

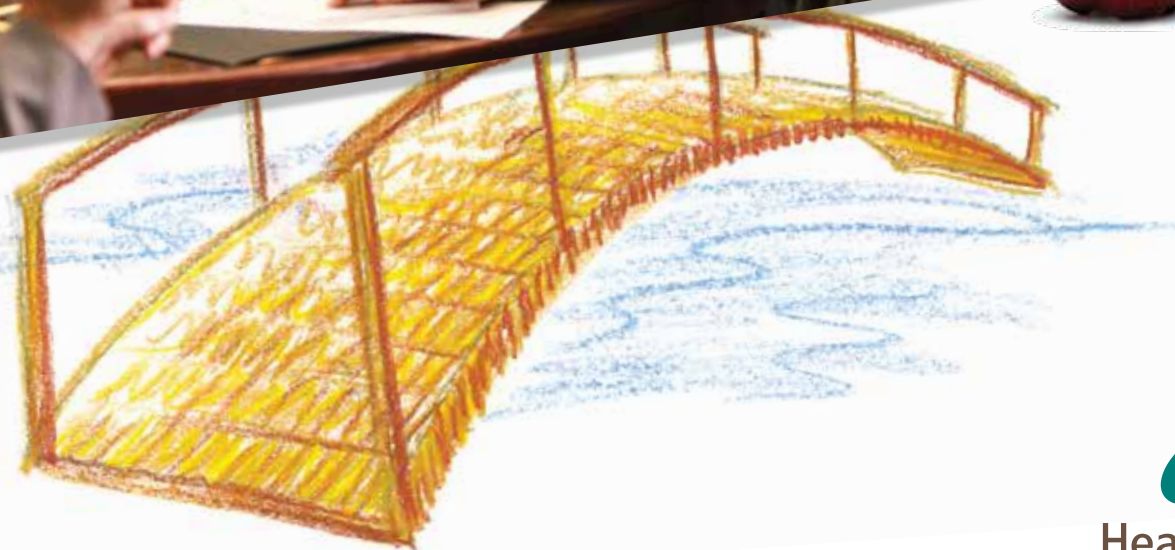
Health Net of California, Inc. and Health Net Life Insurance Company (Health Net)

Broker *Portfolio Guide*

Small Group 2.0 – plans to take your business forward

Effective October 1, 2018

Renewals and New Business



Health Net®

What's New *in* Small Group 2.0

More PPO plan choices and price points

At Health Net, your clients and your business are our priority.

In Q3 2018, we introduced the lower-priced Platinum and Gold HMO plans to expand coverage and cost options for your clients.

In Q4, we're giving you even more ways to boost sales and satisfaction with three new PPO plan designs that complement our Value and Standard plans.

These new plans:

- come in at a lower price point than our Standard plans;
- have separate medical/Rx deductibles, making prescriptions more affordable!

Together, we can continue to offer the health coverage that keeps people healthy and companies going strong in California.

**Nichole daLomba,
Health Net**

*We deliver performance
as promised.*

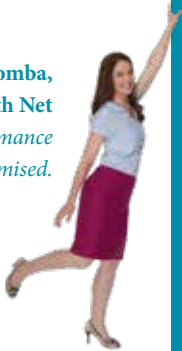


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Small Group 2.0 Works for Business Back cover



Renewal Checklist



Key dates

65 days ahead of renewal date	<ul style="list-style-type: none">• Renewal packages ready. Call your account manager if you do not have your renewal packages within two weeks of the 65-day mark.• Closure letters mail at least 90 days prior to renewal date.
6 weeks in advance of renewal date	Last date to submit plan changes to ensure accurate processing and billing. Example: October 20 for a December renewal.
4th of month before the renewal month	Bill processing begins and runs through the 17th. Example: November 4 for a December renewal.
1st of renewal month	<i>Summary of Benefits and Coverage</i> documents available at www.healthnet.com/sbc .

Good to know!

For plan changes after the 20th of the month, and two months pre-renewal, your groups can expect:

- Retroactive adjustments to billing up to two bill cycles past the renewal month.
- Another set of ID cards.

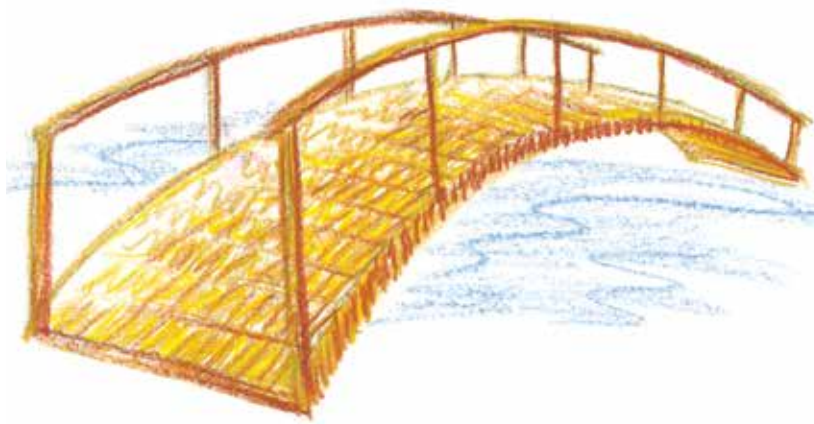
Speed up renewals and be your clients' superhero. We're here to help.

- ✓ **Connect with your account manager** to go over any questions or group-specific strategies.
- ✓ **Order materials** if you need them. Allow 7 to 10 business days.
- ✓ **Plan for processing time:**
 - Renewal confirmations: 5 to 7 business days
 - ID cards: 3 to 5 business days after renewal confirmations are processed
 - Open enrollment and changes: 3 to 5 business days

✓ **Complete the Renewal Plan Election and Open Enrollment Medical Plan Change Request Form** to request any plan changes. Double check:

- Is the form accurate and complete?
- Has the employer signed the form?
- Have you sent enrollment forms for any new employee or dependent additions to Health Net for processing?

✓ **Submit all changes and paperwork** by the 20th of the month (i.e., six weeks before the renewal month) to ensure timely, accurate processing and billing.



Small Group 2.0

Portfolio Highlights

Simplified. Sustainable. Small business-focused.

NEW! More PPO Choices

Your clients can choose from three new, alternate plan designs that expand our PPO collection.

Available in Platinum, Gold and Silver, these new plans offer lower price points than our Standard plans, and we did away with the integrated medical/Rx deductible that our Value plans have.

NEW! CommunityCare HMO Expands to San Diego (pending regulatory approval)

CommunityCare HMO has expanded to San Diego. Now employers in Los Angeles, Orange and San Diego counties can offer CommunityCare HMO in Gold, Silver and Bronze. These plans from Health Net of California, Inc. come with the tailored CommunityCare HMO Network and feature lower-priced premiums.

Plus, the good news from Q3 2018 continues in Q4

• **Lower-priced HMO plans**

The addition of two new, lower-priced HMO plans gives your clients rich coverage at a lower price (compared to our other plans in these metal tiers). With Platinum \$30 and Gold \$35, you can offer more ways for clients to find the right mix of coverage and cost.

• **EnhancedCare PPO: A more affordable PPO for L.A.**

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, EnhancedCare PPO is a more affordable PPO option.

- Health Benefit Navigator team helps members choose services and use coverage.
- Tailored network offers a curated selection of provider groups and hospitals near where members live and work.



Plus, now your clients can choose either the EnhancedCare or Full PPO Network for any of our new PPO plan designs.

Pick *Your* Plan, Pick *Your* Network



Featuring additional HMO and PPO choices

Your clients have the flexibility of picking their favorite plan design, then pairing it with any of the networks we offer in their location. The plan design stays the same. Simple!

The Platinum \$30 and Gold \$35 HMOs we added in Q3, plus our three new PPO options, give your clients more ways to find their perfect fit of coverage and cost.

<i>Step 1: Pick an HMO plan design.</i>		<i>Step 2: Pair the plan with any of the networks we offer in the group's location.</i>	
	Platinum \$10 Gold \$30 Platinum \$20 Gold \$35 Platinum \$30 Gold \$40 Silver \$40		Full Network HMO WholeCare HMO SmartCare HMO Salud HMO y Más

Our mix-and-match option is also available with our PPO plans.

<i>Step 1: Pick a PPO plan design.</i>		<i>Step 2: Pair your plan with the network that fits and is available in the group's location.</i>	
	Platinum 250/15 Gold 1000/30 Gold Value Silver HDHP Silver 2250/45 Bronze HDHP Silver Value		Full Network PPO EnhancedCare PPO Network

Note: Our Standard PPO plans are available only with the Full Network PPO.

Health Net Life Insurance Company

Plans via Covered California™

Health Net Life Insurance Company offers a selection of small business group plans through Covered California™ for Small Business. For 2018, employers who want to buy via Covered California have their choice of our:

- Platinum 90 PPO 0/15 + Child Dental
- Gold 80 PPO 0/25 + Child Dental
- Silver 70 PPO 2000/45 + Child Dental
- Bronze 60 PPO 6300/75 + Child Dental
- Gold 80 Value PPO 750/10 + Child Dental
- Silver 70 Value PPO 1700/30 + Child Dental
- Silver 70 HDHP 1350/40 PPO + Child Dental
- Bronze 60 HDHP 5600/15 PPO + Child Dental

The following EnhancedCare PPO plans are now available via Covered California for groups in L.A. (regions 15 and 16). The plan designs match the Full Network PPO versions. What's different is the network – EnhancedCare PPO – and features like virtual doctor visits via Teladoc and high-touch support through our Health Benefit Navigator team.

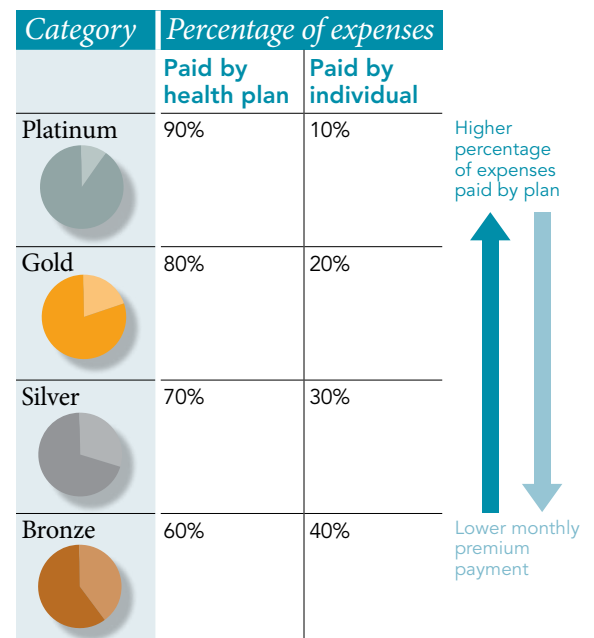
- Platinum 90 PPO 250/15 + Child Dental Alt
- Gold 80 PPO 1000/30 + Child Dental Alt
- Silver 70 PPO 2000/55 + Child Dental Alt
- Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental
- Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental

Small businesses that buy through Covered California may qualify for a tax credit of up to 50 percent of the business' share of employee premiums. To qualify:

- Employers must have no more than 25 full-time equivalent employees (FTEs).
- Average employee wages must be under \$50,000.
- Employers must contribute at least 50 percent of each employee's premium.

Small business employers can still deduct the rest of their premium costs not covered by the tax credit.

The premium tax credit applies only to small businesses participating in Covered California.



Enhanced Choice Packages

Two ways to offer multiple plans: Enhanced Choice A or Enhanced Choice B

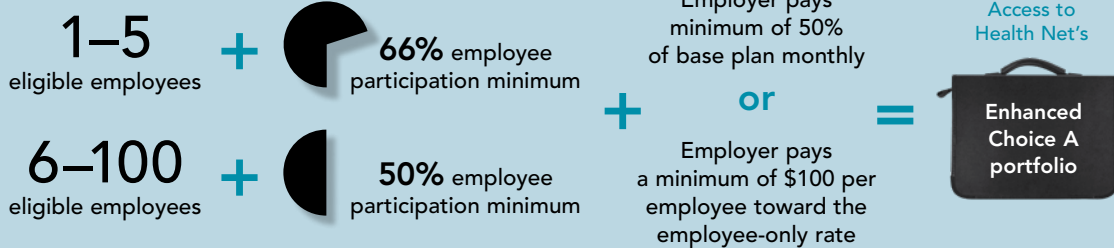
Health Net invites you to be choosy!

Health Net's package pairings give small business groups the option to offer multiple plans to their employees. Your clients have their choice of Enhanced Choice A or Enhanced Choice B. Then they can offer any number or combination of plans which are within that package and available in their location.

Enhanced Choice A Participation Requirements

The Enhanced Choice A package is available statewide.

How it works



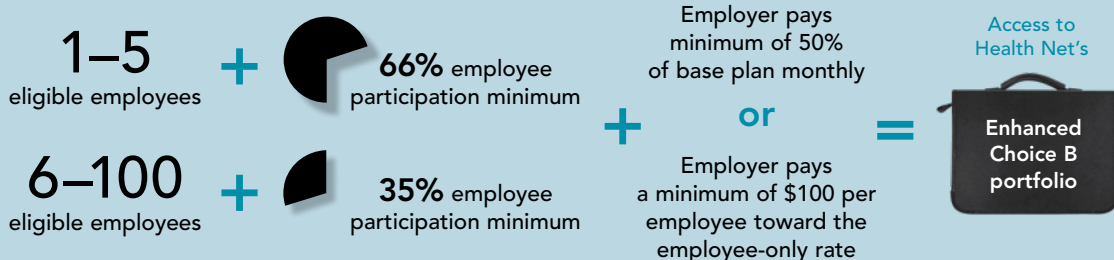
Enhanced Choice A

Full Network HMO
WholeCare HMO
SmartCare HMO
Salud HMO y Más
CommunityCare HMO
PureCare HSP
Full Network PPO

Enhanced Choice B Participation Requirements

The Enhanced Choice B 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



Enhanced Choice B

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

Small businesses can skip the paperwork with Enhanced Choice B!

- When employers **enroll a minimum of 6 active subscribers** for groups of 6 or more eligible employees, we'll accept a prior carrier bill in lieu of a DE-9C.
- When employers **enroll a minimum of 10 active subscribers** for groups of 10 or more eligible employees, there's no DE-9C, payroll or prior carrier bill.

Portfolio *At-a-Glance*

Plan and network availability varies by county. See the next section for plans by region.

Small Group 2.0 –
It's the way health
coverage works for
business.

	<i>Plan</i>	
HMO	Tailored network HMO plan designs can be paired with a choice of the SmartCare HMO, WholeCare HMO or Salud HMO y Más networks. These plan designs are also available with Full Network HMO!	
	<ul style="list-style-type: none"> Platinum \$10 Platinum \$20 Platinum \$30 	<ul style="list-style-type: none"> Gold \$30 Gold \$35 Gold \$40 Silver \$40
	CommunityCare HMO plans	
	<ul style="list-style-type: none"> Gold \$5 	<ul style="list-style-type: none"> Silver \$20 Bronze \$45
EnhancedCare PPO	<ul style="list-style-type: none"> Platinum 90 PPO 250/15 + Child Dental Alt Gold 80 PPO 1000/30 + Child Dental Alt Silver 70 PPO 2000/55 + Child Dental Alt PPO Silver Value 	<ul style="list-style-type: none"> PPO Gold Value Silver 70 HDHP 1350/40 PPO + Child Dental Bronze 60 HDHP 5600/15 PPO + Child Dental
Full Network PPO	<ul style="list-style-type: none"> Platinum 90 PPO 0/15 + Child Dental Platinum 90 PPO 250/15 + Child Dental Alt Gold 80 PPO 0/25 + Child Dental Gold 80 PPO 1000/30 + Child Dental Alt Silver 70 PPO 2000/45 + Child Dental Silver 70 PPO 2000/55 + Child Dental Alt 	<ul style="list-style-type: none"> Silver 70 HDHP 1350/40 PPO + Child Dental Bronze 60 PPO 6300/75 + Child Dental Bronze 60 HDHP 5600/15 PPO + Child Dental
PPO Value	<ul style="list-style-type: none"> Gold 80 Value PPO 750/10 + Child Dental Alt 	<ul style="list-style-type: none"> Silver 70 Value PPO 1700/30 + Child Dental Alt
PureCare HSP	<ul style="list-style-type: none"> Health Net Platinum 90 HSP 0/15 Health Net Gold 80 HSP 0/25 	<ul style="list-style-type: none"> Health Net Silver 70 HSP 2000/45 Health Net Bronze 60 HSP 6300/75

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net PPO and EnhancedCare PPO insurance plans are underwritten by Health Net Life Insurance Company.

Advanced Choice Pharmacy Network is our first tailored pharmacy network. It pairs with CommunityCare HMO, SmartCare HMO, Salud HMO y Más, and EnhancedCare PPO. This network includes CVS, Walmart, Costco, Safeway, Vons, and other pharmacies. Walgreens is excluded.

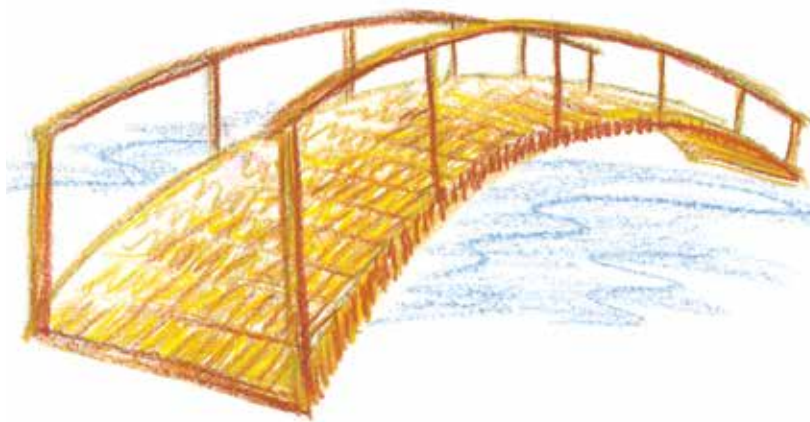
Plan Choices by Region

Region	We offer...	In this metal tier...	With this network
Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Nevada County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 2 Marin, Napa, Solano, and Sonoma counties	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 3 Sacramento, Placer, El Dorado, and Yolo counties	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 4 San Francisco County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network</i>
Region 5 Contra Costa County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 6 Alameda County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 7 Santa Clara County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • SmartCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 8 San Mateo County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 9 Santa Cruz County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • SmartCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Monterey and San Benito counties	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network</i>
Region 10 Mariposa County	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
San Joaquin, Stanislaus, Merced, and Tulare counties	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 11 Fresno, Kings and Madera counties	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 12 Santa Barbara and Ventura counties	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
San Luis Obispo County	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 13 Mono, Inyo and Imperial counties	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 14 Kern County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • Salud HMO y Más
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network</i>
Region 15 Los Angeles County: ZIP codes starting with 906-912, 915, 917, 918, 935	HMO	Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network • SmartCare • Salud HMO y Más CommunityCare
		Gold, Silver, Bronze	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network PPO • EnhancedCare PPO Full Network PPO
		Bronze	
	PPO Value	Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network PPO • EnhancedCare PPO Full Network PPO
PPO HDHP	Silver, Bronze		
Region 16 Los Angeles County: ZIP codes not in Region 15	HMO	Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network • SmartCare • Salud HMO y Más CommunityCare
		Gold, Silver, Bronze	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network PPO • EnhancedCare PPO Full Network PPO
		Bronze	
	PPO Value	Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network PPO • EnhancedCare PPO Full Network PPO
PPO HDHP	Silver, Bronze		
Region 17 San Bernardino and Riverside counties	HMO	Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network • SmartCare • Salud HMO y Más CommunityCare
		Gold, Silver, Bronze	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 18 Orange County	HMO	Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network • SmartCare • Salud HMO y Más CommunityCare
		Gold, Silver	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
Region 19 San Diego County	HMO	Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> • Full Network • SmartCare • Salud HMO y Más CommunityCare
		Gold, Silver, Bronze	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO



Small Group 2.0

Plan Benefit Grids

Simplified. Sustainable. Small business-focused.

We are your Health Net.™

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
Full HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más¹ Available through Health Net of California, Inc.										
Platinum \$10	None	\$2,000 / \$4,000	\$10 / \$30	\$10 / \$10	\$40 / \$100	\$300 per admission	\$100	\$30	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$20	None	\$3,000 / \$6,000	\$20 / \$40	\$10 / \$10	\$200 / \$500	\$700 per admission	\$150	\$40	\$0	\$5 / \$30 / \$50 / 30% ²
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% ²
Gold \$30	None	\$5,000 / \$10,000	\$30 / \$50	\$40 / \$40	\$360 / \$900	\$1,200 per admission	\$300	\$50	\$0	\$15 / \$50 / \$70 / 30% ²
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% ²
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% ²
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% ²
CommunityCare HMO¹ Available through Health Net of California, Inc.										
Gold \$5	\$1,500 / \$3,000	\$6,000 / \$12,000	1st visit: \$0 ³ / \$30 ³ Visit 2+: \$5 ³ / \$30 ³	\$10 ³ / \$10 ³	20% / 30%	30%	\$150	\$30 ³	\$0	\$5 / \$40 / \$60 / 30% ²
Silver \$20	\$2,000 / \$4,000	\$7,250 / \$14,500	1st visit: \$0 ³ / \$45 ³ Visit 2+: \$20 ³ / \$45 ³	\$40 / \$50	40% / 50%	50%	\$300	\$45 ³	\$150	\$10 / \$50 / \$60 / 50% ²
Bronze \$45	\$3,750 / \$7,500	\$7,350 / \$14,700	\$45 / \$60	50% / 50%	50% / 50%	50%	50%	\$60	\$3,750 / \$7,500 Integrated medical Rx deductible	\$15 ³ / \$50 / 50% / 50% ⁴

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
PPO¹ Available through Health Net Life Insurance Company and Covered CaliforniaTM											
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% ²
Platinum 90 PPO 250/15 + Child Dental Alt	\$250 / \$500	\$3,600 / \$7,200	10%	\$15 ³ / \$30 ³	\$30 ³ / \$30 ³	10% / 10%	10%	10%	\$30 ³	\$0	\$5 / \$30 / \$50 / 10% ²
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 / 30%
Gold 80 PPO 1000/30 + Child Dental Alt ⁵	\$1,000 / \$2,000	\$7,200 / \$14,400	30%	\$30 ³ / \$50 ³	\$30 ³ / \$35 ³	30% / 30%	30%	30%	\$50 ³	\$0	\$15 / \$30 / \$50 / 30% ²
Gold 80 Value PPO 750/10 + Child Dental Alt	\$750 / \$1,500	\$7,150 / \$14,300	30%	\$10 ³ / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx deductible	\$10 ³ / \$25 / \$50 / 30% ²
Silver 70 PPO 2000/45 + Child Dental	\$2,000 / \$4,000	\$7,000 / \$14,000	20%	\$45 ³ / \$75 ³	\$40 ³ / \$70 ³	20% ³ / 20% ³	20%	\$350 ³	\$45 ³	\$125 / \$250 All drug deductible	\$15 / \$55 / \$85 / 20% ²
Silver 70 PPO 2000/55 + Child Dental Alt ⁵	\$2,000 / \$4,000	\$7,350 / \$14,700	40%	\$55 ³ / \$75 ³	\$40 ³ / \$65 ³	40% / 40%	40%	40%	\$75 ³	\$300 / \$600	\$15 ³ / \$65 / \$85 / 40% ²
Silver 70 Value PPO 1700/30 + Child Dental Alt	\$1,700 / \$3,400	\$7,150 / \$14,300	40%	\$30 ³ / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	\$1,700 / \$3,400 Integrated med / Rx deductible	\$15 ³ / \$55 / \$85 / 40% ²
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% ²

(continued)

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
Bronze 60 PPO 6300/75 + Child Dental	\$6,300 / \$12,600	\$7,000 / \$14,000	100% ⁶	\$75 ⁷ / \$105 ⁷	\$40 ³ / 100% ⁶	100% ⁶ / 100% ⁶	100% ⁶	100% ⁶	\$75 ⁷	\$500 / \$1,000 All drug deductible	100% ⁸
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% ⁴
EnhancedCare PPO Available through Health Net Life Insurance Company and Covered California™											
Platinum 90 EnhancedCare PPO 250/15 + Child Dental Alt	\$250 / \$500	\$3,600 / \$7,200	10%	\$15 ³ / \$30 ³	\$30 ³ / \$30 ³	10% / 10%	10%	10%	\$30 ³	\$0	\$5 / \$30 / \$50 / 10% ²
Gold 80 EnhancedCare PPO 1000/30 + Child Dental Alt	\$1,000 / \$2,000	\$7,200 / \$14,400	30%	\$30 ³ / \$50 ³	\$30 ³ / \$35 ³	30% / 30%	30%	30%	\$50 ³	\$0	\$15 / \$30 / \$50 / 30% ²
EnhancedCare PPO Gold Value ⁵	\$750 / \$1,500	\$7,150 / \$14,300	30%	\$10 ³ / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx deductible	\$10 ³ / \$25 / \$50 / 30%
Silver 70 EnhancedCare PPO 2000/55 Child Dental Alt	\$2,000 / \$4,000	\$7,350 / \$14,700	40%	\$55 ³ / \$75 ³	\$40 ³ / \$65 ³	40% / 40%	40%	40%	\$75 ³	\$300 / \$600	\$15 ³ / \$65 / \$85 / 40% ²
EnhancedCare PPO Silver Value ⁵	\$1,700 / \$3,400	\$7,150 / \$14,300	40%	\$30 ³ / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	\$1,700 / \$3,400 Integrated med / Rx deductible	\$15 ³ / \$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 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%
PureCare HSP¹ 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% ²
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% ²
Silver 70 HSP 2000/45	\$2,000 / \$4,000	\$7,000 / \$14,000	20%	\$45 ³ / \$75 ³	\$40 ³ / \$70 ³	20% ³ / 20% ³	20%	\$350 ³	\$45 ³	\$125 / \$250	\$15 / \$55 / \$85 / 20% ²
Bronze 60 HSP 6300/75	\$6,300 / \$12,600	\$7,000 / \$14,000	100% ⁶	\$75 ⁷ / \$105 ⁷	\$40 ³ / 100% ⁶	100% ⁶ / 100% ⁶	100% ⁶	100% ⁶	\$75 ⁷	\$500 / \$1,000	100% ⁸

(continued)

Two packages that offer multiple plans

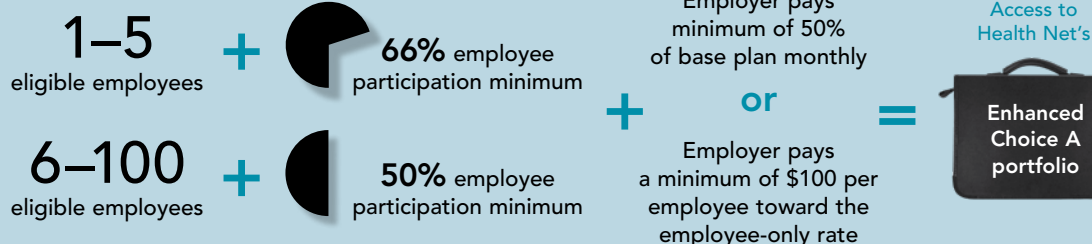
Enhanced Choice A

Full Network HMO
 WholeCare HMO
 SmartCare HMO
 Salud HMO y Más
 CommunityCare HMO
 PureCare HSP
 Full Network PPO

Enhanced Choice A Participation Requirements

The Enhanced Choice A package is available statewide.

How it works



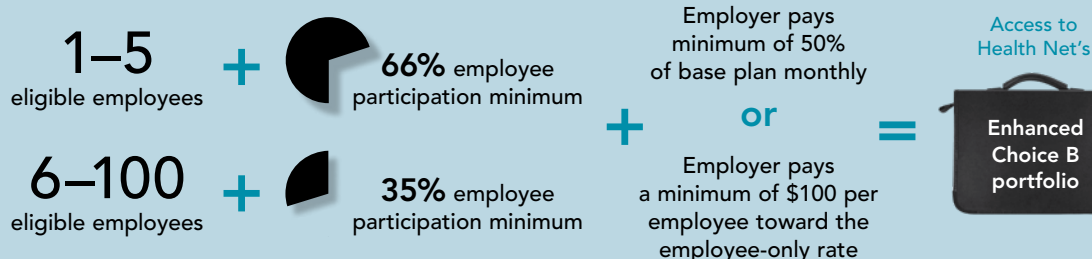
Enhanced Choice B

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

Enhanced Choice B Participation Requirements

The Enhanced Choice B 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



Dental plan	Plan pays		Member pays			
	Orthodontia	Annual plan maximum	Annual deductible	Cleanings	Exams	X-rays
DPPO Classic 5 1500	50% / \$1,500 lifetime max.	\$1,500	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DPPO Classic 4 1500	Not covered	\$1,500	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DPPO Essential 2 1000	Not covered	\$1,000	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DPPO Essential 5 1500	50% / \$1,500 lifetime max.	\$1,500	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DPPO Essential 6 1500	Not covered	\$1,500	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DHMO Plus 150	100% over \$1,695	N/A	N/A	\$0	\$0	\$0
DHMO Plus 225	100% over \$1,695	N/A	N/A	\$0	\$0	\$0

Vision plan	Member pays	
	Exam / Frames	Lenses (single / bifocal / trifocal / progressive)
Preferred 1025-2	\$10 copay / \$0 copay, up to \$100 allowance	\$25 / \$25 / \$25 / \$90
Preferred 1025-3	\$10 copay / \$0 copay, up to \$100 allowance	\$25 / \$25 / \$25 / \$90
Preferred Value 10-2	Not covered / \$0 copay, up to \$100 allowance	\$10 / \$10 / \$10 / \$75

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

¹Counties 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, Orange and San Diego counties.

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

³Deductible waived.

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

⁵Not available through Covered California.

⁶After 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.

⁷Visits 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.

⁸After 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 until the out-of-pocket maximum has been met.



**Michael McClusky, RPh,
Health Net**
*We use high-tech to
be high touch.*

HMO Favorites Available through Health Net

Platinum \$10, Platinum \$20, Platinum \$30, Gold \$30, Gold \$35, Gold \$40, and Silver \$40 plan designs are available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

<i>Benefit description</i>	<i>Platinum \$10</i>	<i>Platinum \$20</i>	<i>Platinum \$30</i>
Unlimited lifetime maximum	✓	✓	✓
Plan maximums			
Calendar year deductible (single / family)	N/A	N/A	N/A
Out-of-pocket maximum (single / family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,250 / \$4,500
Professional services¹			
Office visit	\$10	\$20	\$30
Specialist visit	\$30	\$40	\$50
MinuteClinic ²	\$10	\$20	\$30
X-ray/Laboratory procedures	\$10 / \$10	\$10 / \$10	\$50 / \$20
Rehabilitation and habilitation therapy	\$10	\$20	\$30
Complex radiology services (MRI, CT, PET)	\$100	\$150	\$250
Outpatient services			
Outpatient surgery (ambulatory surgery center / hospital)	\$40 / \$100	\$200 / \$500	\$150 / \$150
Hospital services			
Inpatient hospital	\$300 per admission	\$700 per admission	\$500 per day (4-day max copayment per admission)
Skilled nursing facility	\$25 per day	\$25 per day	\$25 per day
Emergency services			
Emergency room (waived if admitted)	\$100	\$150	\$250
Urgent care	\$30	\$40	\$30
Mental/Behavioral health /Substance use disorder services⁴			
Mental/Behavioral health / Substance use disorder (inpatient)	\$300 per admission	\$700 per admission	\$500 per day (4-day max copayment per admission)
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$10	\$20	\$30
Other services			
Durable medical equipment	10%	20%	30%
Acupuncture (medically necessary) ⁵	\$10	\$10	\$10
Prescription drug coverage^{6,7}			
Brand-name calendar year deductible	\$0	\$0	\$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) ⁶	\$5 / \$30 / \$50	\$5 / \$30 / \$50	\$5 / \$20 / \$30
Tier 4 drugs ⁸	30%	30%	30%
Pediatric dental⁹			
Diagnostic and preventive services	\$0	\$0	\$0
Pediatric vision¹⁰			
Routine eye exam	\$0	\$0	\$0
Glasses (limitations apply)	\$0	\$0	\$0

Plan footnotes found on page 46.

<i>Gold \$30</i>	<i>Gold \$35</i>	<i>Gold \$40</i>	<i>Silver \$40</i>	<i>SIMNSA Network for Salud HMO y Más plans (Mexico members; self-referral for California members)¹¹</i>
✓	✓	✓	✓	✓
N/A	N/A	N/A	N/A	N/A
\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,200 / \$14,400	\$1,500 / \$4,500 ¹²
\$30	\$35	\$40	\$40	\$5
\$50	\$55	\$60	\$60	\$5
\$30	\$30	\$30	\$30	N/A
\$40 / \$40	\$50 / \$40	\$40 / \$40	\$50 / \$40	\$0 / \$0
\$30	\$35	\$40	\$40	\$5
\$300	\$300	\$300	50%	\$0
\$360 / \$900	\$480 / \$1,200	\$440 / \$1,100	40% / 50%	\$0 / \$0
\$1,200 per admission	\$750 per day (3-day max copayment per admission)	\$1,300 per admission	\$750 per day ³	\$0 per admission
\$25 per day	\$25 per day	\$25 per day	\$750 per day ³	\$0 per day
\$300	\$300	\$300	50%	\$10
\$50	\$55	\$60	\$60	\$5
\$1,200 per admission	\$750 per day (3-day max copayment per admission)	\$1,300 per admission	\$750 per day ³	\$0 ¹³ per admission
\$30	\$35	\$40	\$40	\$5 ¹³
30%	30%	40%	50%	\$0
\$10	\$10	\$10	\$10	Not covered
\$0	\$0	\$0	\$250	\$0
\$15 / \$50 / \$70	\$15 / \$50 / \$70	\$15 / \$50 / \$70	\$20 / 50% / 50%	\$5 / \$5 / \$5
30%	30%	30%	50%	\$5
\$0	\$0	\$0	\$0	Not covered
\$0	\$0	\$0	\$0	Not covered
\$0	\$0	\$0	\$0	Not covered

CommunityCare HMO *Portfolio*

Available through Health Net

Unless otherwise noted, the deductible applies.

<i>Benefit description</i>	<i>CommunityCare HMO Gold \$5</i>	<i>CommunityCare HMO Silver \$20</i>
Unlimited lifetime maximum	✓	✓
Plan maximums		
Calendar year deductible (single / family)	\$1,500 / \$3,000	\$2,000 / \$4,000
Out-of-pocket maximum (single / family)	\$6,000 / \$12,000	\$7,250 / \$14,500
Professional services¹		
Office visit	1st visit: \$0 (ded. waived) / Visits 2+: \$5 (ded. waived)	1st visit: \$0 (ded. waived) / Visits 2+: \$20 (ded. waived)
Teladoc consultation telehealth services ²	\$0 (ded. waived)	\$0 (ded. waived)
Specialist visit	\$30 (ded. waived)	\$45 (ded. waived)
MinuteClinic ³	\$5 (ded. waived)	\$20 (ded. waived)
X-ray/Laboratory procedures	\$10 (ded. waived) / \$10 (ded. waived)	\$50 / \$40
Rehabilitation and habilitation therapy	\$5 (ded. waived)	\$20 (ded. waived)
Complex radiology services (MRI, CT, PET)	\$150	\$300
Outpatient services		
Outpatient surgery (ambulatory surgery center / hospital)	20% / 30%	40% / 50%
Hospital services		
Inpatient hospital	30%	50%
Skilled nursing facility	\$25 per day	\$25 per day
Emergency services		
Emergency room (waived if admitted)	\$150	\$300
Urgent care	\$30 (ded. waived)	\$45 (ded. waived)
Mental/Behavioral health / Substance use disorder services⁴		
Mental/Behavioral health / Substance use disorder (inpatient)	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	1st visit: \$0 (ded. waived) / Visits 2+: \$5 (ded. waived)	1st visit: \$0 (ded. waived) / Visits 2+: \$20 (ded. waived)
Other services		
Durable medical equipment	30%	50%
Acupuncture (medically necessary) ⁵	\$5 (ded. waived)	\$10 (ded. waived)
Prescription drug coverage^{6,7}		
Brand-name calendar year deductible (single / family)	\$0	\$150 / \$300
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) ⁶	\$5 / \$40 / \$60	\$10 (ded. waived) / \$50 / \$60
Tier 4 drugs ⁸	30%	50%
Pediatric dental⁹		
Diagnostic and preventive services	\$0 (ded. waived)	\$0 (ded. waived)
Pediatric vision¹⁰		
Routine eye exam	\$0 (ded. waived)	\$0 (ded. waived)
Glasses (limitations apply)	\$0 (ded. waived)	\$0 (ded. waived)

Plan footnotes found on page 46.

CommunityCare HMO Bronze \$45

✓

\$3,750 / \$7,500

\$7,350 / \$14,700

\$45

\$0 (ded. waived)

\$60

\$30 (ded. waived)

50% / 50%

\$45

50%

50% / 50%

50%

50%

50%

\$60

50%

\$45

50%

\$10 (ded. waived)

Calendar year ded. applies

\$15 (ded. waived) / \$50 / 50%

50%

\$0 (ded. waived)

\$0 (ded. waived)

\$0 (ded. waived)



**Karen Boyd,
Health Net**
*We translate expertise
into innovation.*

PureCare HSP *Portfolio*

Available through Health Net

Unless otherwise noted, the deductible applies.

<i>Benefit description</i>	<i>Health Net Platinum 90 HSP 0/15</i>	<i>Health Net Gold 80 HSP 0/25</i>
Unlimited lifetime maximum	✓	✓
Plan maximums		
Calendar year deductible (single / family)	N/A	N/A
Out-of-pocket maximum (single / family)	\$3,350 / \$6,700	\$6,000 / \$12,000
Professional services¹		
Office visit	\$15	\$25
Specialist visit	\$30	\$55
X-ray/Laboratory procedures	\$30 / \$15	\$55 / \$35
Rehabilitation and habilitation therapy	\$15	\$25
Complex radiology services (MRI, CT, PET)	10%	20%
Outpatient services		
Outpatient surgery (ambulatory surgery center / hospital)	10% / 10%	20% / 20%
Hospital services		
Inpatient hospital	10%	20%
Skilled nursing facility	10%	20%
Emergency services		
Emergency room (waived if admitted)	\$150	\$325
Urgent care	\$15	\$25
Mental/Behavioral health / Substance use disorder services⁴		
Mental/Behavioral health / Substance use disorder (inpatient)	10%	20%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15	\$25
Other services		
Durable medical equipment	10%	20%
Acupuncture (medically necessary) ⁵	\$15	\$25
Prescription drug coverage^{6,7,8}		
Brand-name calendar year deductible (single / family)	N/A	N/A
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) ^{6,8}	\$5 / \$15 / \$25	\$15 / \$55 / \$75
Tier 4 drugs ^{8,9}	10%	20%
Pediatric dental¹⁰		
Diagnostic and preventive services	\$0	\$0
Pediatric vision¹¹		
Routine eye exam	\$0	\$0
Glasses (limitations apply)	\$0	\$0

Plan footnotes found on page 47.

<i>Health Net Silver 70 HSP 2000/45</i>	<i>Health Net Bronze 60 HSP 6300/75</i>
✓	✓
\$2,000 / \$4,000	\$6,300 / \$12,600
\$7,000 / \$14,000	\$7,000 / \$14,000
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 ²
\$75 (ded. waived)	Visits 1–3: \$105 (ded. waived) / Visits 4+: \$105 ²
\$70 (ded. waived) / \$40 (ded. waived)	100% ³ / \$40 (ded. waived)
\$45 (ded. waived)	\$75 (ded. waived)
20% (ded. waived)	100% ³
20% (ded. waived) / 20% (ded. waived)	100% ³ / 100% ³
20%	100% ³
20%	100% ³
\$350 (ded. waived)	100% ³
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 ²
20%	100% ³
\$45 (ded. waived)	\$75 (ded. waived)
20% (ded. waived)	100% ³
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 ²
\$125 / \$250	\$500 / \$1,000
\$15 / \$55 / \$85	100%, member responsible for total contracted cost (\$500 cap)
20%	100%, member responsible for total contracted cost (\$500 cap)
\$0	\$0
\$0	\$0
\$0	\$0

PPO Portfolio

Available through Health Net and Covered California™

Unless otherwise noted, the deductible applies.

Benefit description ¹	Platinum 90 PPO 0/15 + Child Dental		Platinum 90 PPO 250/15 + Child Dental (not available through Covered California)		Gold 80 PPO 0/25 + Child Dental	
	In-network ^{1,2}	Out-of-network ^{1,3}	In-network ^{1,2}	Out-of-network ^{1,3}	In-network ^{1,2}	Out-of-network ^{1,3}
Unlimited lifetime maximum	✓	✓	✓	✓	✓	✓
Plan maximums						
Calendar year deductible (single / family) ⁴	N/A	\$1,000 / \$2,000	\$250 / \$500	\$1,000 / \$2,000	N/A	\$2,000 / \$4,000
Out-of-pocket maximum (single / family) ⁶	\$3,350 / \$6,700	\$9,000 / \$18,000	\$3,600 / \$7,200	\$9,000 / \$18,000	\$6,000 / \$12,000	\$13,500 / \$27,000
Professional services						
Office visit ⁸	\$15	50%	\$15 (ded. waived)	50%	\$25	50%
Specialist visit	\$30	50%	\$30 (ded. waived)	50%	\$55	50%
X-ray/Laboratory procedures	\$30 / \$15	50%	\$30 (ded. waived)	50%	\$55 / \$35	50%
Rehabilitation and habilitation therapy	\$15	Not covered	\$15 (ded. waived)	Not covered	\$25	Not covered
Complex radiology services (MRI, CT, PET)	10%	50%	10%	50%	20%	50%
Outpatient services						
Outpatient surgery (ambulatory surgery center / hospital)	10%	50%	10%	50%	20%	50%
Hospital services						
Inpatient hospital	10%	50%	10%	50%	20%	50%
Skilled nursing facility	10%	50%	10%	50%	20%	50%
Emergency services						
Emergency room (waived if admitted on non-HDHP plans)	\$150	\$150	10%	10%	\$325	\$325
Urgent care	\$15	50%	\$30 (ded. waived)	50%	\$25	50%
Mental/Behavioral health / Substance use disorder services						
Mental/Behavioral health / Substance use disorder (inpatient)	10%	50%	10%	50%	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$0	50%	\$10 (ded. waived)	50%	\$0	50%
Other services						
Durable medical equipment	10%	Not covered	10%	Not covered	20%	Not covered
Acupuncture (medically necessary) ¹⁰	\$15	Not covered	\$15 (ded. waived)	Not covered	\$25	Not covered
Prescription drug coverage^{11,12}						
Pharmacy calendar year deductible (single / family)	N/A	Not covered	N/A	Not covered	N/A	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$15 / \$25	Not covered	\$5 / \$30 / \$50	Not covered	\$15 / \$55 / \$75	Not covered
Tier 4 drugs ¹³	10%	Not covered	10%	Not covered	20%	Not covered
Pediatric dental¹⁴						
Diagnostic and preventive services	\$0	10%	\$0	10%	\$0	10%
Pediatric vision¹⁵						
Routine eye exam	\$0	Not covered	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered	\$0	Not covered

Plan footnotes found on page 48.

<i>Gold 80 PPO 1000/30 + Child Dental Alt (not available through Covered California)</i>		<i>Gold 80 Value PPO 750/10 + Child Dental Alt</i>		<i>Silver 70 PPO 2000/45 + Child Dental</i>		<i>Silver 70 PPO 2000/55 + Child Dental Alt (not available through Covered California)</i>	
In-network^{1,2}	Out-of-network^{1,3}	In-network^{1,2}	Out-of-network^{1,3}	In-network^{1,2}	Out-of-network^{1,3}	In-network^{1,2}	Out-of-network^{1,3}
✓	✓	✓	✓	✓	✓	✓	✓
\$1,000 / \$2,000	\$2,000 / \$4,000	\$750 / \$1,500	\$2,250 / \$4,500	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$4,000 / \$8,000
\$7,200 / \$14,400	\$14,400 / \$28,800	\$7,150 / \$14,300	\$14,300 / \$28,600	\$7,000 / \$14,000	\$13,600 / \$27,200	\$7,350 / \$14,700	\$14,700 / \$29,400
\$30 (ded. waived)	50%	\$10 (ded. waived)	50%	\$45 (ded. waived)	50%	\$55 (ded. waived)	50%
\$50 (ded. waived)	50%	\$30	50%	\$75 (ded. waived)	50%	\$75 (ded. waived)	50%
\$35 (ded. waived) / \$30 (ded. waived)	50%	\$20	50%	\$70 (ded. waived) / \$40 (ded. waived)	50%	\$65 (ded. waived) / \$40 (ded. waived)	50%
\$30 (ded. waived)	Not covered	\$10 (ded. waived)	Not covered	\$45 (ded. waived)	Not covered	\$55 (ded. waived)	Not covered
30%	50%	\$150	50%	20% (ded. waived)	50%	40%	50%
30%	50%	20% / 30%	50%	20% (ded. waived)	50%	40%	50%
30%	50%	30%	50%	20%	50%	40%	50%
30%	50%	30%	50%	20%	50%	40%	50%
30%	30%	\$250	\$250	\$350 (ded. waived)	\$350 (ded. waived)	40%	40%
\$50 (ded. waived)	50%	\$30	50%	\$45 (ded. waived)	50%	\$75 (ded. waived)	50%
30%	50%	30%	50%	20%	50%	40%	50%
\$30 (ded. waived)	50%	\$10 (ded. waived)	50%	\$0 (ded. waived)	50%	\$55 (ded. waived)	50%
30%	Not covered	30%	Not covered	20% (ded. waived)	Not covered	40%	Not covered
\$30 (ded. waived)	Not covered	\$10 (ded. waived)	Not covered	\$45 (ded. waived)	Not covered	\$55 (ded. waived)	Not covered
N/A	Not covered	\$750 / \$1,500 Integrated med. / Rx all drug ded.	Not covered	\$125 / \$250 Pharmacy all drug ded.	Not covered	\$300 / \$600 Pharmacy brand only deductible	Not covered
\$15 / \$30 / \$50	Not covered	\$10 (ded. waived) / \$25 / \$50	Not covered	\$15 / \$55 / \$85	Not covered	\$15 / \$65 / \$85	Not covered
30%	Not covered	30%	Not covered	20%	Not covered	40%	Not covered
\$0	10%	\$0	10%	\$0	10%	\$0	10%
\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered

PPO

(continued)

PPO Portfolio

Available through Health Net and Covered California™

(continued)

Benefit description ¹	Silver 70 Value PPO 1700/30 + Child Dental Alt		Silver 70 HDHP 1350/40 PPO + Child Dental Alt	
	In-network ^{1,2}	Out-of-network ^{1,3}	In-network ^{1,2}	Out-of-network ^{1,3}
Unlimited lifetime maximum	✓	✓	✓	✓
Plan maximums				
Calendar year deductible (single / family) ^{4,5}	\$1,700 / \$3,400	\$3,400 / \$6,800	\$1,350 / \$2,700	\$2,700 / \$5,400
Out-of-pocket maximum (single / family) ^{6,7}	\$7,150 / \$14,300	\$14,300 / \$28,600	\$6,550 / \$13,100	\$13,100 / \$26,200
Professional services				
Office visit ⁸	\$30 (ded. waived)	50%	\$40	50%
Specialist visit	\$75	50%	\$60	50%
X-ray/Laboratory procedures	\$50	50%	30%	50%
Rehabilitation and habilitation therapy	\$30 (ded. waived)	Not covered	\$40	Not covered
Complex radiology services (MRI, CT, PET)	\$250	50%	30%	50%
Outpatient services				
Outpatient surgery (ambulatory surgery center / hospital)	30% / 40%	50%	20% / 30%	50%
Hospital services				
Inpatient hospital	40%	50%	30%	50%
Skilled nursing facility	40%	50%	30%	50%
Emergency services				
Emergency room (waived if admitted on non-HDHP plans)	\$300	\$300	30%	30%
Urgent care	\$75	50%	\$60	50%
Mental/Behavioral health / Substance use disorder services				
Mental/Behavioral health / Substance use disorder (inpatient)	40%	50%	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$30 (ded. waived)	50%	\$40	50%
Other services				
Durable medical equipment	40%	Not covered	30%	Not covered
Acupuncture (medically necessary) ¹⁰	\$30 (ded. waived)	Not covered	\$40	Not covered
Prescription drug coverage^{11,12}				
Pharmacy calendar year deductible (single / family)	\$1,700 / \$3,400 Integrated med. / Rx all drug ded.	Not covered	\$1,350 / \$2,700 Integrated med. / Rx all drug ded.	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$15 (ded. waived) / \$55 / \$85	Not covered	\$19 / \$40 / \$60	Not covered
Tier 4 drugs ¹³	40%	Not covered	30%	Not covered
Pediatric dental¹⁴				
Diagnostic and preventive services	\$0	10%	\$0	10%
Pediatric vision¹⁵				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered

Plan footnotes found on page 48.

<i>Bronze 60 PPO 6300/75 + Child Dental</i>		<i>Bronze 60 HDHP 5600/15 PPO + Child Dental Alt</i>	
<i>In-network^{1,2}</i>	<i>Out-of-network^{1,3}</i>	<i>In-network^{1,2}</i>	<i>Out-of-network^{1,3}</i>
✓	✓	✓	✓
\$6,300 / \$12,600	\$12,600 / \$25,200	\$5,600 / \$11,200	\$11,200 / \$22,400
\$7,000 / \$14,000	\$13,600 / \$27,200	\$6,550 / \$13,100	\$13,100 / \$26,200
Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 ⁹	50%	\$15	50%
Visits 1–3: \$105 (ded. waived) / Visits 4+: \$105 ⁹	50%	\$30	50%
100% ¹⁶ / \$40 (ded. waived)	100% ¹⁶ / 50%	20%	50%
\$75 (ded. waived)	Not covered	\$15	Not covered
100% ¹⁶	100% ¹⁶	20%	50%
100% ¹⁶	100% ¹⁶	10% / 20%	50%
100% ¹⁶	100% ¹⁶	20%	50%
100% ¹⁶	100% ¹⁶	20%	50%
100% ¹⁶	100% ¹⁶	20%	20%
Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 ⁹	50%	\$30	50%
100% ¹⁶	100% ¹⁶	20%	50%
\$0 (ded. waived)	50%	\$15	50%
100% ¹⁶	Not covered	20%	Not covered
Visits 1–3: \$75 ded. waived / Visits 4+: \$75 ⁹	Not covered	\$15	Not covered
\$500 / \$1,000 Pharmacy all drug ded.	Not covered	\$5,600 / \$11,200 Integrated med. / Rx all drug ded.	Not covered
100% (member responsible for total contracted cost) (\$500 cap) ¹⁷	Not covered	\$5 / \$15 / \$40	Not covered
100% (member responsible for total contracted cost) (\$500 cap) ¹⁷	Not covered	20%	Not covered
\$0	10%	\$0	10%
\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered

EnhancedCare PPO *Portfolio*

Available through Health Net and Covered California

Benefit description ¹	Platinum 90 EnhancedCare PPO 250/15 + Child Dental Alt		Gold 80 EnhancedCare PPO 1000/30 + Child Dental Alt	
	In-network ^{1,2}	Out-of-network ^{1,3}	In-network ^{1,2}	Out-of-network ^{1,3}
Unlimited lifetime maximum	✓	✓	✓	✓
Plan maximums				
Calendar year deductible (single / family) ^{4,5}	\$250 / \$500	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket maximum (single / family) ^{6,7}	\$3,600 / \$7,200	\$9,000 / \$18,000	\$7,200 / \$14,400	\$14,400 / \$28,800
Professional services				
Office visit ⁸	\$15 (ded. waived)	50%	\$30 (ded. waived)	50%
Teladoc consultation telehealth services ⁹	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
Specialist visit	\$30 (ded. waived)	50%	\$50 (ded. waived)	50%
X-ray/Laboratory procedures	\$30 (ded. waived) / \$30 (ded. waived)	50%	\$35 (ded. waived) / \$30 (ded. waived)	50%
Rehabilitation and habilitation therapy	\$15 (ded. waived)	Not covered	\$30 (ded. waived)	Not covered
Complex radiology services (MRI, CT, PET)	10%	50%	30%	50%
Outpatient services				
Outpatient surgery (ambulatory surgery center / hospital)	10%	50%	30%	50%
Hospital services				
Inpatient hospital	10%	50%	30%	50%
Skilled nursing facility	10%	50%	30%	50%
Emergency services				
Emergency room (waived if admitted on non-HDHP plans)	10%	10%	30%	30%
Urgent care	\$30 (ded. waived)	50%	\$50 (ded. waived)	50%
Mental/Behavioral health / Substance use disorder services				
Mental/Behavioral health / Substance use disorder (inpatient)	10%	50%	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15 (ded. waived)	50%	\$30 (ded. waived)	50%
Other services				
Durable medical equipment	10%	Not covered	30%	Not covered
Acupuncture (medically necessary) ¹⁰	\$15 (ded. waived)	Not covered	\$30 (ded. waived)	Not covered
Prescription drug coverage^{11,12}				
Pharmacy calendar year deductible (single / family)	N/A	Not covered	N/A	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$30 / \$50	Not covered	\$15 / \$30 / \$50	Not covered
Tier 4 drugs ¹³	10%	Not covered	30%	Not covered
Pediatric dental¹⁴				
Diagnostic and preventive services	\$0	10%	\$0	10%
Pediatric vision¹⁵				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered

<i>EnhancedCare PPO Gold Value (not available through Covered California)</i>		<i>Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt</i>		<i>EnhancedCare PPO Silver Value (not available through Covered California)</i>	
<i>In-network^{1,2}</i>	<i>Out-of-network^{1,3}</i>	<i>In-network^{1,2}</i>	<i>Out-of-network^{1,3}</i>	<i>In-network^{1,2}</i>	<i>Out-of-network^{1,3}</i>
✓	✓	✓	✓	✓	✓
\$750 / \$1,500	\$2,250 / \$4,500	\$1,350 / \$2,700	\$2,700 / \$5,400	\$1,700 / \$3,400	\$3,400 / \$6,800
\$7,150 / \$14,300	\$14,300 / \$28,600	\$6,550 / \$13,100	\$13,100 / \$26,200	\$7,150 / \$14,300	\$14,300 / \$28,600
\$10 (ded. waived)	50%	\$40	50%	\$30 (ded. waived)	50%
\$0 (ded. waived)	Not covered	\$0	Not covered	\$0 (ded. waived)	Not covered
\$30	50%	\$60	50%	\$75	50%
\$20	50%	30%	50%	\$50	50%
\$10 (ded. waived)	Not covered	\$40	Not covered	\$30 (ded. waived)	Not covered
\$150	50%	30%	50%	\$250	50%
20% / 30%	50%	20% / 30%	50%	30% / 40%	50%
30%	50%	30%	50%	40%	50%
30%	50%	30%	50%	40%	50%
\$250	\$250	30%	30%	\$300	\$300
\$30	50%	\$60	50%	\$75	50%
30%	50%	30%	50%	40%	50%
\$10 (ded. waived)	50%	\$40	50%	\$30 (ded. waived)	50%
30%	Not covered	30%	Not covered	40%	Not covered
\$10 (ded. waived)	Not covered	\$40	Not covered	\$30 (ded. waived)	Not covered
\$750 / \$1,500 Integrated med. / Rx all drug ded.	Not covered	\$1,350 / \$2,700 Integrated med. / Rx all drug ded.	Not covered	\$1,700 / \$3,400 Integrated med. / Rx all drug ded.	Not covered
\$10 (ded. waived) / \$25 / \$50	Not covered	\$19 / \$40 / \$60	Not covered	\$15 (ded. waived) / \$55 / \$85	Not covered
30%	Not covered	30%	Not covered	40%	Not covered
\$0	10%	\$0	10%	\$0	10%
\$0	Not covered	\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered

PPO

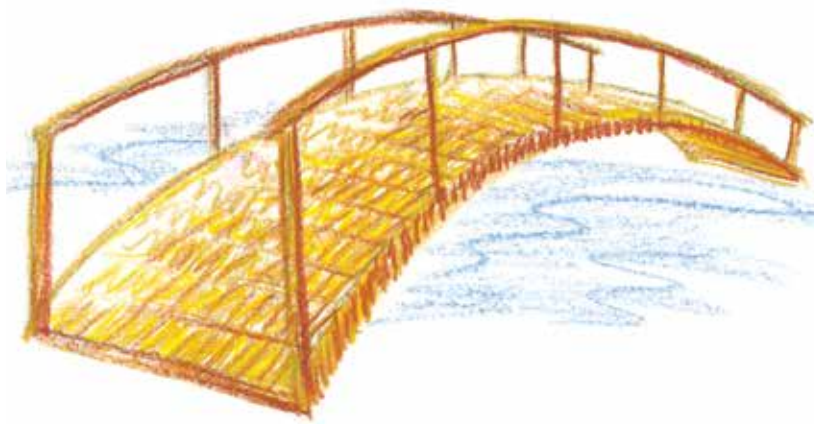
(continued)

EnhancedCare PPO *Portfolio*

Available through Health Net and Covered California

(continued)

Benefit description ¹	Silver 70 EnhancedCare PPO 2000/55 + Child Dental Alt		Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt	
	In-network ^{1,2}	Out-of-network ^{1,3}	In-network ^{1,2}	Out-of-network ^{1,3}
Unlimited lifetime maximum	✓	✓	✓	✓
Plan maximums				
Calendar year deductible (single / family) ^{4,5}	\$2,000 / \$4,000	\$4,000 / \$8,000	\$5,600 / \$11,200	\$11,200 / \$22,400
Out-of-pocket maximum (single / family) ^{6,7}	\$7,350 / \$14,700	\$14,700 / \$29,400	\$6,550 / \$13,100	\$13,100 / \$26,200
Professional services				
Office visit ⁸	\$55 (ded. waived)	50%	\$15	50%
Teladoc consultation telehealth services ⁹	\$0 (ded. waived)	Not covered	\$0	Not covered
Specialist visit	\$75 (ded. waived) /	50%	\$30	50%
X-ray/Laboratory procedures	\$65 (ded. waived) / \$40 (ded. waived)	50%	20%	50%
Rehabilitation and habilitation therapy	\$55 (ded. waived)	Not covered	\$15	Not covered
Complex radiology services (MRI, CT, PET)	40%	50%	20%	50%
Outpatient services				
Outpatient surgery (ambulatory surgery center / hospital)	40%	50%	10% / 20%	50%
Hospital services				
Inpatient hospital	40%	50%	20%	50%
Skilled nursing facility	40%	50%	20%	50%
Emergency services				
Emergency room (waived if admitted on non-HDHP plans)	40%	40%	20%	20%
Urgent care	\$75 (ded. waived)	50%	\$30	50%
Mental/Behavioral health / Substance use disorder services				
Mental/Behavioral health / Substance use disorder (inpatient)	40%	50%	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$55 (ded. waived)	50%	\$15	50%
Other services				
Durable medical equipment	40%	Not covered	20%	Not covered
Acupuncture (medically necessary) ¹⁰	\$55 (ded. waived)	Not covered	\$15	Not covered
Prescription drug coverage^{11,12}				
Pharmacy calendar year deductible (single / family)	\$300 / \$600 Pharmacy brand only deductible	Not covered	\$5,600 / \$11,200 Integrated med. / Rx all drug ded.	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$15 / \$65 / \$85	Not covered	\$5 / \$15 / \$40	Not covered
Tier 4 drugs ¹³	40%	Not covered	20%	Not covered
Pediatric dental¹⁴				
Diagnostic and preventive services	\$0	10%	\$0	10%
Pediatric vision¹⁵				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered



Ancillary Products

Health Net brings together dental, vision, chiropractic, life, and AD&D programs so you and your clients can design a well-rounded employee benefits package.

Ancillary Products

Dental. Vision. Chiropractic. Life and AD&D.

Designing a well-rounded benefits package is easy with Health Net. Complementing our collection of medical plans are the essentials that help employees reach their optimum health. These benefits help members lead a healthier lifestyle, so they can be more productive.



Experts by the numbers

Ancillary statewide network:

- More than 3,000 Dental HMO providers in California
- More than 46,500 Dental PPO providers in California and over 330,200 DPPO providers nationwide
- More than 10,500 Vision providers in California and 87,500 Vision providers nationwide

Alternative medicine statewide network:

- More than 3,300 chiropractors
- More than 1,400 acupuncturists

Dental plans that make them smile

Health Net offers a choice of HMO and PPO dental plan designs for family coverage, along with access to one of the largest dental networks in California. Health Net Dental HMO and Dental PPO plans include robust benefits covering most dental procedures. All of our family dental plans may be purchased on a standalone basis or in conjunction with a medical plan purchased directly through Health Net. Pediatric dental coverage (ages newborn through 18) is automatically included on all plans purchased through Health Net.

Dental plan highlights

Dental HMO

Health Net Dental HMO (DHMO) plans¹ give members access to an extensive network of providers and the convenience of having a set copayment for many dental procedures. Two DHMO plans are available – HN Plus 150 and HN Plus 225. Among the covered benefits are:

- Additional cleanings and adult fluoride.
- Material upgrades, such as porcelain and semiprecious or precious metal molar crowns.
- General anesthesia, and cosmetic and elective dentistry – procedures typically not covered under most other carriers' dental plans.
- Implants.

Health Net DHMO plans may be purchased separately or as a dual choice with Health Net Dental PPO plans.

Dental PPO

Health Net offers a range of affordable, flexible Dental PPO plans (DPPO).² DPPO plans include:

- Large statewide and national network of Dental PPO providers.
- Periodontics, endodontics and oral surgery are covered in general services on the Classic plans.
- Classic plans reimburse out-of-network benefits at Usual, Customary and Reasonable (UCR)³ amounts.
- Essential plans reimburse out-of-network benefits on a limited fee schedule.
- No waiting periods on any of our DPPO plans.
- All Health Net DPPO plans offer pregnant women additional cleanings and periodontal maintenance when medically necessary (not subject to the deductible and does not apply to the calendar year maximum).
- Employees and dependents receive the full amount of the orthodontia lifetime maximum even if they have begun treatment under another carrier's dental PPO plan (applies only to DPPO plans with orthodontia coverage).



Underwriting highlights

- Dual option available – group may select 2 DPPO plans, 2 DHMO plans, or 1 DHMO and 1 DPPO plan. (Please see “Small Business Group Dental and Vision buy-up guidelines” to determine if the group qualifies for dual option.)
- Voluntary DPPO plans without orthodontia are available to groups with a minimum of 2 enrolled.
- Voluntary DPPO plans with orthodontia are available to groups of 10 or more enrolled employees.

	<i>DPPO Classic 4 1500</i>		<i>DPPO Classic 5 1500</i>	
	<i>In-network</i>	<i>Out-of-network⁴</i>	<i>In-network</i>	<i>Out-of-network⁴</i>
Calendar year maximum	\$1,500		\$1,500	
Calendar year deductible	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% (ded. waived)		100% (ded. waived)	80% (ded. waived)
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after ded.		80% after ded.	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after ded.		50% after ded.	
Orthodontia⁶ (adult and child)	Not covered		50% after ded. / \$1,500 lifetime maximum	

	<i>DPPO Essential 2 1000</i>		<i>DPPO Essential 5 1500</i>		<i>DPPO Essential 6 1500</i>	
	<i>In-network</i>	<i>Out-of-network⁵</i>	<i>In-network</i>	<i>Out-of-network⁵</i>	<i>In-network</i>	<i>Out-of-network⁵</i>
Calendar year maximum	\$1,000		\$1,500		\$1,500	
Calendar year deductible	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% (ded. waived)		100% (ded. waived)		100% (ded. waived)	
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after ded.		80% after ded.		80% after ded.	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after ded.		50% after ded.		50% after ded.	
Orthodontia⁶ (adult and child)	Not covered		50% after ded. / \$1,500 lifetime maximum		Not covered	

Health Net Dental plans may be purchased on a standalone basis or in conjunction with a Health Net medical plan. DPPO orthodontia is available as follows:

- For employer-paid groups of 10 or more enrolled employees or for groups of 2–9 enrolled employees with proof of immediately prior indemnity orthodontic coverage.
- For voluntary groups of 10 or more enrolled employees.

This is only a summary of benefits. Please refer to the *Certificate of Insurance* for terms and conditions of coverage, including which services are limited or excluded from coverage. Please see full exclusions and limitations.

Plan footnotes found on page 50.

Limitations

Initial / routine oral exam	2 per consecutive 12 months
Teeth cleaning	2 per consecutive 12 months (additional services available for pregnant members)
Fluoride treatment	2 per consecutive 12 months, children under 16 years only
Sealants	1 per 36 months, children under 16 years on permanent molars only
Emergency treatment	For relief of pain only

Category	Procedure code	Description	Member copay	
			Plus DHMO 150	Plus DHMO 225
Diagnostic	D0150	Comprehensive oral evaluation	\$0	\$0
	D0210	Intraoral X-rays – complete series	\$0	\$0
	D9491	Office visit (including all fees for sterilization and infection control)	\$5	\$5
Preventive	D1110	Prophylaxis (cleaning) – adult	\$0	\$0
	D1110	Additional prophylaxis (up to 2 per year) – adult	\$20	\$35
	D1204	Topical application of fluoride – adult	\$0	\$0
Restorative	D2150	Amalgam (silver filling) – two surfaces	\$0	\$0
	D2331	Composite (white filling) – two surfaces anterior	\$0	\$0
	D2392	Composite (white filling) – two surfaces posterior	\$30	\$45
Crowns and pontics	D2751 ⁷	Crown – porcelain fused to predominantly base metal	\$150	\$225
	D2960	Labial veneer (resin laminate) – chairside	\$250	\$250
	D2962	Labial veneer (porcelain laminate) – laboratory	\$350	\$350
Endodontics	D3320	Root canal – bicuspid (excluding final restoration)	\$95	\$125
	D3330	Root canal – molar (excluding final restoration)	\$125	\$210
Periodontics	D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$35	\$40
Prosthodontics	D5110	Complete denture – upper	\$175	\$260
Implants	D6010	Surgical placement of implant body – endosteal implant	\$1,950	\$1,950
Oral surgery	D7220	Removal of impacted tooth – soft tissue	\$35	\$45
Orthodontics	D8070–80	Comprehensive orthodontic treatment – adult or child	\$1,695	\$1,695
Other general services	D9230	Nitrous oxide, analgesia, anxiolysis (inhalation)	\$15 per half hour	\$15 per half hour
	D9972	External bleaching (teeth whitening) – per arch	\$125	\$125

This is only a summary of benefits. Please refer to the *Evidence of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage.

Our vision plans have a clear advantage⁸

Pediatric vision coverage (ages newborn through 18) is automatically included on all plans.

We also offer adult PPO Vision insurance plans (ages 19 and older) which provide the convenience of a large national network, our hassle-free implementation, administrative processing, and:

- A diverse network of independent and retail providers, including LensCrafters.
- Low copayments.

- The option for employees and dependents to see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- 5–15% discounts on LASIK and PRK from U.S. Laser Network.⁹

The only difference between the full service plans, Preferred 1025-2 and 1025-3, is the replacement of lenses, contact lenses or frames either every 12 or 24 months. For materials only, Health Net offers the Preferred Value 10-2 plan.

<i>Schedule of benefits and coverage</i>	<i>Preferred Plan 1025-2</i>	<i>Preferred Plan 1025-3</i>	<i>Preferred Value Plan 10-2</i>
Vision exam copay	\$10	\$10	Not covered
Lens copay	\$25	\$25	\$10
Frequency			
Exam	Every 12 months	Every 12 months	Not covered
Eyeglass or contact lenses	Every 12 months	Every 24 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 24 months
Retail frame allowance (in-network)	\$100	\$100	\$100
Contact lens allowance (in-network)	\$90	\$90	\$90



Plan footnotes found on page 50.

<i>Health Net Vision plan benefits</i>	<i>In-network (member cost)</i>	<i>Out-of-network (maximum benefit allowed)</i>
Vision exam (Preferred 1025-2 and Preferred 1025-3 plans only) Exam (with dilation as necessary)	\$10	Up to \$40
Standard contact lens fit and follow-up exam	Up to \$55	Not covered
Standard plastic lenses		
Single vision	\$25 copay – Preferred 1025-2 and Preferred 1025-3 \$10 copay – Preferred 10-2	Up to \$40
Bifocal	\$25 copay – Preferred 1025-2 and Preferred 1025-3 \$10 copay – Preferred 10-2	Up to \$60
Trifocal	\$25 copay – Preferred 1025-2 and Preferred 1025-3 \$10 copay – Preferred 10-2	Up to \$80
Standard progressive (add-on to bifocal)	\$65 copay (in addition to lens copay)	\$60
Premium progressive (add-on to bifocal)	\$65 copay (in addition to lens copay), plus 80% of retail charge less \$120 allowance	\$60
Lens options (in-network only)		
UV coating	\$15 copay	Not covered
Tint (solid and gradient)	\$15 copay	Not covered
Standard scratch-resistant	\$15 copay	Not covered
Standard polycarbonate	\$40 copay	Not covered
Standard anti-reflective	\$45 copay	Not covered
Other add-ons and services	20% discount	Not covered
Frames (any frame available at a provider location)	Up to plan allowance, plus 20% discount off balance over allowance	Up to \$45
Contact lenses (materials only)		
Medically necessary	\$0	Up to \$210
Conventional	Up to plan allowance, plus 15% discount off balance over allowance	Up to \$105
Disposable	Up to plan allowance, plus balance over allowance	Up to \$105
Laser vision correction (in-network only) LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	Not covered
Secondary purchase plan (in-network only) Discounts on eyewear purchases after initial benefits	40% off retail	Not covered



Employees and dependents will receive a 20 percent discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services or to contact lenses. Retail prices vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time-use benefits; no remaining balance. Lost or broken materials are not covered.

This is only a summary of benefits. Please refer to the *Certificate of Insurance or Evidence of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage. Please see full exclusions and limitations.

Chiropractic coverage

Your clients can complement their HMO or PureCare HSP medical benefits with Health Net's affordable quality chiropractic coverage. This service is provided through American Specialty Health Plans of California, Inc., a wholly owned subsidiary of American Specialty Health, Incorporated (ASH).¹⁰

Employers can add chiropractic coverage with their purchase of a small business group medical plan. This coverage does not come standalone.



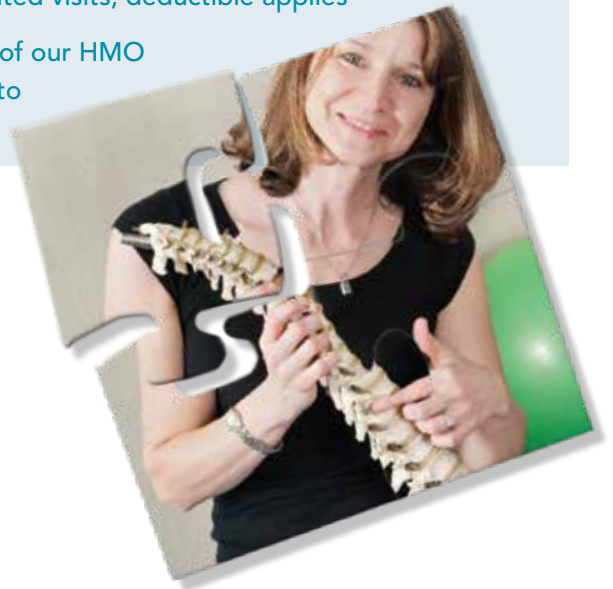
	Chiropractic coverage highlights
Office visits ¹⁰	\$10 copay per visit
Visits per calendar year	Unlimited
Lab tests	Covered when medically necessary
X-rays	Covered for medically necessary chiropractic care
Annual chiropractic appliance allowance	\$50 toward the purchase of medically necessary items such as thoracic and lumbar supports, cervical collars and pillows, heel lifts, ice packs, lumbar cushions, orthotics, rib belts, and home traction units

Our PPO, EnhancedCare PPO Value and HDHP plans include chiropractic benefits

Chiropractic benefits are included with our Gold Value and Silver Value plans, and with the Silver and Bronze HDHP plans. There's no need to buy separate coverage!

- Value plans: \$25 copayment per visit, 12 visits per year, no deductible
- HDHP plans: \$25 copayment per visit, unlimited visits, deductible applies

Plus! You can pair one of these PPOs with any of our HMO or HSP plan designs whether or not you want to buy chiropractic coverage.



Life and AD&D

For many small businesses, an attractive employee benefits package includes Group Term Life and Accidental Death & Dismemberment (AD&D) insurance offering desirable benefit levels. This allows a small business employer to:

- Increase the attractiveness of the company's benefit package to employees.
- Offer employees life insurance benefits at economical rates.

One way employers can enhance their benefits package and minimize administrative costs is to consolidate health and life insurance carriers. Carrier consolidation eliminates unnecessary administrative costs related to managing an employee benefits package.

Health Net Life Insurance Company underwrites Group Term Life Benefit Insurance, Accidental Death & Dismemberment, and Dependent Life Insurance.¹¹

Group Term Life Insurance

Life options

- **Option A** – \$15,000 flat amount for all employees.
- **Option B** – \$25,000 flat amount for all employees (15–100 employees).
- **Option C** – \$50,000 flat amount for all employees (25–100 employees).

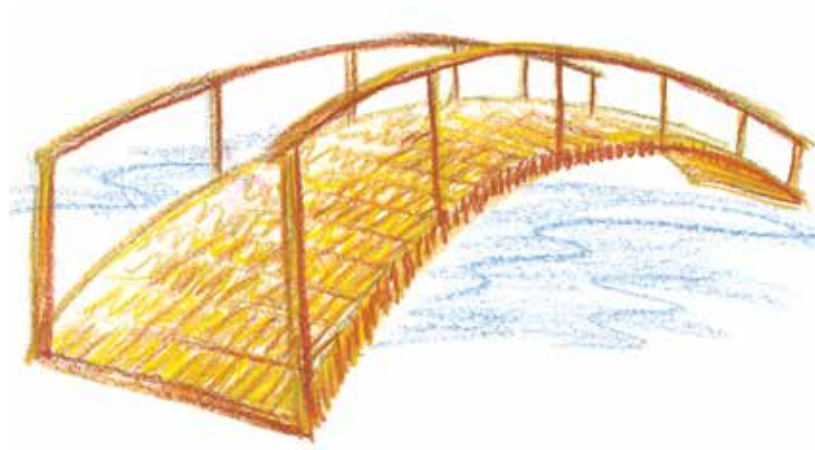
Group Life plan features

- **Waiver of premium provision** – A life benefit can be extended during a period of total disability under terms specified in the group *Certificate of Insurance*.
- **Accelerated death benefit** – Provides financial protection to the insured in time of need, while also protecting the interest of the beneficiary. The accelerated benefit is a portion of the basic life insurance amount and is payable in a lump sum.
- **Conversion privilege** – A conversion privilege to whole life insurance is available to certain individuals whose coverage terminates due to reasons specified in the group policy.

Accidental Death & Dismemberment (AD&D)

These benefits are usually included as part of the group life insurance policy. Health Net Life Insurance Company does not offer Accidental Death & Dismemberment benefits on a standalone basis.

- Benefit is payable as a result of an accidental loss of life or any of the physical losses specified in the group policy.
- The maximum benefit amount is equal to the basic life amount shown in the policy.
- This maximum benefit amount is payable for loss of life. It can also be payable for the loss of sight in both eyes, loss of both hands or both feet, or any two or more of these physical losses in the same accident.
- One-half of the maximum benefit amount is payable for loss of one hand, loss of one foot or the loss of sight in one eye.



More Helpful
Information

More Than an ID Card

At Health Net, we're about more than just health care coverage. Sure, comprehensive benefits are essential, but so is making it easy for people to take care of their health and get the most from their health plan.

Decision Power®: Health & Wellness

Decision Power is an integrated program created to engage people in their health. With personalized tools and achievable goals, employees can feel confident in their ability to make positive and lasting behavioral changes.

Through Decision Power, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness:

- Get help with a specific health goal.
- Learn about treatment options.
- Try an online improvement program.
- Assess health risks with a Health Risk Questionnaire.
- Track diet, exercise or cholesterol.
- Better manage chronic illness.

Focus on early access and prevention

Here at Health Net, we don't wait until people get sick to help out. Our job, always, is to connect your client's employees with the care they need. We want them to use their benefits!

That's why we're doing outreach – phone calls, mailings and more – to encourage our members to get their annual wellness exam. It costs \$0 out-of-pocket and is the best way for people to know their health status. And for Health Net to know how best to meet their health needs.



From there, we can connect people to care and resources to help them be their healthiest. Our resources span the full spectrum of health – from timesaving conveniences to in-depth support.

- Easy access MinuteClinics – a benefit with all HMOs, making it easy to get care for common illnesses, minor injuries (like a sprain) and vaccines.
- Nurse advice line for round-the-clock support.
- Disease management for people living with ongoing health challenges like diabetes, asthma, COPD, heart disease, and heart failure.

Our outreach efforts elevate the core Decision Power priority – to help reduce high-cost service utilization and support workplace productivity by connecting employees with information, resources and support. Boosting health through prevention and early access to care is another way we're doing just that.

Support – online and on the go

Self-service at www.healthnet.com

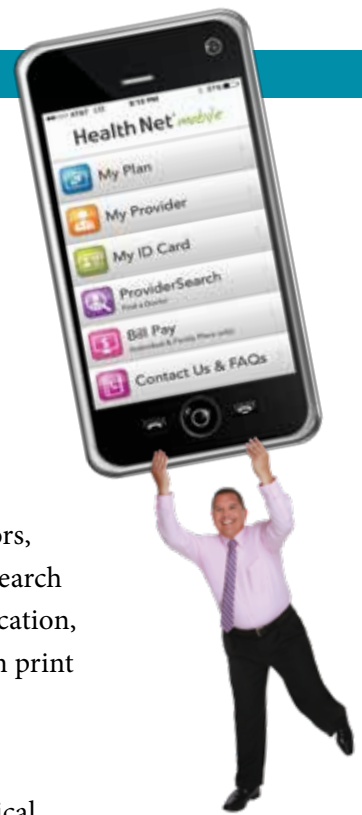
HealthNet.com makes it easy to build healthy habits and get things done! Members can connect to our vast collection of wellness resources, get benefit information, order ID cards... the list goes on!

It's also the place to find network doctors, hospitals and other services. ProviderSearch at HealthNet.com delivers results by location, specialty or office hours. Plus, users can print or download search results.

On the go with Health Net Mobile

Keeping track of the details – even critical details like health care information – is tricky with our jam-packed lives. That's why we created the Health Net Mobile app.

All it takes is an iPhone, Android or other Web-enabled smartphone, and Health Net members have everything they need to track their health plan details – no matter where they are or how busy.



Geoffrey Gomez,
Health Net
*We build tools to
simplify administration
and sales.*

Note: Health Net’s 2016 ratios of premium costs to health services paid for Small Business DMHC and CDI health plans were 83.9% and 86.9% respectively.

Plan Codes and Footnotes

All HMO/HSP/PPO plans

The plan codes listed are in the order of “without infertility,” then “with infertility” benefits. With the infertility rider, infertility benefits (including infertility injectables) are covered at 50%. Zift, in vitro fertilization and intrafallopian transfers are not covered.

Plan name	Plan code	
	Without infertility	With infertility
CommunityCare HMO Gold \$5	EFS	EFR
CommunityCare HMO Silver \$20	EFU	EFT
CommunityCare HMO Bronze \$45	EFW	EFV
Full Network HMO Platinum \$10	EGH	EGG
Full Network HMO Platinum \$20	EGJ	EGI
Full Network HMO Platinum \$30	EXF	EXE
Full Network HMO Gold \$30	EGL	EGK
Full Network HMO Gold \$35	EXH	EXG
Full Network HMO Gold \$40	EGN	EGM
Full Network HMO Silver \$40	EGP	EGO
WholeCare HMO Platinum \$10	EG6	EG5
WholeCare HMO Platinum \$20	EG8	EG7
WholeCare HMO Platinum \$30	EXB	EX9
WholeCare HMO Gold \$30	EGB	EG9
WholeCare HMO Gold \$35	EXD	EXC
WholeCare HMO Gold \$40	EGD	EGC
WholeCare HMO Silver \$40	EGF	EGE
SmartCare HMO Platinum \$10	EFI	EFH
SmartCare HMO Platinum \$20	EFK	EFJ
SmartCare HMO Platinum \$30	EX6	EX5
SmartCare HMO Gold \$30	EFM	EFL
SmartCare HMO Gold \$35	EX8	EX7
SmartCare HMO Gold \$40	EFO	EFN
SmartCare HMO Silver \$40	EFQ	EFP
Salud HMO y Más HMO Platinum \$10	EGR	EGQ
Salud HMO y Más HMO Platinum \$20	EGT	EGS
Salud HMO y Más HMO Platinum \$30	EXJ	EXI
Salud HMO y Más HMO Gold \$30	EGV	EGU
Salud HMO y Más HMO Gold \$35	EXL	EXK
Salud HMO y Más HMO Gold \$40	EGX	EGW
Salud HMO y Más HMO Silver \$40	EGZ	EGY
Platinum 90 PPO 0/15 + Child Dental	ELJ	ELR
Platinum 90 PPO 250/15 + Child Dental Alt	F1H	F1J
Gold 80 PPO 0/25 + Child Dental	ELH	ELP

(continued)

<i>Plan name</i>	<i>Plan code</i>	
	Without infertility	With infertility
Gold 80 Value PPO 750/10 + Child Dental Alt	ELL	ELT
Gold 80 PPO 1000/30 + Child Dental Alt	F1B	F1C
Silver 70 PPO 2000/45 + Child Dental	ELK	ELS
Silver 70 PPO 2000/55 + Child Dental Alt	F1R	F1S
Silver 70 Value PPO 1700/30 + Child Dental Alt	ELI	ELQ
Silver 70 HDHP 1350/40 PPO + Child Dental Alt	ELM	ELU
Bronze 60 PPO 6300/75 + Child Dental	ELG	ELO
Bronze 60 HDHP 5600/15 + Child Dental Alt	ELF	ELN
Platinum 90 EnhancedCare PPO 250/15 + Child Dental Alt	F1K	F1L
Gold 80 EnhancedCare PPO 1000/30 + Child Dental Alt	F1D	F1E
EnhancedCare PPO Gold Value	ELY	EM2
EnhancedCare PPO Silver Value	ELX	EM1
Silver 70 EnhancedCare PPO 2000/55 + Child Dental Alt	F1T	F1E
Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt	ELW	EM0
Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt	ELV	ELZ
Platinum 90 HSP 0/15	EG2	EG1
Gold 80 HSP 0/25	EG0	EFZ
Silver 70 HSP 2000/45	EG4	EG3
Bronze 60 HSP 6300/75	EFY	EFX

Infertility buy-up details

For HMO/HSP plans only

- There is an \$8,500 lifetime maximum on infertility services and a separate \$1,500 lifetime limit on prescription medications for infertility.
- Infertility benefits do not apply to the calendar year out-of-pocket maximum.

For PPO/EnhancedCare PPO insurance plans only

- There is a \$2,000 lifetime maximum on infertility services and a separate \$2,000 lifetime limit on prescription medications for infertility.
- Infertility benefits do not apply to the calendar year out-of-pocket maximum.

Platinum \$10, Platinum \$20, Platinum \$30, Gold \$30, Gold \$35, Gold \$40, and Silver \$40 Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más plans

¹Preventive care services are covered for children and adults, as directed by your physician, based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations; immunizations; and diagnostic preventive procedures, including preventive care services for pregnancy, preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

²MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.

³Maximum of 3 days copayment per admission.

⁴Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.

⁵Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁶The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.

⁷Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

⁸Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply.

⁹Pediatric dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

¹⁰Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

¹¹In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA Network, except for emergency services.

¹²Any copayment or coinsurance paid for covered services in either the Salud Network or the SIMNSA Network will be credited to the individual OOPM of both networks.

¹³Mental health and substance abuse services must be provided by a SIMNSA provider.

CommunityCare HMO

¹Preventive care services are covered for children and adults, as directed by your physician, based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations; immunizations; and diagnostic preventive procedures, including preventive care services for pregnancy, preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

²Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. In addition, Teladoc consultation services do not cover specialist services, prescriptions for substances controlled by the DEA, non-therapeutic drugs, or certain other drugs which may be harmful because of the potential for abuse.

³MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.

⁴Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.

⁵Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁶The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.

⁷Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

⁸Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Gold \$5 and Silver \$20: Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. Bronze \$45: Tier 4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply.

⁹Pediatric dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

¹⁰Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

PureCare HSP

¹Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC), and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.

²(Bronze only) Visits 1–3 (combined between office visits, urgent care, prenatal and postnatal visits, outpatient mental health/substance abuse): The calendar year deductible is waived. Visits 4–unlimited: The calendar year deductible applies.

³(Bronze only) 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.

⁴Benefits are administered by MHN Services, an affiliated behavioral health administrative services company, which provides behavioral health services.

⁵Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁶The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy and Therapeutics (P&T) committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The brand-name prescription drug deductible, or medical deductible if applicable, must be paid before Health Net begins to pay for brand-name prescription drugs, including brand-name specialty drugs.

⁷Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

⁸(Bronze only) After the pharmacy deductible has been reached, the member will be responsible for 100% of the cost of all Tier 1, 2, 3, and 4 drugs until the out-of-pocket maximum is met. Tier 1, 2, 3, and 4 drugs will have a payment maximum after the deductible of \$500 for an individual prescription of up to a 30-day supply. Tier 3 prescription drugs will have a maximum of \$1,500 for a 90-day supply prescription through mail order after the deductible has been met.

⁹Tier 4 drugs include when: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

¹⁰Pediatric dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

¹¹Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

PPO

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the *Certificate of Insurance* (COI) for terms and conditions of coverage.

- ¹Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied. Refer to the COI for details.
- ²Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.
- ³Please refer to the COI for out-of-network reimbursement methodology.
- ⁴Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers. Unless otherwise specified, deductible applies to all services.
- ⁵(Silver HDHP only) For single coverage, the deductible is \$1,350. For family coverage, the deductible is \$2,700, and there is no per member deductible accumulation/accrual. It is a single comprehensive family deductible.
- ⁶Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers, and coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.
- ⁷(Silver HDHP only) For single coverage, the OOPM is \$6,550. For family coverage, the OOPM is \$13,100, and there is no per member OOPM accumulation/accrual. It is a single comprehensive family OOPM.
- ⁸Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information about generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.
- ⁹(Bronze non-HDHP plan only) Visits 1–3 (combined between office visits, urgent care, prenatal and postnatal visits): The calendar year deductible is waived. Visits 4–unlimited: The calendar year deductible applies.
- ¹⁰Acupuncture care is underwritten by Health Net Life Insurance Company for PPO plans.
- ¹¹The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.
The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to the COI for complete information on prescription drugs. Plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your COI and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The COI is a legal, binding document. If the information in this brochure differs from the information in the COI, the COI controls. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.
- ¹²Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ¹³Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. (Platinum, Gold and Silver only) Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. (Bronze HDHP only) Tier 4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply.
- ¹⁴Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Administrative Services (DBP). DBP is not affiliated with Health Net. See the plan's COI for details.
- ¹⁵Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.
- ¹⁶(Bronze non-HDHP) 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.
- ¹⁷(Bronze non-HDHP) After the pharmacy deductible has been reached, the member will be responsible for 100% of the cost of all Tier 1, 2, 3, and 4 drugs until the out-of-pocket maximum is met. Tier 1, 2, 3, and 4 drugs will have a payment maximum after the deductible of \$500 for an individual prescription of up to a 30-day supply. Tier 3 prescription drugs will have a maximum of \$1,500 for a 90-day supply prescription through mail order after the deductible has been met.

EnhancedCare PPO

This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the *Certificate of Insurance* (COI) for terms and conditions of coverage.

- ¹Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied. Refer to the COI for details.
- ²Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.
- ³Please refer to the COI for out-of-network reimbursement methodology.
- ⁴Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers. Unless otherwise specified, deductible applies to all services.
- ⁵(Silver HDHP only) For single coverage, the deductible is \$1,350. For family coverage, the deductible is \$2,700, and there is no per member deductible accumulation/accrual. It is a single comprehensive family deductible.
- ⁶Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers, and coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.
- ⁷(Silver HDHP only) For single coverage, the OOPM is \$6,550. For family coverage, the OOPM is \$13,100, and there is no per member OOPM accumulation/accrual. It is a single comprehensive family OOPM.
- ⁸Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information about generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.
- ⁹Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. In addition, Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential for abuse.
- ¹⁰Acupuncture care is underwritten by Health Net Life Insurance Company for EnhancedCare PPO plans.
- ¹¹The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.
The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to the COI for complete information on prescription drugs. Plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your COI and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The COI is a legal, binding document. If the information in this brochure differs from the information in the COI, the COI controls. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to www.healthnet.com.
- ¹²Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- ¹³Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. (Platinum, Gold and Silver only) Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. (Bronze HDHP only) Tier 4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply.
- ¹⁴Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Administrative Services (DBP). DBP is not affiliated with Health Net. See the plan's COI for details.
- ¹⁵Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

Ancillary

- ¹Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net.
- ²Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company. Unimerica Life Insurance Company is not affiliated with Health Net.
- ³Usual, Customary and Reasonable (UCR) is the maximum allowable amount for a dental care service, determined by FAIR Health, Inc., on the basis of the fee usually charged by the provider and data obtained by FAIR Health, Inc. regarding fees charged by providers of similar training and experience for the same service within the same geographic area.
- ⁴Out-of-network benefits for the Classic plan are reimbursed at the Usual, Customary and Reasonable (UCR) amounts as determined by FAIR Health, Inc.
- ⁵Out-of-network benefits for Essential plans are based on the allowable amount applicable for the same service that would have been rendered by a network provider.
- ⁶For employer-paid DPPO plans, orthodontia is available for groups with 2–9 enrollees with proof of immediately prior indemnity orthodontia coverage or for groups of 10 or more enrollees. For voluntary DPPO plans, orthodontia is available for groups of 10 or more enrolled employees.
- ⁷There is a maximum charge of \$150 in addition to the listed copayment if noble, high noble or titanium metal is used. Porcelain on molars is an additional charge of \$75.
- ⁸Vision plans, other than pediatric vision, are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC.
- ⁹Members receive a 15% discount on the retail price or 5% off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.
- ¹⁰Chiropractic care is offered by Health Net of California, Inc. for HMO and HSP plans. Chiropractic care is underwritten by Health Net Life Insurance Company for PPO insurance plans. Chiropractic care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- ¹¹Group Term Life, Supplemental Group Term Life and AD&D products are underwritten by Health Net Life Insurance Company, a subsidiary of Health Net, Inc.

Small Group 2.0 Works for Business

Your business depends on helping people make the most of their health with coverage that's relevant, local and affordable. Health Net's Small Group 2.0 equips you with choices to satisfy your clients and power your business.

Let us help!

Your Health Net Account Executive team is standing by to consult and answer questions. Or get personal support from your Broker Services team at 1-800-448-4411, option 4.

Plus, count on the Broker Hub for everything Small Group 2.0. You'll find sales tools, renewal resources and more. You'll find the Hub at www.healthnet.com/thehub.

There's never been a better time to make Health Net your go-to for health coverage solutions that work for business.



Health Net HSP, HMO and Salud con Health Net HMO y Más plans are offered by Health Net of California, Inc. PPO and Life/AD&D 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 neither 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 and Salud con Health Net are registered service marks of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. Covered California is a registered trademark of the State of California. All rights reserved.