

Small Business Group
For plans available through Covered California

Rates Guide

Choice made simple

New and renewing business,
January 1, 2018, to March 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.

Region 2 ¹ **Marin, Napa, Solano, and Sonoma counties.** ³

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

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 January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	483.94	381.53	334.01	275.81	346.22	292.55	318.84	270.85
15	526.96	415.44	363.70	300.32	376.83	318.39	347.01	294.90
16	543.41	428.41	375.05	309.69	388.53	328.27	357.78	304.10
17	559.86	441.38	386.40	319.07	400.23	338.15	368.56	313.30
18	577.57	455.34	398.63	329.16	412.84	348.79	380.16	323.20
19	595.28	469.30	410.86	339.26	425.44	359.43	391.76	333.10
20	613.63	483.77	423.52	349.71	438.49	370.44	403.77	343.36
21	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
22	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
23	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
24	632.60	498.73	436.62	360.53	452.00	381.84	416.20	353.97
25	635.14	500.72	438.36	361.97	453.80	383.36	417.86	355.39
26	647.79	510.70	447.09	369.18	462.80	390.96	426.15	362.46
27	662.97	522.67	457.57	377.84	473.60	400.08	436.09	370.95
28	687.64	542.12	474.60	391.90	491.16	414.90	452.25	384.75
29	707.88	558.08	488.57	403.43	505.56	427.06	465.51	396.06
30	718.01	566.06	495.56	409.20	512.76	433.14	472.14	401.72
31	733.19	578.03	506.04	417.85	523.57	442.26	482.08	410.21
32	748.37	590.00	516.52	426.51	534.37	451.38	492.03	418.70
33	757.86	597.48	523.07	431.91	541.12	457.08	498.24	424.01
34	767.98	605.46	530.05	437.68	548.32	463.16	504.87	429.67
35	773.04	609.45	533.54	440.57	551.92	466.20	508.19	432.50
36	778.10	613.44	537.04	443.45	555.53	469.24	511.50	435.33
37	783.16	617.43	540.53	446.34	559.13	472.28	514.81	438.16
38	788.23	621.42	544.02	449.22	562.73	475.32	518.13	440.99
39	798.35	629.40	551.01	454.99	569.93	481.40	524.76	446.65
40	808.47	637.38	557.99	460.76	577.13	487.47	531.39	452.30
41	823.65	649.35	568.47	469.41	587.93	496.59	541.33	460.79
42	838.20	660.82	578.52	477.70	598.29	505.33	550.86	468.93
43	858.44	676.78	592.49	489.24	612.69	517.49	564.12	480.25
44	883.75	696.73	609.95	503.66	630.70	532.69	580.69	494.40
45	913.48	720.17	630.47	520.60	651.85	550.55	600.17	511.02
46	948.91	748.09	654.92	540.79	677.06	571.83	623.37	530.83
47	988.76	779.51	682.43	563.51	705.42	595.77	649.47	553.11
48	1,034.31	815.42	713.87	589.47	737.83	623.12	679.30	578.58
49	1,079.22	850.83	744.87	615.06	769.78	650.10	708.72	603.69
50	1,129.83	890.73	779.80	643.91	805.79	680.50	741.87	631.99
51	1,179.81	930.13	814.29	672.39	841.35	710.52	774.60	659.93
52	1,234.84	973.52	852.27	703.75	880.51	743.57	810.65	690.71
53	1,290.51	1,017.41	890.70	735.48	920.12	777.01	847.11	721.83
54	1,350.61	1,064.79	932.17	769.73	962.89	813.11	886.47	755.43
55	1,410.71	1,112.17	973.65	803.98	1,005.65	849.20	925.83	789.04
56	1,475.87	1,163.54	1,018.62	841.12	1,052.01	888.34	968.51	825.47
57	1,541.66	1,215.40	1,064.03	878.61	1,098.82	927.86	1,011.60	862.25
58	1,611.88	1,270.76	1,112.50	918.63	1,148.79	970.03	1,057.59	901.52
59	1,646.67	1,298.19	1,136.51	938.46	1,173.54	990.93	1,080.37	920.97
60	1,716.89	1,353.55	1,184.97	978.48	1,223.51	1,033.11	1,126.37	960.23
61	1,777.62	1,401.43	1,226.89	1,013.09	1,266.72	1,069.59	1,166.14	994.19
62	1,817.47	1,432.85	1,254.40	1,035.80	1,295.08	1,093.52	1,192.24	1,016.47
63	1,867.45	1,472.25	1,288.89	1,064.28	1,330.64	1,123.54	1,224.98	1,044.42
64+	1,897.80	1,496.19	1,309.86	1,081.59	1,352.25	1,141.77	1,244.85	1,061.39

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	524.89	413.81	362.27	299.14	375.35	317.14	345.65	293.74
15	571.54	450.59	394.47	325.73	408.55	345.17	376.21	319.83
16	589.38	464.66	406.78	335.90	421.24	355.88	387.90	329.81
17	607.22	478.72	419.10	346.06	433.94	366.60	399.58	339.78
18	626.43	493.87	432.36	357.01	447.61	378.14	412.16	350.52
19	645.65	509.01	445.62	367.96	461.28	389.68	424.75	361.26
20	665.54	524.70	459.35	379.30	475.43	401.63	437.78	372.39
21	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
22	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
23	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
24	686.13	540.93	473.56	391.03	490.08	413.99	451.26	383.90
25	688.87	543.09	475.45	392.60	492.03	415.64	453.06	385.43
26	702.59	553.91	484.92	400.42	501.80	423.88	462.04	393.11
27	719.06	566.89	496.29	409.80	513.51	433.77	472.83	402.31
28	745.82	587.99	514.76	425.05	532.55	449.85	490.36	417.28
29	767.78	605.30	529.91	437.57	548.18	463.03	504.74	429.55
30	778.75	613.95	537.49	443.82	555.99	469.63	511.93	435.69
31	795.22	626.93	548.85	453.21	567.71	479.52	522.71	444.90
32	811.69	639.91	560.22	462.59	579.42	489.41	533.50	454.10
33	821.98	648.03	567.32	468.46	586.75	495.59	540.24	459.86
34	832.96	656.68	574.90	474.71	594.56	502.18	547.43	466.00
35	838.45	661.01	578.69	477.84	598.46	505.48	551.02	469.07
36	843.94	665.34	582.47	480.97	602.37	508.78	554.62	472.14
37	849.43	669.67	586.26	484.10	606.27	512.08	558.21	475.20
38	854.91	673.99	590.05	487.23	610.18	515.37	561.81	478.27
39	865.89	682.65	597.63	493.48	617.99	521.97	569.00	484.41
40	876.87	691.30	605.20	499.74	625.80	528.56	576.19	490.55
41	893.34	704.29	616.57	509.12	637.52	538.45	586.97	499.76
42	909.12	716.73	627.46	518.12	648.75	547.93	597.31	508.58
43	931.08	734.04	642.62	530.63	664.37	561.12	611.69	520.86
44	958.52	755.67	661.56	546.27	683.90	577.60	629.67	536.20
45	990.77	781.10	683.82	564.65	706.84	596.97	650.79	554.23
46	1,029.19	811.39	710.33	586.55	734.18	620.05	675.95	575.72
47	1,072.42	845.47	740.17	611.18	764.94	646.01	704.26	599.89
48	1,121.82	884.41	774.26	639.34	800.09	675.69	736.62	627.51
49	1,170.53	922.82	807.89	667.10	834.75	704.95	768.52	654.75
50	1,225.42	966.09	845.77	698.38	873.81	737.92	804.48	685.44
51	1,279.63	1,008.83	883.18	729.28	912.38	770.47	839.98	715.74
52	1,339.32	1,055.89	924.38	763.30	954.85	806.33	879.07	749.12
53	1,399.70	1,103.49	966.05	797.71	997.81	842.59	918.62	782.88
54	1,464.88	1,154.88	1,011.04	834.86	1,044.19	881.74	961.31	819.33
55	1,530.06	1,206.26	1,056.03	872.00	1,090.57	920.89	1,004.00	855.77
56	1,600.74	1,261.98	1,104.81	912.28	1,140.86	963.34	1,050.29	895.29
57	1,672.09	1,318.24	1,154.06	952.95	1,191.63	1,006.20	1,097.03	935.19
58	1,748.25	1,378.28	1,206.62	996.35	1,245.82	1,051.95	1,146.91	977.77
59	1,785.99	1,408.03	1,232.67	1,017.86	1,272.67	1,074.61	1,171.62	998.87
60	1,862.15	1,468.07	1,285.23	1,061.26	1,326.87	1,120.36	1,221.50	1,041.45
61	1,928.02	1,520.00	1,330.69	1,098.80	1,373.73	1,159.92	1,264.65	1,078.28
62	1,971.24	1,554.08	1,360.53	1,123.44	1,404.49	1,185.89	1,292.96	1,102.45
63	2,025.45	1,596.81	1,397.94	1,154.33	1,443.06	1,218.44	1,328.46	1,132.76
64+	2,058.39	1,622.79	1,420.68	1,173.09	1,466.49	1,238.22	1,350.03	1,151.18

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	496.41	391.36	342.61	282.91	355.09	300.04	327.00	277.82
15	540.53	426.14	373.07	308.06	386.49	326.54	355.90	302.49
16	557.41	439.44	384.71	317.67	398.49	336.68	366.95	311.93
17	574.28	452.75	396.36	327.29	410.49	346.81	378.00	321.36
18	592.45	467.07	408.90	337.64	423.42	357.72	389.90	331.52
19	610.62	481.39	421.44	348.00	436.35	368.64	401.80	341.68
20	629.43	496.23	434.43	358.72	449.74	379.94	414.13	352.20
21	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
22	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
23	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
24	648.90	511.58	447.86	369.82	463.59	391.63	426.88	363.08
25	651.50	513.62	449.65	371.30	465.44	393.19	428.58	364.54
26	664.47	523.85	458.61	378.69	474.67	400.99	437.08	371.79
27	680.05	536.13	469.36	387.57	485.75	410.34	447.28	380.50
28	705.35	556.08	486.83	401.99	503.76	425.54	463.85	394.65
29	726.12	572.45	501.16	413.82	518.54	438.01	477.45	406.26
30	736.50	580.64	508.32	419.74	525.92	444.25	484.25	412.07
31	752.08	592.92	519.07	428.62	537.01	453.60	494.45	420.77
32	767.65	605.20	529.82	437.49	548.09	462.96	504.65	429.48
33	777.38	612.87	536.54	443.04	555.01	468.80	511.03	434.92
34	787.77	621.05	543.71	448.96	562.40	475.04	517.83	440.73
35	792.96	625.15	547.29	451.92	566.09	478.16	521.23	443.63
36	798.15	629.24	550.87	454.87	569.79	481.28	524.63	446.53
37	803.34	633.33	554.45	457.83	573.48	484.39	528.03	449.44
38	808.53	637.42	558.04	460.79	577.17	487.51	531.43	452.34
39	818.91	645.61	565.20	466.71	584.56	493.75	538.23	458.14
40	829.29	653.79	572.37	472.63	591.95	499.98	545.03	463.95
41	844.87	666.07	583.12	481.50	603.03	509.34	555.23	472.66
42	859.79	677.84	593.42	490.01	613.65	518.30	565.00	481.00
43	880.56	694.21	607.75	501.84	628.43	530.77	578.60	492.61
44	906.51	714.67	625.66	516.63	646.89	546.36	595.60	507.12
45	937.01	738.72	646.71	534.02	668.59	564.68	615.58	524.18
46	973.35	767.37	671.79	554.73	694.45	586.51	639.38	544.50
47	1,014.23	799.59	700.01	578.02	723.54	611.06	666.15	567.35
48	1,060.95	836.43	732.26	604.65	756.78	639.13	696.75	593.48
49	1,107.02	872.75	764.05	630.91	789.56	666.80	726.93	619.24
50	1,158.94	913.68	799.88	660.49	826.50	697.98	760.93	648.26
51	1,210.20	954.09	835.26	689.71	862.98	728.77	794.50	676.93
52	1,266.65	998.60	874.23	721.88	903.15	762.68	831.48	708.49
53	1,323.76	1,043.62	913.64	754.43	943.78	796.98	868.88	740.42
54	1,385.40	1,092.22	956.19	789.56	987.64	834.00	909.25	774.89
55	1,447.05	1,140.82	998.73	824.69	1,031.50	871.03	949.63	809.36
56	1,513.88	1,193.51	1,044.86	862.78	1,079.06	911.18	993.41	846.73
57	1,581.37	1,246.71	1,091.44	901.24	1,127.08	951.71	1,037.61	884.46
58	1,653.40	1,303.50	1,141.15	942.29	1,178.33	994.97	1,084.78	924.73
59	1,689.09	1,331.63	1,165.79	962.63	1,203.73	1,016.41	1,108.16	944.69
60	1,761.12	1,388.42	1,215.50	1,003.68	1,254.98	1,059.67	1,155.33	984.96
61	1,823.41	1,437.53	1,258.49	1,039.18	1,299.30	1,097.09	1,196.13	1,019.79
62	1,864.29	1,469.76	1,286.71	1,062.48	1,328.39	1,121.65	1,222.91	1,042.65
63	1,915.55	1,510.17	1,322.09	1,091.70	1,364.86	1,152.44	1,256.48	1,071.31
64+	1,946.70	1,534.74	1,343.58	1,109.46	1,387.02	1,171.14	1,276.89	1,088.72

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	546.99	431.23	377.53	311.74	391.08	330.42	360.13	306.10
15	595.61	469.57	411.08	339.45	425.68	359.62	391.98	333.29
16	614.20	484.22	423.91	350.04	438.90	370.79	404.15	343.68
17	632.79	498.88	436.75	360.64	452.13	381.96	416.33	354.08
18	652.81	514.66	450.56	372.05	466.38	393.98	429.44	365.27
19	672.83	530.45	464.38	383.46	480.62	406.01	442.55	376.47
20	693.57	546.79	478.69	395.27	495.38	418.46	456.13	388.06
21	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
22	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
23	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
24	715.02	563.70	493.50	407.50	510.64	431.35	470.18	400.05
25	717.88	565.96	495.47	409.13	512.67	433.06	472.06	401.65
26	732.18	577.23	505.34	417.28	522.85	441.65	481.42	409.65
27	749.34	590.76	517.19	427.06	535.06	451.96	492.66	419.24
28	777.23	612.75	536.43	442.95	554.90	468.71	510.93	434.84
29	800.11	630.79	552.22	455.99	571.18	482.45	525.91	447.63
30	811.55	639.80	560.12	462.51	579.32	489.32	533.41	454.03
31	828.71	653.33	571.96	472.29	591.53	499.63	544.64	463.62
32	845.87	666.86	583.81	482.07	603.74	509.94	555.88	473.22
33	856.60	675.32	591.21	488.18	611.38	516.38	562.91	479.21
34	868.04	684.34	599.11	494.70	619.52	523.25	570.40	485.61
35	873.76	688.85	603.05	497.96	623.59	526.69	574.15	488.81
36	879.48	693.36	607.00	501.22	627.66	530.12	577.89	492.01
37	885.20	697.87	610.95	504.48	631.73	533.56	581.64	495.21
38	890.92	702.38	614.90	507.74	635.80	537.00	585.39	498.40
39	902.36	711.40	622.79	514.26	643.94	543.87	592.88	504.80
40	913.80	720.41	630.69	520.78	652.08	550.74	600.37	511.20
41	930.96	733.94	642.53	530.56	664.29	561.05	611.61	520.79
42	947.40	746.91	653.89	539.94	675.99	570.92	622.38	529.99
43	970.28	764.95	669.68	552.98	692.27	584.67	637.37	542.78
44	998.88	787.50	689.42	569.28	712.62	601.85	656.10	558.77
45	1,032.49	813.99	712.61	588.43	736.53	622.03	678.11	577.56
46	1,072.53	845.56	740.25	611.25	765.02	646.08	704.34	599.95
47	1,117.58	881.07	771.34	636.92	797.07	673.14	733.84	625.14
48	1,169.06	921.66	806.87	666.26	833.71	704.06	767.56	653.92
49	1,219.83	961.68	841.91	695.19	869.83	734.55	800.81	682.31
50	1,277.03	1,006.78	881.39	727.79	910.53	768.91	838.27	714.29
51	1,333.51	1,051.31	920.37	759.99	950.72	802.84	875.27	745.87
52	1,395.72	1,100.35	963.31	795.44	994.98	840.20	916.01	780.66
53	1,458.64	1,149.96	1,006.74	831.30	1,039.75	878.00	957.22	815.84
54	1,526.57	1,203.51	1,053.62	870.01	1,088.09	918.80	1,001.71	853.82
55	1,594.50	1,257.06	1,100.50	908.72	1,136.42	959.60	1,046.20	891.80
56	1,668.14	1,315.12	1,151.33	950.70	1,188.82	1,003.83	1,094.44	932.98
57	1,742.51	1,373.75	1,202.66	993.08	1,241.73	1,048.50	1,143.14	974.56
58	1,821.87	1,436.32	1,257.43	1,038.31	1,298.21	1,096.17	1,195.13	1,018.93
59	1,861.20	1,467.32	1,284.58	1,060.72	1,326.19	1,119.79	1,220.88	1,040.92
60	1,940.57	1,529.89	1,339.35	1,105.95	1,382.66	1,167.46	1,272.86	1,085.30
61	2,009.21	1,584.01	1,386.73	1,145.07	1,431.50	1,208.69	1,317.82	1,123.68
62	2,054.26	1,619.52	1,417.82	1,170.75	1,463.56	1,235.75	1,347.33	1,148.87
63	2,110.74	1,664.06	1,456.81	1,202.94	1,503.75	1,269.67	1,384.32	1,180.45
64+	2,145.06	1,691.10	1,480.50	1,222.50	1,528.17	1,290.30	1,406.79	1,199.63

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	506.87	399.60	349.83	288.87	362.53	306.32	333.85	283.67
15	551.92	435.12	380.93	314.55	394.59	333.38	363.36	308.86
16	569.15	448.70	392.82	324.37	406.85	343.73	374.65	318.49
17	586.38	462.29	404.71	334.18	419.11	354.08	385.93	328.13
18	604.93	476.91	417.52	344.76	432.31	365.22	398.08	338.50
19	623.48	491.54	430.32	355.33	445.51	376.36	410.23	348.87
20	642.70	506.69	443.58	366.28	459.18	387.91	422.81	359.62
21	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
22	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
23	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
24	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
25	665.23	524.45	459.13	379.12	475.21	401.44	437.57	372.21
26	678.48	534.89	468.28	386.67	484.64	409.40	446.25	379.62
27	694.38	547.43	479.25	395.74	495.95	418.95	456.66	388.51
28	720.22	567.80	497.09	410.46	514.34	434.47	473.59	402.96
29	741.42	584.52	511.72	422.55	529.42	447.20	487.47	414.82
30	752.02	592.88	519.04	428.59	536.97	453.57	494.42	420.74
31	767.92	605.41	530.01	437.65	548.28	463.12	504.83	429.63
32	783.83	617.95	540.99	446.71	559.60	472.67	515.25	438.53
33	793.76	625.78	547.85	452.38	566.67	478.64	521.76	444.08
34	804.37	634.14	555.16	458.42	574.21	485.01	528.70	450.01
35	809.67	638.32	558.82	461.44	577.98	488.19	532.17	452.97
36	814.97	642.50	562.48	464.46	581.76	491.38	535.64	455.94
37	820.27	646.68	566.14	467.48	585.53	494.56	539.12	458.90
38	825.57	650.86	569.80	470.50	589.30	497.75	542.59	461.87
39	836.17	659.21	577.11	476.54	596.84	504.11	549.53	467.79
40	846.77	667.57	584.43	482.59	604.38	510.48	556.47	473.72
41	862.67	680.11	595.41	491.65	615.70	520.03	566.89	482.61
42	877.91	692.12	605.92	500.33	626.54	529.18	576.87	491.13
43	899.11	708.84	620.56	512.42	641.63	541.92	590.76	502.99
44	925.62	729.73	638.85	527.52	660.49	557.84	608.12	517.81
45	956.76	754.28	660.34	545.27	682.64	576.54	628.51	535.22
46	993.86	783.54	685.95	566.41	709.05	598.83	652.81	555.96
47	1,035.60	816.44	714.76	590.20	738.75	623.90	680.15	579.30
48	1,083.31	854.05	747.69	617.39	772.69	652.56	711.40	605.98
49	1,130.35	891.14	780.15	644.20	806.16	680.81	742.21	632.28
50	1,183.36	932.93	816.74	674.41	843.88	712.65	776.92	661.92
51	1,235.70	974.20	852.87	704.24	881.12	744.09	811.21	691.18
52	1,293.35	1,019.64	892.65	737.09	922.14	778.71	848.96	723.42
53	1,351.65	1,065.61	932.89	770.32	963.63	813.73	887.15	756.02
54	1,414.60	1,115.23	976.34	806.20	1,008.41	851.54	928.38	791.21
55	1,477.54	1,164.86	1,019.78	842.07	1,053.20	889.35	969.60	826.41
56	1,545.79	1,218.66	1,066.88	880.96	1,101.76	930.34	1,014.30	864.56
57	1,614.70	1,272.98	1,114.44	920.24	1,150.79	971.73	1,059.43	903.09
58	1,688.24	1,330.97	1,165.20	962.15	1,203.12	1,015.90	1,107.60	944.21
59	1,724.68	1,359.70	1,190.35	982.92	1,229.05	1,037.79	1,131.47	964.59
60	1,798.23	1,417.68	1,241.11	1,024.83	1,281.38	1,081.97	1,179.64	1,005.71
61	1,861.84	1,467.82	1,285.01	1,061.08	1,326.64	1,120.17	1,221.30	1,041.28
62	1,903.58	1,500.73	1,313.82	1,084.87	1,356.34	1,145.24	1,248.64	1,064.62
63	1,955.92	1,542.00	1,349.95	1,114.70	1,393.59	1,176.68	1,282.92	1,093.88
64+	1,987.71	1,567.08	1,371.90	1,132.83	1,416.21	1,195.77	1,303.74	1,111.67

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	506.87	399.60	349.83	288.87	362.53	306.32	333.85	283.67
15	551.92	435.12	380.93	314.55	394.59	333.38	363.36	308.86
16	569.15	448.70	392.82	324.37	406.85	343.73	374.65	318.49
17	586.38	462.29	404.71	334.18	419.11	354.08	385.93	328.13
18	604.93	476.91	417.52	344.76	432.31	365.22	398.08	338.50
19	623.48	491.54	430.32	355.33	445.51	376.36	410.23	348.87
20	642.70	506.69	443.58	366.28	459.18	387.91	422.81	359.62
21	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
22	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
23	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
24	662.57	522.36	457.30	377.61	473.32	399.84	435.83	370.73
25	665.23	524.45	459.13	379.12	475.21	401.44	437.57	372.21
26	678.48	534.89	468.28	386.67	484.64	409.40	446.25	379.62
27	694.38	547.43	479.25	395.74	495.95	418.95	456.66	388.51
28	720.22	567.80	497.09	410.46	514.34	434.47	473.59	402.96
29	741.42	584.52	511.72	422.55	529.42	447.20	487.47	414.82
30	752.02	592.88	519.04	428.59	536.97	453.57	494.42	420.74
31	767.92	605.41	530.01	437.65	548.28	463.12	504.83	429.63
32	783.83	617.95	540.99	446.71	559.60	472.67	515.25	438.53
33	793.76	625.78	547.85	452.38	566.67	478.64	521.76	444.08
34	804.37	634.14	555.16	458.42	574.21	485.01	528.70	450.01
35	809.67	638.32	558.82	461.44	577.98	488.19	532.17	452.97
36	814.97	642.50	562.48	464.46	581.76	491.38	535.64	455.94
37	820.27	646.68	566.14	467.48	585.53	494.56	539.12	458.90
38	825.57	650.86	569.80	470.50	589.30	497.75	542.59	461.87
39	836.17	659.21	577.11	476.54	596.84	504.11	549.53	467.79
40	846.77	667.57	584.43	482.59	604.38	510.48	556.47	473.72
41	862.67	680.11	595.41	491.65	615.70	520.03	566.89	482.61
42	877.91	692.12	605.92	500.33	626.54	529.18	576.87	491.13
43	899.11	708.84	620.56	512.42	641.63	541.92	590.76	502.99
44	925.62	729.73	638.85	527.52	660.49	557.84	608.12	517.81
45	956.76	754.28	660.34	545.27	682.64	576.54	628.51	535.22
46	993.86	783.54	685.95	566.41	709.05	598.83	652.81	555.96
47	1,035.60	816.44	714.76	590.20	738.75	623.90	680.15	579.30
48	1,083.31	854.05	747.69	617.39	772.69	652.56	711.40	605.98
49	1,130.35	891.14	780.15	644.20	806.16	680.81	742.21	632.28
50	1,183.36	932.93	816.74	674.41	843.88	712.65	776.92	661.92
51	1,235.70	974.20	852.87	704.24	881.12	744.09	811.21	691.18
52	1,293.35	1,019.64	892.65	737.09	922.14	778.71	848.96	723.42
53	1,351.65	1,065.61	932.89	770.32	963.63	813.73	887.15	756.02
54	1,414.60	1,115.23	976.34	806.20	1,008.41	851.54	928.38	791.21
55	1,477.54	1,164.86	1,019.78	842.07	1,053.20	889.35	969.60	826.41
56	1,545.79	1,218.66	1,066.88	880.96	1,101.76	930.34	1,014.30	864.56
57	1,614.70	1,272.98	1,114.44	920.24	1,150.79	971.73	1,059.43	903.09
58	1,688.24	1,330.97	1,165.20	962.15	1,203.12	1,015.90	1,107.60	944.21
59	1,724.68	1,359.70	1,190.35	982.92	1,229.05	1,037.79	1,131.47	964.59
60	1,798.23	1,417.68	1,241.11	1,024.83	1,281.38	1,081.97	1,179.64	1,005.71
61	1,861.84	1,467.82	1,285.01	1,061.08	1,326.64	1,120.17	1,221.30	1,041.28
62	1,903.58	1,500.73	1,313.82	1,084.87	1,356.34	1,145.24	1,248.64	1,064.62
63	1,955.92	1,542.00	1,349.95	1,114.70	1,393.59	1,176.68	1,282.92	1,093.88
64+	1,987.71	1,567.08	1,371.90	1,132.83	1,416.21	1,195.77	1,303.74	1,111.67

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	514.03	405.24	354.77	292.95	367.62	310.62	338.54	287.67
15	559.72	441.27	386.31	318.99	400.13	338.06	368.47	313.22
16	577.19	455.04	398.37	328.95	412.57	348.56	379.91	322.99
17	594.66	468.81	410.42	338.90	425.00	359.05	391.35	332.75
18	613.47	483.64	423.41	349.62	438.38	370.35	403.67	343.27
19	632.28	498.48	436.39	360.35	451.77	381.65	415.99	353.79
20	651.77	513.84	449.84	371.45	465.63	393.36	428.76	364.69
21	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
22	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
23	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
24	671.93	529.73	463.76	382.94	479.98	405.46	441.96	375.96
25	674.62	531.85	465.61	384.47	481.89	407.08	443.72	377.46
26	688.05	542.44	474.89	392.13	491.45	415.15	452.52	384.98
27	704.18	555.16	486.02	401.32	502.93	424.84	463.08	393.99
28	730.39	575.82	504.10	416.26	521.57	440.57	480.25	408.65
29	751.89	592.77	518.94	428.51	536.87	453.49	494.33	420.67
30	762.64	601.24	526.36	434.64	544.52	459.95	501.37	426.68
31	778.76	613.96	537.49	443.83	556.00	469.63	511.93	435.70
32	794.89	626.67	548.62	453.02	567.47	479.32	522.50	444.71
33	804.97	634.62	555.58	458.76	574.64	485.37	529.10	450.35
34	815.72	643.09	563.00	464.89	582.29	491.83	536.14	456.36
35	821.10	647.33	566.71	467.95	586.12	495.06	539.66	459.36
36	826.47	651.57	570.42	471.02	589.94	498.29	543.18	462.37
37	831.85	655.81	574.13	474.08	593.77	501.52	546.70	465.38
38	837.22	660.05	577.84	477.14	597.59	504.75	550.22	468.38
39	847.97	668.52	585.26	483.27	605.24	511.20	557.26	474.39
40	858.72	677.00	592.68	489.40	612.89	517.66	564.30	480.40
41	874.85	689.71	603.81	498.59	624.36	527.35	574.87	489.42
42	890.31	701.89	614.48	507.40	635.36	536.63	584.99	498.06
43	911.81	718.85	629.32	519.65	650.66	549.54	599.07	510.08
44	938.68	740.03	647.87	534.97	669.78	565.69	616.67	525.11
45	970.26	764.93	669.66	552.97	692.26	584.66	637.36	542.77
46	1,007.89	794.60	695.63	574.41	719.03	607.26	662.00	563.81
47	1,050.22	827.97	724.85	598.54	749.15	632.68	689.73	587.48
48	1,098.60	866.11	758.24	626.11	783.57	661.74	721.41	614.53
49	1,146.31	903.72	791.17	653.30	817.52	690.40	752.66	641.20
50	1,200.06	946.10	828.27	683.93	855.77	722.68	787.87	671.26
51	1,253.15	987.95	864.91	714.18	893.54	754.57	822.63	700.94
52	1,311.60	1,034.04	905.25	747.50	935.13	789.68	860.92	733.62
53	1,370.73	1,080.65	946.06	781.20	977.20	825.19	899.65	766.69
54	1,434.57	1,130.98	990.12	817.58	1,022.62	863.54	941.46	802.38
55	1,498.40	1,181.30	1,034.18	853.96	1,068.04	901.88	983.26	838.07
56	1,567.61	1,235.86	1,081.94	893.40	1,117.29	943.45	1,028.59	876.76
57	1,637.49	1,290.96	1,130.17	933.23	1,167.01	985.42	1,074.36	915.84
58	1,712.07	1,349.76	1,181.65	975.73	1,220.08	1,030.22	1,123.21	957.54
59	1,749.03	1,378.89	1,207.16	996.79	1,246.38	1,052.41	1,147.42	978.20
60	1,823.61	1,437.69	1,258.63	1,039.30	1,299.45	1,097.21	1,196.26	1,019.91
61	1,888.12	1,488.54	1,303.15	1,076.06	1,345.34	1,135.96	1,238.51	1,055.97
62	1,930.45	1,521.92	1,332.37	1,100.19	1,375.46	1,161.38	1,266.24	1,079.64
63	1,983.53	1,563.77	1,369.01	1,130.44	1,413.23	1,193.27	1,301.00	1,109.32
64+	2,015.79	1,589.19	1,391.28	1,148.82	1,436.19	1,212.63	1,322.13	1,127.36

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	545.88	430.36	376.76	311.11	390.29	329.75	359.41	305.48
15	594.41	468.61	410.25	338.76	424.82	358.90	391.19	332.61
16	612.96	483.24	423.06	349.33	438.02	370.04	403.34	342.99
17	631.51	497.87	435.86	359.91	451.22	381.19	415.49	353.36
18	651.49	513.62	449.65	371.29	465.44	393.19	428.57	364.53
19	671.47	529.37	463.44	382.68	479.65	405.19	441.66	375.70
20	692.17	545.69	477.72	394.47	494.38	417.62	455.21	387.28
21	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
22	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
23	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
24	713.57	562.56	492.50	406.67	509.61	430.48	469.23	399.24
25	716.43	564.81	494.47	408.30	511.64	432.19	471.10	400.84
26	730.70	576.06	504.32	416.43	521.79	440.76	480.45	408.82
27	747.82	589.57	516.14	426.19	533.98	451.05	491.67	418.40
28	775.65	611.51	535.35	442.05	553.78	467.76	509.90	433.96
29	798.49	629.51	551.11	455.07	570.03	481.48	524.85	446.72
30	809.91	638.51	558.99	461.58	578.15	488.34	532.33	453.11
31	827.03	652.01	570.81	471.34	590.34	498.62	543.55	462.68
32	844.16	665.51	582.63	481.10	602.52	508.91	554.76	472.26
33	854.86	673.95	590.01	487.20	610.14	515.34	561.77	478.24
34	866.28	682.95	597.89	493.70	618.26	522.20	569.25	484.63
35	871.99	687.45	601.83	496.96	622.33	525.63	572.99	487.82
36	877.69	691.95	605.77	500.21	626.39	529.05	576.73	491.01
37	883.40	696.45	609.71	503.46	630.45	532.48	580.47	494.20
38	889.11	700.95	613.65	506.72	634.51	535.91	584.21	497.39
39	900.53	709.95	621.53	513.22	642.64	542.77	591.68	503.78
40	911.95	718.96	629.41	519.73	650.76	549.63	599.16	510.16
41	929.07	732.46	641.23	529.49	662.94	559.91	610.38	519.74
42	945.48	745.40	652.56	538.84	674.62	569.77	621.13	528.91
43	968.32	763.40	668.32	551.86	690.87	583.49	636.08	541.68
44	996.86	785.90	688.02	568.12	711.18	600.63	654.78	557.64
45	1,030.40	812.34	711.17	587.24	735.04	620.78	676.74	576.39
46	1,070.36	843.84	738.75	610.01	763.48	644.78	702.91	598.74
47	1,115.31	879.29	769.78	635.63	795.46	671.78	732.36	623.87
48	1,166.69	919.79	805.24	664.91	832.02	702.64	766.01	652.60
49	1,217.36	959.73	840.20	693.79	868.07	733.07	799.19	680.93
50	1,274.44	1,004.74	879.60	726.32	908.69	767.36	836.58	712.84
51	1,330.81	1,049.18	918.51	758.45	948.80	801.22	873.50	744.36
52	1,392.89	1,098.12	961.36	793.83	992.97	838.50	914.16	779.08
53	1,455.69	1,147.63	1,004.70	829.62	1,037.65	876.22	955.29	814.19
54	1,523.48	1,201.07	1,051.48	868.25	1,085.89	916.94	999.69	852.09
55	1,591.27	1,254.51	1,098.27	906.88	1,134.12	957.66	1,044.09	889.99
56	1,664.77	1,312.46	1,149.00	948.77	1,186.42	1,001.80	1,092.23	931.09
57	1,738.98	1,370.97	1,200.22	991.07	1,239.22	1,046.38	1,140.83	972.58
58	1,818.18	1,433.41	1,254.89	1,036.21	1,295.58	1,093.95	1,192.71	1,016.87
59	1,857.43	1,464.35	1,281.97	1,058.57	1,323.51	1,117.52	1,218.41	1,038.81
60	1,936.64	1,526.79	1,336.64	1,103.71	1,379.87	1,165.10	1,270.29	1,083.10
61	2,005.14	1,580.80	1,383.92	1,142.75	1,428.61	1,206.24	1,315.16	1,121.40
62	2,050.09	1,616.24	1,414.95	1,168.38	1,460.59	1,233.25	1,344.60	1,146.54
63	2,106.47	1,660.68	1,453.86	1,200.50	1,500.71	1,267.11	1,381.52	1,178.06
64+	2,140.71	1,687.68	1,477.50	1,220.01	1,525.08	1,287.69	1,403.94	1,197.20

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	547.84	431.90	378.11	312.22	391.68	330.93	360.69	306.58
15	596.54	470.30	411.72	339.97	426.33	360.18	392.58	333.81
16	615.16	484.97	424.57	350.59	439.58	371.36	404.78	344.22
17	633.78	499.65	437.42	361.20	452.83	382.55	416.97	354.63
18	653.83	515.46	451.26	372.63	467.10	394.59	430.10	365.84
19	673.88	531.27	465.10	384.05	481.37	406.63	443.24	377.05
20	694.65	547.64	479.44	395.89	496.14	419.11	456.84	388.66
21	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
22	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
23	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
24	716.13	564.58	494.26	408.13	511.43	432.01	470.91	400.68
25	719.00	566.84	496.24	409.77	513.47	433.73	472.79	402.28
26	733.32	578.13	506.13	417.93	523.66	442.34	482.17	410.29
27	750.51	591.68	517.99	427.72	535.89	452.66	493.42	419.90
28	778.44	613.70	537.27	443.64	555.76	469.44	511.72	435.51
29	801.35	631.76	553.08	456.70	572.07	483.20	526.73	448.32
30	812.81	640.80	560.99	463.23	580.22	490.08	534.23	454.73
31	830.00	654.35	572.85	473.03	592.45	500.41	545.49	464.34
32	847.18	667.90	584.72	482.82	604.68	510.73	556.74	473.95
33	857.93	676.37	592.13	488.94	612.32	517.18	563.78	479.96
34	869.38	685.40	600.04	495.47	620.47	524.06	571.28	486.36
35	875.11	689.92	603.99	498.74	624.55	527.50	575.04	489.57
36	880.84	694.43	607.95	502.00	628.63	530.94	578.79	492.77
37	886.57	698.95	611.90	505.27	632.70	534.39	582.54	495.97
38	892.30	703.47	615.85	508.53	636.78	537.83	586.29	499.18
39	903.76	712.50	623.76	515.06	644.93	544.71	593.80	505.58
40	915.22	721.53	631.67	521.59	653.09	551.59	601.30	511.99
41	932.40	735.08	643.53	531.39	665.32	561.91	612.56	521.60
42	948.87	748.07	654.90	540.78	677.04	571.81	623.35	530.81
43	971.79	766.14	670.72	553.84	693.34	585.57	638.36	543.62
44	1,000.44	788.72	690.49	570.16	713.72	602.78	657.12	559.64
45	1,034.09	815.25	713.72	589.34	737.67	622.99	679.16	578.46
46	1,074.20	846.87	741.40	612.20	766.21	647.08	705.43	600.88
47	1,119.31	882.44	772.54	637.91	798.31	674.18	734.98	626.11
48	1,170.88	923.09	808.12	667.30	835.00	705.15	768.75	654.94
49	1,221.72	963.17	843.22	696.27	871.18	735.69	802.05	683.37
50	1,279.01	1,008.34	882.76	728.92	911.94	770.10	839.57	715.40
51	1,335.59	1,052.94	921.80	761.17	952.19	804.08	876.63	747.03
52	1,397.89	1,102.06	964.80	796.67	996.53	841.50	917.43	781.87
53	1,460.91	1,151.74	1,008.30	832.59	1,041.37	879.36	958.71	817.10
54	1,528.94	1,205.38	1,055.26	871.36	1,089.77	920.22	1,003.27	855.14
55	1,596.97	1,259.01	1,102.21	910.14	1,138.18	961.08	1,047.82	893.18
56	1,670.73	1,317.17	1,153.12	952.17	1,190.67	1,005.39	1,096.14	934.43
57	1,745.21	1,375.88	1,204.52	994.62	1,243.66	1,050.12	1,144.92	976.07
58	1,824.70	1,438.55	1,259.39	1,039.92	1,300.22	1,097.87	1,196.98	1,020.51
59	1,864.09	1,469.60	1,286.57	1,062.37	1,328.25	1,121.52	1,222.78	1,042.54
60	1,943.58	1,532.27	1,341.43	1,107.67	1,384.81	1,169.27	1,274.84	1,086.98
61	2,012.33	1,586.47	1,388.88	1,146.85	1,433.72	1,210.56	1,319.87	1,125.42
62	2,057.45	1,622.04	1,420.02	1,172.56	1,465.83	1,237.66	1,349.41	1,150.65
63	2,114.02	1,666.64	1,459.07	1,204.81	1,506.08	1,271.64	1,386.47	1,182.28
64+	2,148.39	1,693.74	1,482.78	1,224.39	1,530.54	1,292.28	1,408.98	1,201.52

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	548.47	432.40	378.55	312.58	392.13	331.31	361.10	306.93
15	597.22	470.83	412.19	340.36	426.82	360.59	393.03	334.19
16	615.86	485.53	425.06	350.99	440.08	371.79	405.24	344.61
17	634.50	500.23	437.93	361.61	453.35	382.98	417.45	355.03
18	654.58	516.05	451.78	373.05	467.63	395.04	430.60	366.26
19	674.65	531.88	465.64	384.49	481.92	407.10	443.74	377.48
20	695.44	548.27	479.99	396.34	496.71	419.59	457.36	389.11
21	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
22	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
23	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
24	716.95	565.23	494.83	408.60	512.01	432.51	471.45	401.13
25	719.82	567.49	496.81	410.23	514.05	434.23	473.33	402.74
26	734.16	578.79	506.71	418.41	524.26	442.84	482.72	410.76
27	751.37	592.36	518.58	428.21	536.50	453.18	493.99	420.38
28	779.33	614.40	537.88	444.15	556.40	469.97	512.30	436.01
29	802.27	632.49	553.72	457.22	572.72	483.75	527.33	448.84
30	813.74	641.53	561.63	463.76	580.88	490.64	534.84	455.25
31	830.95	655.10	573.51	473.57	593.13	500.98	546.11	464.87
32	848.15	668.66	585.39	483.37	605.37	511.31	557.38	474.49
33	858.91	677.14	592.81	489.50	613.02	517.77	564.42	480.51
34	870.38	686.19	600.72	496.04	621.18	524.66	571.94	486.92
35	876.12	690.71	604.68	499.31	625.26	528.11	575.69	490.13
36	881.85	695.23	608.64	502.58	629.35	531.55	579.45	493.33
37	887.59	699.75	612.60	505.85	633.43	535.00	583.21	496.54
38	893.32	704.27	616.56	509.12	637.51	538.44	586.96	499.75
39	904.79	713.32	624.48	515.65	645.67	545.33	594.48	506.16
40	916.26	722.36	632.39	522.19	653.83	552.22	601.99	512.58
41	933.47	735.93	644.27	532.00	666.08	562.56	613.26	522.20
42	949.96	748.93	655.65	541.40	677.81	572.46	624.06	531.42
43	972.90	767.01	671.49	554.47	694.13	586.24	639.09	544.25
44	1,001.58	789.62	691.28	570.81	714.54	603.47	657.87	560.28
45	1,035.28	816.19	714.54	590.02	738.52	623.71	679.94	579.12
46	1,075.43	847.84	742.25	612.90	767.08	647.82	706.24	601.57
47	1,120.60	883.45	773.42	638.64	799.22	674.95	735.82	626.83
48	1,172.22	924.15	809.05	668.06	835.95	705.96	769.63	655.69
49	1,223.12	964.28	844.18	697.07	872.17	736.53	802.97	684.15
50	1,280.48	1,009.50	883.77	729.76	912.98	770.98	840.53	716.22
51	1,337.12	1,054.15	922.86	762.04	953.28	805.00	877.63	747.89
52	1,399.49	1,103.32	965.91	797.59	997.67	842.47	918.48	782.76
53	1,462.58	1,153.06	1,009.46	833.54	1,042.56	880.36	959.80	818.04
54	1,530.69	1,206.76	1,056.46	872.36	1,091.02	921.27	1,004.41	856.12
55	1,598.80	1,260.46	1,103.47	911.18	1,139.48	962.18	1,049.02	894.21
56	1,672.65	1,318.67	1,154.44	953.26	1,192.03	1,006.54	1,097.39	935.50
57	1,747.21	1,377.46	1,205.90	995.76	1,245.08	1,051.32	1,146.23	977.19
58	1,826.79	1,440.20	1,260.83	1,041.11	1,301.71	1,099.12	1,198.35	1,021.68
59	1,866.23	1,471.29	1,288.05	1,063.59	1,329.77	1,122.81	1,224.17	1,043.73
60	1,945.81	1,534.03	1,342.97	1,108.94	1,386.39	1,170.61	1,276.30	1,088.23
61	2,014.64	1,588.29	1,390.48	1,148.17	1,435.36	1,211.95	1,321.38	1,126.71
62	2,059.80	1,623.90	1,421.65	1,173.91	1,467.50	1,239.08	1,350.96	1,151.97
63	2,116.44	1,668.55	1,460.74	1,206.19	1,507.80	1,273.10	1,388.06	1,183.64
64+	2,150.85	1,695.69	1,484.49	1,225.80	1,532.28	1,293.78	1,410.60	1,202.87

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	394.22	310.79	272.08	224.67	282.38	238.66	260.07	220.68
15	429.26	338.42	296.27	244.64	307.31	259.71	283.02	240.28
16	442.66	348.98	305.52	252.28	316.84	267.75	291.80	247.77
17	456.05	359.54	314.76	259.91	326.38	275.80	300.57	255.26
18	470.48	370.92	324.72	268.13	336.64	284.47	310.02	263.33
19	484.91	382.29	334.68	276.36	346.91	293.13	319.47	271.39
20	499.86	394.07	344.99	284.87	357.54	302.11	329.26	279.75
21	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
22	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
23	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
24	515.32	406.26	355.66	293.69	368.54	311.40	339.39	288.39
25	517.38	407.89	357.09	294.86	370.01	312.63	340.74	289.55
26	527.68	416.01	364.20	300.73	377.34	318.82	347.49	295.31
27	540.05	425.76	372.74	307.78	386.14	326.25	355.59	302.22
28	560.15	441.61	386.61	319.24	400.44	338.32	368.75	313.46
29	576.64	454.61	397.99	328.63	412.18	348.23	379.55	322.68
30	584.88	461.11	403.68	333.33	418.04	353.18	384.95	327.29
31	597.25	470.86	412.22	340.38	426.84	360.61	393.05	334.21
32	609.62	480.61	420.75	347.43	435.64	368.04	401.15	341.12
33	617.35	486.70	426.09	351.84	441.14	372.68	406.21	345.44
34	625.59	493.20	431.78	356.53	447.01	377.63	411.61	350.05
35	629.72	496.45	434.62	358.88	449.94	380.11	414.31	352.36
36	633.84	499.70	437.47	361.23	452.88	382.58	417.01	354.66
37	637.96	502.95	440.31	363.58	455.81	385.06	419.71	356.97
38	642.08	506.20	443.16	365.93	458.74	387.54	422.41	359.27
39	650.33	512.70	448.85	370.63	464.61	392.49	427.81	363.88
40	658.57	519.20	454.54	375.33	470.48	397.44	433.21	368.49
41	670.94	528.95	463.08	382.38	479.28	404.87	441.31	375.41
42	682.79	538.30	471.26	389.13	487.71	411.99	449.08	382.04
43	699.28	551.30	482.64	398.53	499.44	421.89	459.88	391.26
44	719.90	567.55	496.86	410.28	514.11	434.27	473.38	402.78
45	744.12	586.64	513.58	424.08	531.34	448.82	489.24	416.32
46	772.97	609.39	533.50	440.53	551.88	466.16	508.14	432.46
47	805.44	634.99	555.90	459.03	574.98	485.66	529.40	450.61
48	842.54	664.24	581.51	480.18	601.38	507.94	553.70	471.36
49	879.13	693.08	606.76	501.03	627.41	529.92	577.67	491.81
50	920.35	725.58	635.22	524.52	656.74	554.68	604.67	514.86
51	961.06	757.68	663.31	547.72	685.71	579.13	631.33	537.63
52	1,005.90	793.02	694.26	573.27	717.61	606.06	660.70	562.69
53	1,051.25	828.78	725.56	599.12	749.88	633.30	690.40	588.05
54	1,100.20	867.37	759.34	627.02	784.71	662.70	722.46	615.42
55	1,149.16	905.96	793.13	654.92	819.54	692.11	754.52	642.79
56	1,202.23	947.81	829.77	685.17	857.31	723.99	789.29	672.47
57	1,255.83	990.06	866.75	715.71	895.44	756.18	824.39	702.44
58	1,313.03	1,035.16	906.23	748.31	936.14	790.53	861.85	734.42
59	1,341.37	1,057.50	925.79	764.46	956.31	807.56	880.41	750.27
60	1,398.57	1,102.60	965.27	797.06	997.01	841.91	917.88	782.25
61	1,448.04	1,141.60	999.42	825.26	1,032.21	871.63	950.28	809.91
62	1,480.50	1,167.19	1,021.82	843.76	1,055.31	891.13	971.54	828.06
63	1,521.21	1,199.29	1,049.92	866.96	1,084.28	915.58	998.21	850.82
64+	1,545.96	1,218.78	1,066.98	881.07	1,101.87	930.45	1,014.42	864.65

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	427.26	336.84	294.89	243.50	305.88	258.50	281.71	239.16
15	465.23	366.78	321.10	265.14	332.91	281.31	306.58	260.39
16	479.76	378.23	331.12	273.42	343.24	290.04	316.09	268.51
17	494.28	389.67	341.14	281.69	353.57	298.76	325.60	276.63
18	509.91	402.00	351.94	290.61	364.70	308.15	335.85	285.37
19	525.55	414.33	362.73	299.52	375.83	317.54	346.09	294.12
20	541.75	427.10	373.91	308.75	387.35	327.27	356.70	303.17
21	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
22	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
23	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
24	558.50	440.31	385.47	318.30	399.27	337.34	367.67	312.54
25	560.74	442.07	387.01	319.57	400.86	338.68	369.13	313.79
26	571.91	450.88	394.72	325.94	408.81	345.39	376.45	320.04
27	585.31	461.45	403.97	333.58	418.35	353.44	385.23	327.53
28	607.09	478.62	419.01	345.99	433.85	366.52	399.50	339.71
29	624.97	492.71	431.34	356.18	446.56	377.26	411.20	349.70
30	633.90	499.75	437.51	361.27	452.92	382.62	417.05	354.70
31	647.31	510.32	446.76	368.91	462.46	390.67	425.83	362.19
32	660.71	520.89	456.01	376.55	472.00	398.72	434.61	369.69
33	669.09	527.49	461.80	381.32	477.96	403.76	440.10	374.37
34	678.02	534.54	467.96	386.41	484.31	409.12	445.95	379.37
35	682.49	538.06	471.05	388.96	487.49	411.81	448.88	381.87
36	686.96	541.58	474.13	391.51	490.67	414.49	451.80	384.36
37	691.43	545.10	477.21	394.05	493.85	417.18	454.73	386.86
38	695.90	548.63	480.30	396.60	497.03	419.86	457.66	389.36
39	704.83	555.67	486.47	401.69	503.39	425.23	463.51	394.36
40	713.77	562.72	492.63	406.79	509.75	430.59	469.36	399.35
41	727.17	573.28	501.88	414.42	519.29	438.64	478.14	406.85
42	740.02	583.41	510.75	421.75	528.43	446.36	486.56	414.03
43	757.89	597.50	523.09	431.93	541.14	457.10	498.26	424.02
44	780.23	615.11	538.50	444.66	557.04	470.51	512.89	436.52
45	806.48	635.81	556.62	459.62	575.72	486.28	530.09	451.19
46	837.76	660.47	578.21	477.45	597.97	505.07	550.57	468.68
47	872.94	688.21	602.49	497.50	623.01	526.20	573.62	488.35
48	913.15	719.91	630.25	520.42	651.62	550.35	599.95	510.84
49	952.81	751.17	657.62	543.02	679.83	574.17	625.92	533.01
50	997.49	786.39	688.45	568.48	711.63	601.01	655.19	557.99
51	1,041.61	821.18	718.91	593.63	743.02	627.51	684.09	582.66
52	1,090.20	859.49	752.44	621.32	777.59	656.69	715.91	609.83
53	1,139.35	898.23	786.36	649.33	812.56	686.21	748.10	637.31
54	1,192.41	940.06	822.98	679.57	850.32	718.08	782.85	666.98
55	1,245.46	981.89	859.60	709.81	888.07	749.95	817.60	696.64
56	1,302.99	1,027.24	899.31	742.59	929.00	784.50	855.28	728.81
57	1,361.07	1,073.04	939.40	775.69	970.33	819.39	893.32	761.28
58	1,423.07	1,121.91	982.18	811.03	1,014.44	856.63	933.92	795.95
59	1,453.79	1,146.13	1,003.38	828.53	1,036.30	875.08	954.04	813.12
60	1,515.78	1,195.00	1,046.17	863.86	1,080.41	912.32	994.65	847.79
61	1,569.40	1,237.27	1,083.18	894.42	1,118.56	944.52	1,029.76	877.76
62	1,604.58	1,265.01	1,107.46	914.47	1,143.60	965.65	1,052.81	897.44
63	1,648.70	1,299.80	1,137.91	939.62	1,174.99	992.15	1,081.71	922.11
64+	1,675.50	1,320.93	1,156.41	954.90	1,194.06	1,008.27	1,099.26	937.10

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	539.77	425.54	372.54	307.62	385.94	326.08	355.40	302.07
15	587.75	463.37	405.66	334.97	420.08	354.90	386.83	328.89
16	606.10	477.83	418.32	345.42	433.14	365.92	398.84	339.15
17	624.44	492.30	430.98	355.88	446.19	376.94	410.86	349.41
18	644.20	507.87	444.62	367.14	460.25	388.81	423.80	360.46
19	663.96	523.45	458.25	378.40	474.31	400.67	436.74	371.50
20	684.42	539.58	472.38	390.06	488.86	412.96	450.14	382.94
21	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
22	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
23	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
24	705.59	556.27	486.99	402.12	503.93	425.68	464.00	394.78
25	708.41	558.49	488.93	403.73	505.93	427.37	465.85	396.36
26	722.52	569.62	498.67	411.77	515.98	435.85	475.09	404.25
27	739.45	582.97	510.36	421.42	528.02	446.02	486.19	413.72
28	766.97	604.66	529.35	437.11	547.60	462.55	504.21	429.10
29	789.55	622.46	544.94	449.97	563.67	476.11	519.00	441.73
30	800.84	631.36	552.73	456.41	571.70	482.89	526.39	448.04
31	817.77	644.71	564.42	466.06	583.75	493.06	537.48	457.51
32	834.71	658.06	576.10	475.71	595.80	503.23	548.57	466.98
33	845.29	666.41	583.41	481.74	603.33	509.59	555.51	472.89
34	856.58	675.31	591.20	488.18	611.36	516.37	562.90	479.21
35	862.23	679.76	595.10	491.39	615.38	519.76	566.60	482.36
36	867.87	684.21	598.99	494.61	619.40	523.15	570.29	485.52
37	873.52	688.66	602.89	497.83	623.41	526.54	573.99	488.67
38	879.16	693.11	606.78	501.04	627.43	529.93	577.69	491.83
39	890.45	702.01	614.58	507.48	635.46	536.72	585.08	498.14
40	901.74	710.91	622.37	513.91	643.50	543.50	592.48	504.45
41	918.67	724.26	634.06	523.56	655.55	553.67	603.57	513.92
42	934.90	737.05	645.26	532.81	667.09	563.42	614.20	523.00
43	957.48	754.85	660.84	545.68	683.16	576.98	628.98	535.62
44	985.70	777.10	680.32	561.76	703.24	593.93	647.47	551.40
45	1,018.87	803.25	703.21	580.66	726.84	613.85	669.19	569.94
46	1,058.38	834.40	730.48	603.18	754.95	637.58	695.07	592.04
47	1,102.83	869.44	761.16	628.52	786.58	664.28	724.18	616.89
48	1,153.63	909.49	796.22	657.47	822.73	694.79	757.46	645.30
49	1,203.73	948.99	830.80	686.02	858.37	724.88	790.27	673.31
50	1,260.18	993.49	869.76	718.19	898.54	758.79	827.24	704.87
51	1,315.92	1,037.44	908.23	749.96	938.20	792.27	863.75	736.04
52	1,377.30	1,085.83	950.60	784.94	981.88	829.14	903.95	770.36
53	1,439.39	1,134.78	993.45	820.33	1,026.06	866.43	944.62	805.08
54	1,506.43	1,187.63	1,039.72	858.53	1,073.75	906.70	988.52	842.56
55	1,573.46	1,240.47	1,085.98	896.73	1,121.45	946.96	1,032.42	880.03
56	1,646.13	1,297.77	1,136.14	938.15	1,173.16	990.61	1,080.02	920.67
57	1,719.51	1,355.62	1,186.79	979.97	1,225.37	1,034.68	1,128.08	961.70
58	1,797.83	1,417.37	1,240.84	1,024.61	1,281.10	1,081.73	1,179.38	1,005.49
59	1,836.64	1,447.96	1,267.62	1,046.72	1,308.71	1,105.04	1,204.80	1,027.19
60	1,914.96	1,509.71	1,321.68	1,091.36	1,364.44	1,152.08	1,256.09	1,070.98
61	1,982.70	1,563.11	1,368.43	1,129.96	1,412.64	1,192.76	1,300.46	1,108.85
62	2,027.15	1,598.15	1,399.11	1,155.30	1,444.27	1,219.46	1,329.57	1,133.71
63	2,082.89	1,642.10	1,437.58	1,187.07	1,483.93	1,252.94	1,366.08	1,164.87
64+	2,116.77	1,668.81	1,460.97	1,206.36	1,508.04	1,273.29	1,388.25	1,183.82

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	402.76	317.52	277.98	229.54	288.45	243.79	265.66	225.46
15	438.56	345.75	302.69	249.94	313.93	265.29	289.11	245.47
16	452.25	356.54	312.13	257.74	323.67	273.51	298.08	253.13
17	465.94	367.33	321.58	265.54	333.41	281.73	307.04	260.78
18	480.68	378.95	331.76	273.94	343.89	290.59	316.70	269.02
19	495.42	390.58	341.93	282.35	354.38	299.44	326.35	277.27
20	510.69	402.61	352.47	291.05	365.25	308.61	336.35	285.80
21	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
22	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
23	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
24	526.48	415.06	363.37	300.05	376.49	318.10	346.70	294.64
25	528.59	416.72	364.82	301.25	377.98	319.37	348.08	295.81
26	539.12	425.03	372.09	307.25	385.48	325.69	354.97	301.70
27	551.75	434.99	380.81	314.45	394.47	333.28	363.25	308.77
28	572.28	451.17	394.98	326.15	409.08	345.61	376.70	320.25
29	589.13	464.46	406.61	335.75	421.06	355.73	387.73	329.67
30	597.56	471.10	412.42	340.55	427.06	360.79	393.25	334.38
31	610.19	481.06	421.15	347.76	436.05	368.38	401.52	341.44
32	622.83	491.02	429.87	354.96	445.04	375.97	409.80	348.51
33	630.72	497.25	435.32	359.46	450.66	380.71	414.97	352.92
34	639.15	503.89	441.13	364.26	456.65	385.77	420.49	357.63
35	643.36	507.21	444.04	366.66	459.65	388.30	423.25	359.99
36	647.57	510.53	446.94	369.06	462.65	390.83	426.01	362.34
37	651.78	513.85	449.85	371.46	465.64	393.36	428.77	364.70
38	655.99	517.17	452.76	373.86	468.64	395.89	431.52	367.05
39	664.42	523.81	458.57	378.66	474.63	400.95	437.04	371.76
40	672.84	530.45	464.39	383.46	480.63	406.01	442.56	376.47
41	685.48	540.41	473.11	390.66	489.62	413.60	450.83	383.54
42	697.59	549.96	481.47	397.56	498.23	420.87	458.76	390.31
43	714.43	563.24	493.09	407.17	510.22	430.99	469.80	399.73
44	735.49	579.84	507.63	419.17	525.21	443.64	483.59	411.50
45	760.24	599.35	524.71	433.27	542.81	458.51	499.80	425.34
46	789.72	622.60	545.05	450.07	563.79	476.21	519.11	441.82
47	822.89	648.74	567.95	468.97	587.39	496.14	540.83	460.37
48	860.80	678.63	594.11	490.58	614.36	518.90	565.66	481.56
49	898.18	708.10	619.91	511.88	640.96	541.36	590.14	502.46
50	940.29	741.30	648.98	535.89	670.93	566.65	617.73	526.01
51	981.89	774.09	677.68	559.59	700.52	591.64	644.97	549.27
52	1,027.69	810.20	709.30	585.69	733.12	619.15	674.97	574.88
53	1,074.02	846.73	741.27	612.10	766.08	646.98	705.31	600.78
54	1,124.04	886.16	775.79	640.60	801.67	677.02	738.07	628.75
55	1,174.05	925.59	810.31	669.11	837.26	707.06	770.83	656.71
56	1,228.28	968.34	847.74	700.01	875.84	739.63	806.35	687.03
57	1,283.03	1,011.51	885.53	731.22	914.80	772.52	842.21	717.65
58	1,341.47	1,057.58	925.87	764.52	956.38	807.62	880.48	750.32
59	1,370.43	1,080.41	945.85	781.02	976.99	825.01	899.45	766.51
60	1,428.87	1,126.48	986.19	814.33	1,018.57	860.11	937.72	799.19
61	1,479.41	1,166.33	1,021.07	843.13	1,054.53	890.47	970.83	827.45
62	1,512.58	1,192.48	1,043.96	862.04	1,078.13	910.39	992.55	846.00
63	1,554.17	1,225.27	1,072.67	885.74	1,107.73	935.37	1,019.79	869.25
64+	1,579.44	1,245.18	1,090.11	900.15	1,125.72	950.55	1,036.35	883.40

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + 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	389.36	306.96	268.73	221.90	278.92	235.74	256.89	217.97	203.58	172.45
15	423.97	334.25	292.62	241.63	303.55	256.53	279.56	237.32	221.50	187.76
16	437.21	344.68	301.75	249.17	312.96	264.48	288.23	244.72	228.36	193.61
17	450.44	355.11	310.89	256.71	322.38	272.43	296.89	252.12	235.21	199.46
18	464.69	366.35	320.72	264.83	332.52	280.99	306.23	260.09	242.60	205.77
19	478.94	377.59	330.56	272.95	342.66	289.55	315.56	268.05	249.98	212.07
20	493.70	389.22	340.75	281.37	353.16	298.41	325.23	276.31	257.63	218.59
21	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84	265.54	225.35
22	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84	265.54	225.35
23	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84	265.54	225.35
24	508.97	401.26	351.28	290.07	364.03	307.58	335.23	284.84	265.54	225.35
25	511.01	402.86	352.69	291.23	365.48	308.81	336.56	285.98	266.59	226.25
26	521.19	410.89	359.72	297.03	372.72	314.92	343.23	291.67	271.86	230.75
27	533.40	420.52	368.15	303.99	381.41	322.26	351.23	298.50	278.19	236.15
28	553.25	436.17	381.85	315.30	395.53	334.18	364.23	309.60	288.47	244.93
29	569.54	449.01	393.09	324.59	407.12	343.96	374.90	318.71	296.91	252.13
30	577.68	455.43	398.71	329.23	412.92	348.85	380.23	323.26	301.13	255.73
31	589.90	465.06	407.14	336.19	421.61	356.19	388.23	330.09	307.46	261.14
32	602.11	474.69	415.57	343.15	430.30	363.53	396.23	336.92	313.78	266.54
33	609.75	480.71	420.84	347.50	435.73	368.11	401.23	341.19	317.74	269.91
34	617.89	487.13	426.46	352.14	441.53	373.01	406.57	345.75	321.96	273.52
35	621.96	490.34	429.27	354.46	444.42	375.45	409.23	348.02	324.07	275.32
36	626.03	493.55	432.08	356.78	447.32	377.90	411.90	350.30	326.18	277.12
37	630.11	496.76	434.89	359.11	450.22	380.34	414.57	352.58	328.29	278.92
38	634.18	499.97	437.70	361.43	453.12	382.79	417.23	354.85	330.40	280.72
39	642.32	506.39	443.32	366.07	458.91	387.68	422.57	359.41	334.61	284.32
40	650.46	512.81	448.94	370.71	464.70	392.57	427.90	363.96	338.83	287.92
41	662.68	522.44	457.37	377.67	473.40	399.91	435.90	370.79	345.16	293.32
42	674.39	531.67	465.45	384.34	481.73	406.94	443.57	377.33	351.22	298.50
43	690.67	544.51	476.69	393.62	493.31	416.72	454.24	386.44	359.66	305.70
44	711.03	560.56	490.74	405.23	507.80	428.95	467.57	397.82	370.21	314.71
45	734.95	579.42	507.26	418.86	524.82	443.32	483.24	411.20	382.60	325.29
46	763.46	601.89	526.93	435.10	545.10	460.44	501.91	427.14	397.37	337.89
47	795.52	627.17	549.06	453.38	567.92	479.70	522.91	445.06	413.98	352.07
48	832.17	656.06	574.35	474.26	593.99	501.71	546.91	465.55	432.96	368.28
49	868.30	684.55	599.29	494.86	619.71	523.41	570.58	485.76	451.68	384.26
50	909.02	716.65	627.39	518.06	648.68	547.87	597.25	508.53	472.77	402.26
51	949.23	748.35	655.15	540.98	677.29	572.02	623.58	531.01	493.60	420.05
52	993.51	783.26	685.71	566.21	708.80	598.62	652.58	555.77	516.54	439.63
53	1,038.30	818.57	716.62	591.74	740.66	625.52	681.92	580.81	539.74	459.44
54	1,086.65	856.69	749.99	619.30	775.07	654.56	713.59	607.85	564.79	480.82
55	1,135.00	894.81	783.36	646.85	809.47	683.61	745.25	634.88	589.84	502.20
56	1,187.43	936.14	819.55	676.73	846.78	715.09	779.59	664.19	616.99	525.39
57	1,240.36	977.87	856.08	706.90	884.44	746.89	814.26	693.79	644.41	548.79
58	1,296.86	1,022.41	895.07	739.10	924.64	780.82	851.26	725.38	673.68	573.78
59	1,324.85	1,044.48	914.39	755.05	944.56	797.63	869.60	741.03	688.18	586.16
60	1,381.35	1,089.02	953.39	787.25	984.75	831.57	906.60	772.62	717.45	611.14
61	1,430.21	1,127.54	987.11	815.09	1,019.52	860.92	938.60	799.94	742.76	632.75
62	1,462.27	1,152.82	1,009.24	833.37	1,042.34	880.18	959.60	817.87	759.37	646.93
63	1,502.48	1,184.52	1,036.99	856.28	1,070.95	904.33	985.94	840.35	780.20	664.71
64+	1,526.91	1,203.78	1,053.84	870.21	1,088.34	918.99	1,001.94	854.00	792.87	675.53

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + 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	455.89	359.41	314.65	259.82	326.26	275.70	300.46	255.17	248.42	210.73
15	496.41	391.36	342.62	282.91	355.09	300.04	327.01	277.82	270.33	229.44
16	511.91	403.58	353.31	291.74	366.12	309.35	337.15	286.49	278.71	236.60
17	527.40	415.79	364.01	300.57	377.14	318.66	347.30	295.15	287.09	243.75
18	544.09	428.95	375.52	310.08	389.02	328.68	358.23	304.48	296.11	251.45
19	560.78	442.10	387.04	319.59	400.89	338.70	369.16	313.81	305.14	259.16
20	578.06	455.73	398.97	329.44	413.19	349.08	380.48	323.47	314.48	267.13
21	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47	324.15	275.39
22	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47	324.15	275.39
23	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47	324.15	275.39
24	595.94	469.82	411.31	339.63	425.91	359.82	392.19	333.47	324.15	275.39
25	598.32	471.70	412.95	340.99	427.60	361.25	393.75	334.80	325.44	276.49
26	610.24	481.10	421.18	347.78	436.08	368.41	401.56	341.47	331.89	281.99
27	624.54	492.37	431.05	355.93	446.26	377.00	410.92	349.46	339.62	288.59
28	647.78	510.70	447.09	369.18	462.80	390.96	426.15	362.46	352.19	299.32
29	666.85	525.73	460.25	380.05	476.37	402.41	438.64	373.12	362.50	308.13
30	676.39	533.25	466.83	385.48	483.15	408.14	444.88	378.45	367.66	312.53
31	690.69	544.52	476.71	393.63	493.33	416.73	454.25	386.45	375.39	319.13
32	704.99	555.80	486.58	401.78	503.50	425.32	463.62	394.45	383.13	325.74
33	713.93	562.85	492.75	406.88	509.86	430.69	469.47	399.45	387.96	329.86
34	723.47	570.36	499.33	412.31	516.65	436.42	475.71	404.78	393.12	334.26
35	728.23	574.12	502.62	415.03	520.04	439.28	478.84	407.44	395.70	336.47
36	733.00	577.88	505.91	417.75	523.43	442.15	481.96	410.11	398.27	338.67
37	737.77	581.64	509.20	420.46	526.83	445.01	485.08	412.77	400.85	340.87
38	742.54	585.40	512.49	423.18	530.22	447.87	488.20	415.44	403.43	343.07
39	752.07	592.91	519.07	428.62	537.00	453.60	494.45	420.77	408.59	347.47
40	761.61	600.43	525.65	434.05	543.79	459.33	500.69	426.10	413.74	351.87
41	775.91	611.71	535.52	442.20	553.96	467.92	510.06	434.10	421.48	358.48
42	789.62	622.51	544.98	450.01	563.72	476.15	519.04	441.76	428.89	364.80
43	808.69	637.55	558.14	460.88	577.29	487.60	531.53	452.43	439.20	373.61
44	832.52	656.34	574.60	474.47	594.25	501.92	547.14	465.75	452.09	384.61
45	860.53	678.42	593.93	490.43	614.18	518.75	565.49	481.41	467.24	397.54
46	893.90	704.73	616.96	509.45	637.92	538.79	587.34	500.07	485.29	412.95
47	931.45	734.33	642.87	530.84	664.64	561.34	611.93	521.07	505.59	430.28
48	974.36	768.16	672.49	555.30	695.17	587.11	640.04	545.06	528.80	450.09
49	1,016.67	801.51	701.69	579.41	725.27	612.53	667.75	568.71	551.68	469.63
50	1,064.34	839.10	734.59	606.58	759.19	641.16	698.97	595.37	577.46	491.64
51	1,111.42	876.22	767.09	633.41	792.69	669.44	729.81	621.69	602.92	513.37
52	1,163.27	917.09	802.87	662.96	829.58	700.58	763.77	650.68	630.96	537.31
53	1,215.71	958.43	839.07	692.85	866.90	732.08	798.11	680.01	659.32	561.52
54	1,272.32	1,003.07	878.14	725.11	907.18	766.08	835.19	711.66	689.93	587.65
55	1,328.94	1,047.70	917.22	757.38	947.46	800.09	872.27	743.32	720.55	613.79
56	1,390.32	1,096.09	959.58	792.36	991.14	836.96	912.47	777.64	753.75	642.13
57	1,452.30	1,144.95	1,002.36	827.68	1,035.24	874.18	953.07	812.29	787.26	670.74
58	1,518.44	1,197.10	1,048.01	865.38	1,082.31	913.92	996.39	849.28	823.03	701.28
59	1,551.22	1,222.94	1,070.63	884.06	1,105.63	933.60	1,017.86	867.60	840.76	716.41
60	1,617.37	1,275.09	1,116.29	921.76	1,152.70	973.33	1,061.18	904.59	876.53	746.95
61	1,674.58	1,320.20	1,155.77	954.36	1,193.40	1,007.70	1,098.65	936.58	907.47	773.36
62	1,712.12	1,349.80	1,181.69	975.76	1,220.12	1,030.25	1,123.24	957.57	927.77	790.70
63	1,759.20	1,386.91	1,214.18	1,002.59	1,253.61	1,058.52	1,154.08	983.89	953.23	812.43
64+	1,787.82	1,409.46	1,233.93	1,018.89	1,273.98	1,075.71	1,172.82	999.89	968.70	825.65

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	394.03	310.64	271.95	224.56	282.24	238.55	259.95	220.58
15	429.06	338.26	296.13	244.52	307.16	259.58	282.89	240.16
16	442.45	348.81	305.37	252.16	316.69	267.63	291.66	247.65
17	455.84	359.37	314.61	259.79	326.22	275.67	300.43	255.14
18	470.26	370.74	324.57	268.01	336.48	284.33	309.88	263.20
19	484.68	382.11	334.52	276.23	346.75	293.00	319.32	271.26
20	499.62	393.89	344.83	284.74	357.37	301.97	329.11	279.62
21	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
22	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
23	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
24	515.07	406.07	355.50	293.55	368.37	311.25	339.23	288.26
25	517.13	407.69	356.92	294.72	369.83	312.49	340.57	289.41
26	527.43	415.82	364.03	300.59	377.16	318.67	347.32	295.17
27	539.80	425.56	372.56	307.64	385.96	326.10	355.42	302.08
28	559.88	441.40	386.42	319.08	400.25	338.16	368.58	313.31
29	576.37	454.39	397.80	328.48	411.98	348.06	379.37	322.53
30	584.61	460.89	403.49	333.18	417.85	353.01	384.77	327.14
31	596.97	470.64	412.02	340.22	426.64	360.44	392.86	334.05
32	609.33	480.38	420.55	347.27	435.44	367.86	400.96	340.96
33	617.06	486.47	425.88	351.67	440.93	372.50	406.02	345.28
34	625.30	492.97	431.57	356.37	446.80	377.45	411.42	349.89
35	629.42	496.22	434.42	358.71	449.73	379.93	414.12	352.19
36	633.54	499.47	437.26	361.06	452.66	382.40	416.82	354.50
37	637.66	502.71	440.10	363.41	455.59	384.88	419.52	356.80
38	641.78	505.96	442.95	365.76	458.53	387.35	422.21	359.10
39	650.02	512.46	448.64	370.46	464.39	392.30	427.61	363.71
40	658.26	518.96	454.32	375.15	470.25	397.25	433.01	368.32
41	670.62	528.70	462.86	382.20	479.05	404.68	441.11	375.23
42	682.47	538.04	471.03	388.95	487.48	411.80	448.86	381.85
43	698.95	551.04	482.41	398.34	499.21	421.70	459.66	391.07
44	719.56	567.28	496.63	410.08	513.87	434.07	473.15	402.59
45	743.76	586.37	513.34	423.88	531.09	448.61	489.01	416.13
46	772.61	609.10	533.24	440.32	551.62	465.94	507.90	432.25
47	805.06	634.69	555.64	458.81	574.70	485.43	529.15	450.40
48	842.14	663.92	581.24	479.95	601.09	507.70	553.44	471.13
49	878.71	692.76	606.48	500.79	627.11	529.67	577.40	491.58
50	919.92	725.24	634.92	524.27	656.43	554.42	604.38	514.62
51	960.61	757.32	663.00	547.46	685.39	578.86	631.03	537.37
52	1,005.42	792.65	693.93	573.00	717.27	605.77	660.38	562.43
53	1,050.75	828.38	725.21	598.83	749.52	633.00	690.07	587.77
54	1,099.68	866.96	758.98	626.72	784.34	662.39	722.12	615.13
55	1,148.61	905.54	792.76	654.61	819.16	691.78	754.17	642.49
56	1,201.66	947.36	829.37	684.84	856.90	723.64	788.91	672.15
57	1,255.23	989.59	866.34	715.37	895.02	755.82	824.00	702.10
58	1,312.40	1,034.67	905.80	747.96	935.70	790.16	861.44	734.07
59	1,340.73	1,057.00	925.36	764.10	955.86	807.17	880.00	749.91
60	1,397.91	1,102.07	964.82	796.68	996.54	841.52	917.44	781.88
61	1,447.35	1,141.06	998.94	824.87	1,031.72	871.22	949.83	809.53
62	1,479.80	1,166.64	1,021.34	843.36	1,054.81	890.71	971.08	827.67
63	1,520.49	1,198.72	1,049.42	866.55	1,083.76	915.15	997.73	850.42
64+	1,545.21	1,218.21	1,066.50	880.65	1,101.36	930.00	1,013.94	864.26

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	412.35	325.09	284.60	235.01	295.28	249.55	271.95	230.82
15	449.01	353.99	309.90	255.89	321.36	271.57	295.96	251.32
16	463.02	365.03	319.57	263.88	331.33	279.98	305.13	259.15
17	477.04	376.08	329.24	271.87	341.30	288.40	314.31	266.99
18	492.13	387.98	339.66	280.47	352.04	297.47	324.20	275.43
19	507.22	399.88	350.08	289.07	362.78	306.53	334.08	283.87
20	522.85	412.20	360.87	297.98	373.90	315.92	344.32	292.61
21	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
22	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
23	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
24	539.02	424.95	372.03	307.20	385.41	325.63	354.91	301.65
25	541.18	426.65	373.51	308.42	386.94	326.93	356.32	302.85
26	551.96	435.15	380.96	314.57	394.62	333.40	363.39	308.88
27	564.90	445.35	389.88	321.94	403.82	341.17	371.86	316.11
28	585.92	461.92	404.39	333.92	418.78	353.80	385.63	327.87
29	603.17	475.52	416.30	343.75	431.05	364.16	396.92	337.51
30	611.79	482.32	422.25	348.67	437.19	369.34	402.57	342.34
31	624.73	492.52	431.18	356.04	446.39	377.11	411.05	349.57
32	637.66	502.72	440.11	363.41	455.60	384.88	419.52	356.80
33	645.75	509.09	445.69	368.02	461.35	389.74	424.81	361.32
34	654.37	515.89	451.64	372.94	467.49	394.92	430.46	366.14
35	658.69	519.29	454.62	375.39	470.56	397.51	433.29	368.56
36	663.00	522.69	457.59	377.85	473.62	400.10	436.11	370.97
37	667.31	526.09	460.57	380.31	476.69	402.69	438.94	373.38
38	671.62	529.49	463.55	382.77	479.76	405.28	441.76	375.79
39	680.25	536.29	469.50	387.68	485.90	410.46	447.41	380.61
40	688.87	543.09	475.45	392.60	492.03	415.64	453.06	385.43
41	701.81	553.29	484.38	399.97	501.24	423.41	461.53	392.67
42	714.21	563.06	492.94	407.03	510.06	430.86	469.65	399.60
43	731.45	576.66	504.84	416.87	522.33	441.22	480.95	409.24
44	753.02	593.66	519.72	429.15	537.67	454.17	495.07	421.30
45	778.35	613.63	537.21	443.59	555.70	469.38	511.66	435.46
46	808.53	637.43	558.04	460.79	577.18	487.51	531.43	452.34
47	842.49	664.20	581.48	480.15	601.34	507.91	553.67	471.33
48	881.30	694.80	608.26	502.27	628.96	531.22	579.09	493.03
49	919.57	724.97	634.68	524.08	656.19	554.21	604.16	514.43
50	962.70	758.96	664.44	548.65	686.87	580.11	632.40	538.54
51	1,005.28	792.54	693.83	572.92	717.17	605.69	660.29	562.35
52	1,052.17	829.51	726.20	599.65	750.54	633.85	691.00	588.57
53	1,099.61	866.90	758.93	626.68	784.29	662.34	722.07	615.09
54	1,150.81	907.27	794.28	655.86	820.72	693.10	755.61	643.72
55	1,202.02	947.64	829.62	685.05	857.16	723.86	789.15	672.35
56	1,257.54	991.41	867.94	716.69	896.66	757.21	825.51	703.40
57	1,313.60	1,035.61	906.63	748.64	936.55	790.88	862.23	734.74
58	1,373.43	1,082.78	947.92	782.74	979.12	826.81	901.41	768.19
59	1,403.08	1,106.15	968.39	799.63	1,000.22	844.62	920.83	784.77
60	1,462.91	1,153.32	1,009.68	833.73	1,042.79	880.56	960.02	818.22
61	1,514.65	1,194.12	1,045.39	863.22	1,079.61	911.64	993.91	847.16
62	1,548.61	1,220.89	1,068.83	882.57	1,103.77	932.04	1,016.15	866.14
63	1,591.20	1,254.46	1,098.22	906.84	1,134.07	957.61	1,044.04	889.95
64+	1,617.06	1,274.85	1,116.09	921.60	1,152.48	973.14	1,060.98	904.43

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

PPO Rates

New and renewing business, effective January 1, 2018, to March 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 Silver 70 PPO 2000/45 + Child Dental	Health Net Bronze 60 PPO 6300/75 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental Alt	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 HDHP 5600/15 PPO + Child Dental Alt
0-14	433.22	341.54	299.01	246.90	310.13	262.09	285.62	242.49
15	471.73	371.90	325.58	268.85	337.53	285.22	310.84	264.02
16	486.46	383.51	335.75	277.24	348.01	294.06	320.48	272.26
17	501.18	395.12	345.91	285.63	358.48	302.90	330.13	280.49
18	517.04	407.62	356.85	294.67	369.77	312.43	340.51	289.36
19	532.89	420.12	367.80	303.70	381.05	321.95	350.90	298.22
20	549.32	433.07	379.13	313.06	392.73	331.82	361.65	307.40
21	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
22	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
23	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
24	566.31	446.46	390.86	322.75	404.82	342.02	372.78	316.90
25	568.57	448.25	392.42	324.04	406.43	343.38	374.27	318.17
26	579.90	457.18	400.24	330.49	414.49	350.19	381.68	324.50
27	593.49	467.89	409.62	338.24	424.16	358.35	390.58	332.10
28	615.57	485.30	424.86	350.82	439.88	371.61	405.05	344.45
29	633.70	499.59	437.37	361.15	452.77	382.50	416.92	354.58
30	642.76	506.73	443.62	366.32	459.22	387.94	422.85	359.65
31	656.35	517.45	453.00	374.06	468.89	396.10	431.76	367.25
32	669.94	528.16	462.38	381.81	478.56	404.27	440.66	374.85
33	678.43	534.86	468.25	386.65	484.61	409.37	446.22	379.60
34	687.50	542.00	474.50	391.81	491.05	414.81	452.16	384.66
35	692.03	545.58	477.63	394.39	494.28	417.53	455.12	387.20
36	696.56	549.15	480.75	396.98	497.50	420.26	458.09	389.73
37	701.09	552.72	483.88	399.56	500.72	422.98	461.06	392.26
38	705.62	556.29	487.01	402.14	503.95	425.70	464.02	394.80
39	714.68	563.43	493.26	407.30	510.40	431.14	469.96	399.86
40	723.74	570.58	499.52	412.47	516.84	436.58	475.89	404.93
41	737.33	581.29	508.90	420.21	526.51	444.75	484.80	412.53
42	750.36	591.56	517.89	427.64	535.78	452.57	493.33	419.81
43	768.48	605.85	530.39	437.96	548.68	463.45	505.19	429.94
44	791.13	623.71	546.03	450.87	564.79	477.06	520.03	442.61
45	817.75	644.69	564.40	466.04	583.73	493.05	537.46	457.49
46	849.46	669.69	586.29	484.12	606.30	512.10	558.23	475.22
47	885.14	697.82	610.91	504.45	631.68	533.52	581.60	495.17
48	925.91	729.96	639.05	527.69	660.70	558.01	608.31	517.97
49	966.12	761.66	666.80	550.60	689.30	582.17	634.64	540.45
50	1,011.42	797.38	698.07	576.42	721.54	609.38	664.31	565.78
51	1,056.16	832.65	728.95	601.92	753.37	636.25	693.62	590.80
52	1,105.43	871.49	762.95	630.00	788.43	665.84	725.88	618.34
53	1,155.26	910.78	797.35	658.40	823.89	695.77	758.52	646.21
54	1,209.06	953.19	834.48	689.06	862.17	728.09	793.76	676.29
55	1,262.86	995.61	871.61	719.72	900.45	760.40	829.00	706.37
56	1,321.19	1,041.59	911.87	752.96	941.95	795.44	867.20	738.98
57	1,380.09	1,088.03	952.52	786.53	983.86	830.81	905.77	771.92
58	1,442.95	1,137.58	995.90	822.35	1,028.59	868.57	946.94	807.06
59	1,474.09	1,162.14	1,017.40	840.11	1,050.75	887.28	967.34	824.48
60	1,536.95	1,211.70	1,060.79	875.93	1,095.48	925.03	1,008.51	859.62
61	1,591.32	1,254.56	1,098.31	906.91	1,134.16	957.69	1,044.12	890.02
62	1,627.00	1,282.68	1,122.93	927.25	1,159.55	979.12	1,067.49	909.97
63	1,671.74	1,317.95	1,153.81	952.74	1,191.38	1,005.99	1,096.79	934.99
64+	1,698.93	1,339.38	1,172.58	968.25	1,210.71	1,022.31	1,114.59	950.18

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

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

Health Net:

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

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

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

Off Exchange: 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you. You can also file a grievance by mail: Health Net Appeals and Grievances, PO Box 10348, Van Nuys, California 91410-0348, by fax: 1-877-831-6019, or online: healthnet.com.

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

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

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711). If you bought coverage through the California marketplace call 1-888-926-4988 (TTY: 711). For more help: If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية أو اتصل على مركز الاتصال التجاري في 1-800-522-0088 (TTY: 711). في حال قمت بشراء التغطية من سوق كاليفورنيا، اتصل على الرقم 1-888-926-4988 (TTY: 711) وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من شركة التأمين على الحياة Health Net Life Insurance Company ، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Եթե ապահովագրում եք գնել Կալիֆորնիայի շուկայական հրապարակի վիճուցով, զանգահարեք 1-888-926-4988 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար. եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO ապահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության զիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。如果您是透過加州健康保險交易市場購買承保，請致電 1-888-926-4988 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

Hindi

बिना लागत वाली भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711) पर कॉल करें। यदि आपने कैलिफोर्निया मार्केट प्लैस के माध्यम से कवरेज खरीदा है तो 1-888-926-4988 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company पीपीओ PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc. के एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएचसी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Kev pab, hu rau peb ntawm tus xov tooj teev nyob rau hauv koj daim ID card los yog hu rau 1-800-522-0088 (TTY: 711). Yog tias koj yuav kev pov hwm ntawm California marketplace hu 1-888-926-4988 (TTY: 711). Xav tau kev pab ntawm: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

Japanese

無料の言語サービス。通訳をご利用いただけます。日本語で文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088、(TTY: 711)までお電話ください。カリフォルニア州のマーケットプレイス（保険購入サイト）を通じて保険を購入された方は、1-888-926-4988 (TTY: 711)までお電話ください。さらに援助が必要な場合:Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMOまたはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

Khmer

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បើសិនអ្នកបានទិញការធានារ៉ាប់រងតាមរយៈ ទីផ្សារនៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទូរសព្ទទៅលេខ 1-888-926-4988 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO ពីក្រុមហ៊ុនធានារ៉ាប់រងជីវិត Health Net Life Insurance Company សូមទាក់ទងទៅនាយកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net of California, Inc. នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스를 통해 보험을 구입하셨으면 1-888-926-4988 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóloq. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béesh bee hane'í bikáa' áajil' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711). California marketplace hoolyéhíjí béeso ách'ááqáh naanilí ats'íís baa áháyáq biniyé nahíílnii'go éí kojil' hólné' 1-888-926-4988 (TTY: 711). Shíká anáa'doowoł jinízingo: PPO éí doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'ááqáh naa'nil biniyé hwe'iina' bik'é'ésti'go éí CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éí doodaii' HSPqjí Health Net of California, Inc.qjí béeso ách'ááqáh naa'nil biniyé hats'íís bik'é'ésti'go éí kojil' hojilnih DMHC Helpline 1-888-HMO-2219.

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. اگر پوشش بیمه را از طریق بازارگاه کالیفرنیا خریداری کردید با شماره 1-888-926-4988 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Punjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟ ਪਲੇਸ ਦੇ ਰਾਹੀਂ ਬੀਮਾ ਕਵਰੇਜ ਖਰੀਦੀ ਹੈ ਤਾਂ 1-888-926-4988 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ ਤੁਸੀਂ Health Net Life Insurance Company ਪੀਪੀਓ PPO ਜਾਂ ਈਓਪੋ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ Health Net of California, Inc. ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711). Если свою страховку вы приобрели на едином сайте по продаже медицинских страховок в штате Калифорния, звоните по телефону 1-888-926-4988 (TTY: 711).
Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния (CA Dept. of Insurance), телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания DMHC, телефон 1-888-HMO-2219.

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Si adquirió la cobertura a través del mercado de California, llame al 1-888-926-4988 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711). Kung bumili kayo ng pagsakop sa pamamagitan ng California marketplace tawagan ang 1-888-926-4988 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) หากคุณซื้อความคุ้มครองผ่านทาง California marketplace โทร 1-888-926-4988 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711). Nếu quý vị mua khoản bảo trả thông qua thị trường California 1-888-926-4988 (TTY: 711). Để nhận thêm trợ giúp: Nếu quý vị đăng ký hợp đồng bảo hiểm PPO hoặc EPO từ Health Net Life Insurance Company, vui lòng gọi Sở Y Tế CA theo số 1-800-927-4357. Nếu quý vị đăng ký vào chương trình HMO hoặc HSP từ Health Net of California, Inc., vui lòng gọi Đường Dây Trợ Giúp DMHC theo số 1-888-HMO-2219.

For more information please contact

Health Net

PO Box 9103

Van Nuys, CA 91409-9103

Broker Services

1-800-448-4411, option 4

Small Business Group

Sales and Service Administration

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

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

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

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

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

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

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

Assistance for the hearing and speech impaired

TTY users call 711.

Other options

Coverage for individuals and families

1-877-727-3582

Coverage for family members over 65 years of age

1-800-944-7287

Coverage for children in a low-income household

1-800-327-0502

Coverage for businesses with 101+ employees

1-800-448-4411, option 4

www.healthnet.com/broker

www.healthnet.com/employer/reformguide



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