

| 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>              |
| Platinum \$30   | None                         | \$2,250 / \$4,500                       | \$30 / \$50  | \$20 / \$50                           | \$150 / \$150                       | \$500 per day (4-day max. copay per admission) | \$250                   | \$30              | \$0                              | \$5 / \$20 / \$30 / 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 \$35   | None                         | \$6,000 / \$12,000                      | \$35 / \$55  | \$40 / \$50                           | \$480 / \$1,200                     | \$750 per day (3-day max. copay per admission) | \$300                   | \$55              | \$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><br>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><br>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>7</sup> |

| Plan name  | Member(s) responsibility     |   |                   |  |                                       |                                       |                    |                         |                   |  |  |
|--|------------------------------|---|-------------------|--|---------------------------------------|---------------------------------------|--------------------|-------------------------|-------------------|--|--|
|  | 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 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 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.

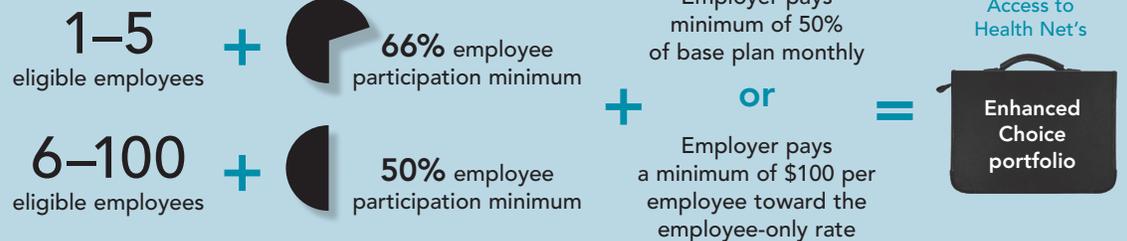
| Plan name  | Member(s) responsibility     |   |                   |  |                                       |                                       |                    |                         |                   |  |                                       |
|--|------------------------------|---|-------------------|--|---------------------------------------|---------------------------------------|--------------------|-------------------------|-------------------|--|---------------------------------------|
|  | 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       | 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 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 deductible           | \$15 <sup>3</sup> / \$55 / \$85 / 40% |
| Silver 70 HDHP 1350/40<br>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<br>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   |
|-------------------|
| Full Network HMO  |
| WholeCare HMO     |
| SmartCare HMO     |
| Salud HMO y Más   |
| CommunityCare HMO |
| PureCare HSP      |
| Full Network PPO  |

### Enhanced Choice Participation Requirements

How it works

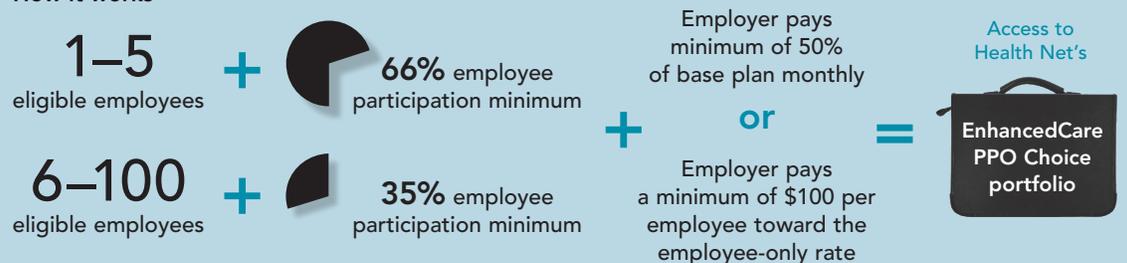


| EnhancedCare PPO Choice |
|-------------------------|
| Full Network HMO        |
| WholeCare HMO           |
| SmartCare HMO           |
| Salud HMO y Más         |
| CommunityCare HMO       |
| PureCare HSP            |
| EnhancedCare PPO        |
| Full Network PPO Bronze |

### EnhancedCare PPO Choice Participation Requirements

The EnhancedCare PPO Choice package is available statewide and comes with relaxed participation for groups with 6-100 employees. In regions 15 and 16, EnhancedCare PPO is a plan option.

How it works



| <i>Dental plan</i>    | <i>Member pays</i> |                              |                     |                   |                   |                   |
|-----------------------|--------------------|------------------------------|---------------------|-------------------|-------------------|-------------------|
|                       | Annual deductible  | Orthodontic 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>  |

| <i>Vision plan</i>   | <i>Member pays</i>                |  |
|----------------------|-----------------------------------|--|
|                      | 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.