	381.97	346.26	338.16
17	627.01	472.30	425.00	447.09	386.29	393.53	356.74	348.40
18	646.85	487.24	438.45	461.24	398.52	405.98	368.03	359.42
19	666.68	502.18	451.90	475.38	410.74	418.43	379.31	370.44
20	687.23	517.66	465.82	490.03	423.40	431.32	391.00	381.86
21	708.48	533.67	480.23	505.19	436.49	444.66	403.10	393.67
22	708.48	533.67	480.23	505.19	436.49	444.66	403.10	393.67
23	708.48	533.67	480.23	505.19	436.49	444.66	403.10	393.67
24	708.48	533.67	480.23	505.19	436.49	444.66	403.10	393.67
25	711.32	535.80	482.15	507.21	438.24	446.44	404.71	395.25
26	725.49	546.48	491.76	517.31	446.97	455.33	412.77	403.12
27	742.49	559.28	503.28	529.44	457.44	466.01	422.44	412.57
28	770.12	580.10	522.01	549.14	474.47	483.35	438.17	427.92
29	792.79	597.17	537.38	565.30	488.43	497.58	451.06	440.52
30	804.13	605.71	545.06	573.39	495.42	504.69	457.51	446.82
31	821.13	618.52	556.59	585.51	505.89	515.36	467.19	456.26
32	838.14	631.33	568.11	597.64	516.37	526.04	476.86	465.71
33	848.76	639.33	575.32	605.21	522.92	532.71	482.91	471.62
34	860.10	647.87	583.00	613.30	529.90	539.82	489.36	477.92
35	865.77	652.14	586.84	617.34	533.39	543.38	492.58	481.07
36	871.44	656.41	590.68	621.38	536.88	546.94	495.81	484.22
37	877.10	660.68	594.53	625.42	540.38	550.49	499.03	487.36
38	882.77	664.95	598.37	629.46	543.87	554.05	502.26	490.51
39	894.11	673.49	606.05	637.55	550.85	561.16	508.71	496.81
40	905.44	682.03	613.73	645.63	557.83	568.28	515.16	503.11
41	922.45	694.84	625.26	657.75	568.31	578.95	524.83	512.56
42	938.74	707.11	636.31	669.37	578.35	589.18	534.10	521.61
43	961.41	724.19	651.67	685.54	592.32	603.41	547.00	534.21
44	989.75	745.53	670.88	705.75	609.78	621.19	563.12	549.96
45	1,023.05	770.62	693.45	729.49	630.29	642.09	582.07	568.46
46	1,062.73	800.50	720.35	757.78	654.74	666.99	604.64	590.51
47	1,107.36	834.12	750.60	789.61	682.23	695.01	630.04	615.31
48	1,158.37	872.55	785.18	825.98	713.66	727.02	659.06	643.65
49	1,208.68	910.44	819.27	861.85	744.65	758.59	687.68	671.60
50	1,265.35	953.13	857.69	902.26	779.57	794.17	719.93	703.10
51	1,321.32	995.29	895.63	942.17	814.05	829.30	751.77	734.20
52	1,382.96	1,041.72	937.41	986.13	852.03	867.98	786.84	768.45
53	1,445.31	1,088.68	979.67	1,030.58	890.44	907.11	822.32	803.09
54	1,512.62	1,139.38	1,025.29	1,078.57	931.91	949.35	860.61	840.49
55	1,579.92	1,190.08	1,070.91	1,126.57	973.37	991.60	898.90	877.89
56	1,652.90	1,245.05	1,120.38	1,178.60	1,018.33	1,037.40	940.42	918.43
57	1,726.58	1,300.55	1,170.32	1,231.14	1,063.73	1,083.64	982.34	959.38
58	1,805.22	1,359.78	1,223.63	1,287.22	1,112.18	1,133.00	1,027.09	1,003.07
59	1,844.19	1,389.14	1,250.04	1,315.00	1,136.18	1,157.46	1,049.26	1,024.72
60	1,922.83	1,448.37	1,303.35	1,371.08	1,184.64	1,206.81	1,094.00	1,068.42
61	1,990.84	1,499.61	1,349.45	1,419.58	1,226.54	1,249.50	1,132.70	1,106.21
62	2,035.48	1,533.23	1,379.70	1,451.40	1,254.04	1,277.52	1,158.09	1,131.02
63	2,091.45	1,575.39	1,417.64	1,491.31	1,288.52	1,312.64	1,189.94	1,162.12
64+	2,125.44	1,601.01	1,440.69	1,515.57	1,309.47	1,333.98	1,209.30	1,181.01

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 6 Alameda County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	546.14	411.38	370.19	389.43	336.47	342.77	310.73	303.47
15	594.69	447.95	403.10	424.05	366.38	373.24	338.35	330.44
16	613.25	461.93	415.68	437.28	377.82	384.89	348.91	340.75
17	631.81	475.91	428.26	450.52	389.25	396.54	359.47	351.07
18	651.80	490.97	441.81	464.77	401.57	409.09	370.85	362.18
19	671.79	506.03	455.36	479.02	413.88	421.63	382.22	373.28
20	692.50	521.62	469.39	493.79	426.64	434.63	394.00	384.79
21	713.91	537.76	483.91	509.06	439.84	448.07	406.18	396.69
22	713.91	537.76	483.91	509.06	439.84	448.07	406.18	396.69
23	713.91	537.76	483.91	509.06	439.84	448.07	406.18	396.69
24	713.91	537.76	483.91	509.06	439.84	448.07	406.18	396.69
25	716.77	539.91	485.85	511.09	441.59	449.86	407.81	398.27
26	731.05	550.66	495.52	521.28	450.39	458.82	415.93	406.21
27	748.18	563.57	507.14	533.49	460.95	469.58	425.68	415.73
28	776.02	584.54	526.01	553.35	478.10	487.05	441.52	431.20
29	798.87	601.75	541.50	569.64	492.18	501.39	454.52	443.89
30	810.29	610.35	549.24	577.78	499.21	508.56	461.02	450.24
31	827.43	623.26	560.85	590.00	509.77	519.31	470.77	459.76
32	844.56	636.17	572.47	602.22	520.32	530.07	480.52	469.28
33	855.27	644.23	579.72	609.85	526.92	536.79	486.61	475.23
34	866.69	652.84	587.47	618.00	533.96	543.96	493.11	481.58
35	872.40	657.14	591.34	622.07	537.48	547.54	496.36	484.75
36	878.11	661.44	595.21	626.14	541.00	551.13	499.61	487.93
37	883.83	665.74	599.08	630.21	544.52	554.71	502.86	491.10
38	889.54	670.04	602.95	634.29	548.03	558.30	506.11	494.27
39	900.96	678.65	610.70	642.43	555.07	565.46	512.60	500.62
40	912.38	687.25	618.44	650.58	562.11	572.63	519.10	506.97
41	929.52	700.16	630.05	662.79	572.67	583.39	528.85	516.49
42	945.94	712.53	641.18	674.50	582.78	593.69	538.19	525.61
43	968.78	729.74	656.67	690.79	596.86	608.03	551.19	538.30
44	997.34	751.25	676.02	711.15	614.45	625.95	567.44	554.17
45	1,030.89	776.52	698.77	735.08	635.12	647.01	586.53	572.82
46	1,070.87	806.64	725.87	763.59	659.75	672.10	609.28	595.03
47	1,115.85	840.51	756.35	795.66	687.46	700.33	634.87	620.02
48	1,167.25	879.23	791.19	832.31	719.13	732.59	664.11	648.58
49	1,217.94	917.41	825.55	868.45	750.36	764.41	692.95	676.75
50	1,275.05	960.43	864.26	909.18	785.55	800.25	725.45	708.48
51	1,331.45	1,002.92	902.49	949.39	820.29	835.65	757.53	739.82
52	1,393.56	1,049.70	944.59	993.68	858.56	874.63	792.87	774.33
53	1,456.38	1,097.02	987.18	1,038.48	897.26	914.06	828.62	809.24
54	1,524.21	1,148.11	1,033.15	1,086.84	939.05	956.63	867.20	846.93
55	1,592.03	1,199.20	1,079.12	1,135.20	980.83	999.20	905.79	884.61
56	1,665.56	1,254.59	1,128.96	1,187.63	1,026.14	1,045.35	947.63	925.47
57	1,739.81	1,310.51	1,179.29	1,240.57	1,071.88	1,091.95	989.87	966.73
58	1,819.05	1,370.20	1,233.00	1,297.08	1,120.70	1,141.68	1,034.96	1,010.76
59	1,858.32	1,399.78	1,259.62	1,325.08	1,144.89	1,166.33	1,057.30	1,032.58
60	1,937.56	1,459.47	1,313.33	1,381.58	1,193.71	1,216.06	1,102.38	1,076.61
61	2,006.10	1,511.10	1,359.79	1,430.45	1,235.94	1,259.08	1,141.38	1,114.69
62	2,051.07	1,544.98	1,390.28	1,462.52	1,263.65	1,287.30	1,166.97	1,139.68
63	2,107.47	1,587.46	1,428.50	1,502.74	1,298.39	1,322.70	1,199.06	1,171.02
64+	2,141.73	1,613.28	1,451.73	1,527.18	1,319.52	1,344.21	1,218.54	1,190.07

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 7 Santa Clara County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	555.49	418.42	376.53	396.09	342.23	348.64	316.05	308.66
15	604.87	455.62	410.00	431.30	372.65	379.63	344.14	336.10
16	623.75	469.84	422.79	444.76	384.28	391.48	354.88	346.59
17	642.63	484.06	435.59	458.23	395.92	403.33	365.63	357.08
18	662.96	499.37	449.37	472.72	408.44	416.09	377.19	368.37
19	683.29	514.69	463.15	487.22	420.97	428.85	388.76	379.67
20	704.35	530.55	477.43	502.24	433.94	442.07	400.74	391.37
21	726.13	546.96	492.19	517.77	447.36	455.74	413.14	403.48
22	726.13	546.96	492.19	517.77	447.36	455.74	413.14	403.48
23	726.13	546.96	492.19	517.77	447.36	455.74	413.14	403.48
24	726.13	546.96	492.19	517.77	447.36	455.74	413.14	403.48
25	729.04	549.15	494.16	519.84	449.15	457.56	414.79	405.09
26	743.56	560.09	504.00	530.20	458.10	466.68	423.05	413.16
27	760.99	573.21	515.82	542.62	468.84	477.61	432.97	422.84
28	789.30	594.55	535.01	562.82	486.28	495.39	449.08	438.58
29	812.54	612.05	550.76	579.38	500.60	509.97	462.30	451.49
30	824.16	620.80	558.64	587.67	507.76	517.26	468.91	457.95
31	841.59	633.93	570.45	600.10	518.49	528.20	478.82	467.63
32	859.01	647.05	582.26	612.52	529.23	539.14	488.74	477.31
33	869.91	655.26	589.65	620.29	535.94	545.97	494.94	483.36
34	881.52	664.01	597.52	628.57	543.10	553.27	501.55	489.82
35	887.33	668.38	601.46	632.71	546.68	556.91	504.85	493.05
36	893.14	672.76	605.40	636.86	550.26	560.56	508.16	496.28
37	898.95	677.14	609.33	641.00	553.83	564.20	511.46	499.50
38	904.76	681.51	613.27	645.14	557.41	567.85	514.77	502.73
39	916.38	690.26	621.15	653.43	564.57	575.14	521.38	509.19
40	928.00	699.01	629.02	661.71	571.73	582.43	527.99	515.64
41	945.42	712.14	640.83	674.14	582.47	593.37	537.90	525.33
42	962.12	724.72	652.15	686.05	592.75	603.85	547.40	534.61
43	985.36	742.22	667.90	702.61	607.07	618.44	560.63	547.52
44	1,014.41	764.10	687.59	723.32	624.97	636.67	577.15	563.66
45	1,048.53	789.81	710.73	747.66	645.99	658.09	596.57	582.62
46	1,089.20	820.44	738.29	776.65	671.04	683.61	619.70	605.21
47	1,134.94	854.90	769.30	809.27	699.23	712.32	645.73	630.63
48	1,187.22	894.28	804.73	846.55	731.44	745.13	675.48	659.68
49	1,238.78	933.11	839.68	883.32	763.20	777.49	704.81	688.33
50	1,296.87	976.87	879.05	924.74	798.99	813.95	737.86	720.61
51	1,354.23	1,020.08	917.94	965.64	834.33	849.95	770.50	752.48
52	1,417.41	1,067.67	960.76	1,010.69	873.25	889.60	806.44	787.59
53	1,481.31	1,115.80	1,004.07	1,056.25	912.62	929.71	842.80	823.09
54	1,550.29	1,167.76	1,050.83	1,105.44	955.12	973.00	882.04	861.42
55	1,619.27	1,219.72	1,097.59	1,154.63	997.62	1,016.30	921.29	899.75
56	1,694.06	1,276.06	1,148.28	1,207.96	1,043.70	1,063.24	963.85	941.31
57	1,769.58	1,332.94	1,199.47	1,261.81	1,090.22	1,110.63	1,006.81	983.27
58	1,850.18	1,393.65	1,254.11	1,319.28	1,139.88	1,161.22	1,052.67	1,028.06
59	1,890.12	1,423.74	1,281.18	1,347.76	1,164.48	1,186.29	1,075.39	1,050.25
60	1,970.72	1,484.45	1,335.81	1,405.23	1,214.14	1,236.87	1,121.25	1,095.03
61	2,040.43	1,536.96	1,383.06	1,454.93	1,257.09	1,280.62	1,160.91	1,133.77
62	2,086.18	1,571.41	1,414.07	1,487.55	1,285.27	1,309.33	1,186.94	1,159.19
63	2,143.54	1,614.62	1,452.95	1,528.46	1,320.61	1,345.34	1,219.58	1,191.06
64+	2,178.39	1,640.88	1,476.57	1,553.31	1,342.08	1,367.22	1,239.42	1,210.44

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 8 San Mateo County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	578.56	435.80	392.16	412.54	356.44	363.12	329.17	321.48
15	629.98	474.54	427.02	449.21	388.13	395.39	358.43	350.05
16	649.65	489.35	440.35	463.23	400.24	407.74	369.62	360.98
17	669.31	504.16	453.68	477.25	412.36	420.08	380.81	371.90
18	690.49	520.11	468.03	492.35	425.40	433.37	392.86	383.67
19	711.66	536.06	482.39	507.45	438.45	446.66	404.90	395.44
20	733.60	552.58	497.25	523.09	451.96	460.42	417.38	407.62
21	756.28	569.67	512.63	539.27	465.94	474.66	430.29	420.23
22	756.28	569.67	512.63	539.27	465.94	474.66	430.29	420.23
23	756.28	569.67	512.63	539.27	465.94	474.66	430.29	420.23
24	756.28	569.67	512.63	539.27	465.94	474.66	430.29	420.23
25	759.31	571.95	514.68	541.43	467.80	476.56	432.01	421.91
26	774.43	583.34	524.93	552.21	477.12	486.05	440.62	430.32
27	792.59	597.02	537.24	565.16	488.30	497.45	450.95	440.40
28	822.08	619.23	557.23	586.19	506.48	515.96	467.73	456.79
29	846.28	637.46	573.63	603.44	521.39	531.15	481.50	470.24
30	858.38	646.58	581.84	612.07	528.84	538.74	488.38	476.96
31	876.53	660.25	594.14	625.01	540.02	550.13	498.71	487.05
32	894.68	673.92	606.44	637.96	551.21	561.53	509.03	497.13
33	906.03	682.47	614.13	646.05	558.20	568.65	515.49	503.44
34	918.13	691.58	622.33	654.67	565.65	576.24	522.37	510.16
35	924.18	696.14	626.43	658.99	569.38	580.04	525.82	513.52
36	930.23	700.70	630.54	663.30	573.11	583.83	529.26	516.88
37	936.28	705.25	634.64	667.62	576.83	587.63	532.70	520.25
38	942.33	709.81	638.74	671.93	580.56	591.43	536.14	523.61
39	954.43	718.93	646.94	680.56	588.02	599.02	543.03	530.33
40	966.53	728.04	655.14	689.19	595.47	606.62	549.91	537.05
41	984.68	741.71	667.44	702.13	606.65	618.01	560.24	547.14
42	1,002.08	754.82	679.24	714.53	617.37	628.93	570.14	556.81
43	1,026.28	773.05	695.64	731.79	632.28	644.12	583.91	570.25
44	1,056.53	795.83	716.14	753.36	650.92	663.10	601.12	587.06
45	1,092.07	822.61	740.24	778.71	672.82	685.41	621.34	606.81
46	1,134.43	854.51	768.95	808.91	698.91	711.99	645.44	630.35
47	1,182.07	890.40	801.24	842.88	728.26	741.90	672.55	656.82
48	1,236.52	931.41	838.15	881.71	761.81	776.07	703.53	687.08
49	1,290.22	971.86	874.55	920.00	794.89	809.77	734.08	716.91
50	1,350.72	1,017.43	915.56	963.14	832.17	847.75	768.50	750.53
51	1,410.47	1,062.44	956.06	1,005.74	868.98	885.25	802.49	783.73
52	1,476.27	1,112.00	1,000.65	1,052.66	909.51	926.54	839.93	820.29
53	1,542.82	1,162.13	1,045.77	1,100.11	950.52	968.31	877.79	857.27
54	1,614.67	1,216.25	1,094.47	1,151.34	994.78	1,013.40	918.67	897.19
55	1,686.51	1,270.37	1,143.17	1,202.57	1,039.04	1,058.50	959.55	937.11
56	1,764.41	1,329.05	1,195.97	1,258.12	1,087.04	1,107.39	1,003.87	980.40
57	1,843.06	1,388.29	1,249.28	1,314.20	1,135.49	1,156.75	1,048.62	1,024.10
58	1,927.01	1,451.52	1,306.18	1,374.06	1,187.21	1,209.44	1,096.38	1,070.75
59	1,968.61	1,482.86	1,334.38	1,403.72	1,212.84	1,235.55	1,120.05	1,093.86
60	2,052.56	1,546.09	1,391.28	1,463.58	1,264.56	1,288.23	1,167.81	1,140.51
61	2,125.16	1,600.78	1,440.49	1,515.35	1,309.29	1,333.80	1,209.12	1,180.85
62	2,172.80	1,636.67	1,472.79	1,549.32	1,338.64	1,363.71	1,236.23	1,207.32
63	2,232.55	1,681.67	1,513.28	1,591.93	1,375.45	1,401.20	1,270.22	1,240.52
64+	2,268.84	1,709.01	1,537.89	1,617.81	1,397.82	1,423.98	1,290.87	1,260.69

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 9 Monterey, San Benito and Santa Cruz counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	582.98	439.13	395.16	415.70	359.17	365.90	331.69	323.94
15	634.80	478.17	430.29	452.65	391.10	398.42	361.18	352.73
16	654.62	493.09	443.72	466.78	403.30	410.85	372.45	363.74
17	674.43	508.02	457.15	480.91	415.51	423.29	383.72	374.75
18	695.77	524.09	471.61	496.12	428.66	436.68	395.86	386.61
19	717.11	540.16	486.08	511.34	441.80	450.07	408.00	398.46
20	739.21	556.81	501.06	527.09	455.42	463.95	420.58	410.74
21	762.07	574.03	516.55	543.40	469.50	478.29	433.58	423.45
22	762.07	574.03	516.55	543.40	469.50	478.29	433.58	423.45
23	762.07	574.03	516.55	543.40	469.50	478.29	433.58	423.45
24	762.07	574.03	516.55	543.40	469.50	478.29	433.58	423.45
25	765.12	576.33	518.62	545.57	471.38	480.21	435.32	425.14
26	780.36	587.81	528.95	556.44	480.77	489.77	443.99	433.61
27	798.65	601.58	541.35	569.48	492.04	501.25	454.40	443.77
28	828.37	623.97	561.49	590.67	510.35	519.91	471.31	460.29
29	852.76	642.34	578.02	608.06	525.38	535.21	485.18	473.84
30	864.95	651.53	586.29	616.76	532.89	542.86	492.12	480.61
31	883.24	665.30	598.68	629.80	544.16	554.34	502.52	490.77
32	901.53	679.08	611.08	642.84	555.42	565.82	512.93	500.94
33	912.96	687.69	618.83	650.99	562.47	573.00	519.43	507.29
34	925.15	696.87	627.09	659.68	569.98	580.65	526.37	514.06
35	931.25	701.47	631.23	664.03	573.73	584.48	529.84	517.45
36	937.35	706.06	635.36	668.38	577.49	588.30	533.31	520.84
37	943.44	710.65	639.49	672.72	581.25	592.13	536.78	524.23
38	949.54	715.24	643.62	677.07	585.00	595.95	540.25	527.61
39	961.73	724.43	651.89	685.77	592.51	603.61	547.18	534.39
40	973.93	733.61	660.15	694.46	600.03	611.26	554.12	541.16
41	992.22	747.39	672.55	707.50	611.29	622.74	564.53	551.33
42	1,009.74	760.59	684.43	720.00	622.09	633.74	574.50	561.07
43	1,034.13	778.96	700.96	737.39	637.12	649.05	588.37	574.62
44	1,064.61	801.92	721.62	759.13	655.90	668.18	605.72	591.55
45	1,100.43	828.90	745.90	784.66	677.96	690.66	626.09	611.46
46	1,143.11	861.05	774.83	815.09	704.26	717.44	650.38	635.17
47	1,191.12	897.21	807.37	849.33	733.83	747.57	677.69	661.85
48	1,245.99	938.54	844.56	888.45	767.64	782.01	708.91	692.33
49	1,300.09	979.30	881.24	927.03	800.97	815.97	739.69	722.40
50	1,361.06	1,025.22	922.56	970.51	838.53	854.23	774.38	756.27
51	1,421.26	1,070.57	963.37	1,013.43	875.63	892.02	808.63	789.73
52	1,487.56	1,120.51	1,008.31	1,060.71	916.47	933.63	846.36	826.57
53	1,554.62	1,171.02	1,053.77	1,108.53	957.79	975.72	884.51	863.83
54	1,627.02	1,225.56	1,102.84	1,160.15	1,002.39	1,021.16	925.70	904.06
55	1,699.42	1,280.09	1,151.91	1,211.77	1,046.99	1,066.60	966.89	944.28
56	1,777.91	1,339.21	1,205.12	1,267.74	1,095.35	1,115.86	1,011.55	987.90
57	1,857.17	1,398.91	1,258.84	1,324.26	1,144.18	1,165.60	1,056.64	1,031.94
58	1,941.76	1,462.63	1,316.18	1,384.57	1,196.30	1,218.69	1,104.77	1,078.94
59	1,983.67	1,494.20	1,344.59	1,414.46	1,222.12	1,245.00	1,128.62	1,102.23
60	2,068.26	1,557.92	1,401.92	1,474.78	1,274.23	1,298.09	1,176.75	1,149.23
61	2,141.42	1,613.03	1,451.51	1,526.94	1,319.31	1,344.01	1,218.37	1,189.88
62	2,189.43	1,649.19	1,484.06	1,561.18	1,348.89	1,374.14	1,245.69	1,216.56
63	2,249.63	1,694.54	1,524.86	1,604.11	1,385.98	1,411.92	1,279.94	1,250.01
64+	2,286.21	1,722.09	1,549.65	1,630.20	1,408.50	1,434.87	1,300.74	1,270.35

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	578.95	436.09	392.43	412.82	356.68	363.36	329.40	321.69
15	630.41	474.86	427.31	449.52	388.39	395.66	358.67	350.29
16	650.09	489.68	440.65	463.55	400.51	408.01	369.87	361.22
17	669.76	504.50	453.98	477.58	412.63	420.36	381.07	372.16
18	690.95	520.46	468.35	492.69	425.69	433.66	393.12	383.93
19	712.14	536.42	482.71	507.80	438.74	446.96	405.18	395.70
20	734.09	552.96	497.59	523.45	452.27	460.73	417.66	407.90
21	756.79	570.06	512.98	539.63	466.25	474.98	430.58	420.51
22	756.79	570.06	512.98	539.63	466.25	474.98	430.58	420.51
23	756.79	570.06	512.98	539.63	466.25	474.98	430.58	420.51
24	756.79	570.06	512.98	539.63	466.25	474.98	430.58	420.51
25	759.82	572.34	515.03	541.79	468.12	476.88	432.30	422.20
26	774.96	583.74	525.29	552.59	477.44	486.38	440.92	430.61
27	793.12	597.42	537.60	565.54	488.63	497.78	451.25	440.70
28	822.64	619.65	557.61	586.58	506.82	516.31	468.04	457.10
29	846.85	637.89	574.02	603.85	521.74	531.51	481.82	470.56
30	858.96	647.01	582.23	612.49	529.20	539.11	488.71	477.28
31	877.13	660.70	594.54	625.44	540.39	550.51	499.04	487.38
32	895.29	674.38	606.85	638.39	551.58	561.91	509.38	497.47
33	906.64	682.93	614.55	646.48	558.57	569.03	515.84	503.78
34	918.75	692.05	622.75	655.12	566.03	576.63	522.73	510.50
35	924.80	696.61	626.86	659.43	569.76	580.43	526.17	513.87
36	930.86	701.17	630.96	663.75	573.49	584.23	529.62	517.23
37	936.91	705.73	635.07	668.07	577.22	588.03	533.06	520.60
38	942.97	710.29	639.17	672.38	580.95	591.83	536.51	523.96
39	955.08	719.41	647.38	681.02	588.41	599.43	543.39	530.69
40	967.18	728.53	655.58	689.65	595.87	607.03	550.28	537.42
41	985.35	742.21	667.90	702.60	607.06	618.43	560.62	547.51
42	1,002.75	755.33	679.69	715.02	617.79	629.35	570.52	557.18
43	1,026.97	773.57	696.11	732.28	632.71	644.55	584.30	570.64
44	1,057.24	796.37	716.63	753.87	651.36	663.55	601.52	587.46
45	1,092.81	823.16	740.74	779.23	673.27	685.88	621.76	607.22
46	1,135.19	855.09	769.47	809.45	699.38	712.47	645.87	630.77
47	1,182.87	891.00	801.78	843.45	728.75	742.40	673.00	657.26
48	1,237.36	932.04	838.72	882.30	762.33	776.60	704.00	687.54
49	1,291.09	972.52	875.14	920.62	795.43	810.32	734.57	717.40
50	1,351.64	1,018.12	916.18	963.79	832.73	848.32	769.02	751.04
51	1,411.42	1,063.16	956.70	1,006.42	869.56	885.84	803.04	784.26
52	1,477.26	1,112.75	1,001.33	1,053.37	910.13	927.17	840.50	820.84
53	1,543.86	1,162.92	1,046.47	1,100.86	951.16	968.97	878.39	857.85
54	1,615.76	1,217.07	1,095.21	1,152.12	995.45	1,014.09	919.29	897.80
55	1,687.65	1,271.23	1,143.94	1,203.39	1,039.75	1,059.21	960.20	937.75
56	1,765.60	1,329.94	1,196.77	1,258.97	1,087.77	1,108.14	1,004.55	981.06
57	1,844.31	1,389.23	1,250.12	1,315.09	1,136.26	1,157.53	1,049.33	1,024.79
58	1,928.31	1,452.51	1,307.06	1,374.99	1,188.01	1,210.26	1,097.12	1,071.47
59	1,969.94	1,483.86	1,335.28	1,404.67	1,213.66	1,236.38	1,120.80	1,094.60
60	2,053.94	1,547.13	1,392.22	1,464.57	1,265.41	1,289.10	1,168.60	1,141.28
61	2,126.59	1,601.86	1,441.46	1,516.37	1,310.17	1,334.70	1,209.94	1,181.65
62	2,174.27	1,637.77	1,473.78	1,550.37	1,339.55	1,364.63	1,237.06	1,208.14
63	2,234.06	1,682.81	1,514.31	1,593.00	1,376.38	1,402.15	1,271.08	1,241.36
64+	2,270.37	1,710.18	1,538.94	1,618.89	1,398.75	1,424.94	1,291.74	1,261.53

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 11 Fresno, Kings and Madera counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	416.64	313.84	282.41	297.09	256.69	261.50	237.05	231.51
15	453.68	341.73	307.52	323.50	279.51	284.74	258.12	252.09
16	467.84	352.40	317.11	333.59	288.23	293.63	266.18	259.96
17	482.00	363.07	326.71	343.69	296.96	302.52	274.24	267.82
18	497.25	374.55	337.05	354.57	306.35	312.09	282.91	276.30
19	512.50	386.04	347.39	365.44	315.75	321.66	291.59	284.77
20	528.29	397.94	358.09	376.70	325.48	331.57	300.58	293.55
21	544.63	410.25	369.17	388.35	335.54	341.83	309.87	302.63
22	544.63	410.25	369.17	388.35	335.54	341.83	309.87	302.63
23	544.63	410.25	369.17	388.35	335.54	341.83	309.87	302.63
24	544.63	410.25	369.17	388.35	335.54	341.83	309.87	302.63
25	546.81	411.89	370.64	389.91	336.89	343.19	311.11	303.84
26	557.70	420.09	378.03	397.67	343.60	350.03	317.31	309.89
27	570.78	429.94	386.89	406.99	351.65	358.23	324.75	317.15
28	592.02	445.94	401.29	422.14	364.74	371.56	336.83	328.95
29	609.44	459.07	413.10	434.57	375.47	382.50	346.75	338.64
30	618.16	465.63	419.01	440.78	380.84	387.97	351.70	343.48
31	631.23	475.48	427.87	450.10	388.89	396.18	359.14	350.74
32	644.30	485.32	436.73	459.42	396.95	404.38	366.58	358.01
33	652.47	491.47	442.26	465.25	401.98	409.51	371.23	362.55
34	661.18	498.04	448.17	471.46	407.35	414.98	376.18	367.39
35	665.54	501.32	451.12	474.57	410.03	417.71	378.66	369.81
36	669.90	504.60	454.08	477.67	412.72	420.45	381.14	372.23
37	674.26	507.88	457.03	480.78	415.40	423.18	383.62	374.65
38	678.61	511.17	459.98	483.89	418.09	425.91	386.10	377.07
39	687.33	517.73	465.89	490.10	423.46	431.38	391.06	381.91
40	696.04	524.29	471.80	496.31	428.82	436.85	396.02	386.76
41	709.11	534.14	480.66	505.63	436.88	445.06	403.45	394.02
42	721.64	543.58	489.15	514.57	444.59	452.92	410.58	400.98
43	739.07	556.70	500.96	526.99	455.33	463.86	420.50	410.66
44	760.85	573.11	515.73	542.53	468.75	477.53	432.89	422.77
45	786.45	592.40	533.08	560.78	484.52	493.60	447.45	436.99
46	816.95	615.37	553.75	582.53	503.31	512.74	464.81	453.94
47	851.26	641.21	577.01	606.99	524.45	534.27	484.33	473.00
48	890.48	670.75	603.59	634.96	548.61	558.88	506.64	494.79
49	929.14	699.88	629.80	662.53	572.44	583.15	528.64	516.28
50	972.72	732.70	659.33	693.60	599.28	610.50	553.43	540.49
51	1,015.74	765.11	688.50	724.28	625.79	637.50	577.91	564.40
52	1,063.12	800.80	720.62	758.06	654.98	667.24	604.87	590.73
53	1,111.05	836.90	753.10	792.24	684.51	697.32	632.14	617.36
54	1,162.79	875.88	788.17	829.13	716.38	729.80	661.58	646.11
55	1,214.53	914.85	823.24	866.03	748.26	762.27	691.01	674.86
56	1,270.63	957.10	861.27	906.03	782.82	797.48	722.93	706.03
57	1,327.27	999.77	899.66	946.41	817.72	833.03	755.16	737.50
58	1,387.73	1,045.31	940.64	989.52	854.96	870.97	789.55	771.09
59	1,417.68	1,067.87	960.94	1,010.88	873.42	889.77	806.60	787.74
60	1,478.13	1,113.41	1,001.92	1,053.99	910.66	927.71	840.99	821.33
61	1,530.42	1,152.79	1,037.36	1,091.27	942.88	960.53	870.74	850.38
62	1,564.73	1,178.64	1,060.62	1,115.74	964.02	982.06	890.26	869.45
63	1,607.76	1,211.05	1,089.78	1,146.42	990.52	1,009.07	914.74	893.35
64+	1,633.89	1,230.75	1,107.51	1,165.05	1,006.62	1,025.49	929.61	907.89

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	457.61	344.70	310.18	326.30	281.93	287.21	260.36	254.27
15	498.29	375.34	337.75	355.30	306.99	312.74	283.50	276.87
16	513.84	387.05	348.29	366.39	316.57	322.50	292.35	285.52
17	529.39	398.77	358.84	377.48	326.15	332.26	301.20	294.16
18	546.14	411.38	370.19	389.43	336.47	342.77	310.73	303.46
19	562.89	424.00	381.54	401.37	346.79	353.28	320.26	312.77
20	580.24	437.07	393.30	413.74	357.48	364.17	330.13	322.41
21	598.18	450.58	405.47	426.54	368.53	375.43	340.34	332.38
22	598.18	450.58	405.47	426.54	368.53	375.43	340.34	332.38
23	598.18	450.58	405.47	426.54	368.53	375.43	340.34	332.38
24	598.18	450.58	405.47	426.54	368.53	375.43	340.34	332.38
25	600.58	452.38	407.09	428.24	370.01	376.94	341.70	333.71
26	612.54	461.40	415.20	436.77	377.38	384.45	348.51	340.36
27	626.90	472.21	424.93	447.01	386.22	393.46	356.68	348.34
28	650.23	489.78	440.74	463.65	400.60	408.10	369.95	361.30
29	669.37	504.20	453.72	477.29	412.39	420.11	380.84	371.93
30	678.94	511.41	460.20	484.12	418.29	426.12	386.28	377.25
31	693.29	522.23	469.93	494.36	427.13	435.13	394.45	385.23
32	707.65	533.04	479.67	504.59	435.98	444.14	402.62	393.21
33	716.62	539.80	485.75	510.99	441.50	449.77	407.73	398.19
34	726.19	547.01	492.23	517.82	447.40	455.78	413.17	403.51
35	730.98	550.61	495.48	521.23	450.35	458.78	415.89	406.17
36	735.77	554.22	498.72	524.64	453.30	461.78	418.62	408.83
37	740.55	557.82	501.97	528.05	456.25	464.79	421.34	411.49
38	745.34	561.43	505.21	531.46	459.19	467.79	424.06	414.15
39	754.91	568.64	511.70	538.29	465.09	473.80	429.51	419.47
40	764.48	575.84	518.18	545.11	470.99	479.81	434.95	424.78
41	778.83	586.66	527.92	555.35	479.83	488.82	443.12	432.76
42	792.59	597.02	537.24	565.16	488.31	497.45	450.95	440.41
43	811.73	611.44	550.22	578.81	500.10	509.46	461.84	451.04
44	835.66	629.46	566.44	595.87	514.84	524.48	475.45	464.34
45	863.78	650.64	585.49	615.92	532.16	542.13	491.45	479.96
46	897.28	675.87	608.20	639.80	552.80	563.15	510.51	498.57
47	934.96	704.26	633.74	666.68	576.02	586.80	531.95	519.51
48	978.03	736.70	662.94	697.39	602.55	613.84	556.45	543.44
49	1,020.50	768.69	691.72	727.67	628.72	640.49	580.62	567.04
50	1,068.36	804.74	724.16	761.79	658.20	670.53	607.85	593.63
51	1,115.61	840.34	756.19	795.49	687.32	700.19	634.73	619.89
52	1,167.65	879.54	791.47	832.60	719.38	732.85	664.34	648.81
53	1,220.29	919.19	827.15	870.13	751.81	765.89	694.29	678.06
54	1,277.12	961.99	865.67	910.66	786.82	801.55	726.62	709.63
55	1,333.95	1,004.80	904.19	951.18	821.83	837.22	758.96	741.21
56	1,395.56	1,051.21	945.95	995.11	859.79	875.89	794.01	775.45
57	1,457.77	1,098.07	988.12	1,039.47	898.12	914.93	829.41	810.01
58	1,524.17	1,148.08	1,033.13	1,086.81	939.03	956.61	867.18	846.91
59	1,557.07	1,172.87	1,055.43	1,110.27	959.30	977.26	885.90	865.19
60	1,623.47	1,222.88	1,100.43	1,157.62	1,000.20	1,018.93	923.68	902.08
61	1,680.90	1,266.14	1,139.36	1,198.57	1,035.58	1,054.97	956.35	933.99
62	1,718.58	1,294.52	1,164.90	1,225.44	1,058.80	1,078.62	977.79	954.93
63	1,765.84	1,330.12	1,196.93	1,259.14	1,087.91	1,108.28	1,004.68	981.19
64+	1,794.54	1,351.74	1,216.41	1,279.62	1,105.59	1,126.29	1,021.02	997.14

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 13 Imperial, Inyo and Mono counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	571.26	430.30	387.21	407.34	351.95	358.54	325.02	317.42
15	622.04	468.55	421.63	443.54	383.23	390.40	353.91	345.64
16	641.45	483.17	434.79	457.39	395.19	402.59	364.96	356.42
17	660.87	497.80	447.95	471.23	407.15	414.78	376.00	367.21
18	681.77	513.55	462.13	486.14	420.03	427.90	387.90	378.83
19	702.68	529.30	476.30	501.05	432.92	441.02	399.80	390.45
20	724.34	545.61	490.98	516.49	446.26	454.61	412.12	402.48
21	746.74	562.48	506.16	532.47	460.06	468.67	424.86	414.93
22	746.74	562.48	506.16	532.47	460.06	468.67	424.86	414.93
23	746.74	562.48	506.16	532.47	460.06	468.67	424.86	414.93
24	746.74	562.48	506.16	532.47	460.06	468.67	424.86	414.93
25	749.73	564.73	508.19	534.60	461.90	470.55	426.56	416.59
26	764.66	575.98	518.31	545.25	471.10	479.92	435.06	424.89
27	782.59	589.48	530.46	558.02	482.14	491.17	445.26	434.84
28	811.71	611.42	550.20	578.79	500.09	509.45	461.82	451.03
29	835.60	629.42	566.40	595.83	514.81	524.45	475.42	464.30
30	847.55	638.42	574.49	604.35	522.17	531.94	482.22	470.94
31	865.47	651.92	586.64	617.13	533.21	543.19	492.42	480.90
32	883.40	665.42	598.79	629.91	544.25	554.44	502.61	490.86
33	894.60	673.86	606.38	637.89	551.15	561.47	508.98	497.08
34	906.54	682.86	614.48	646.41	558.51	568.97	515.78	503.72
35	912.52	687.36	618.53	650.67	562.19	572.72	519.18	507.04
36	918.49	691.86	622.58	654.93	565.87	576.47	522.58	510.36
37	924.47	696.36	626.63	659.19	569.55	580.22	525.98	513.68
38	930.44	700.86	630.68	663.45	573.23	583.97	529.38	517.00
39	942.39	709.86	638.78	671.97	580.60	591.47	536.18	523.64
40	954.34	718.85	646.88	680.49	587.96	598.96	542.97	530.28
41	972.26	732.35	659.02	693.27	599.00	610.21	553.17	540.24
42	989.43	745.29	670.66	705.52	609.58	620.99	562.94	549.78
43	1,013.33	763.29	686.86	722.56	624.30	635.99	576.54	563.06
44	1,043.20	785.79	707.11	743.86	642.70	654.74	593.53	579.65
45	1,078.29	812.23	730.90	768.88	664.33	676.76	613.50	599.16
46	1,120.11	843.73	759.24	798.70	690.09	703.01	637.29	622.39
47	1,167.16	879.16	791.13	832.24	719.07	732.54	664.06	648.53
48	1,220.92	919.66	827.58	870.58	752.20	766.28	694.65	678.41
49	1,273.94	959.60	863.51	908.39	784.86	799.56	724.81	707.87
50	1,333.68	1,004.60	904.01	950.98	821.67	837.05	758.80	741.06
51	1,392.67	1,049.03	943.99	993.05	858.01	874.08	792.37	773.84
52	1,457.64	1,097.97	988.03	1,039.37	898.04	914.85	829.33	809.94
53	1,523.35	1,147.47	1,032.57	1,086.23	938.52	956.09	866.72	846.45
54	1,594.29	1,200.90	1,080.66	1,136.82	982.23	1,000.62	907.08	885.87
55	1,665.23	1,254.34	1,128.74	1,187.40	1,025.93	1,045.14	947.44	925.29
56	1,742.15	1,312.28	1,180.88	1,242.24	1,073.32	1,093.42	991.20	968.03
57	1,819.81	1,370.77	1,233.52	1,297.62	1,121.17	1,142.16	1,035.39	1,011.18
58	1,902.70	1,433.21	1,289.70	1,356.72	1,172.23	1,194.18	1,082.55	1,057.24
59	1,943.77	1,464.15	1,317.54	1,386.01	1,197.54	1,219.96	1,105.92	1,080.06
60	2,026.66	1,526.58	1,373.72	1,445.11	1,248.60	1,271.98	1,153.08	1,126.11
61	2,098.34	1,580.58	1,422.32	1,496.23	1,292.77	1,316.97	1,193.86	1,165.95
62	2,145.39	1,616.02	1,454.20	1,529.78	1,321.75	1,346.50	1,220.63	1,192.09
63	2,204.38	1,660.45	1,494.19	1,571.84	1,358.10	1,383.52	1,254.19	1,224.87
64+	2,240.22	1,687.44	1,518.48	1,597.41	1,380.18	1,406.01	1,274.58	1,244.79

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 14 Kern County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	422.86	318.52	286.62	301.52	260.52	265.39	240.59	234.96
15	460.44	346.83	312.10	328.32	283.67	288.99	261.97	255.85
16	474.81	357.65	321.84	338.57	292.53	298.01	270.15	263.83
17	489.19	368.48	331.58	348.82	301.38	307.03	278.32	271.82
18	504.66	380.14	342.07	359.85	310.92	316.74	287.13	280.42
19	520.14	391.80	352.57	370.89	320.45	326.45	295.94	289.02
20	536.17	403.87	363.43	382.32	330.33	336.51	305.06	297.92
21	552.75	416.36	374.67	394.14	340.55	346.92	314.49	307.14
22	552.75	416.36	374.67	394.14	340.55	346.92	314.49	307.14
23	552.75	416.36	374.67	394.14	340.55	346.92	314.49	307.14
24	552.75	416.36	374.67	394.14	340.55	346.92	314.49	307.14
25	554.96	418.03	376.17	395.72	341.91	348.31	315.75	308.37
26	566.02	426.35	383.66	403.60	348.72	355.25	322.04	314.51
27	579.28	436.35	392.66	413.06	356.89	363.57	329.59	321.88
28	600.84	452.59	407.27	428.43	370.17	377.10	341.85	333.86
29	618.53	465.91	419.26	441.04	381.07	388.20	351.92	343.69
30	627.37	472.57	425.25	447.35	386.52	393.76	356.95	348.60
31	640.64	482.56	434.24	456.81	394.69	402.08	364.50	355.97
32	653.91	492.56	443.24	466.27	402.87	410.41	372.04	363.34
33	662.20	498.80	448.86	472.18	407.97	415.61	376.76	367.95
34	671.04	505.46	454.85	478.49	413.42	421.16	381.79	372.87
35	675.46	508.79	457.85	481.64	416.15	423.94	384.31	375.32
36	679.89	512.12	460.85	484.79	418.87	426.71	386.82	377.78
37	684.31	515.46	463.84	487.95	421.60	429.49	389.34	380.24
38	688.73	518.79	466.84	491.10	424.32	432.26	391.86	382.69
39	697.57	525.45	472.83	497.41	429.77	437.81	396.89	387.61
40	706.42	532.11	478.83	503.71	435.22	443.37	401.92	392.52
41	719.68	542.10	487.82	513.17	443.39	451.69	409.47	399.89
42	732.40	551.68	496.44	522.24	451.22	459.67	416.70	406.96
43	750.09	565.00	508.43	534.85	462.12	470.77	426.76	416.79
44	772.20	581.66	523.42	550.62	475.74	484.65	439.34	429.07
45	798.17	601.23	541.02	569.14	491.75	500.95	454.13	443.51
46	829.13	624.54	562.01	591.21	510.82	520.38	471.74	460.71
47	863.95	650.77	585.61	616.04	532.27	542.24	491.55	480.06
48	903.75	680.75	612.59	644.42	556.79	567.22	514.19	502.17
49	943.00	710.31	639.19	672.41	580.97	591.85	536.52	523.98
50	987.22	743.62	669.16	703.94	608.21	619.60	561.68	548.55
51	1,030.88	776.51	698.76	735.07	635.12	647.01	586.53	572.81
52	1,078.97	812.74	731.36	769.36	664.74	677.19	613.89	599.53
53	1,127.62	849.38	764.33	804.05	694.71	707.72	641.56	626.56
54	1,180.13	888.93	799.92	841.49	727.06	740.68	671.44	655.74
55	1,232.64	928.49	835.52	878.94	759.42	773.63	701.32	684.92
56	1,289.57	971.37	874.11	919.53	794.49	809.37	733.71	716.55
57	1,347.06	1,014.67	913.07	960.52	829.91	845.45	766.41	748.49
58	1,408.41	1,060.89	954.66	1,004.27	867.71	883.96	801.32	782.59
59	1,438.81	1,083.79	975.27	1,025.95	886.44	903.04	818.62	799.48
60	1,500.17	1,130.01	1,016.86	1,069.70	924.24	941.54	853.53	833.57
61	1,553.23	1,169.98	1,052.83	1,107.54	956.93	974.85	883.72	863.06
62	1,588.06	1,196.21	1,076.43	1,132.37	978.39	996.70	903.53	882.41
63	1,631.73	1,229.10	1,106.03	1,163.51	1,005.29	1,024.11	928.38	906.67
64+	1,658.25	1,249.08	1,124.01	1,182.42	1,021.65	1,040.76	943.47	921.42

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	358.85	270.30	243.24	255.88	221.08	225.22	204.17	199.40
15	390.75	294.33	264.86	278.62	240.74	245.24	222.32	217.12
16	402.94	303.52	273.13	287.32	248.25	252.90	229.26	223.90
17	415.14	312.71	281.39	296.02	255.76	260.55	236.20	230.67
18	428.28	322.60	290.30	305.38	263.86	268.80	243.67	237.97
19	441.41	332.49	299.20	314.75	271.95	277.04	251.14	245.27
20	455.01	342.74	308.42	324.45	280.33	285.58	258.88	252.83
21	469.09	353.34	317.96	334.48	289.00	294.41	266.89	260.65
22	469.09	353.34	317.96	334.48	289.00	294.41	266.89	260.65
23	469.09	353.34	317.96	334.48	289.00	294.41	266.89	260.65
24	469.09	353.34	317.96	334.48	289.00	294.41	266.89	260.65
25	470.96	354.75	319.23	335.82	290.16	295.59	267.96	261.69
26	480.34	361.82	325.59	342.51	295.94	301.48	273.29	266.90
27	491.60	370.30	333.22	350.54	302.87	308.54	279.70	273.16
28	509.90	384.08	345.62	363.58	314.14	320.02	290.11	283.32
29	524.91	395.39	355.80	374.29	323.39	329.44	298.65	291.67
30	532.41	401.04	360.88	379.64	328.01	334.16	302.92	295.84
31	543.67	409.52	368.52	387.67	334.95	341.22	309.32	302.09
32	554.93	418.00	376.15	395.69	341.89	348.29	315.73	308.35
33	561.96	423.30	380.92	400.71	346.22	352.70	319.73	312.26
34	569.47	428.95	386.00	406.06	350.85	357.41	324.00	316.43
35	573.22	431.78	388.55	408.74	353.16	359.77	326.14	318.51
36	576.98	434.61	391.09	411.41	355.47	362.12	328.27	320.60
37	580.73	437.43	393.63	414.09	357.78	364.48	330.41	322.68
38	584.48	440.26	396.18	416.77	360.09	366.83	332.54	324.77
39	591.99	445.91	401.26	422.12	364.72	371.55	336.81	328.94
40	599.49	451.57	406.35	427.47	369.34	376.26	341.08	333.11
41	610.75	460.05	413.98	435.50	376.28	383.32	347.49	339.36
42	621.54	468.18	421.30	443.19	382.92	390.09	353.63	345.36
43	636.55	479.48	431.47	453.89	392.17	399.51	362.17	353.70
44	655.31	493.62	444.19	467.27	403.73	411.29	372.84	364.13
45	677.36	510.22	459.13	482.99	417.31	425.13	385.39	376.38
46	703.63	530.01	476.94	501.72	433.50	441.61	400.33	390.97
47	733.18	552.27	496.97	522.80	451.71	460.16	417.15	407.39
48	766.96	577.71	519.86	546.88	472.51	481.36	436.36	426.16
49	800.26	602.80	542.44	570.63	493.03	502.26	455.31	444.67
50	837.79	631.06	567.88	597.39	516.15	525.82	476.66	465.52
51	874.85	658.98	592.99	623.81	538.98	549.07	497.75	486.11
52	915.66	689.72	620.66	652.91	564.13	574.69	520.97	508.79
53	956.94	720.81	648.64	682.35	589.56	600.60	544.45	531.72
54	1,001.50	754.38	678.84	714.12	617.01	628.57	569.81	556.48
55	1,046.06	787.95	709.05	745.90	644.47	656.53	595.16	581.25
56	1,094.38	824.34	741.80	780.35	674.24	686.86	622.65	608.09
57	1,143.16	861.09	774.87	815.14	704.29	717.48	650.41	635.20
58	1,195.23	900.31	810.16	852.26	736.37	750.16	680.03	664.13
59	1,221.03	919.74	827.65	870.66	752.26	766.35	694.71	678.47
60	1,273.10	958.96	862.94	907.79	784.34	799.03	724.34	707.40
61	1,318.13	992.88	893.47	939.90	812.09	827.29	749.96	732.42
62	1,347.68	1,015.15	913.50	960.97	830.29	845.84	766.77	748.84
63	1,384.74	1,043.06	938.62	987.39	853.13	869.10	787.86	769.43
64+	1,407.27	1,060.02	953.88	1,003.44	867.00	883.23	800.67	781.95

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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

Age	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	EnhancedCare Silver 70 PPO 2000/55 + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt	EnhancedCare Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	278.09	197.40	179.84	178.14	157.71
15	302.81	214.95	195.83	193.97	171.73
16	312.26	221.66	201.94	200.03	177.09
17	321.71	228.37	208.05	206.08	182.45
18	331.89	235.59	214.64	212.60	188.22
19	342.06	242.82	221.22	219.12	193.99
20	352.61	250.30	228.04	225.87	199.97
21	363.51	258.04	235.09	232.86	206.15
22	363.51	258.04	235.09	232.86	206.15
23	363.51	258.04	235.09	232.86	206.15
24	363.51	258.04	235.09	232.86	206.15
25	364.97	259.08	236.03	233.79	206.98
26	372.24	264.24	240.73	238.45	211.10
27	380.96	270.43	246.37	244.04	216.05
28	395.14	280.49	255.54	253.12	224.09
29	406.77	288.75	263.07	260.57	230.69
30	412.59	292.88	266.83	264.29	233.99
31	421.31	299.07	272.47	269.88	238.93
32	430.03	305.27	278.11	275.47	243.88
33	435.49	309.14	281.64	278.96	246.97
34	441.30	313.26	285.40	282.69	250.27
35	444.21	315.33	287.28	284.55	251.92
36	447.12	317.39	289.16	286.42	253.57
37	450.03	319.46	291.04	288.28	255.22
38	452.94	321.52	292.92	290.14	256.87
39	458.75	325.65	296.68	293.87	260.17
40	464.57	329.78	300.44	297.59	263.47
41	473.29	335.97	306.09	303.18	268.41
42	481.65	341.91	311.49	308.54	273.16
43	493.29	350.17	319.02	315.99	279.75
44	507.83	360.49	328.42	325.30	288.00
45	524.91	372.61	339.47	336.25	297.69
46	545.27	387.07	352.63	349.29	309.23
47	568.17	403.32	367.45	363.96	322.22
48	594.34	421.90	384.37	380.72	337.06
49	620.15	440.22	401.06	397.26	351.70
50	649.23	460.87	419.87	415.88	368.19
51	677.95	481.25	438.44	434.28	384.48
52	709.58	503.70	458.90	454.54	402.41
53	741.56	526.41	479.58	475.03	420.56
54	776.10	550.92	501.92	497.15	440.14
55	810.63	575.44	524.25	519.27	459.73
56	848.07	602.02	548.46	543.26	480.96
57	885.88	628.85	572.91	567.47	502.40
58	926.23	657.49	599.01	593.32	525.28
59	946.22	671.69	611.94	606.13	536.62
60	986.57	700.33	638.03	631.98	559.50
61	1,021.47	725.10	660.60	654.33	579.30
62	1,044.37	741.36	675.41	669.00	592.28
63	1,073.09	761.74	693.99	687.40	608.57
64+	1,090.53	774.12	705.27	698.58	618.45

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	439.29	330.90	297.76	313.24	270.64	275.71	249.94	244.09
15	478.34	360.31	324.23	341.08	294.70	300.22	272.15	265.79
16	493.27	371.56	334.35	351.73	303.90	309.59	280.65	274.09
17	508.20	382.80	344.47	362.37	313.10	318.96	289.14	282.38
18	524.28	394.91	355.37	373.84	323.00	329.05	298.29	291.32
19	540.36	407.02	366.27	385.30	332.91	339.14	307.44	300.25
20	557.01	419.57	377.56	397.18	343.17	349.59	316.91	309.50
21	574.24	432.54	389.23	409.46	353.78	360.40	326.71	319.07
22	574.24	432.54	389.23	409.46	353.78	360.40	326.71	319.07
23	574.24	432.54	389.23	409.46	353.78	360.40	326.71	319.07
24	574.24	432.54	389.23	409.46	353.78	360.40	326.71	319.07
25	576.53	434.27	390.79	411.10	355.20	361.85	328.02	320.35
26	588.02	442.92	398.57	419.29	362.27	369.05	334.56	326.73
27	601.80	453.31	407.92	429.11	370.76	377.70	342.40	334.39
28	624.19	470.18	423.10	445.08	384.56	391.76	355.14	346.83
29	642.57	484.02	435.55	458.19	395.88	403.29	365.59	357.04
30	651.76	490.94	441.78	464.74	401.54	409.06	370.82	362.15
31	665.54	501.32	451.12	474.56	410.03	417.71	378.66	369.81
32	679.32	511.70	460.46	484.39	418.52	426.36	386.50	377.47
33	687.93	518.19	466.30	490.53	423.83	431.76	391.40	382.25
34	697.12	525.11	472.53	497.08	429.49	437.53	396.63	387.36
35	701.72	528.57	475.64	500.36	432.32	440.41	399.24	389.91
36	706.31	532.03	478.76	503.64	435.15	443.30	401.86	392.46
37	710.90	535.49	481.87	506.91	437.98	446.18	404.47	395.01
38	715.50	538.95	484.98	510.19	440.81	449.06	407.09	397.57
39	724.69	545.87	491.21	516.74	446.47	454.83	412.31	402.67
40	733.87	552.79	497.44	523.29	452.13	460.60	417.54	407.78
41	747.65	563.17	506.78	533.12	460.62	469.25	425.38	415.44
42	760.86	573.12	515.73	542.53	468.76	477.54	432.90	422.77
43	779.24	586.96	528.19	555.64	480.08	489.07	443.35	432.98
44	802.21	604.26	543.76	572.02	494.23	503.48	456.42	445.75
45	829.20	624.59	562.05	591.26	510.86	520.42	471.77	460.74
46	861.35	648.82	583.85	614.19	530.67	540.61	490.07	478.61
47	897.53	676.07	608.37	639.99	552.96	563.31	510.65	498.71
48	938.87	707.21	636.40	669.47	578.43	589.26	534.18	521.69
49	979.65	737.92	664.03	698.54	603.55	614.85	557.37	544.34
50	1,025.58	772.52	695.17	731.30	631.85	643.68	583.51	569.87
51	1,070.95	806.69	725.92	763.64	659.80	672.15	609.32	595.07
52	1,120.91	844.33	759.78	799.27	690.58	703.51	637.75	622.83
53	1,171.44	882.39	794.03	835.30	721.71	735.22	666.50	650.91
54	1,225.99	923.48	831.01	874.20	755.32	769.46	697.53	681.22
55	1,280.55	964.57	867.99	913.10	788.93	803.70	728.57	711.54
56	1,339.69	1,009.12	908.08	955.27	825.37	840.82	762.22	744.40
57	1,399.41	1,054.11	948.56	997.85	862.16	878.31	796.20	777.59
58	1,463.15	1,102.12	991.77	1,043.30	901.43	918.31	832.47	813.00
59	1,494.73	1,125.91	1,013.17	1,065.82	920.89	938.13	850.44	830.55
60	1,558.47	1,173.92	1,056.38	1,111.28	960.16	978.14	886.70	865.97
61	1,613.60	1,215.45	1,093.74	1,150.58	994.12	1,012.74	918.07	896.60
62	1,649.78	1,242.70	1,118.27	1,176.38	1,016.41	1,035.44	938.65	916.70
63	1,695.14	1,276.87	1,149.02	1,208.73	1,044.36	1,063.91	964.46	941.91
64+	1,722.72	1,297.62	1,167.69	1,228.38	1,061.34	1,081.20	980.13	957.21

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

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

Age	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	EnhancedCare Silver 70 PPO 2000/55 + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt	EnhancedCare Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	355.38	252.27	229.83	227.65	201.54
15	386.97	274.70	250.26	247.89	219.46
16	399.05	283.27	258.07	255.62	226.31
17	411.13	291.84	265.88	263.36	233.16
18	424.13	301.08	274.30	271.69	240.54
19	437.14	310.31	282.71	280.02	247.91
20	450.61	319.87	291.42	288.65	255.55
21	464.55	329.77	300.43	297.58	263.46
22	464.55	329.77	300.43	297.58	263.46
23	464.55	329.77	300.43	297.58	263.46
24	464.55	329.77	300.43	297.58	263.46
25	466.41	331.09	301.64	298.77	264.51
26	475.70	337.68	307.64	304.72	269.78
27	486.85	345.60	314.85	311.87	276.10
28	504.97	358.46	326.57	323.47	286.38
29	519.83	369.01	336.19	332.99	294.81
30	527.26	374.29	340.99	337.75	299.02
31	538.41	382.20	348.20	344.90	305.35
32	549.56	390.11	355.41	352.04	311.67
33	556.53	395.06	359.92	356.50	315.62
34	563.96	400.34	364.73	361.26	319.84
35	567.68	402.98	367.13	363.64	321.94
36	571.40	405.61	369.53	366.02	324.05
37	575.11	408.25	371.94	368.41	326.16
38	578.83	410.89	374.34	370.79	328.27
39	586.26	416.17	379.15	375.55	332.48
40	593.70	421.44	383.95	380.31	336.70
41	604.84	429.36	391.16	387.45	343.02
42	615.53	436.94	398.07	394.29	349.08
43	630.39	447.49	407.69	403.82	357.51
44	648.98	460.68	419.71	415.72	368.05
45	670.81	476.18	433.83	429.71	380.43
46	696.83	494.65	450.65	446.37	395.18
47	726.09	515.43	469.58	465.12	411.78
48	759.54	539.17	491.21	486.55	430.75
49	792.52	562.58	512.54	507.67	449.46
50	829.69	588.96	536.57	531.48	470.53
51	866.39	615.02	560.31	554.99	491.35
52	906.80	643.71	586.45	580.88	514.27
53	947.68	672.72	612.88	607.07	537.45
54	991.82	704.05	641.43	635.34	562.48
55	1,035.95	735.38	669.97	663.61	587.51
56	1,083.80	769.35	700.91	694.26	614.64
57	1,132.11	803.64	732.16	725.21	642.04
58	1,183.67	840.25	765.50	758.24	671.29
59	1,209.22	858.38	782.03	774.60	685.78
60	1,260.79	894.99	815.38	807.64	715.02
61	1,305.39	926.65	844.22	836.20	740.31
62	1,334.65	947.42	863.15	854.95	756.91
63	1,371.35	973.47	886.88	878.46	777.72
64+	1,393.65	989.31	901.29	892.74	790.38

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 17 Riverside and San Bernardino counties.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	375.55	282.89	254.56	267.79	231.38	235.71	213.67	208.68
15	408.94	308.03	277.19	291.59	251.94	256.66	232.67	227.23
16	421.70	317.65	285.84	300.70	259.81	264.67	239.93	234.32
17	434.47	327.26	294.49	309.80	267.67	272.68	247.19	241.41
18	448.21	337.62	303.81	319.60	276.14	281.31	255.01	249.05
19	461.96	347.97	313.13	329.40	284.61	289.94	262.83	256.69
20	476.19	358.69	322.78	339.55	293.38	298.87	270.93	264.60
21	490.92	369.79	332.76	350.05	302.45	308.11	279.31	272.78
22	490.92	369.79	332.76	350.05	302.45	308.11	279.31	272.78
23	490.92	369.79	332.76	350.05	302.45	308.11	279.31	272.78
24	490.92	369.79	332.76	350.05	302.45	308.11	279.31	272.78
25	492.88	371.27	334.09	351.45	303.66	309.35	280.43	273.87
26	502.70	378.66	340.75	358.45	309.71	315.51	286.02	279.33
27	514.49	387.54	348.73	366.86	316.97	322.90	292.72	285.87
28	533.63	401.96	361.71	380.51	328.76	334.92	303.61	296.51
29	549.34	413.79	372.36	391.71	338.44	344.78	312.55	305.24
30	557.20	419.71	377.68	397.31	343.28	349.71	317.02	309.61
31	568.98	428.58	385.67	405.71	350.54	357.10	323.72	316.15
32	580.76	437.46	393.66	414.11	357.80	364.50	330.43	322.70
33	588.12	443.01	398.65	419.36	362.34	369.12	334.62	326.79
34	595.98	448.92	403.97	424.96	367.18	374.05	339.08	331.16
35	599.91	451.88	406.63	427.76	369.60	376.52	341.32	333.34
36	603.83	454.84	409.29	430.56	372.02	378.98	343.55	335.52
37	607.76	457.80	411.96	433.37	374.44	381.45	345.79	337.70
38	611.69	460.75	414.62	436.17	376.85	383.91	348.02	339.89
39	619.54	466.67	419.94	441.77	381.69	388.84	352.49	344.25
40	627.40	472.59	425.27	447.37	386.53	393.77	356.96	348.61
41	639.18	481.46	433.25	455.77	393.79	401.16	363.66	355.16
42	650.47	489.97	440.91	463.82	400.75	408.25	370.09	361.44
43	666.18	501.80	451.56	475.02	410.43	418.11	379.03	370.16
44	685.82	516.59	464.87	489.02	422.53	430.44	390.20	381.08
45	708.89	533.97	480.51	505.48	436.74	444.92	403.33	393.90
46	736.38	554.68	499.14	525.08	453.68	462.17	418.97	409.17
47	767.31	577.98	520.10	547.13	472.73	481.58	436.56	426.36
48	802.66	604.60	544.06	572.34	494.51	503.77	456.67	446.00
49	837.51	630.86	567.69	597.19	515.98	525.64	476.51	465.36
50	876.79	660.44	594.31	625.19	540.18	550.29	498.85	487.19
51	915.57	689.65	620.60	652.85	564.07	574.63	520.92	508.74
52	958.28	721.82	649.55	683.30	590.39	601.44	545.22	532.47
53	1,001.48	754.37	678.83	714.11	617.00	628.55	569.80	556.47
54	1,048.12	789.50	710.44	747.36	645.73	657.82	596.33	582.39
55	1,094.75	824.63	742.05	780.62	674.47	687.09	622.87	608.30
56	1,145.32	862.71	776.33	816.67	705.62	718.83	651.63	636.40
57	1,196.38	901.17	810.94	853.08	737.07	750.87	680.68	664.77
58	1,250.87	942.22	847.87	891.93	770.65	785.08	711.69	695.05
59	1,277.87	962.56	866.17	911.19	787.28	802.02	727.05	710.05
60	1,332.36	1,003.60	903.11	950.04	820.85	836.22	758.05	740.33
61	1,379.49	1,039.10	935.06	983.65	849.89	865.80	784.87	766.52
62	1,410.42	1,062.40	956.02	1,005.70	868.94	885.21	802.46	783.70
63	1,449.20	1,091.61	982.31	1,033.36	892.84	909.55	824.53	805.25
64+	1,472.76	1,109.37	998.28	1,050.15	907.35	924.33	837.93	818.34

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 18 Orange County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	434.71	327.45	294.66	309.97	267.82	272.84	247.33	241.55
15	473.36	356.56	320.85	337.53	291.63	297.09	269.32	263.02
16	488.13	367.69	330.87	348.06	300.73	306.36	277.72	271.23
17	502.91	378.81	340.88	358.60	309.84	315.64	286.13	279.44
18	518.82	390.80	351.67	369.94	319.64	325.62	295.18	288.28
19	534.73	402.78	362.45	381.29	329.44	335.61	304.24	297.12
20	551.21	415.20	373.62	393.04	339.59	345.95	313.61	306.28
21	568.25	428.04	385.18	405.20	350.10	356.65	323.31	315.75
22	568.25	428.04	385.18	405.20	350.10	356.65	323.31	315.75
23	568.25	428.04	385.18	405.20	350.10	356.65	323.31	315.75
24	568.25	428.04	385.18	405.20	350.10	356.65	323.31	315.75
25	570.53	429.75	386.72	406.82	351.50	358.08	324.60	317.01
26	581.89	438.31	394.42	414.92	358.50	365.21	331.07	323.33
27	595.53	448.58	403.67	424.65	366.90	373.77	338.83	330.91
28	617.69	465.28	418.69	440.45	380.55	387.68	351.44	343.22
29	635.88	478.98	431.02	453.41	391.76	399.09	361.79	353.33
30	644.97	485.82	437.18	459.90	397.36	404.80	366.96	358.38
31	658.61	496.10	446.42	469.62	405.76	413.36	374.72	365.96
32	672.25	506.37	455.67	479.35	414.16	421.92	382.48	373.53
33	680.77	512.79	461.44	485.42	419.42	427.27	387.33	378.27
34	689.86	519.64	467.61	491.91	425.02	432.97	392.50	383.32
35	694.41	523.06	470.69	495.15	427.82	435.83	395.09	385.85
36	698.95	526.49	473.77	498.39	430.62	438.68	397.67	388.37
37	703.50	529.91	476.85	501.63	433.42	441.53	400.26	390.90
38	708.05	533.34	479.93	504.87	436.22	444.39	402.85	393.43
39	717.14	540.19	486.10	511.36	441.82	450.09	408.02	398.48
40	726.23	547.03	492.26	517.84	447.42	455.80	413.19	403.53
41	739.87	557.31	501.50	527.56	455.83	464.36	420.95	411.11
42	752.94	567.15	510.36	536.88	463.88	472.56	428.39	418.37
43	771.12	580.85	522.69	549.85	475.08	483.98	438.73	428.48
44	793.85	597.97	538.09	566.06	489.08	498.24	451.67	441.11
45	820.56	618.09	556.20	585.10	505.54	515.00	466.86	455.95
46	852.38	642.06	577.77	607.79	525.14	534.98	484.97	473.63
47	888.18	669.02	602.03	633.32	547.20	557.45	505.34	493.52
48	929.10	699.84	629.77	662.50	572.41	583.12	528.61	516.25
49	969.44	730.23	657.12	691.26	597.26	608.45	551.57	538.67
50	1,014.90	764.48	687.93	723.68	625.27	636.98	577.43	563.93
51	1,059.80	798.29	718.36	755.69	652.93	665.15	602.98	588.88
52	1,109.23	835.53	751.87	790.94	683.39	696.18	631.10	616.35
53	1,159.24	873.20	785.77	826.60	714.20	727.57	659.55	644.13
54	1,213.22	913.86	822.36	865.09	747.46	761.45	690.27	674.13
55	1,267.21	954.53	858.95	903.59	780.71	795.33	720.98	704.13
56	1,325.74	998.61	898.62	945.32	816.77	832.07	754.29	736.65
57	1,384.84	1,043.13	938.68	987.46	853.18	869.16	787.91	769.49
58	1,447.91	1,090.64	981.44	1,032.44	892.05	908.75	823.80	804.54
59	1,479.17	1,114.19	1,002.62	1,054.72	911.30	928.36	841.58	821.90
60	1,542.24	1,161.70	1,045.38	1,099.70	950.16	967.95	877.47	856.95
61	1,596.80	1,202.79	1,082.35	1,138.60	983.77	1,002.19	908.50	887.26
62	1,632.60	1,229.76	1,106.62	1,164.13	1,005.83	1,024.66	928.87	907.15
63	1,677.49	1,263.57	1,137.05	1,196.14	1,033.48	1,052.83	954.41	932.10
64+	1,704.75	1,284.12	1,155.54	1,215.60	1,050.30	1,069.95	969.93	947.25

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Region 19 San Diego County.

Age	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	Gold 80 Value PPO 750/10 + Child Dental Alt	Silver 70 PPO 2000/45 + Child Dental	Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Bronze 60 PPO 6300/75 + Child Dental	Bronze 60 HDHP PPO 5600/15 + Child Dental Alt
0-14	474.86	357.69	321.87	338.60	292.56	298.03	270.17	263.86
15	517.07	389.48	350.49	368.70	318.56	324.53	294.19	287.31
16	533.21	401.64	361.42	380.21	328.51	334.66	303.37	296.28
17	549.35	413.80	372.36	391.71	338.45	344.79	312.55	305.25
18	566.73	426.89	384.15	404.11	349.16	355.69	322.44	314.90
19	584.11	439.98	395.93	416.50	359.86	366.60	332.33	324.56
20	602.11	453.54	408.13	429.34	370.95	377.90	342.57	334.56
21	620.73	467.57	420.75	442.62	382.43	389.59	353.17	344.91
22	620.73	467.57	420.75	442.62	382.43	389.59	353.17	344.91
23	620.73	467.57	420.75	442.62	382.43	389.59	353.17	344.91
24	620.73	467.57	420.75	442.62	382.43	389.59	353.17	344.91
25	623.22	469.44	422.43	444.39	383.96	391.15	354.58	346.29
26	635.63	478.79	430.85	453.24	391.61	398.94	361.65	353.19
27	650.53	490.01	440.95	463.86	400.78	408.29	370.12	361.47
28	674.74	508.25	457.36	481.12	415.70	423.48	383.89	374.92
29	694.60	523.21	470.82	495.29	427.94	435.95	395.20	385.96
30	704.53	530.69	477.55	502.37	434.06	442.18	400.85	391.47
31	719.43	541.91	487.65	512.99	443.23	451.53	409.32	399.75
32	734.33	553.13	497.75	523.61	452.41	460.88	417.80	408.03
33	743.64	560.15	504.06	530.25	458.15	466.73	423.10	413.20
34	753.57	567.63	510.79	537.34	464.27	472.96	428.75	418.72
35	758.54	571.37	514.16	540.88	467.33	476.08	431.57	421.48
36	763.50	575.11	517.52	544.42	470.39	479.19	434.40	424.24
37	768.47	578.85	520.89	547.96	473.45	482.31	437.22	427.00
38	773.43	582.59	524.26	551.50	476.50	485.43	440.05	429.76
39	783.37	590.07	530.99	558.58	482.62	491.66	445.70	435.28
40	793.30	597.55	537.72	565.66	488.74	497.89	451.35	440.80
41	808.19	608.77	547.82	576.29	497.92	507.24	459.83	449.07
42	822.47	619.53	557.49	586.47	506.72	516.20	467.95	457.01
43	842.34	634.49	570.96	600.63	518.95	528.67	479.25	468.04
44	867.16	653.19	587.79	618.33	534.25	544.25	493.38	481.84
45	896.34	675.17	607.56	639.14	552.23	562.56	509.98	498.05
46	931.10	701.35	631.13	663.92	573.64	584.38	529.75	517.37
47	970.21	730.81	657.63	691.81	597.73	608.93	552.00	539.10
48	1,014.90	764.47	687.93	723.68	625.27	636.98	577.43	563.93
49	1,058.97	797.67	717.80	755.10	652.42	664.64	602.51	588.42
50	1,108.63	835.08	751.46	790.51	683.02	695.80	630.76	616.01
51	1,157.67	872.02	784.70	825.48	713.23	726.58	658.66	643.26
52	1,211.67	912.69	821.30	863.99	746.50	760.48	689.39	673.27
53	1,266.30	953.84	858.33	902.94	780.15	794.76	720.47	703.62
54	1,325.27	998.26	898.30	944.98	816.48	831.77	754.02	736.39
55	1,384.24	1,042.68	938.27	987.03	852.81	868.78	787.57	769.15
56	1,448.17	1,090.84	981.61	1,032.62	892.20	908.91	823.94	804.68
57	1,512.73	1,139.46	1,025.37	1,078.65	931.98	949.43	860.67	840.55
58	1,581.63	1,191.36	1,072.07	1,127.79	974.43	992.67	899.88	878.83
59	1,615.77	1,217.08	1,095.21	1,152.13	995.46	1,014.10	919.30	897.80
60	1,684.67	1,268.98	1,141.92	1,201.26	1,037.91	1,057.34	958.50	936.09
61	1,744.26	1,313.87	1,182.31	1,243.75	1,074.62	1,094.74	992.41	969.20
62	1,783.37	1,343.32	1,208.82	1,271.64	1,098.71	1,119.29	1,014.65	990.93
63	1,832.41	1,380.26	1,242.06	1,306.60	1,128.93	1,150.06	1,042.56	1,018.18
64+	1,862.19	1,402.71	1,262.25	1,327.86	1,147.29	1,168.77	1,059.51	1,034.73

Employer can choose the optional infertility benefit to be added to Health Net Small Business PPO plans at an additional premium of \$3.83 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.

Nondiscrimination Notice

Health Net Life Insurance Company (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

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

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

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

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

Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Covered Persons) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

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

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

English

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

Arabic

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

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝ 1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆոռնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի Խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 հեռախոսահամարով (TTY՝ 711):

Chinese

免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（聽障專線：711）。

Hindi

बिना शुल्क भाषा सेवाएं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

Hmong

Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntauv rau koj ua koj hom lus hais. Txhawm rau pab, hu xovtooj rau Neeg Qhua Lub Chaw Tiv Toj ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (TTY: 711).

Japanese

無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターまでお問い合わせいただくか、Individual & Family Plan (IFP) (個人・家族向けプラン) Off Exchange: 1-800-839-2172 (TTY: 711) までお電話ください。カリフォルニア州のマーケットプレイスについては、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business 1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、1-800-522-0088 (TTY: 711) までお電話ください。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេរននឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (TTY: 711)។

Korean

무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로 고객센터 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

Navajo

Doo bą́ąh ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádííót'ííł. Naaltsos da t'áá shí shizaad k'ehjí shichí' yídoolta hínízingo t'áá ná ákódoonííł. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hooyéhíjí' hodíílnih ninaaltsos nanítingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kojí' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojí' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojí' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojí' hólne' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برایتان خوانده شوند. دریافت کمک، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (IFP) Off Exchange) به شماره: 1-888-926-4988 شماره IFP On Exchange 1-800-839-2172 (TTY:711) تماس بگیرید. برای بازار کالیفرنیا، با 1-888-926-5133 (TTY:711) تماس بگیرید. برای طرح های گروهی از طریق Health Net، با 1-800-522-0088 (TTY:711) تماس بگیرید.

Punjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਆਰੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕੀਟਪਲੇਸ ਲਈ, IFP ਔਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮਲੈ ਬਿਜਨੈਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੈਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรมา TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรมา TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรมา TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรมา TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).

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

FLY017549EH00 (12/17)

For more information, please contact:

Health Net Life Insurance Company

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

1-877-727-3582

Coverage for family members over 65 years of age

1-800-944-7287

Coverage for children in a low-income household

1-800-327-0502

Coverage for businesses with 101+ employees

1-800-448-4411, option 4

www.healthnet.com/broker

www.healthnet.com/employer/reformguide



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