

Plan name	Member(s) responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / Specialist visit	Lab / X-rays	Outpatient surgery (hospital / ASC)	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy		
									Rx brand deductible	Rx drug tier I / II / III / IV	
Full HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más¹ Available through Health Net of California, Inc.											
Platinum \$10	None	\$4,250 / \$8,500	\$10 / \$30	\$20 / \$20	\$100 / \$40	\$300/admission	\$100	\$30	\$0	\$5 / \$30 / \$50 / 30% ⁷	
Platinum \$20	None	\$6,000 / \$12,000	\$20 / \$40	\$20 / \$20	\$500 / \$200	\$700/admission	\$150	\$40	\$0	\$5 / \$30 / \$50 / 30% ⁷	
Gold \$30	None	\$6,750 / \$13,500	\$30 / \$50	\$40 / \$40	\$900 / \$360	\$1,200/admission	\$300	\$50	\$0	\$15 / \$50 / \$70 / 30% ⁷	
Gold \$40	None	\$6,850 / \$13,700	\$40 / \$60	\$40 / \$40	\$1,100 / \$440	\$1,300/admission	\$300	\$60	\$0	\$15 / \$50 / \$70 / 30% ⁷	
Gold \$50	None	\$7,150 / \$14,300	\$50 / \$70	\$40 / \$50	\$1,300 / \$520	\$2,000/admission	\$300	\$70	\$0	\$20 / \$50 / \$70 / 30% ⁷	
CommunityCare HMO¹ Available through Health Net of California, Inc.											
Gold \$5	\$1,500 / \$3,000	\$6,000 / \$12,000	1st visit \$0 ² / \$30 ² Visit 2+ \$5 ² / \$30 ²	\$10 ² / \$10 ²	20% / 10%		20%	\$150	\$30 ²	\$0	\$5 / \$40 / \$60 / 30% ⁷
Silver \$20	\$2,000 / \$4,000	\$7,150 / \$14,300	1st visit \$0 ² / \$45 ² Visit 2+ \$20 ² / \$45 ²	\$40 / \$50	50% / 40%		50%	\$300	\$45 ²	\$100	\$5 / \$50 / \$60 / 50% ⁷

Plan name	Member(s) responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Coinsurance	Office / Specialist visit	Lab / X-rays	Outpatient surgery (hospital / ASC)	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
										Rx deductible (single/family)	Rx drug tier I / II / III / IV
PureCare HSP¹ Available through Health Net of California, Inc.											
Health Net Platinum 90 HSP 0/15	None	\$4,000 / \$8,000	10%	\$15 / \$40	\$20 / \$40	10% / 10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁷
Health Net Gold 80 HSP 0/30	None	\$6,750 / \$13,500	20%	\$30 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$30	None	\$15 / \$55 / \$75 / 20% ⁷
Health Net Silver 70 HSP 2000/45	\$2,000 / \$4,000	\$6,800 / \$13,600	20%	\$45 ² / \$75 ²	\$40 ² / \$70 ²	20% ² / 20% ²	20%	\$350 ²	\$45 ²	\$250 / \$500	\$15 ² / \$55 / \$85 / 20% ⁷
Health Net Bronze 60 HSP 6300/75	\$6,300 / \$12,600	\$6,800 / \$13,600	100% ⁴	\$75 ³ / \$105 ³	\$40 ² / 100% ⁴	100% ⁴ / 100% ⁴	100% ⁴	100% ⁴	\$75 ³	\$500 / \$1,000	100% ⁵
PPO¹ Available through Health Net Life Insurance Company											
PPO Gold Value	\$750 / \$1,500	\$7,150 / \$14,300	30% / 50%	\$10 ² / \$30	\$20 / \$20	30% / 20%	30%	\$250	\$30	Medical deductible applies	\$10 ² / \$25 / \$50 / 30% ⁷
PPO Silver Value	\$1,700 / \$3,400	\$7,150 / \$14,300	40% / 50%	\$30 ² / \$75	\$50 / \$50	40% / 30%	40%	\$300	\$75	Medical deductible applies	\$15 ² / \$55 / \$85 / 40% ⁷
PPO Bronze HSA	\$5,600 / \$11,200	\$6,550 / \$13,100	20% / 50%	\$15 / \$30	20% / 20%	20% / 10%	20%	20%	\$30	Medical deductible applies	\$5 / \$15 / \$40 / 20% ⁸
PPO¹ Available through Health Net Life Insurance Company and Covered CaliforniaTM											
Platinum 90 PPO 0/15 + Child Dental	None	\$4,000 / \$8,000	10% / 50%	\$15 / \$40	\$20 / \$40	10% / 10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁷
Gold 80 PPO 0/30 + Child Dental	None	\$6,750 / \$13,500	20% / 50%	\$30 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$30	None	\$15 / \$55 / \$75 / 20% ⁷
Silver 70 PPO 2000/45 + Child Dental	\$2,000 / \$4,000	\$6,800 / \$13,600	20% / 50%	\$45 ² / \$75 ²	\$40 ² / \$70 ²	20% ² / 20% ²	20%	\$350 ²	\$45 ²	\$250 / \$500	\$15 ² / \$55 / \$85 / 20% ⁷
Bronze 60 PPO 6300/75 + Child Dental	\$6,300 / \$12,600	\$6,800 / \$13,600	100% ⁴ / 50%	\$75 ³ / \$105 ³	\$40 ² / 100% ⁴	100% ⁴ / 100% ⁴	100% ⁴	100% ⁴	\$75 ³	\$500 / \$1,000	100% ⁵
PureCare One EPO¹ Available through Health Net Life Insurance Company and Covered CaliforniaTM											
Gold 80 EPO 1300/20 + Child Dental Alt	\$1,300 / \$2,600	\$6,000 / \$12,000	20%	\$20 ² / \$45 ²	\$20 / \$30	20% / 10%	20%	\$200 ²	\$45 ²	\$250 / \$500	\$5 ² / \$15 / 20% ⁶ / 20% ⁷
Silver 70 EPO 2000/20 + Child Dental Alt	\$2,000 / \$4,000	\$6,800 / \$13,600	50%	\$20 ² / \$60 ²	\$50 / \$60	50% / 40%	50%	\$300 ²	\$60 ²	\$250 / \$500	\$10 ² / \$55 / 40% ⁶ / 40% ⁷

HSP, HMO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. EPO and PPO insurance plans are underwritten by Health Net Life Insurance Company. Vision plans, other than pediatric vision, are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC. Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company. Obligations of Fidelity Life Insurance Company, DBP and Unimerica Life Insurance Company are not the obligations of, or guaranteed by, Health Net, Inc. or its affiliates. Pediatric vision plans are provided by Health Net of California, Inc. Pediatric dental HMO plans are provided by Health Net of California, Inc. Pediatric dental PPO and indemnity plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. Covered California is a registered trademark of the State of California. All rights reserved.

Dental plan	Member pays					
	Annual deductible	Ortho lifetime maximum	Annual plan maximum	Cleanings	Exams	X-rays
DPPO Classic 5 1500	\$50 / \$150	\$1,500	\$1,500	100% ²	100% ²	100% ²
DPPO Classic 4 1500	\$50 / \$150	Not covered	\$1,500	100% ²	100% ²	100% ²
DPPO Essential 2 1000	\$50 / \$150	Not covered	\$1,000	100% ²	100% ²	100% ²
DPPO Essential 5 1500	\$50 / \$150	\$1,500	\$1,500	100% ²	100% ²	100% ²
DPPO Essential 6 1500	\$50 / \$150	Not covered	\$1,500	100% ²	100% ²	100% ²
DHMO Plus 150	N/A	\$1,695	N/A	\$0 ⁹	\$0 ⁹	\$0 ⁹
DHMO Plus 225	N/A	\$1,695	N/A	\$0 ⁹	\$0 ⁹	\$0 ⁹

Vision plan	Member pays	
	Exam/Glasses and contact lenses	Lenses (single / bifocal / trifocal / progressive)
Preferred 1025-2	\$10 copay / \$55 (up to)	\$25 / \$25 / \$25 / \$90
Preferred 1025-3	\$10 copay / \$55 (up to)	\$25 / \$25 / \$25 / \$90
Preferred Value 10-2	Not covered / \$55 (up to)	\$10 / \$10 / \$10 / \$75

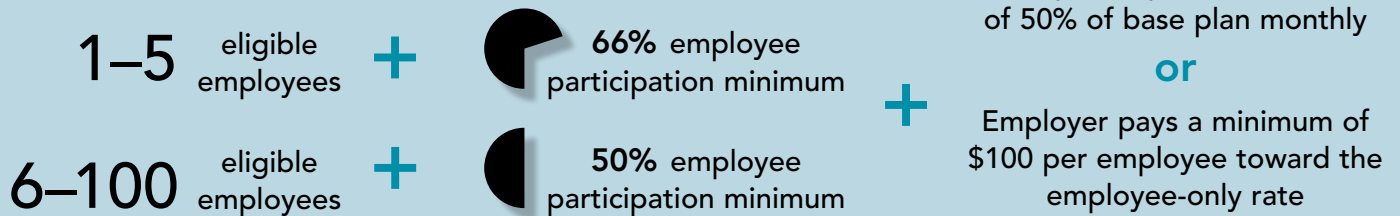
Enhanced Choice

Two packages that offer multiple plans

Enhanced Choice A	Enhanced Choice B
Full Network HMO	WholeCare
CommunityCare	SmartCare
PPO	Salud HMO y Más
PureCare One EPO	CommunityCare
PureCare HSP	PPO
	PureCare One EPO
	PureCare HSP



Enhanced Choice Program How it works



Infertility benefits are available on all plans at an additional cost.

¹Counties available:

PPO: Available in all counties.

PureCare One EPO: All or parts of Alameda, Contra Costa, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo counties.

Full HMO, WholeCare HMO, PureCare HSP: All or parts of Alameda, Contra Costa, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo counties.

SmartCare HMO: All or parts of Los Angeles, Orange, Riverside, San Diego, San Bernardino, Santa Clara, and Santa Cruz counties.

Salud HMO y Más: All or parts of Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties.

CommunityCare: Los Angeles and Orange counties.

²Deductible waived.

³Deductible waived for first three visits.

⁴After the medical deductible has been reached, the member is responsible for 100% of the eligible charges until the out-of-pocket maximum limit is met.

⁵After the pharmacy deductible has been met, you pay 100% of the cost for all Tier I, Tier II, Tier III, and Tier IV drugs. Maximum after deductible of \$500 for an individual prescription of up to a 30-day supply.

⁶Maximum copay after deductible of \$250 for an individual prescription of up to a 30-day supply on Tier III drugs.

⁷Maximum after deductible (if any) of \$250 for an individual prescription of up to a 30-day supply on Tier IV drugs.

⁸Maximum after deductible (if any) of \$500 for an individual prescription of up to a 30-day supply on Tier IV drugs.

⁹Service is subject to \$5 office visit copayment.