

Small Business Group  
For plans available through Covered California

# Rates Guide

*Choice made simple*

New and renewing business,  
October 1, 2018, to December 15, 2018



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](http://www.healthcare.gov).

**Region 2** <sup>1</sup> **Marin, Napa, Solano, and Sonoma counties.**

<sup>2</sup> Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	<sup>3</sup> Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt
0-14	543.75	424.72	382.21	387.48	334.80
15	592.08	462.48	416.19	421.92	364.56
16	610.57	471.01	420.10	425.00	375.01

## 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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 1

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

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	495.17	386.78	348.06	352.86	304.89	310.60	290.86	284.08
15	539.18	421.16	379.00	384.22	331.99	338.21	316.72	309.33
16	556.01	434.30	390.83	396.21	342.35	348.76	326.60	318.98
17	572.84	447.45	402.66	408.21	352.71	359.32	336.49	328.64
18	590.96	461.60	415.40	421.12	363.87	370.69	347.14	339.03
19	609.09	475.76	428.14	434.04	375.03	382.05	357.78	349.43
20	627.86	490.42	441.33	447.41	386.59	393.83	368.81	360.20
21	647.28	505.59	454.98	461.25	398.55	406.01	380.21	371.34
22	647.28	505.59	454.98	461.25	398.55	406.01	380.21	371.34
23	647.28	505.59	454.98	461.25	398.55	406.01	380.21	371.34
24	647.28	505.59	454.98	461.25	398.55	406.01	380.21	371.34
25	649.87	507.61	456.80	463.10	400.14	407.63	381.73	372.83
26	662.81	517.72	465.90	472.32	408.11	415.75	389.34	380.25
27	678.35	529.86	476.82	483.39	417.68	425.50	398.46	389.17
28	703.59	549.58	494.57	501.38	433.22	441.33	413.29	403.65
29	724.30	565.75	509.13	516.14	445.97	454.32	425.46	415.53
30	734.66	573.84	516.41	523.52	452.35	460.82	431.54	421.47
31	750.19	585.98	527.33	534.59	461.92	470.56	440.67	430.38
32	765.73	598.11	538.25	545.66	471.48	480.31	449.79	439.30
33	775.44	605.70	545.07	552.58	477.46	486.40	455.50	444.87
34	785.79	613.78	552.35	559.96	483.84	492.89	461.58	450.81
35	790.97	617.83	555.99	563.65	487.02	496.14	464.62	453.78
36	796.15	621.87	559.63	567.34	490.21	499.39	467.66	456.75
37	801.33	625.92	563.27	571.03	493.40	502.64	470.71	459.72
38	806.51	629.96	566.91	574.72	496.59	505.89	473.75	462.69
39	816.86	638.05	574.19	582.10	502.97	512.38	479.83	468.63
40	827.22	646.14	581.47	589.48	509.34	518.88	485.91	474.57
41	842.76	658.28	592.39	600.55	518.91	528.62	495.04	483.49
42	857.64	669.91	602.85	611.16	528.08	537.96	503.78	492.03
43	878.36	686.08	617.41	625.92	540.83	550.95	515.95	503.91
44	904.25	706.31	635.61	644.37	556.77	567.19	531.16	518.76
45	934.67	730.07	657.00	666.05	575.50	586.28	549.03	536.22
46	970.92	758.38	682.48	691.88	597.82	609.01	570.32	557.01
47	1,011.69	790.24	711.14	720.94	622.93	634.59	594.27	580.41
48	1,058.30	826.64	743.90	754.15	651.62	663.82	621.65	607.14
49	1,104.26	862.53	776.20	786.89	679.92	692.65	648.65	633.51
50	1,156.04	902.98	812.60	823.79	711.81	725.13	679.06	663.22
51	1,207.17	942.92	848.55	860.23	743.29	757.21	709.10	692.55
52	1,263.49	986.91	888.13	900.36	777.96	792.53	742.18	724.86
53	1,320.45	1,031.40	928.17	940.95	813.04	828.26	775.64	757.54
54	1,381.94	1,079.43	971.39	984.77	850.90	866.83	811.76	792.81
55	1,443.43	1,127.46	1,014.62	1,028.59	888.76	905.40	847.88	828.09
56	1,510.10	1,179.54	1,061.48	1,076.10	929.81	947.22	887.04	866.34
57	1,577.41	1,232.12	1,108.80	1,124.07	971.26	989.44	926.58	904.96
58	1,649.26	1,288.24	1,159.30	1,175.27	1,015.50	1,034.51	968.79	946.18
59	1,684.86	1,316.05	1,184.32	1,200.64	1,037.42	1,056.84	989.70	966.60
60	1,756.71	1,372.17	1,234.83	1,251.84	1,081.66	1,101.91	1,031.90	1,007.82
61	1,818.85	1,420.70	1,278.51	1,296.12	1,119.92	1,140.89	1,068.40	1,043.47
62	1,859.63	1,452.56	1,307.17	1,325.17	1,145.03	1,166.46	1,092.36	1,066.86
63	1,910.76	1,492.50	1,343.11	1,361.61	1,176.51	1,198.54	1,122.39	1,096.20
64+	1,941.84	1,516.77	1,364.94	1,383.75	1,195.65	1,218.03	1,140.63	1,114.02

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

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

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	543.75	424.72	382.21	387.48	334.80	341.07	319.40	311.95
15	592.08	462.48	416.19	421.92	364.56	371.39	347.79	339.68
16	610.57	476.91	429.18	435.09	375.94	382.98	358.65	350.28
17	629.05	491.35	442.17	448.26	387.32	394.57	369.50	360.88
18	648.95	506.89	456.16	462.44	399.58	407.06	381.20	372.30
19	668.85	522.44	470.15	476.62	411.83	419.54	392.89	383.72
20	689.46	538.54	484.64	491.31	424.52	432.47	404.99	395.54
21	710.79	555.20	499.63	506.51	437.65	445.85	417.52	407.78
22	710.79	555.20	499.63	506.51	437.65	445.85	417.52	407.78
23	710.79	555.20	499.63	506.51	437.65	445.85	417.52	407.78
24	710.79	555.20	499.63	506.51	437.65	445.85	417.52	407.78
25	713.63	557.42	501.62	508.53	439.40	447.63	419.19	409.41
26	727.84	568.52	511.62	518.66	448.16	456.55	427.54	417.56
27	744.90	581.84	523.61	530.82	458.66	467.25	437.56	427.35
28	772.62	603.50	543.09	550.57	475.73	484.63	453.84	443.25
29	795.37	621.26	559.08	566.78	489.73	498.90	467.20	456.30
30	806.74	630.15	567.08	574.89	496.73	506.03	473.88	462.83
31	823.80	643.47	579.07	587.04	507.24	516.73	483.90	472.61
32	840.86	656.80	591.06	599.20	517.74	527.43	493.93	482.40
33	851.52	665.12	598.55	606.80	524.31	534.12	500.19	488.52
34	862.89	674.01	606.55	614.90	531.31	541.26	506.87	495.04
35	868.58	678.45	610.54	618.95	534.81	544.82	510.21	498.30
36	874.27	682.89	614.54	623.00	538.31	548.39	513.55	501.56
37	879.95	687.33	618.54	627.06	541.81	551.96	516.89	504.83
38	885.64	691.77	622.53	631.11	545.31	555.52	520.23	508.09
39	897.01	700.66	630.53	639.21	552.32	562.66	526.91	514.61
40	908.38	709.54	638.52	647.32	559.32	569.79	533.59	521.14
41	925.44	722.86	650.51	659.47	569.82	580.49	543.61	530.92
42	941.79	735.63	662.00	671.12	579.89	590.74	553.21	540.30
43	964.54	753.40	677.99	687.33	593.89	605.01	566.57	553.35
44	992.97	775.61	697.98	707.59	611.40	622.85	583.27	569.66
45	1,026.37	801.70	721.46	731.40	631.97	643.80	602.90	588.83
46	1,066.18	832.79	749.44	759.76	656.48	668.77	626.28	611.66
47	1,110.96	867.77	780.92	791.67	684.05	696.86	652.58	637.35
48	1,162.13	907.74	816.89	828.14	715.56	728.96	682.64	666.71
49	1,212.60	947.16	852.36	864.10	746.63	760.61	712.29	695.67
50	1,269.46	991.58	892.33	904.62	781.65	796.28	745.69	728.29
51	1,325.62	1,035.44	931.80	944.64	816.22	831.50	778.67	760.50
52	1,387.45	1,083.74	975.27	988.70	854.30	870.29	815.00	795.98
53	1,450.00	1,132.60	1,019.24	1,033.28	892.81	909.52	851.74	831.86
54	1,517.53	1,185.34	1,066.70	1,081.39	934.39	951.88	891.40	870.60
55	1,585.05	1,238.09	1,114.17	1,129.51	975.96	994.23	931.07	909.34
56	1,658.26	1,295.27	1,165.63	1,181.68	1,021.04	1,040.16	974.07	951.34
57	1,732.19	1,353.01	1,217.59	1,234.36	1,066.56	1,086.52	1,017.49	993.75
58	1,811.08	1,414.64	1,273.05	1,290.58	1,115.14	1,136.01	1,063.84	1,039.01
59	1,850.18	1,445.17	1,300.53	1,318.44	1,139.21	1,160.54	1,086.80	1,061.44
60	1,929.07	1,506.80	1,355.98	1,374.66	1,187.79	1,210.02	1,133.15	1,106.70
61	1,997.31	1,560.10	1,403.95	1,423.29	1,229.80	1,252.83	1,173.23	1,145.85
62	2,042.09	1,595.08	1,435.43	1,455.20	1,257.37	1,280.91	1,199.53	1,171.54
63	2,098.24	1,638.94	1,474.90	1,495.21	1,291.95	1,316.14	1,232.52	1,203.75
64+	2,132.37	1,665.60	1,498.89	1,519.53	1,312.95	1,337.55	1,252.56	1,223.34

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 3

El Dorado, Placer, Sacramento, and Yolo counties.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	510.05	398.40	358.53	363.46	314.05	319.93	299.61	292.62
15	555.39	433.82	390.39	395.77	341.97	348.37	326.24	318.63
16	572.72	447.36	402.58	408.12	352.64	359.25	336.42	328.57
17	590.06	460.90	414.77	420.48	363.32	370.12	346.60	338.52
18	608.73	475.48	427.89	433.78	374.81	381.83	357.57	349.23
19	627.40	490.06	441.01	447.08	386.31	393.54	368.54	359.94
20	646.73	505.16	454.60	460.86	398.21	405.67	379.89	371.03
21	666.73	520.79	468.66	475.12	410.53	418.21	391.64	382.50
22	666.73	520.79	468.66	475.12	410.53	418.21	391.64	382.50
23	666.73	520.79	468.66	475.12	410.53	418.21	391.64	382.50
24	666.73	520.79	468.66	475.12	410.53	418.21	391.64	382.50
25	669.40	522.87	470.54	477.02	412.17	419.89	393.21	384.03
26	682.74	533.29	479.91	486.52	420.38	428.25	401.04	391.68
27	698.74	545.78	491.16	497.92	430.23	438.29	410.44	400.86
28	724.74	566.09	509.43	516.45	446.24	454.60	425.72	415.78
29	746.08	582.76	524.43	531.65	459.38	467.98	438.25	428.02
30	756.74	591.09	531.93	539.26	465.95	474.67	444.51	434.14
31	772.74	603.59	543.18	550.66	475.80	484.71	453.91	443.32
32	788.75	616.09	554.43	562.06	485.65	494.75	463.31	452.50
33	798.75	623.90	561.46	569.19	491.81	501.02	469.19	458.24
34	809.42	632.23	568.95	576.79	498.38	507.71	475.45	464.36
35	814.75	636.40	572.70	580.59	501.66	511.06	478.59	467.42
36	820.08	640.57	576.45	584.39	504.95	514.40	481.72	470.48
37	825.42	644.73	580.20	588.19	508.23	517.75	484.85	473.54
38	830.75	648.90	583.95	591.99	511.52	521.09	487.99	476.60
39	841.42	657.23	591.45	599.60	518.09	527.79	494.25	482.72
40	852.09	665.57	598.95	607.20	524.65	534.48	500.52	488.84
41	868.09	678.06	610.20	618.60	534.51	544.51	509.92	498.02
42	883.42	690.04	620.98	629.53	543.95	554.13	518.93	506.82
43	904.76	706.71	635.97	644.73	557.09	567.52	531.46	519.06
44	931.43	727.54	654.72	663.74	573.51	584.24	547.13	534.36
45	962.76	752.02	676.75	686.07	592.80	603.90	565.53	552.33
46	1,000.10	781.18	702.99	712.67	615.79	627.32	587.46	573.76
47	1,042.11	813.99	732.52	742.61	641.65	653.67	612.14	597.85
48	1,090.11	851.49	766.26	776.81	671.21	683.78	640.34	625.39
49	1,137.45	888.46	799.54	810.55	700.36	713.47	668.14	652.55
50	1,190.79	930.12	837.03	848.56	733.20	746.93	699.47	683.15
51	1,243.46	971.27	874.05	886.09	765.63	779.97	730.41	713.37
52	1,301.46	1,016.58	914.83	927.43	801.35	816.35	764.49	746.65
53	1,360.14	1,062.40	956.07	969.24	837.48	853.16	798.95	780.31
54	1,423.48	1,111.88	1,000.59	1,014.37	876.48	892.89	836.16	816.64
55	1,486.82	1,161.35	1,045.11	1,059.51	915.48	932.62	873.36	852.98
56	1,555.49	1,214.99	1,093.39	1,108.45	957.76	975.69	913.70	892.38
57	1,624.83	1,269.16	1,142.13	1,157.86	1,000.46	1,019.19	954.43	932.16
58	1,698.84	1,326.96	1,194.15	1,210.60	1,046.02	1,065.61	997.91	974.62
59	1,735.51	1,355.61	1,219.92	1,236.73	1,068.60	1,088.61	1,019.45	995.66
60	1,809.52	1,413.41	1,271.95	1,289.47	1,114.17	1,135.03	1,062.92	1,038.11
61	1,873.52	1,463.41	1,316.94	1,335.08	1,153.58	1,175.18	1,100.52	1,074.83
62	1,915.53	1,496.22	1,346.46	1,365.01	1,179.45	1,201.53	1,125.19	1,098.93
63	1,968.20	1,537.36	1,383.49	1,402.54	1,211.88	1,234.57	1,156.13	1,129.15
64+	2,000.19	1,562.37	1,405.98	1,425.36	1,231.59	1,254.63	1,174.92	1,147.50

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 4 San Francisco County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	564.70	441.09	396.94	402.41	347.71	354.21	331.71	323.97
15	614.90	480.30	432.23	438.18	378.61	385.70	361.20	352.77
16	634.09	495.29	445.72	451.86	390.43	397.74	372.47	363.78
17	653.29	510.28	459.21	465.53	402.25	409.78	383.74	374.79
18	673.96	526.43	473.74	480.26	414.97	422.74	395.88	386.65
19	694.62	542.57	488.27	494.99	427.70	435.71	408.03	398.50
20	716.03	559.29	503.31	510.25	440.88	449.14	420.60	410.78
21	738.18	576.59	518.88	526.03	454.52	463.03	433.61	423.49
22	738.18	576.59	518.88	526.03	454.52	463.03	433.61	423.49
23	738.18	576.59	518.88	526.03	454.52	463.03	433.61	423.49
24	738.18	576.59	518.88	526.03	454.52	463.03	433.61	423.49
25	741.13	578.90	520.95	528.13	456.33	464.88	435.34	425.18
26	755.89	590.43	531.33	538.65	465.42	474.14	444.02	433.65
27	773.61	604.27	543.79	551.28	476.33	485.25	454.42	443.82
28	802.40	626.75	564.02	571.79	494.06	503.31	471.33	460.33
29	826.02	645.20	580.63	588.62	508.60	518.13	485.21	473.88
30	837.83	654.43	588.93	597.04	515.88	525.53	492.15	480.66
31	855.55	668.27	601.38	609.66	526.78	536.65	502.55	490.82
32	873.26	682.11	613.83	622.29	537.69	547.76	512.96	500.99
33	884.34	690.76	621.62	630.18	544.51	554.71	519.46	507.34
34	896.15	699.98	629.92	638.60	551.78	562.11	526.40	514.12
35	902.05	704.59	634.07	642.80	555.42	565.82	529.87	517.50
36	907.96	709.21	638.22	647.01	559.06	569.52	533.34	520.89
37	913.86	713.82	642.37	651.22	562.69	573.23	536.81	524.28
38	919.77	718.43	646.52	655.43	566.33	576.93	540.28	527.67
39	931.58	727.66	654.83	663.84	573.60	584.34	547.21	534.44
40	943.39	736.88	663.13	672.26	580.87	591.75	554.15	541.22
41	961.11	750.72	675.58	684.89	591.78	602.86	564.56	551.38
42	978.08	763.98	687.52	696.98	602.23	613.51	574.53	561.12
43	1,001.71	782.43	704.12	713.82	616.78	628.33	588.41	574.68
44	1,031.23	805.50	724.87	734.86	634.96	646.85	605.75	591.61
45	1,065.93	832.60	749.26	759.58	656.32	668.61	626.13	611.52
46	1,107.26	864.89	778.32	789.04	681.77	694.54	650.41	635.23
47	1,153.77	901.21	811.01	822.18	710.41	723.71	677.73	661.91
48	1,206.92	942.72	848.37	860.05	743.13	757.05	708.95	692.41
49	1,259.33	983.66	885.21	897.40	775.41	789.92	739.74	722.47
50	1,318.38	1,029.79	926.72	939.48	811.77	826.96	774.43	756.35
51	1,376.70	1,075.34	967.71	981.04	847.67	863.54	808.68	789.81
52	1,440.92	1,125.50	1,012.85	1,026.80	887.22	903.83	846.40	826.65
53	1,505.88	1,176.24	1,058.51	1,073.09	927.21	944.57	884.56	863.92
54	1,576.01	1,231.02	1,107.81	1,123.07	970.39	988.56	925.75	904.15
55	1,646.13	1,285.80	1,157.10	1,173.04	1,013.57	1,032.55	966.95	944.38
56	1,722.17	1,345.18	1,210.55	1,227.22	1,060.39	1,080.24	1,011.61	988.00
57	1,798.94	1,405.15	1,264.51	1,281.93	1,107.66	1,128.39	1,056.70	1,032.04
58	1,880.87	1,469.15	1,322.10	1,340.31	1,158.11	1,179.79	1,104.84	1,079.05
59	1,921.47	1,500.86	1,350.64	1,369.25	1,183.11	1,205.26	1,128.68	1,102.34
60	2,003.41	1,564.87	1,408.24	1,427.63	1,233.56	1,256.65	1,176.81	1,149.35
61	2,074.28	1,620.22	1,458.05	1,478.13	1,277.19	1,301.10	1,218.44	1,190.01
62	2,120.78	1,656.54	1,490.74	1,511.27	1,305.83	1,330.27	1,245.76	1,216.69
63	2,179.10	1,702.09	1,531.73	1,552.83	1,341.73	1,366.85	1,280.01	1,250.14
64+	2,214.54	1,729.77	1,556.64	1,578.09	1,363.56	1,389.09	1,300.83	1,270.47

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 5 Contra Costa County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	523.20	408.67	367.77	372.83	322.15	328.18	307.33	300.16
15	569.70	445.00	400.46	405.97	350.78	357.35	334.65	326.84
16	587.49	458.89	412.96	418.64	361.73	368.50	345.09	337.04
17	605.27	472.78	425.46	431.32	372.68	379.66	355.54	347.24
18	624.42	487.73	438.92	444.96	384.47	391.67	366.79	358.23
19	643.57	502.69	452.38	458.61	396.26	403.68	378.03	369.21
20	663.40	518.18	466.32	472.74	408.48	416.12	389.69	380.59
21	683.92	534.21	480.74	487.36	421.11	428.99	401.74	392.36
22	683.92	534.21	480.74	487.36	421.11	428.99	401.74	392.36
23	683.92	534.21	480.74	487.36	421.11	428.99	401.74	392.36
24	683.92	534.21	480.74	487.36	421.11	428.99	401.74	392.36
25	686.65	536.35	482.66	489.31	422.79	430.71	403.34	393.93
26	700.33	547.03	492.28	499.06	431.22	439.29	411.38	401.78
27	716.75	559.85	503.82	510.76	441.32	449.58	421.02	411.20
28	743.42	580.69	522.56	529.76	457.74	466.31	436.69	426.50
29	765.31	597.78	537.95	545.36	471.22	480.04	449.54	439.05
30	776.25	606.33	545.64	553.16	477.96	486.91	455.97	445.33
31	792.66	619.15	557.18	564.85	488.06	497.20	465.61	454.75
32	809.08	631.97	568.72	576.55	498.17	507.50	475.26	464.16
33	819.33	639.98	575.93	583.86	504.49	513.93	481.28	470.05
34	830.28	648.53	583.62	591.66	511.23	520.80	487.71	476.33
35	835.75	652.80	587.46	595.56	514.59	524.23	490.92	479.47
36	841.22	657.08	591.31	599.46	517.96	527.66	494.14	482.61
37	846.69	661.35	595.16	603.35	521.33	531.09	497.35	485.74
38	852.16	665.63	599.00	607.25	524.70	534.52	500.56	488.88
39	863.11	674.17	606.69	615.05	531.44	541.39	506.99	495.16
40	874.05	682.72	614.39	622.85	538.18	548.25	513.42	501.44
41	890.46	695.54	625.92	634.55	548.28	558.55	523.06	510.86
42	906.19	707.83	636.98	645.75	557.97	568.42	532.30	519.88
43	928.08	724.92	652.36	661.35	571.44	582.14	545.16	532.44
44	955.43	746.29	671.59	680.84	588.29	599.30	561.23	548.13
45	987.58	771.40	694.19	703.75	608.08	619.47	580.11	566.57
46	1,025.88	801.31	721.11	731.04	631.66	643.49	602.61	588.54
47	1,068.97	834.97	751.40	761.75	658.19	670.52	627.92	613.26
48	1,118.21	873.43	786.01	796.84	688.51	701.40	656.84	641.51
49	1,166.77	911.36	820.14	831.44	718.41	731.86	685.36	669.37
50	1,221.48	954.10	858.60	870.43	752.10	766.18	717.50	700.76
51	1,275.51	996.30	896.58	908.93	785.37	800.07	749.24	731.76
52	1,335.01	1,042.78	938.41	951.33	822.00	837.39	784.19	765.89
53	1,395.19	1,089.79	980.71	994.22	859.06	875.14	819.54	800.42
54	1,460.17	1,140.54	1,026.38	1,040.52	899.07	915.90	857.71	837.69
55	1,525.14	1,191.29	1,072.05	1,086.82	939.07	956.65	895.87	874.97
56	1,595.58	1,246.31	1,121.57	1,137.02	982.45	1,000.84	937.25	915.38
57	1,666.71	1,301.87	1,171.56	1,187.70	1,026.24	1,045.45	979.03	956.19
58	1,742.63	1,361.17	1,224.93	1,241.80	1,072.98	1,093.07	1,023.63	999.74
59	1,780.24	1,390.55	1,251.37	1,268.60	1,096.15	1,116.67	1,045.72	1,021.32
60	1,856.16	1,449.84	1,304.73	1,322.70	1,142.89	1,164.29	1,090.32	1,064.87
61	1,921.81	1,501.13	1,350.88	1,369.49	1,183.31	1,205.47	1,128.88	1,102.54
62	1,964.90	1,534.78	1,381.17	1,400.19	1,209.84	1,232.50	1,154.19	1,127.26
63	2,018.93	1,576.99	1,419.15	1,438.69	1,243.11	1,266.39	1,185.93	1,158.25
64+	2,051.76	1,602.63	1,442.22	1,462.08	1,263.33	1,286.97	1,205.22	1,177.08

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.



# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 6 Alameda County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	527.21	411.80	370.58	375.69	324.62	330.69	309.68	302.46
15	574.07	448.41	403.53	409.08	353.47	360.09	337.21	329.34
16	591.99	462.40	416.12	421.85	364.50	371.33	347.74	339.62
17	609.91	476.40	428.72	434.62	375.54	382.57	358.26	349.90
18	629.20	491.47	442.28	448.37	387.42	394.67	369.60	360.97
19	648.50	506.54	455.84	462.12	399.30	406.78	380.93	372.04
20	668.48	522.15	469.89	476.36	411.61	419.31	392.67	383.51
21	689.16	538.30	484.42	491.10	424.34	432.28	404.82	395.37
22	689.16	538.30	484.42	491.10	424.34	432.28	404.82	395.37
23	689.16	538.30	484.42	491.10	424.34	432.28	404.82	395.37
24	689.16	538.30	484.42	491.10	424.34	432.28	404.82	395.37
25	691.92	540.46	486.36	493.06	426.03	434.01	406.44	396.95
26	705.70	551.22	496.05	502.88	434.52	442.65	414.53	404.86
27	722.24	564.14	507.68	514.67	444.70	453.03	424.25	414.35
28	749.12	585.14	526.57	533.82	461.25	469.89	440.03	429.77
29	771.17	602.36	542.07	549.54	474.83	483.72	452.99	442.42
30	782.20	610.97	549.82	557.39	481.62	490.64	459.47	448.74
31	798.74	623.89	561.45	569.18	491.80	501.01	469.18	458.23
32	815.28	636.81	573.07	580.97	501.99	511.39	478.90	467.72
33	825.61	644.89	580.34	588.33	508.35	517.87	484.97	473.65
34	836.64	653.50	588.09	596.19	515.14	524.79	491.45	479.98
35	842.15	657.81	591.97	600.12	518.54	528.25	494.68	483.14
36	847.67	662.11	595.84	604.05	521.93	531.70	497.92	486.30
37	853.18	666.42	599.72	607.98	525.33	535.16	501.16	489.47
38	858.69	670.73	603.59	611.91	528.72	538.62	504.40	492.63
39	869.72	679.34	611.34	619.76	535.51	545.54	510.88	498.96
40	880.75	687.95	619.09	627.62	542.30	552.45	517.35	505.28
41	897.29	700.87	630.72	639.41	552.48	562.83	527.07	514.77
42	913.14	713.25	641.86	650.70	562.24	572.77	536.38	523.86
43	935.19	730.48	657.36	666.42	575.82	586.60	549.34	536.52
44	962.76	752.01	676.74	686.06	592.80	603.89	565.53	552.33
45	995.15	777.31	699.51	709.14	612.74	624.21	584.55	570.91
46	1,033.74	807.45	726.64	736.64	636.50	648.42	607.22	593.05
47	1,077.16	841.37	757.16	767.58	663.24	675.65	632.73	617.96
48	1,126.78	880.13	792.03	802.94	693.79	706.78	661.87	646.43
49	1,175.71	918.34	826.43	837.81	723.92	737.47	690.62	674.50
50	1,230.84	961.41	865.18	877.10	757.86	772.05	723.00	706.13
51	1,285.28	1,003.93	903.45	915.89	791.39	806.20	754.98	737.36
52	1,345.24	1,050.77	945.60	958.62	828.30	843.81	790.20	771.76
53	1,405.89	1,098.14	988.23	1,001.84	865.64	881.85	825.82	806.55
54	1,471.36	1,149.28	1,034.25	1,048.49	905.96	922.92	864.28	844.11
55	1,536.83	1,200.42	1,080.27	1,095.15	946.27	963.98	902.74	881.67
56	1,607.81	1,255.86	1,130.16	1,145.73	989.97	1,008.51	944.44	922.40
57	1,679.48	1,311.84	1,180.54	1,196.80	1,034.11	1,053.47	986.54	963.51
58	1,755.98	1,371.60	1,234.31	1,251.31	1,081.21	1,101.45	1,031.47	1,007.40
59	1,793.88	1,401.20	1,260.96	1,278.32	1,104.54	1,125.22	1,053.74	1,029.14
60	1,870.38	1,460.95	1,314.73	1,332.84	1,151.65	1,173.21	1,098.67	1,073.03
61	1,936.54	1,512.63	1,361.23	1,379.98	1,192.38	1,214.71	1,137.53	1,110.99
62	1,979.95	1,546.54	1,391.75	1,410.92	1,219.12	1,241.94	1,163.04	1,135.89
63	2,034.40	1,589.07	1,430.02	1,449.72	1,252.64	1,276.09	1,195.02	1,167.13
64+	2,067.48	1,614.90	1,453.26	1,473.30	1,273.02	1,296.84	1,214.46	1,186.11

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 7 Santa Clara County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	536.23	418.85	376.93	382.12	330.17	336.35	314.98	307.63
15	583.89	456.08	410.43	416.08	359.52	366.25	342.98	334.98
16	602.12	470.32	423.24	429.07	370.74	377.68	353.69	345.43
17	620.34	484.55	436.05	442.06	381.96	389.11	364.39	355.89
18	639.97	499.88	449.85	456.04	394.05	401.43	375.92	367.15
19	659.60	515.21	463.64	470.03	406.13	413.74	387.45	378.41
20	679.92	531.09	477.93	484.52	418.65	426.49	399.39	390.07
21	700.95	547.52	492.71	499.50	431.60	439.68	411.74	402.13
22	700.95	547.52	492.71	499.50	431.60	439.68	411.74	402.13
23	700.95	547.52	492.71	499.50	431.60	439.68	411.74	402.13
24	700.95	547.52	492.71	499.50	431.60	439.68	411.74	402.13
25	703.76	549.71	494.69	501.50	433.32	441.44	413.39	403.74
26	717.78	560.66	504.54	511.49	441.96	450.23	421.63	411.79
27	734.60	573.80	516.36	523.48	452.31	460.78	431.51	421.44
28	761.94	595.15	535.58	542.96	469.15	477.93	447.57	437.12
29	784.37	612.67	551.35	558.94	482.96	492.00	460.74	449.99
30	795.58	621.43	559.23	566.93	489.86	499.03	467.33	456.42
31	812.40	634.57	571.06	578.92	500.22	509.59	477.21	466.07
32	829.23	647.71	582.88	590.91	510.58	520.14	487.09	475.73
33	839.74	655.92	590.27	598.40	517.05	526.73	493.27	481.76
34	850.96	664.68	598.16	606.39	523.96	533.77	499.86	488.19
35	856.56	669.06	602.10	610.39	527.41	537.29	503.15	491.41
36	862.17	673.44	606.04	614.39	530.86	540.80	506.44	494.63
37	867.78	677.82	609.98	618.38	534.32	544.32	509.74	497.84
38	873.39	682.20	613.92	622.38	537.77	547.84	513.03	501.06
39	884.60	690.96	621.81	630.37	544.68	554.87	519.62	507.49
40	895.82	699.72	629.69	638.36	551.58	561.91	526.21	513.93
41	912.64	712.86	641.51	650.35	561.94	572.46	536.09	523.58
42	928.76	725.46	652.85	661.84	571.87	582.57	545.56	532.83
43	951.19	742.98	668.61	677.82	585.68	596.64	558.74	545.70
44	979.23	764.88	688.32	697.80	602.94	614.23	575.21	561.78
45	1,012.18	790.61	711.48	721.28	623.23	634.89	594.56	580.68
46	1,051.43	821.27	739.07	749.25	647.40	659.52	617.62	603.20
47	1,095.59	855.77	770.11	780.72	674.59	687.22	643.56	628.54
48	1,146.06	895.19	805.59	816.68	705.66	718.87	673.20	657.49
49	1,195.83	934.06	840.57	852.15	736.30	750.09	702.43	686.04
50	1,251.90	977.86	879.99	892.11	770.83	785.26	735.37	718.21
51	1,307.28	1,021.12	918.91	931.57	804.93	820.00	767.90	749.98
52	1,368.26	1,068.75	961.78	975.03	842.48	858.25	803.72	784.97
53	1,429.94	1,116.93	1,005.14	1,018.98	880.46	896.94	839.96	820.35
54	1,496.54	1,168.94	1,051.95	1,066.43	921.46	938.71	879.07	858.56
55	1,563.13	1,220.96	1,098.75	1,113.89	962.46	980.48	918.19	896.76
56	1,635.32	1,277.35	1,149.50	1,165.34	1,006.92	1,025.77	960.60	938.18
57	1,708.22	1,334.29	1,200.75	1,217.28	1,051.80	1,071.49	1,003.42	980.00
58	1,786.03	1,395.07	1,255.44	1,272.73	1,099.71	1,120.30	1,049.12	1,024.64
59	1,824.58	1,425.18	1,282.54	1,300.20	1,123.45	1,144.48	1,071.77	1,046.76
60	1,902.39	1,485.96	1,337.23	1,355.65	1,171.35	1,193.28	1,117.47	1,091.39
61	1,969.68	1,538.52	1,384.53	1,403.60	1,212.79	1,235.49	1,157.00	1,130.00
62	2,013.84	1,573.01	1,415.57	1,435.07	1,239.98	1,263.19	1,182.94	1,155.33
63	2,069.21	1,616.26	1,454.49	1,474.53	1,274.07	1,297.93	1,215.47	1,187.10
64+	2,102.85	1,642.56	1,478.13	1,498.50	1,294.80	1,319.04	1,235.22	1,206.39

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 8 San Mateo County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	558.50	436.24	392.58	397.99	343.88	350.32	328.06	320.41
15	608.14	475.02	427.47	433.36	374.45	381.46	357.22	348.89
16	627.12	489.85	440.82	446.89	386.14	393.37	368.37	359.78
17	646.10	504.67	454.16	460.41	397.82	405.27	379.52	370.67
18	666.55	520.64	468.53	474.98	410.41	418.09	391.53	382.40
19	686.99	536.61	482.90	489.55	423.00	430.92	403.54	394.12
20	708.16	553.14	497.78	504.64	436.03	444.20	415.98	406.27
21	730.06	570.25	513.17	520.24	449.52	457.94	428.84	418.83
22	730.06	570.25	513.17	520.24	449.52	457.94	428.84	418.83
23	730.06	570.25	513.17	520.24	449.52	457.94	428.84	418.83
24	730.06	570.25	513.17	520.24	449.52	457.94	428.84	418.83
25	732.98	572.53	515.23	522.32	451.32	459.77	430.56	420.51
26	747.58	583.94	525.49	532.73	460.31	468.93	439.13	428.89
27	765.10	597.62	537.81	545.21	471.10	479.92	449.43	438.94
28	793.58	619.86	557.82	565.50	488.63	497.78	466.15	455.27
29	816.94	638.11	574.24	582.15	503.01	512.43	479.87	468.67
30	828.62	647.23	582.45	590.48	510.20	519.76	486.74	475.38
31	846.14	660.92	594.77	602.96	520.99	530.75	497.03	485.43
32	863.66	674.61	607.09	615.45	531.78	541.74	507.32	495.48
33	874.61	683.16	614.78	623.25	538.52	548.61	513.75	501.76
34	886.29	692.28	622.99	631.57	545.72	555.93	520.61	508.46
35	892.13	696.85	627.10	635.74	549.31	559.60	524.04	511.81
36	897.97	701.41	631.20	639.90	552.91	563.26	527.47	515.17
37	903.81	705.97	635.31	644.06	556.50	566.92	530.91	518.52
38	909.66	710.53	639.42	648.22	560.10	570.59	534.34	521.87
39	921.34	719.66	647.63	656.55	567.29	577.91	541.20	528.57
40	933.02	728.78	655.84	664.87	574.49	585.24	548.06	535.27
41	950.54	742.47	668.15	677.36	585.27	596.23	558.35	545.32
42	967.33	755.58	679.96	689.32	595.61	606.76	568.21	554.95
43	990.69	773.83	696.38	705.97	610.00	621.42	581.94	568.36
44	1,019.89	796.64	716.90	726.78	627.98	639.74	599.09	585.11
45	1,054.21	823.44	741.02	751.23	649.11	661.26	619.25	604.80
46	1,095.09	855.38	769.76	780.36	674.28	686.90	643.26	628.25
47	1,141.08	891.30	802.09	813.14	702.60	715.75	670.28	654.64
48	1,193.65	932.36	839.04	850.60	734.96	748.72	701.16	684.79
49	1,245.48	972.85	875.48	887.53	766.88	781.24	731.60	714.53
50	1,303.89	1,018.47	916.53	929.15	802.84	817.87	765.91	748.04
51	1,361.56	1,063.52	957.07	970.25	838.35	854.05	799.79	781.12
52	1,425.08	1,113.13	1,001.72	1,015.51	877.46	893.89	837.10	817.56
53	1,489.32	1,163.31	1,046.88	1,061.30	917.02	934.19	874.84	854.42
54	1,558.68	1,217.49	1,095.63	1,110.72	959.72	977.69	915.58	894.21
55	1,628.03	1,271.66	1,144.38	1,160.14	1,002.43	1,021.20	956.32	934.00
56	1,703.23	1,330.40	1,197.24	1,213.73	1,048.73	1,068.36	1,000.49	977.14
57	1,779.16	1,389.70	1,250.61	1,267.83	1,095.48	1,115.99	1,045.09	1,020.70
58	1,860.19	1,453.00	1,307.57	1,325.58	1,145.38	1,166.82	1,092.69	1,067.19
59	1,900.35	1,484.36	1,335.79	1,354.19	1,170.10	1,192.01	1,116.27	1,090.22
60	1,981.38	1,547.66	1,392.76	1,411.94	1,220.00	1,242.84	1,163.88	1,136.71
61	2,051.47	1,602.40	1,442.02	1,461.88	1,263.15	1,286.80	1,205.04	1,176.92
62	2,097.46	1,638.33	1,474.35	1,494.66	1,291.47	1,315.65	1,232.06	1,203.31
63	2,155.14	1,683.38	1,514.89	1,535.76	1,326.98	1,351.83	1,265.94	1,236.40
64+	2,190.18	1,710.75	1,539.51	1,560.72	1,348.56	1,373.82	1,286.52	1,256.49

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 9 **Monterey, San Benito and Santa Cruz counties.**

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	562.77	439.58	395.58	401.03	346.51	353.00	330.57	322.86
15	612.79	478.65	430.75	436.68	377.31	384.38	359.96	351.56
16	631.92	493.59	444.19	450.31	389.09	396.38	371.19	362.53
17	651.05	508.53	457.63	463.94	400.87	408.37	382.43	373.50
18	671.65	524.62	472.11	478.62	413.55	421.29	394.53	385.32
19	692.24	540.71	486.59	493.29	426.23	434.21	406.63	397.14
20	713.58	557.38	501.59	508.50	439.37	447.60	419.16	409.38
21	735.65	574.61	517.10	524.22	452.96	461.44	432.12	422.04
22	735.65	574.61	517.10	524.22	452.96	461.44	432.12	422.04
23	735.65	574.61	517.10	524.22	452.96	461.44	432.12	422.04
24	735.65	574.61	517.10	524.22	452.96	461.44	432.12	422.04
25	738.59	576.91	519.17	526.32	454.77	463.28	433.85	423.73
26	753.30	588.40	529.51	536.80	463.83	472.51	442.49	432.17
27	770.96	602.20	541.92	549.39	474.70	483.59	452.86	442.30
28	799.65	624.61	562.09	569.83	492.37	501.58	469.72	458.76
29	823.19	642.99	578.64	586.61	506.86	516.35	483.55	472.26
30	834.96	652.19	586.91	594.99	514.11	523.73	490.46	479.01
31	852.61	665.98	599.32	607.57	524.98	534.81	500.83	489.14
32	870.27	679.77	611.73	620.16	535.85	545.88	511.20	499.27
33	881.30	688.39	619.49	628.02	542.64	552.80	517.68	505.60
34	893.07	697.58	627.76	636.41	549.89	560.19	524.60	512.35
35	898.96	702.18	631.90	640.60	553.52	563.88	528.05	515.73
36	904.85	706.78	636.03	644.79	557.14	567.57	531.51	519.11
37	910.73	711.37	640.17	648.99	560.76	571.26	534.97	522.48
38	916.62	715.97	644.31	653.18	564.39	574.95	538.42	525.86
39	928.39	725.16	652.58	661.57	571.63	582.34	545.34	532.61
40	940.16	734.36	660.85	669.96	578.88	589.72	552.25	539.36
41	957.81	748.15	673.27	682.54	589.75	600.79	562.62	549.49
42	974.73	761.36	685.16	694.60	600.17	611.41	572.56	559.20
43	998.27	779.75	701.71	711.37	614.66	626.17	586.39	572.71
44	1,027.70	802.74	722.39	732.34	632.78	644.63	603.68	589.59
45	1,062.27	829.74	746.69	756.98	654.07	666.32	623.98	609.42
46	1,103.47	861.92	775.65	786.33	679.44	692.16	648.18	633.06
47	1,149.82	898.12	808.23	819.36	707.97	721.23	675.41	659.65
48	1,202.78	939.49	845.46	857.10	740.59	754.45	706.52	690.03
49	1,255.01	980.29	882.17	894.32	772.75	787.22	737.20	720.00
50	1,313.86	1,026.26	923.54	936.26	808.98	824.13	771.77	753.76
51	1,371.98	1,071.66	964.39	977.68	844.77	860.58	805.91	787.10
52	1,435.98	1,121.65	1,009.38	1,023.28	884.18	900.73	843.50	823.82
53	1,500.72	1,172.21	1,054.89	1,069.42	924.04	941.34	881.53	860.96
54	1,570.60	1,226.80	1,104.01	1,119.22	967.07	985.17	922.58	901.05
55	1,640.49	1,281.39	1,153.14	1,169.02	1,010.10	1,029.01	963.63	941.15
56	1,716.26	1,340.57	1,206.40	1,223.01	1,056.75	1,076.54	1,008.14	984.61
57	1,792.77	1,400.33	1,260.17	1,277.53	1,103.86	1,124.53	1,053.08	1,028.51
58	1,874.43	1,464.12	1,317.57	1,335.72	1,154.14	1,175.75	1,101.05	1,075.35
59	1,914.89	1,495.72	1,346.01	1,364.55	1,179.05	1,201.13	1,124.82	1,098.57
60	1,996.54	1,559.50	1,403.41	1,422.74	1,229.33	1,252.35	1,172.78	1,145.41
61	2,067.17	1,614.67	1,453.05	1,473.07	1,272.81	1,296.64	1,214.26	1,185.93
62	2,113.51	1,650.87	1,485.63	1,506.09	1,301.35	1,325.71	1,241.49	1,212.52
63	2,171.63	1,696.26	1,526.48	1,547.51	1,337.13	1,362.17	1,275.63	1,245.86
64+	2,206.95	1,723.83	1,551.30	1,572.66	1,358.88	1,384.32	1,296.36	1,266.12

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

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

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	558.87	436.54	392.84	398.25	344.11	350.56	328.29	320.62
15	608.55	475.34	427.76	433.65	374.70	381.72	357.47	349.12
16	627.55	490.18	441.11	447.19	386.40	393.63	368.62	360.02
17	646.54	505.01	454.47	460.73	398.09	405.55	379.78	370.92
18	667.00	520.99	468.84	475.30	410.69	418.38	391.80	382.65
19	687.45	536.97	483.22	489.88	423.28	431.21	403.81	394.39
20	708.64	553.52	498.12	504.98	436.33	444.50	416.26	406.54
21	730.55	570.64	513.52	520.59	449.82	458.24	429.13	419.12
22	730.55	570.64	513.52	520.59	449.82	458.24	429.13	419.12
23	730.55	570.64	513.52	520.59	449.82	458.24	429.13	419.12
24	730.55	570.64	513.52	520.59	449.82	458.24	429.13	419.12
25	733.48	572.92	515.58	522.68	451.62	460.08	430.85	420.79
26	748.09	584.33	525.85	533.09	460.62	469.24	439.43	429.18
27	765.62	598.03	538.17	545.58	471.41	480.24	449.73	439.23
28	794.11	620.28	558.20	565.89	488.96	498.11	466.47	455.58
29	817.49	638.54	574.63	582.54	503.35	512.78	480.20	468.99
30	829.18	647.67	582.85	590.87	510.55	520.11	487.06	475.70
31	846.71	661.37	595.17	603.37	521.34	531.11	497.36	485.76
32	864.25	675.06	607.50	615.86	532.14	542.10	507.66	495.81
33	875.20	683.62	615.20	623.67	538.89	548.98	514.10	502.10
34	886.89	692.75	623.41	632.00	546.09	556.31	520.97	508.81
35	892.74	697.32	627.52	636.17	549.68	559.98	524.40	512.16
36	898.58	701.88	631.63	640.33	553.28	563.64	527.83	515.51
37	904.43	706.45	635.74	644.50	556.88	567.31	531.26	518.87
38	910.27	711.01	639.85	648.66	560.48	570.97	534.70	522.22
39	921.96	720.14	648.06	656.99	567.68	578.30	541.56	528.93
40	933.65	729.27	656.28	665.32	574.87	585.64	548.43	535.63
41	951.18	742.97	668.60	677.81	585.67	596.63	558.73	545.69
42	967.98	756.09	680.42	689.79	596.02	607.17	568.60	555.33
43	991.36	774.35	696.85	706.45	610.41	621.84	582.33	568.74
44	1,020.58	797.18	717.39	727.27	628.40	640.17	599.50	585.51
45	1,054.92	824.00	741.52	751.74	649.54	661.71	619.67	605.20
46	1,095.83	855.95	770.28	780.89	674.73	687.37	643.70	628.67
47	1,141.86	891.90	802.63	813.69	703.07	716.24	670.73	655.08
48	1,194.46	932.99	839.61	851.17	735.46	749.23	701.63	685.26
49	1,246.32	973.51	876.07	888.13	767.40	781.77	732.10	715.01
50	1,304.77	1,019.16	917.15	929.78	803.38	818.43	766.43	748.54
51	1,362.48	1,064.24	957.72	970.91	838.92	854.63	800.33	781.65
52	1,426.04	1,113.88	1,002.39	1,016.20	878.05	894.49	837.66	818.12
53	1,490.33	1,164.10	1,047.58	1,062.01	917.64	934.82	875.43	855.00
54	1,559.73	1,218.31	1,096.37	1,111.47	960.37	978.35	916.19	894.81
55	1,629.13	1,272.52	1,145.15	1,160.93	1,003.11	1,021.89	956.96	934.63
56	1,704.38	1,331.29	1,198.04	1,214.55	1,049.44	1,069.08	1,001.16	977.80
57	1,780.36	1,390.64	1,251.45	1,268.69	1,096.22	1,116.74	1,045.79	1,021.39
58	1,861.45	1,453.98	1,308.45	1,326.47	1,146.15	1,167.61	1,093.43	1,067.91
59	1,901.63	1,485.37	1,336.70	1,355.11	1,170.89	1,192.81	1,117.03	1,090.96
60	1,982.72	1,548.71	1,393.70	1,412.89	1,220.82	1,243.68	1,164.66	1,137.48
61	2,052.86	1,603.49	1,442.99	1,462.87	1,264.00	1,287.67	1,205.86	1,177.72
62	2,098.88	1,639.44	1,475.35	1,495.67	1,292.34	1,316.54	1,232.89	1,204.12
63	2,156.59	1,684.52	1,515.91	1,536.79	1,327.88	1,352.74	1,266.80	1,237.23
64+	2,191.65	1,711.92	1,540.56	1,561.77	1,349.46	1,374.72	1,287.39	1,257.36

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 11 Fresno, Kings and Madera counties.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	402.20	314.16	282.71	286.61	247.64	252.28	236.25	230.74
15	437.95	342.08	307.84	312.08	269.66	274.71	257.25	251.25
16	451.62	352.76	317.45	321.82	278.07	283.28	265.28	259.09
17	465.29	363.44	327.06	331.56	286.49	291.85	273.31	266.93
18	480.01	374.94	337.41	342.06	295.56	301.09	281.96	275.38
19	494.73	386.43	347.76	352.55	304.62	310.32	290.61	283.82
20	509.98	398.34	358.47	363.41	314.01	319.89	299.56	292.57
21	525.75	410.66	369.56	374.65	323.72	329.78	308.83	301.62
22	525.75	410.66	369.56	374.65	323.72	329.78	308.83	301.62
23	525.75	410.66	369.56	374.65	323.72	329.78	308.83	301.62
24	525.75	410.66	369.56	374.65	323.72	329.78	308.83	301.62
25	527.85	412.31	371.04	376.15	325.01	331.10	310.06	302.83
26	538.37	420.52	378.43	383.64	331.49	337.69	316.24	308.86
27	550.98	430.37	387.30	392.63	339.26	345.61	323.65	316.10
28	571.49	446.39	401.71	407.24	351.88	358.47	335.70	327.86
29	588.31	459.53	413.54	419.23	362.24	369.02	345.58	337.51
30	596.72	466.10	419.45	425.23	367.42	374.30	350.52	342.34
31	609.34	475.96	428.32	434.22	375.19	382.21	357.93	349.58
32	621.96	485.81	437.19	443.21	382.96	390.13	365.34	356.82
33	629.85	491.97	442.73	448.83	387.81	395.08	369.98	361.34
34	638.26	498.54	448.65	454.82	392.99	400.35	374.92	366.17
35	642.46	501.83	451.60	457.82	395.58	402.99	377.39	368.58
36	646.67	505.12	454.56	460.82	398.17	405.63	379.86	370.99
37	650.88	508.40	457.51	463.82	400.76	408.27	382.33	373.41
38	655.08	511.69	460.47	466.81	403.35	410.91	384.80	375.82
39	663.49	518.26	466.38	472.81	408.53	416.18	389.74	380.64
40	671.91	524.83	472.30	478.80	413.71	421.46	394.68	385.47
41	684.52	534.68	481.17	487.79	421.48	429.37	402.09	392.71
42	696.62	544.13	489.67	496.41	428.93	436.96	409.20	399.65
43	713.44	557.27	501.49	508.40	439.29	447.51	419.08	409.30
44	734.47	573.70	516.27	523.39	452.23	460.70	431.43	421.36
45	759.18	593.00	533.64	540.99	467.45	476.20	445.95	435.54
46	788.62	615.99	554.34	561.97	485.58	494.67	463.24	452.43
47	821.75	641.87	577.62	585.58	505.97	515.45	482.70	471.43
48	859.60	671.43	604.23	612.55	529.28	539.19	504.93	493.15
49	896.93	700.59	630.47	639.15	552.26	562.60	526.86	514.56
50	938.99	733.44	660.03	669.12	578.16	588.99	551.57	538.69
51	980.52	765.89	689.23	698.72	603.74	615.04	575.96	562.52
52	1,026.26	801.61	721.38	731.32	631.90	643.73	602.83	588.76
53	1,072.53	837.75	753.90	764.29	660.39	672.75	630.01	615.31
54	1,122.47	876.76	789.01	799.88	691.14	704.08	659.35	643.96
55	1,172.42	915.78	824.12	835.47	721.89	735.41	688.69	672.61
56	1,226.57	958.08	862.18	874.06	755.24	769.38	720.49	703.68
57	1,281.25	1,000.78	900.62	913.02	788.90	803.67	752.61	735.05
58	1,339.61	1,046.37	941.64	954.61	824.83	840.28	786.89	768.53
59	1,368.52	1,068.95	961.96	975.21	842.64	858.42	803.88	785.12
60	1,426.88	1,114.54	1,002.98	1,016.80	878.57	895.02	838.16	818.60
61	1,477.35	1,153.96	1,038.46	1,052.77	909.65	926.68	867.81	847.55
62	1,510.48	1,179.83	1,061.74	1,076.37	930.04	947.46	887.26	866.56
63	1,552.01	1,212.28	1,090.94	1,105.97	955.62	973.51	911.66	890.38
64+	1,577.25	1,231.98	1,108.68	1,123.95	971.16	989.34	926.49	904.86

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

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

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	441.74	345.05	310.51	314.79	271.99	277.09	259.48	253.43
15	481.01	375.72	338.11	342.77	296.17	301.72	282.55	275.95
16	496.02	387.44	348.66	353.47	305.42	311.13	291.37	284.57
17	511.04	399.17	359.22	364.17	314.66	320.55	300.19	293.18
18	527.20	411.80	370.58	375.69	324.61	330.69	309.68	302.46
19	543.37	424.43	381.95	387.21	334.57	340.83	319.18	311.73
20	560.12	437.51	393.72	399.14	344.88	351.34	329.02	321.34
21	577.44	451.04	405.90	411.49	355.55	362.20	339.19	331.28
22	577.44	451.04	405.90	411.49	355.55	362.20	339.19	331.28
23	577.44	451.04	405.90	411.49	355.55	362.20	339.19	331.28
24	577.44	451.04	405.90	411.49	355.55	362.20	339.19	331.28
25	579.75	452.84	407.52	413.13	356.97	363.65	340.55	332.60
26	591.30	461.87	415.64	421.36	364.08	370.90	347.33	339.23
27	605.16	472.69	425.38	431.24	372.61	379.59	355.47	347.18
28	627.68	490.28	441.21	447.29	386.48	393.72	368.70	360.10
29	646.16	504.71	454.20	460.45	397.86	405.31	379.56	370.70
30	655.40	511.93	460.69	467.04	403.55	411.10	384.98	376.00
31	669.26	522.76	470.43	476.91	412.08	419.79	393.12	383.95
32	683.11	533.58	480.17	486.79	420.61	428.49	401.26	391.90
33	691.78	540.35	486.26	492.96	425.95	433.92	406.35	396.87
34	701.01	547.56	492.76	499.54	431.63	439.72	411.78	402.17
35	705.63	551.17	496.00	502.84	434.48	442.61	414.49	404.82
36	710.25	554.78	499.25	506.13	437.32	445.51	417.21	407.47
37	714.87	558.39	502.50	509.42	440.17	448.41	419.92	410.12
38	719.49	562.00	505.75	512.71	443.01	451.31	422.63	412.77
39	728.73	569.21	512.24	519.30	448.70	457.10	428.06	418.07
40	737.97	576.43	518.73	525.88	454.39	462.90	433.49	423.37
41	751.83	587.25	528.48	535.76	462.92	471.59	441.63	431.32
42	765.11	597.63	537.81	545.22	471.10	479.92	449.43	438.94
43	783.59	612.06	550.80	558.39	482.48	491.51	460.28	449.54
44	806.69	630.10	567.04	574.85	496.70	506.00	473.85	462.79
45	833.83	651.30	586.11	594.19	513.41	523.02	489.79	478.36
46	866.16	676.56	608.84	617.23	533.32	543.31	508.79	496.91
47	902.54	704.98	634.41	643.15	555.72	566.13	530.16	517.79
48	944.12	737.45	663.64	672.78	581.32	592.20	554.58	541.64
49	985.12	769.47	692.46	702.00	606.56	617.92	578.66	565.16
50	1,031.31	805.56	724.93	734.91	635.01	646.90	605.80	591.66
51	1,076.93	841.19	757.00	767.42	663.10	675.51	632.59	617.83
52	1,127.17	880.43	792.31	803.22	694.03	707.02	662.10	646.65
53	1,177.98	920.12	828.03	839.43	725.32	738.90	691.95	675.80
54	1,232.84	962.97	866.59	878.52	759.09	773.31	724.18	707.28
55	1,287.70	1,005.82	905.15	917.61	792.87	807.72	756.40	738.75
56	1,347.17	1,052.28	946.95	960.00	829.49	845.02	791.34	772.87
57	1,407.23	1,099.19	989.17	1,002.79	866.47	882.69	826.61	807.32
58	1,471.32	1,149.25	1,034.22	1,048.47	905.94	922.90	864.26	844.09
59	1,503.08	1,174.06	1,056.55	1,071.10	925.49	942.82	882.92	862.31
60	1,567.18	1,224.12	1,101.60	1,116.77	964.96	983.02	920.57	899.08
61	1,622.61	1,267.42	1,140.57	1,156.28	999.09	1,017.79	953.13	930.89
62	1,658.99	1,295.84	1,166.14	1,182.20	1,021.49	1,040.61	974.50	951.76
63	1,704.61	1,331.47	1,198.20	1,214.71	1,049.58	1,069.23	1,001.30	977.93
64+	1,732.32	1,353.12	1,217.70	1,234.47	1,066.65	1,086.60	1,017.57	993.84

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 13 Imperial, Inyo and Mono counties.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	551.45	430.74	387.63	392.96	339.54	345.90	323.92	316.36
15	600.47	469.03	422.08	427.89	369.72	376.65	352.72	344.49
16	619.21	483.66	435.25	441.25	381.26	388.40	363.73	355.24
17	637.95	498.30	448.43	454.61	392.80	400.16	374.74	365.99
18	658.13	514.07	462.62	468.99	405.23	412.82	386.59	377.57
19	678.32	529.84	476.80	483.37	417.66	425.48	398.45	389.15
20	699.22	546.16	491.50	498.27	430.53	438.59	410.73	401.14
21	720.85	563.06	506.70	513.68	443.85	452.16	423.43	413.55
22	720.85	563.06	506.70	513.68	443.85	452.16	423.43	413.55
23	720.85	563.06	506.70	513.68	443.85	452.16	423.43	413.55
24	720.85	563.06	506.70	513.68	443.85	452.16	423.43	413.55
25	723.73	565.31	508.73	515.73	445.62	453.97	425.12	415.20
26	738.15	576.57	518.86	526.01	454.50	463.01	433.59	423.47
27	755.45	590.08	531.02	538.34	465.15	473.86	443.76	433.40
28	783.56	612.04	550.78	558.37	482.46	491.49	460.27	449.53
29	806.63	630.06	567.00	574.81	496.67	505.96	473.82	462.76
30	818.16	639.07	575.10	583.03	503.77	513.20	480.59	469.38
31	835.46	652.58	587.26	595.35	514.42	524.05	490.76	479.30
32	852.76	666.09	599.43	607.68	525.07	534.90	500.92	489.23
33	863.58	674.54	607.03	615.39	531.73	541.68	507.27	495.43
34	875.11	683.55	615.13	623.61	538.83	548.92	514.04	502.05
35	880.88	688.05	619.19	627.72	542.38	552.54	517.43	505.36
36	886.64	692.56	623.24	631.82	545.93	556.15	520.82	508.67
37	892.41	697.06	627.29	635.93	549.48	559.77	524.21	511.97
38	898.18	701.57	631.35	640.04	553.03	563.39	527.59	515.28
39	909.71	710.58	639.45	648.26	560.14	570.62	534.37	521.90
40	921.24	719.59	647.56	656.48	567.24	577.86	541.14	528.52
41	938.55	733.10	659.72	668.81	577.89	588.71	551.31	538.44
42	955.12	746.05	671.38	680.62	588.10	599.11	561.05	547.95
43	978.19	764.07	687.59	697.06	602.30	613.58	574.60	561.19
44	1,007.03	786.59	707.86	717.61	620.05	631.66	591.53	577.73
45	1,040.91	813.05	731.67	741.75	640.92	652.92	611.43	597.16
46	1,081.27	844.58	760.05	770.52	665.77	678.24	635.15	620.32
47	1,126.69	880.06	791.97	802.88	693.73	706.72	661.82	646.38
48	1,178.59	920.60	828.45	839.86	725.69	739.28	692.31	676.15
49	1,229.77	960.57	864.43	876.34	757.20	771.38	722.37	705.51
50	1,287.44	1,005.62	904.97	917.43	792.71	807.55	756.25	738.60
51	1,344.38	1,050.10	944.99	958.01	827.78	843.27	789.70	771.27
52	1,407.10	1,099.08	989.08	1,002.70	866.39	882.61	826.54	807.25
53	1,470.53	1,148.63	1,033.67	1,047.90	905.45	922.40	863.80	843.64
54	1,539.01	1,202.12	1,081.80	1,096.70	947.61	965.36	904.02	882.93
55	1,607.49	1,255.61	1,129.94	1,145.50	989.78	1,008.31	944.25	922.21
56	1,681.74	1,313.61	1,182.13	1,198.41	1,035.50	1,054.88	987.86	964.81
57	1,756.71	1,372.17	1,234.83	1,251.83	1,081.66	1,101.91	1,031.90	1,007.82
58	1,836.72	1,434.67	1,291.07	1,308.85	1,130.92	1,152.10	1,078.90	1,053.72
59	1,876.37	1,465.63	1,318.94	1,337.10	1,155.33	1,176.97	1,102.19	1,076.47
60	1,956.38	1,528.13	1,375.18	1,394.12	1,204.60	1,227.15	1,149.19	1,122.37
61	2,025.59	1,582.19	1,423.83	1,443.44	1,247.21	1,270.56	1,189.84	1,162.07
62	2,071.00	1,617.66	1,455.75	1,475.80	1,275.17	1,299.05	1,216.52	1,188.13
63	2,127.95	1,662.14	1,495.78	1,516.38	1,310.24	1,334.77	1,249.97	1,220.80
64+	2,162.55	1,689.18	1,520.10	1,541.04	1,331.55	1,356.48	1,270.29	1,240.65

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.



# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 14 Kern County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	408.19	318.84	286.93	290.88	251.34	256.04	239.78	234.18
15	444.48	347.18	312.43	316.74	273.68	278.80	261.09	255.00
16	458.35	358.02	322.18	326.62	282.22	287.50	269.24	262.95
17	472.22	368.85	331.94	336.51	290.76	296.21	277.39	270.91
18	487.16	380.52	342.44	347.15	299.96	305.58	286.16	279.48
19	502.10	392.19	352.94	357.80	309.16	314.95	294.94	288.06
20	517.58	404.28	363.82	368.83	318.69	324.65	304.03	296.93
21	533.59	416.78	375.07	380.23	328.54	334.70	313.43	306.12
22	533.59	416.78	375.07	380.23	328.54	334.70	313.43	306.12
23	533.59	416.78	375.07	380.23	328.54	334.70	313.43	306.12
24	533.59	416.78	375.07	380.23	328.54	334.70	313.43	306.12
25	535.72	418.45	376.57	381.76	329.86	336.03	314.69	307.34
26	546.39	426.79	384.07	389.36	336.43	342.73	320.95	313.46
27	559.20	436.79	393.07	398.49	344.31	350.76	328.48	320.81
28	580.01	453.04	407.70	413.32	357.13	363.81	340.70	332.75
29	597.08	466.38	419.70	425.48	367.64	374.52	350.73	342.54
30	605.62	473.05	425.70	431.57	372.90	379.88	355.74	347.44
31	618.43	483.05	434.70	440.69	380.78	387.91	363.27	354.79
32	631.23	493.06	443.71	449.82	388.67	395.94	370.79	362.14
33	639.24	499.31	449.33	455.52	393.60	400.97	375.49	366.73
34	647.77	505.98	455.33	461.60	398.85	406.32	380.51	371.63
35	652.04	509.31	458.33	464.65	401.48	409.00	383.01	374.07
36	656.31	512.65	461.33	467.69	404.11	411.68	385.52	376.52
37	660.58	515.98	464.34	470.73	406.74	414.35	388.03	378.97
38	664.85	519.31	467.34	473.77	409.37	417.03	390.54	381.42
39	673.39	525.98	473.34	479.86	414.62	422.39	395.55	386.32
40	681.92	532.65	479.34	485.94	419.88	427.74	400.57	391.22
41	694.73	542.65	488.34	495.07	427.76	435.77	408.09	398.56
42	707.00	552.24	496.97	503.81	435.32	443.47	415.30	405.60
43	724.08	565.58	508.97	515.98	445.83	454.18	425.33	415.40
44	745.42	582.25	523.97	531.19	458.98	467.57	437.86	427.65
45	770.50	601.84	541.60	549.06	474.42	483.30	452.59	442.03
46	800.38	625.18	562.60	570.35	492.82	502.04	470.15	459.18
47	834.00	651.43	586.23	594.31	513.51	523.13	489.89	478.46
48	872.41	681.44	613.24	621.68	537.17	547.23	512.46	500.50
49	910.30	711.03	639.87	648.68	560.50	570.99	534.71	522.24
50	952.99	744.38	669.87	679.10	586.78	597.77	559.79	546.72
51	995.14	777.30	699.50	709.14	612.74	624.21	584.55	570.91
52	1,041.56	813.56	732.13	742.22	641.32	653.33	611.82	597.54
53	1,088.52	850.24	765.14	775.68	670.23	682.78	639.40	624.48
54	1,139.21	889.84	800.77	811.80	701.44	714.57	669.18	653.56
55	1,189.90	929.43	836.40	847.92	732.65	746.37	698.95	682.64
56	1,244.86	972.36	875.04	887.09	766.49	780.84	731.24	714.17
57	1,300.35	1,015.70	914.04	926.63	800.66	815.65	763.83	746.01
58	1,359.58	1,061.97	955.68	968.84	837.13	852.80	798.62	779.99
59	1,388.93	1,084.89	976.30	989.75	855.20	871.21	815.86	796.82
60	1,448.15	1,131.15	1,017.94	1,031.96	891.67	908.36	850.65	830.80
61	1,499.38	1,171.16	1,053.94	1,068.46	923.21	940.49	880.74	860.19
62	1,532.99	1,197.42	1,077.57	1,092.41	943.91	961.58	900.49	879.47
63	1,575.15	1,230.35	1,107.20	1,122.45	969.86	988.02	925.25	903.66
64+	1,600.77	1,250.34	1,125.21	1,140.69	985.62	1,004.10	940.29	918.36

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

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

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	363.35	283.81	255.40	258.92	223.72	227.91	213.43	208.45
15	395.64	309.04	278.11	281.94	243.61	248.17	232.40	226.98
16	407.99	318.68	286.79	290.74	251.21	255.92	239.66	234.06
17	420.34	328.33	295.47	299.54	258.82	263.66	246.91	241.15
18	433.64	338.72	304.81	309.01	267.00	272.00	254.72	248.78
19	446.94	349.10	314.16	318.49	275.19	280.35	262.53	256.41
20	460.71	359.86	323.84	328.31	283.67	288.99	270.63	264.31
21	474.96	370.99	333.86	338.46	292.45	297.92	279.00	272.48
22	474.96	370.99	333.86	338.46	292.45	297.92	279.00	272.48
23	474.96	370.99	333.86	338.46	292.45	297.92	279.00	272.48
24	474.96	370.99	333.86	338.46	292.45	297.92	279.00	272.48
25	476.86	372.48	335.20	339.81	293.62	299.11	280.11	273.57
26	486.36	379.90	341.87	346.58	299.47	305.07	285.69	279.02
27	497.76	388.80	349.89	354.71	306.49	312.22	292.39	285.56
28	516.28	403.27	362.91	367.90	317.89	323.84	303.27	296.19
29	531.48	415.14	373.59	378.74	327.25	333.38	312.20	304.91
30	539.08	421.08	378.93	384.15	331.93	338.14	316.66	309.27
31	550.48	429.98	386.94	392.27	338.95	345.29	323.36	315.81
32	561.88	438.89	394.96	400.40	345.97	352.44	330.05	322.35
33	569.00	444.45	399.96	405.47	350.35	356.91	334.24	326.44
34	576.60	450.39	405.31	410.89	355.03	361.68	338.70	330.80
35	580.40	453.35	407.98	413.60	357.37	364.06	340.93	332.98
36	584.20	456.32	410.65	416.30	359.71	366.45	343.16	335.16
37	588.00	459.29	413.32	419.01	362.05	368.83	345.40	337.34
38	591.80	462.26	415.99	421.72	364.39	371.21	347.63	339.52
39	599.40	468.19	421.33	427.14	369.07	375.98	352.09	343.88
40	607.00	474.13	426.67	432.55	373.75	380.75	356.56	348.23
41	618.40	483.03	434.69	440.67	380.77	387.90	363.25	354.77
42	629.32	491.57	442.37	448.46	387.49	394.75	369.67	361.04
43	644.52	503.44	453.05	459.29	396.85	404.28	378.60	369.76
44	663.52	518.28	466.40	472.83	408.55	416.20	389.76	380.66
45	685.85	535.71	482.09	488.73	422.29	430.20	402.87	393.47
46	712.44	556.49	500.79	507.69	438.67	446.88	418.49	408.73
47	742.37	579.86	521.82	529.01	457.10	465.65	436.07	425.89
48	776.56	606.57	545.86	553.38	478.15	487.10	456.16	445.51
49	810.29	632.91	569.57	577.41	498.92	508.26	475.97	464.86
50	848.28	662.59	596.28	604.49	522.31	532.09	498.29	486.66
51	885.80	691.90	622.65	631.23	545.42	555.63	520.33	508.18
52	927.13	724.18	651.70	660.67	570.86	581.55	544.60	531.89
53	968.92	756.83	681.08	690.46	596.59	607.76	569.15	555.87
54	1,014.04	792.07	712.79	722.61	624.38	636.07	595.65	581.75
55	1,059.17	827.31	744.51	754.76	652.16	664.37	622.16	607.64
56	1,108.09	865.53	778.90	789.62	682.28	695.05	650.90	635.71
57	1,157.48	904.11	813.62	824.82	712.70	726.04	679.91	664.04
58	1,210.20	945.29	850.68	862.39	745.16	759.11	710.88	694.29
59	1,236.33	965.70	869.04	881.01	761.24	775.49	726.22	709.28
60	1,289.05	1,006.88	906.10	918.58	793.70	808.56	757.19	739.52
61	1,334.64	1,042.49	938.15	951.07	821.78	837.16	783.98	765.68
62	1,364.57	1,065.86	959.18	972.39	840.20	855.93	801.55	782.85
63	1,402.09	1,095.17	985.56	999.13	863.31	879.47	823.59	804.37
64+	1,424.88	1,112.97	1,001.58	1,015.38	877.35	893.76	837.00	817.44

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

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

Age	Health Net Platinum 90 EnhancedCare PPO 250/15 + Child Dental Alt	Health Net Gold 80 EnhancedCare PPO 1000/30 + Child Dental Alt	Health Net Silver 70 EnhancedCare PPO 2000/55 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt	Health Net Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt
0-14	281.58	207.28	181.99	180.26	164.87
15	306.61	225.70	198.17	196.29	179.53
16	316.18	232.74	204.35	202.41	185.13
17	325.75	239.79	210.54	208.54	190.73
18	336.06	247.38	217.20	215.14	196.77
19	346.37	254.96	223.86	221.73	202.80
20	357.04	262.82	230.76	228.57	209.05
21	368.08	270.95	237.90	235.64	215.52
22	368.08	270.95	237.90	235.64	215.52
23	368.08	270.95	237.90	235.64	215.52
24	368.08	270.95	237.90	235.64	215.52
25	369.55	272.03	238.85	236.58	216.38
26	376.92	277.45	243.60	241.29	220.69
27	385.75	283.95	249.31	246.95	225.86
28	400.11	294.52	258.59	256.14	234.27
29	411.88	303.19	266.20	263.68	241.16
30	417.77	307.53	270.01	267.45	244.61
31	426.61	314.03	275.72	273.10	249.78
32	435.44	320.53	281.43	278.76	254.96
33	440.96	324.60	285.00	282.29	258.19
34	446.85	328.93	288.80	286.06	261.64
35	449.80	331.10	290.71	287.95	263.36
36	452.74	333.27	292.61	289.83	265.09
37	455.69	335.43	294.51	291.72	266.81
38	458.63	337.60	296.42	293.60	268.53
39	464.52	341.94	300.22	297.37	271.98
40	470.41	346.27	304.03	301.14	275.43
41	479.24	352.77	309.74	306.80	280.60
42	487.71	359.01	315.21	312.22	285.56
43	499.49	367.68	322.82	319.76	292.46
44	514.21	378.51	332.34	329.18	301.08
45	531.51	391.25	343.52	340.26	311.21
46	552.12	406.42	356.84	353.46	323.27
47	575.31	423.49	371.83	368.30	336.85
48	601.81	443.00	388.96	385.27	352.37
49	627.95	462.24	405.85	402.00	367.67
50	657.40	483.91	424.88	420.85	384.91
51	686.47	505.32	443.67	439.46	401.94
52	718.50	528.89	464.37	459.96	420.69
53	750.89	552.73	485.31	480.70	439.65
54	785.86	578.47	507.91	503.08	460.13
55	820.82	604.21	530.51	525.47	480.60
56	858.74	632.12	555.01	549.74	502.80
57	897.02	660.30	579.75	574.25	525.21
58	937.87	690.38	606.16	600.40	549.14
59	958.12	705.28	619.24	613.36	560.99
60	998.98	735.35	645.65	639.52	584.91
61	1,034.31	761.36	668.49	662.14	605.60
62	1,057.50	778.43	683.47	676.98	619.18
63	1,086.58	799.84	702.27	695.60	636.20
64+	1,104.24	812.85	713.70	706.92	646.56

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

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

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	441.56	344.90	310.38	314.66	271.88	276.97	259.38	253.32
15	480.81	375.56	337.97	342.63	296.05	301.59	282.43	275.84
16	495.82	387.28	348.52	353.32	305.29	311.01	291.25	284.45
17	510.83	399.01	359.07	364.02	314.53	320.42	300.06	293.06
18	526.99	411.63	370.43	375.53	324.48	330.56	309.55	302.33
19	543.15	424.25	381.79	387.05	334.43	340.69	319.05	311.60
20	559.89	437.33	393.56	398.98	344.74	351.19	328.88	321.21
21	577.20	450.85	405.73	411.32	355.40	362.05	339.05	331.14
22	577.20	450.85	405.73	411.32	355.40	362.05	339.05	331.14
23	577.20	450.85	405.73	411.32	355.40	362.05	339.05	331.14
24	577.20	450.85	405.73	411.32	355.40	362.05	339.05	331.14
25	579.51	452.66	407.35	412.96	356.82	363.50	340.41	332.46
26	591.06	461.67	415.47	421.19	363.93	370.74	347.19	339.09
27	604.91	472.50	425.20	431.06	372.46	379.43	355.33	347.03
28	627.42	490.08	441.03	447.10	386.32	393.55	368.55	359.95
29	645.89	504.51	454.01	460.26	397.69	405.14	379.40	370.55
30	655.13	511.72	460.50	466.84	403.38	410.93	384.82	375.84
31	668.98	522.54	470.24	476.72	411.91	419.62	392.96	383.79
32	682.83	533.36	479.98	486.59	420.44	428.31	401.10	391.74
33	691.49	540.12	486.06	492.76	425.77	433.74	406.18	396.71
34	700.73	547.34	492.55	499.34	431.46	439.53	411.61	402.00
35	705.34	550.94	495.80	502.63	434.30	442.43	414.32	404.65
36	709.96	554.55	499.05	505.92	437.14	445.33	417.03	407.30
37	714.58	558.16	502.29	509.21	439.99	448.22	419.75	409.95
38	719.20	561.76	505.54	512.50	442.83	451.12	422.46	412.60
39	728.43	568.98	512.03	519.08	448.52	456.91	427.88	417.90
40	737.67	576.19	518.52	525.66	454.20	462.71	433.31	423.20
41	751.52	587.01	528.26	535.53	462.73	471.40	441.45	431.14
42	764.79	597.38	537.59	544.99	470.91	479.72	449.24	438.76
43	783.27	611.81	550.57	558.16	482.28	491.31	460.09	449.36
44	806.35	629.84	566.80	574.61	496.49	505.79	473.66	462.60
45	833.48	651.03	585.87	593.94	513.20	522.81	489.59	478.17
46	865.81	676.28	608.59	616.97	533.10	543.08	508.58	496.71
47	902.17	704.68	634.15	642.89	555.49	565.89	529.94	517.57
48	943.73	737.15	663.37	672.50	581.08	591.96	554.35	541.41
49	984.71	769.16	692.17	701.71	606.31	617.67	578.42	564.92
50	1,030.89	805.23	724.63	734.61	634.75	646.63	605.55	591.42
51	1,076.48	840.84	756.68	767.11	662.82	675.23	632.33	617.58
52	1,126.70	880.07	791.98	802.89	693.74	706.73	661.83	646.39
53	1,177.50	919.74	827.69	839.09	725.02	738.59	691.67	675.53
54	1,232.33	962.57	866.23	878.16	758.78	772.99	723.88	706.98
55	1,287.16	1,005.40	904.77	917.24	792.54	807.38	756.09	738.44
56	1,346.62	1,051.84	946.56	959.60	829.15	844.67	791.01	772.55
57	1,406.64	1,098.73	988.76	1,002.38	866.11	882.33	826.27	806.99
58	1,470.71	1,148.78	1,033.80	1,048.03	905.56	922.52	863.91	843.74
59	1,502.46	1,173.57	1,056.11	1,070.66	925.11	942.43	882.55	861.96
60	1,566.53	1,223.62	1,101.15	1,116.31	964.56	982.62	920.19	898.71
61	1,621.94	1,266.90	1,140.10	1,155.80	998.68	1,017.37	952.74	930.50
62	1,658.31	1,295.30	1,165.66	1,181.71	1,021.07	1,040.18	974.10	951.37
63	1,703.90	1,330.92	1,197.71	1,214.21	1,049.14	1,068.79	1,000.88	977.53
64+	1,731.60	1,352.55	1,217.19	1,233.96	1,066.20	1,086.15	1,017.15	993.42

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

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

Age	Health Net Platinum 90 EnhancedCare PPO 250/15 + Child Dental Alt	Health Net Gold 80 EnhancedCare PPO 1000/30 + Child Dental Alt	Health Net Silver 70 EnhancedCare PPO 2000/55 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt	Health Net Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt
0-14	357.23	262.96	230.88	228.69	209.16
15	388.99	286.34	251.41	249.02	227.76
16	401.13	295.27	259.25	256.79	234.87
17	413.27	304.21	267.10	264.57	241.97
18	426.35	313.84	275.55	272.94	249.63
19	439.42	323.46	284.00	281.31	257.29
20	452.96	333.43	292.75	289.98	265.22
21	466.97	343.74	301.81	298.94	273.42
22	466.97	343.74	301.81	298.94	273.42
23	466.97	343.74	301.81	298.94	273.42
24	466.97	343.74	301.81	298.94	273.42
25	468.84	345.12	303.02	300.14	274.51
26	478.18	351.99	309.05	306.12	279.98
27	489.39	360.24	316.30	313.29	286.54
28	507.60	373.65	328.07	324.95	297.21
29	522.54	384.65	337.72	334.52	305.95
30	530.01	390.15	342.55	339.30	310.33
31	541.22	398.40	349.80	346.48	316.89
32	552.43	406.65	357.04	353.65	323.45
33	559.43	411.80	361.57	358.13	327.55
34	566.91	417.30	366.40	362.92	331.93
35	570.64	420.05	368.81	365.31	334.12
36	574.38	422.80	371.23	367.70	336.30
37	578.11	425.55	373.64	370.09	338.49
38	581.85	428.30	376.05	372.48	340.68
39	589.32	433.80	380.88	377.27	345.05
40	596.79	439.30	385.71	382.05	349.43
41	608.00	447.55	392.96	389.22	355.99
42	618.74	455.46	399.90	396.10	362.28
43	633.68	466.46	409.56	405.67	371.03
44	652.36	480.21	421.63	417.62	381.96
45	674.31	496.36	435.81	431.67	394.82
46	700.46	515.61	452.71	448.42	410.13
47	729.88	537.27	471.73	467.25	427.35
48	763.50	562.02	493.46	488.77	447.04
49	796.66	586.42	514.89	510.00	466.45
50	834.01	613.92	539.03	533.91	488.32
51	870.90	641.08	562.87	557.53	509.92
52	911.53	670.98	589.13	583.54	533.71
53	952.62	701.23	615.69	609.85	557.77
54	996.99	733.89	644.36	638.25	583.75
55	1,041.35	766.55	673.03	666.64	609.72
56	1,089.45	801.95	704.12	697.44	637.88
57	1,138.01	837.70	735.51	728.53	666.32
58	1,189.85	875.86	769.01	761.71	696.67
59	1,215.53	894.76	785.61	778.15	711.71
60	1,267.36	932.92	819.11	811.33	742.06
61	1,312.19	965.92	848.08	840.03	768.30
62	1,341.61	987.57	867.10	858.87	785.53
63	1,378.50	1,014.73	890.94	882.48	807.13
64+	1,400.91	1,031.22	905.43	896.82	820.26

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 17 Riverside and San Bernardino counties.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	377.86	295.15	265.61	269.26	232.66	237.02	221.96	216.78
15	411.45	321.38	289.22	293.20	253.34	258.08	241.69	236.05
16	424.29	331.41	298.24	302.35	261.25	266.14	249.23	243.41
17	437.13	341.45	307.27	311.50	269.16	274.20	256.77	250.78
18	450.96	352.25	316.99	321.36	277.67	282.87	264.90	258.72
19	464.79	363.05	326.71	331.21	286.19	291.55	273.02	266.65
20	479.12	374.24	336.78	341.42	295.01	300.53	281.44	274.87
21	493.94	385.81	347.20	351.98	304.13	309.82	290.14	283.37
22	493.94	385.81	347.20	351.98	304.13	309.82	290.14	283.37
23	493.94	385.81	347.20	351.98	304.13	309.82	290.14	283.37
24	493.94	385.81	347.20	351.98	304.13	309.82	290.14	283.37
25	495.91	387.36	348.59	353.39	305.35	311.06	291.30	284.50
26	505.79	395.07	355.53	360.43	311.43	317.26	297.10	290.17
27	517.65	404.33	363.86	368.88	318.73	324.70	304.07	296.97
28	536.91	419.38	377.40	382.60	330.59	336.78	315.38	308.02
29	552.71	431.73	388.51	393.87	340.32	346.69	324.67	317.09
30	560.62	437.90	394.07	399.50	345.19	351.65	329.31	321.62
31	572.47	447.16	402.40	407.95	352.49	359.09	336.27	328.43
32	584.33	456.42	410.74	416.39	359.79	366.52	343.24	335.23
33	591.74	462.21	415.94	421.67	364.35	371.17	347.59	339.48
34	599.64	468.38	421.50	427.30	369.21	376.13	352.23	344.01
35	603.59	471.46	424.28	430.12	371.65	378.61	354.55	346.28
36	607.54	474.55	427.05	432.94	374.08	381.08	356.87	348.55
37	611.49	477.64	429.83	435.75	376.51	383.56	359.19	350.81
38	615.44	480.72	432.61	438.57	378.95	386.04	361.52	353.08
39	623.35	486.90	438.16	444.20	383.81	391.00	366.16	357.61
40	631.25	493.07	443.72	449.83	388.68	395.96	370.80	362.15
41	643.11	502.33	452.05	458.28	395.98	403.39	377.76	368.95
42	654.47	511.20	460.04	466.37	402.97	410.52	384.44	375.47
43	670.27	523.55	471.15	477.64	412.71	420.43	393.72	384.53
44	690.03	538.98	485.04	491.72	424.87	432.83	405.33	395.87
45	713.24	557.12	501.35	508.26	439.17	447.39	418.96	409.19
46	740.90	578.72	520.80	527.97	456.20	464.74	435.21	425.05
47	772.02	603.03	542.67	550.15	475.36	484.26	453.49	442.91
48	807.59	630.81	567.67	575.49	497.25	506.56	474.38	463.31
49	842.66	658.20	592.32	600.48	518.85	528.56	494.98	483.43
50	882.17	689.06	620.10	628.64	543.18	553.35	518.19	506.10
51	921.19	719.54	647.52	656.44	567.20	577.82	541.11	528.48
52	964.16	753.11	677.73	687.07	593.66	604.78	566.36	553.14
53	1,007.63	787.06	708.28	718.04	620.43	632.04	591.89	578.07
54	1,054.55	823.71	741.27	751.48	649.32	661.48	619.45	604.99
55	1,101.48	860.37	774.25	784.92	678.21	690.91	647.01	631.91
56	1,152.35	900.10	810.01	821.17	709.54	722.82	676.90	661.10
57	1,203.72	940.23	846.12	857.78	741.17	755.04	707.07	690.57
58	1,258.55	983.05	884.66	896.85	774.93	789.43	739.28	722.03
59	1,285.72	1,004.27	903.76	916.20	791.65	806.47	755.24	737.61
60	1,340.54	1,047.10	942.30	955.27	825.41	840.87	787.44	769.07
61	1,387.96	1,084.14	975.63	989.06	854.61	870.61	815.30	796.27
62	1,419.08	1,108.44	997.50	1,011.24	873.77	890.13	833.57	814.12
63	1,458.10	1,138.92	1,024.93	1,039.05	897.79	914.60	856.50	836.51
64+	1,481.82	1,157.43	1,041.60	1,055.94	912.39	929.46	870.42	850.11

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 18 Orange County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	419.64	327.78	294.97	299.04	258.39	263.22	246.50	240.75
15	456.94	356.92	321.19	325.62	281.35	286.62	268.41	262.15
16	471.21	368.06	331.22	335.78	290.13	295.57	276.79	270.33
17	485.47	379.20	341.25	345.95	298.92	304.51	285.17	278.51
18	500.83	391.20	352.04	356.89	308.37	314.15	294.19	287.32
19	516.19	403.19	362.84	367.84	317.83	323.78	303.21	296.13
20	532.09	415.62	374.02	379.17	327.63	333.76	312.56	305.26
21	548.55	428.47	385.59	390.90	337.76	344.08	322.22	314.70
22	548.55	428.47	385.59	390.90	337.76	344.08	322.22	314.70
23	548.55	428.47	385.59	390.90	337.76	344.08	322.22	314.70
24	548.55	428.47	385.59	390.90	337.76	344.08	322.22	314.70
25	550.75	430.19	387.13	392.46	339.11	345.46	323.51	315.96
26	561.72	438.76	394.84	400.28	345.86	352.34	329.96	322.25
27	574.88	449.04	404.10	409.66	353.97	360.60	337.69	329.81
28	596.27	465.75	419.13	424.91	367.14	374.02	350.26	342.08
29	613.83	479.46	431.47	437.42	377.95	385.03	360.57	352.15
30	622.61	486.32	437.64	443.67	383.36	390.53	365.72	357.19
31	635.77	496.60	446.90	453.05	391.46	398.79	373.46	364.74
32	648.94	506.88	456.15	462.43	399.57	407.05	381.19	372.29
33	657.16	513.31	461.93	468.30	404.63	412.21	386.02	377.01
34	665.94	520.17	468.10	474.55	410.04	417.72	391.18	382.05
35	670.33	523.59	471.19	477.68	412.74	420.47	393.76	384.57
36	674.72	527.02	474.27	480.81	415.44	423.22	396.33	387.08
37	679.11	530.45	477.36	483.93	418.15	425.97	398.91	389.60
38	683.49	533.88	480.44	487.06	420.85	428.73	401.49	392.12
39	692.27	540.73	486.61	493.31	426.25	434.23	406.64	397.15
40	701.05	547.59	492.78	499.57	431.66	439.74	411.80	402.19
41	714.21	557.87	502.04	508.95	439.76	448.00	419.53	409.74
42	726.83	567.73	510.90	517.94	447.53	455.91	426.94	416.98
43	744.38	581.44	523.24	530.45	458.34	466.92	437.25	427.05
44	766.33	598.58	538.67	546.09	471.85	480.68	450.14	439.64
45	792.11	618.72	556.79	564.46	487.72	496.85	465.29	454.43
46	822.83	642.71	578.38	586.35	506.64	516.12	483.33	472.05
47	857.39	669.70	602.67	610.97	527.92	537.80	503.63	491.88
48	896.88	700.55	630.44	639.12	552.24	562.57	526.83	514.54
49	935.83	730.98	657.81	666.87	576.22	587.00	549.71	536.88
50	979.71	765.25	688.66	698.15	603.24	614.53	575.49	562.06
51	1,023.05	799.10	719.12	729.03	629.92	641.71	600.94	586.92
52	1,070.77	836.38	752.67	763.03	659.30	671.65	628.98	614.30
53	1,119.04	874.09	786.60	797.43	689.03	701.93	657.33	641.99
54	1,171.16	914.79	823.23	834.57	721.11	734.62	687.94	671.89
55	1,223.27	955.50	859.86	871.70	753.20	767.30	718.55	701.79
56	1,279.77	999.63	899.58	911.97	787.99	802.74	751.74	734.20
57	1,336.82	1,044.19	939.68	952.62	823.12	838.53	785.25	766.93
58	1,397.71	1,091.75	982.48	996.01	860.61	876.72	821.02	801.86
59	1,427.88	1,115.32	1,003.69	1,017.51	879.19	895.65	838.74	819.17
60	1,488.77	1,162.88	1,046.49	1,060.90	916.68	933.84	874.51	854.10
61	1,541.43	1,204.01	1,083.50	1,098.43	949.10	966.87	905.44	884.31
62	1,575.99	1,231.00	1,107.79	1,123.05	970.38	988.55	925.74	904.14
63	1,619.32	1,264.85	1,138.26	1,153.93	997.06	1,015.73	951.20	929.00
64+	1,645.65	1,285.41	1,156.77	1,172.70	1,013.28	1,032.24	966.66	944.10

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.

# PPO Rates

New and renewing business, effective October 1, 2018, to December 15, 2018

## Region 19 San Diego County.

Age	Health Net Platinum 90 PPO 0/15 + Child Dental	Health Net Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	Health Net Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental Alt	Health Net Silver 70 HDHP 1350/40 PPO + Child Dental Alt	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental Alt
0-14	458.40	358.05	322.22	326.65	282.25	287.53	269.26	262.98
15	499.14	389.88	350.86	355.69	307.34	313.09	293.20	286.36
16	514.72	402.05	361.81	366.79	316.93	322.86	302.35	295.29
17	530.30	414.22	372.76	377.89	326.52	332.63	311.50	304.23
18	547.08	427.32	384.55	389.85	336.85	343.16	321.36	313.86
19	563.86	440.43	396.35	401.81	347.18	353.68	331.21	323.48
20	581.23	454.00	408.56	414.19	357.88	364.58	341.42	333.45
21	599.21	468.04	421.20	427.00	368.95	375.86	351.98	343.77
22	599.21	468.04	421.20	427.00	368.95	375.86	351.98	343.77
23	599.21	468.04	421.20	427.00	368.95	375.86	351.98	343.77
24	599.21	468.04	421.20	427.00	368.95	375.86	351.98	343.77
25	601.61	469.92	422.88	428.71	370.43	377.36	353.39	345.14
26	613.59	479.28	431.31	437.25	377.81	384.88	360.43	352.02
27	627.97	490.51	441.41	447.49	386.66	393.90	368.87	360.27
28	651.34	508.76	457.84	464.15	401.05	408.56	382.60	373.67
29	670.52	523.74	471.32	477.81	412.86	420.59	393.86	384.67
30	680.10	531.23	478.06	484.64	418.76	426.60	399.50	390.17
31	694.48	542.46	488.17	494.89	427.61	435.62	407.94	398.42
32	708.87	553.70	498.28	505.14	436.47	444.64	416.39	406.67
33	717.85	560.72	504.59	511.54	442.00	450.28	421.67	411.83
34	727.44	568.20	511.33	518.38	447.91	456.29	427.30	417.33
35	732.23	571.95	514.70	521.79	450.86	459.30	430.12	420.08
36	737.03	575.69	518.07	525.21	453.81	462.31	432.93	422.83
37	741.82	579.44	521.44	528.62	456.76	465.31	435.75	425.58
38	746.62	583.18	524.81	532.04	459.71	468.32	438.57	428.33
39	756.20	590.67	531.55	538.87	465.62	474.33	444.20	433.83
40	765.79	598.16	538.29	545.70	471.52	480.35	449.83	439.33
41	780.17	609.39	548.40	555.95	480.37	489.37	458.28	447.58
42	793.95	620.16	558.09	565.77	488.86	498.01	466.37	455.49
43	813.13	635.13	571.56	579.44	500.67	510.04	477.64	466.49
44	837.10	653.86	588.41	596.52	515.42	525.07	491.71	480.24
45	865.26	675.85	608.21	616.59	532.77	542.74	508.26	496.40
46	898.82	702.07	631.80	640.50	553.43	563.79	527.97	515.65
47	936.57	731.55	658.33	667.40	576.67	587.47	550.14	537.30
48	979.71	765.25	688.66	698.14	603.23	614.53	575.49	562.06
49	1,022.25	798.48	718.56	728.46	629.43	641.21	600.48	586.46
50	1,070.19	835.93	752.26	762.62	658.95	671.28	628.63	613.96
51	1,117.53	872.90	785.53	796.35	688.09	700.98	656.44	641.12
52	1,169.66	913.62	822.18	833.50	720.19	733.68	687.06	671.03
53	1,222.39	954.81	859.24	871.08	752.66	766.75	718.04	701.28
54	1,279.31	999.27	899.26	911.64	787.71	802.46	751.48	733.94
55	1,336.24	1,043.74	939.27	952.21	822.76	838.16	784.91	766.60
56	1,397.96	1,091.95	982.65	996.19	860.76	876.88	821.17	802.00
57	1,460.27	1,140.62	1,026.46	1,040.60	899.13	915.97	857.77	837.76
58	1,526.79	1,192.57	1,073.21	1,087.99	940.09	957.69	896.84	875.91
59	1,559.74	1,218.32	1,096.38	1,111.48	960.38	978.36	916.20	894.82
60	1,626.26	1,270.27	1,143.13	1,158.87	1,001.33	1,020.08	955.27	932.98
61	1,683.78	1,315.20	1,183.56	1,199.87	1,036.75	1,056.16	989.06	965.98
62	1,721.53	1,344.69	1,210.10	1,226.77	1,060.00	1,079.84	1,011.24	987.64
63	1,768.87	1,381.66	1,243.37	1,260.50	1,089.14	1,109.53	1,039.04	1,014.79
64+	1,797.63	1,404.12	1,263.60	1,281.00	1,106.85	1,127.58	1,055.94	1,031.31

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:

**IFP On Exchange/Covered California** 1-888-926-4988 (TTY: 711)

**IFP Off Exchange** 1-800-839-2172 (TTY: 711)

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

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

Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: [healthnet.com](http://healthnet.com) (Group) or [myhealthnetca.com](http://myhealthnetca.com) (IFP)

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

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

## English

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

## Arabic

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

## Armenian

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

## Chinese

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

## Hindi

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

## Hmong

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

## Japanese

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

**Khmer**

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

**Korean**

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

**Navajo**

Doo bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádíóót'íjį́. Naaltsoos da t'áá  
shí shizaad k'éhjí shichí' yídooltaah nínízingo t'áá ná ákódoolníí. Ákót'éego shíká a'doowoł nínízingo  
Customer Contact Center hoolyéhíjį́ hodíílnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihjį́  
bikáá'. Naaltsoos nehiltsóosgo naanish bá dahikahígíí éí kojį́' hodíílnih Health Net's Commercial  
Contact Center 1-800-522-0088 (TTY: 711). T'áá hó dóó ha'á'chíní (IFP) báhígíí éí kojį́' hojilnih  
1-877-609-8711 (TTY: 711).

**Persian (Farsi)**

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

**Panjabi (Punjabi)**

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

**Russian**

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

**Spanish**

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

**Tagalog**

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

**Thai**

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

**Vietnamese**

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

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



*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](http://www.healthnet.com/broker)*

*[www.healthnet.com/employer/reformguide](http://www.healthnet.com/employer/reformguide)*



FOR **SMALL  
BUSINESS**