

Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / Specialist visit	Lab / X-rays	Outpatient surgery (ASC / hospital)	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
									Rx brand deductible	Rx drug tier 1 / 2 / 3 / 4
<b>Full HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más<sup>1</sup> Available through Health Net of California, Inc.</b>										
Platinum \$10	None	\$2,000 / \$4,000	\$10 / \$30	\$10 / \$10	\$40 / \$100	\$300 per admission	\$100	\$30	\$0	\$5 / \$30 / \$50 / 30% <sup>2</sup>
Platinum \$20	None	\$3,000 / \$6,000	\$20 / \$40	\$10 / \$10	\$200 / \$500	\$700 per admission	\$150	\$40	\$0	\$5 / \$30 / \$50 / 30% <sup>2</sup>
Gold \$30	None	\$5,000 / \$10,000	\$30 / \$50	\$40 / \$40	\$360 / \$900	\$1,200 per admission	\$300	\$50	\$0	\$15 / \$50 / \$70 / 30% <sup>2</sup>
Gold \$40	None	\$6,000 / \$12,000	\$40 / \$60	\$40 / \$40	\$440 / \$1,100	\$1,300 per admission	\$300	\$60	\$0	\$15 / \$50 / \$70 / 30% <sup>2</sup>
Silver \$40	None	\$7,200 / \$14,400	\$40 / \$60	\$40 / \$50	40% / 50%	\$750 per day (3 day max copay per admission)	50%	\$60	\$250	\$20 / 50% / 50% / 50% <sup>2</sup>
<b>CommunityCare HMO<sup>1</sup> Available through Health Net of California, Inc.</b>										
Gold \$5	\$1,500 / \$3,000	\$6,000 / \$12,000	1st visit: \$0 <sup>3</sup> / \$30 <sup>3</sup> Visit 2+: \$5 <sup>3</sup> / \$30 <sup>3</sup>	\$10 <sup>3</sup> / \$10 <sup>3</sup>	20% / 30%	30%	\$150	\$30 <sup>3</sup>	\$0	\$5 / \$40 / \$60 / 30% <sup>2</sup>
Silver \$20	\$2,000 / \$4,000	\$7,250 / \$14,500	1st visit: \$0 <sup>3</sup> / \$45 <sup>3</sup> Visit 2+: \$20 <sup>3</sup> / \$45 <sup>3</sup>	\$40 / \$50	40% / 50%	50%	\$300	\$45 <sup>3</sup>	\$150	\$10 / \$50 / \$60 / 50% <sup>2</sup>
Bronze \$45	\$3,750 / \$7,500	\$7,350 / \$14,700	\$45 / \$60	50% / 50%	50% / 50%	50%	50%	\$60	Integrated medical Rx deductible	\$15 <sup>3</sup> / \$50 / 50% / 50% <sup>2</sup>

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	Deductible (single / family)	Out-of-pocket maximum (single / family)	Coinsurance	Office / Specialist visit	Lab / X-rays	Outpatient surgery (ASC / hospital)	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
										Rx deductible (single / family)	Rx drug tier 1 / 2 / 3 / 4
<b>PPO<sup>1</sup> Available through Health Net Life Insurance Company and Covered California<sup>TM</sup></b>											
Platinum 90 PPO 0/15 + Child Dental	None	\$3,350 / \$6,700	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0	\$5 / \$15 / \$25 / 10% <sup>2</sup>
Gold 80 PPO 0/25 + Child Dental	None	\$6,000 / \$12,000	20%	\$25 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$25	\$0	\$15 / \$55 / \$75 / 20% <sup>2</sup>
Gold 80 Value PPO 750/10 + Child Dental Alt	\$750 / \$1,500	\$7,150 / \$14,300	30%	\$10 <sup>3</sup> / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx all drug deductible	\$10 <sup>3</sup> / \$25 / \$50 / 30% <sup>2</sup>
Silver 70 PPO 2000/45 + Child Dental	\$2,000 / \$4,000	\$7,000 / \$14,000	20%	\$45 <sup>3</sup> / \$75 <sup>3</sup>	\$40 <sup>3</sup> / \$70 <sup>3</sup>	20% <sup>3</sup> / 20% <sup>3</sup>	20%	\$350 <sup>3</sup>	\$45 <sup>3</sup>	\$125 / \$250 All drug deductible	\$15 / \$55 / \$85 / 20% <sup>2</sup>
Silver 70 Value PPO 1700/30 + Child Dental Alt	\$1,700 / \$3,400	\$7,150 / \$14,300	40%	\$30 <sup>3</sup> / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	\$1,700 / \$3,400 Integrated med / Rx all drug deductible	\$15 <sup>3</sup> / \$55 / \$85 / 40% <sup>2</sup>
Silver 70 HDHP 1350/40 PPO + Child Dental Alt	\$1,350 / \$2,700	\$6,550 / \$13,100	30%	\$40 / \$60	30% / 30%	20% / 30%	30%	30%	\$60	\$1,350 / \$2,700 Integrated med / Rx all drug deductible	\$19 / \$40 / \$60 / 30% <sup>2</sup>
Bronze 60 PPO 6300/75 + Child Dental	\$6,300 / \$12,600	\$7,000 / \$14,000	100% <sup>4</sup>	\$75 <sup>5</sup> / \$105 <sup>5</sup>	\$40 <sup>3</sup> / 100% <sup>4</sup>	100% <sup>4</sup> / 100% <sup>4</sup>	100% <sup>4</sup>	100% <sup>4</sup>	\$75 <sup>5</sup>	\$500 / \$1,000 All drug deductible	100% <sup>6</sup>
Bronze 60 HDHP 5600/15 PPO + Child Dental Alt	\$5,600 / \$11,200	\$6,550 / \$13,100	20%	\$15 / \$30	20% / 20%	10% / 20%	20%	20%	\$30	\$5,600 / \$11,200 Integrated med / Rx all drug deductible	\$5 / \$15 / \$40 / 20% <sup>7</sup>

(continued)

HSP, HMO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. 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, nor 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.

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	Deductible (single / family)	Out-of-pocket maximum (single / family)	Coinsurance	Office / Specialist visit	Lab / X-rays	Outpatient surgery (ASC / hospital)	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
										Rx deductible (single / family)	Rx drug tier 1 / 2 / 3 / 4
<b>EnhancedCare PPO</b> Available through Health Net Life Insurance Company											
EnhancedCare PPO Gold Value	\$750 / \$1,500	\$7,150 / \$14,300	30%	\$10 <sup>3</sup> / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx all drug deductible	\$10 <sup>3</sup> / \$25 / \$50 / 30%
EnhancedCare PPO Silver Value	\$1,700 / \$3,400	\$7,150 / \$14,300	40%	\$30 <sup>3</sup> / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	\$1,700 / \$3,400 Integrated med / Rx all drug deductible	\$15 <sup>3</sup> / \$55 / \$85 / 40%
Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt	\$1,350 / \$2,700	\$6,550 / \$13,100	30%	\$40 / \$60	30% / 30%	20% / 30%	30%	30%	\$60	\$1,350 / \$2,700 Integrated med / Rx all drug deductible	\$19 / \$40 / \$60 / 30%
Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt	\$5,600 / \$11,200	\$6,550 / \$13,100	20%	\$15 / \$30	20% / 20%	10% / 20%	20%	20%	\$30	\$5,600 / \$11,200 Integrated med / Rx all drug deductible	\$5 / \$15 / \$40 / 20%
<b>PureCare HSP<sup>1</sup></b> Available through Health Net of California, Inc.											
Platinum 90 HSP 0/15	None	\$3,350 / \$6,700	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0	\$5 / \$15 / \$25 / 10% <sup>2</sup>
Gold 80 HSP 0/25	None	\$6,000 / \$12,000	20%	\$25 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$25	\$0	\$15 / \$55 / \$75 / 20% <sup>2</sup>
Silver 70 HSP 2000/45	\$2,000 / \$4,000	\$7,000 / \$14,000	20%	\$45 <sup>3</sup> / \$75 <sup>3</sup>	\$40 <sup>3</sup> / \$70 <sup>3</sup>	20% <sup>3</sup> / 20% <sup>3</sup>	20%	\$350 <sup>3</sup>	\$45 <sup>3</sup>	\$125 / \$250	\$15 / \$55 / \$85 / 20% <sup>2</sup>
Bronze 60 HSP 6300/75	\$6,300 / \$12,600	\$7,000 / \$14,000	100% <sup>4</sup>	\$75 <sup>5</sup> / \$105 <sup>5</sup>	\$40 <sup>3</sup> / 100% <sup>4</sup>	100% <sup>4</sup> / 100% <sup>4</sup>	100% <sup>4</sup>	100% <sup>4</sup>	\$75 <sup>5</sup>	\$500 / \$1,000	100% <sup>6</sup>

### Two packages that offer multiple plans

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

### Choice program

#### How it works

1–5 eligible employees +



66% employee participation minimum

6–100 eligible employees +



50% employee participation minimum

Employer pays minimum of 50% of base plan monthly **or** Employer pays a minimum of \$100 per employee toward the employee-only rate

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% <sup>3</sup>	100% <sup>3</sup>	100% <sup>3</sup>
DPPO Classic 4 1500	\$50 / \$150	Not covered	\$1,500	100% <sup>3</sup>	100% <sup>3</sup>	100% <sup>3</sup>
DPPO Essential 2 1000	\$50 / \$150	Not covered	\$1,000	100% <sup>3</sup>	100% <sup>3</sup>	100% <sup>3</sup>
DPPO Essential 5 1500	\$50 / \$150	\$1,500	\$1,500	100% <sup>3</sup>	100% <sup>3</sup>	100% <sup>3</sup>
DPPO Essential 6 1500	\$50 / \$150	Not covered	\$1,500	100% <sup>3</sup>	100% <sup>3</sup>	100% <sup>3</sup>
DHMO Plus 150	N/A	\$1,695	N/A	\$0 <sup>8</sup>	\$0 <sup>8</sup>	\$0 <sup>8</sup>
DHMO Plus 225	N/A	\$1,695	N/A	\$0 <sup>8</sup>	\$0 <sup>8</sup>	\$0 <sup>8</sup>

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

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

<sup>1</sup>Counties available:

**PPO:** Available in all counties.

**EnhancedCare PPO:** Los Angeles County.

**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.

<sup>2</sup>Maximum copayment after deductible (if any) of \$250 for an individual prescription of up to a 30-day supply on Tier 4 drugs.

<sup>3</sup>Deductible waived.

<sup>4</sup>After 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.

<sup>5</sup>Visits 1–3: The calendar year deductible is waived (combined between office visits, urgent care, prenatal and postnatal visits, outpatient mental health/substance abuse).

Visits 4–unlimited: The calendar year deductible applies.

<sup>6</sup>After the pharmacy deductible has been met, you pay 100% of the cost for all Tier 1, Tier 2, Tier 3, and Tier 4 drugs. Maximum after deductible of \$500 for an individual prescription of up to a 30-day supply.

<sup>7</sup>Maximum copayment after deductible (if any) of \$500 for an individual prescription of up to a 30-day supply on Tier 4 drugs.

<sup>8</sup>Service is subject to a \$5 office visit copayment.