

Broker Portfolio Guide

Small Group 2.0 – more of what sells!

Effective December 1, 2017

Renewals and New Business



**Lisa Pasillas-Le,
Health Net**

*We invest in your business
by creating health plans
that your clients want.*



Health Net®

Small Group 2.0

for December Renewals

Just in time for your clients who renew in December is the refreshed Small Group 2.0. New designs and all-time favorites. Here's how we're making it easy for your clients to renew or buy a Health Net of California, Inc. or Health Net Life Insurance Company (Health Net) plan for the first time:



- ✓ EnhancedCare PPO launches in L.A., bringing small businesses the ability to offer a PPO at a lower premium, all while giving their employees more point of care choices.

Plus, for a number of plan designs, groups can choose the design and then decide whether to offer the Full PPO network or the EnhancedCare PPO tailored network.

- ✓ New Full Network PPO Silver HSA in all regions (off-exchange).
- ✓ Reminder that all HMO networks can be written together for groups choosing an Enhanced Choice package.
- ✓ Virtual doctor visits via Teladoc for our CommunityCare HMO members and new EnhancedCare PPO plans.

Small Group 2.0 is brought to you by Health Net of California, Inc. and Health Net Life Insurance Company.

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Simplifying *Renewals*, Rewarding Sales

Renewal checklist

Key dates

90 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 90-day mark. • Closure letters mail if there are plan closures. Note: No small business plan closures for 2017.
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.
5 weeks in advance of renewal date	Health Net begins process to automatically renew groups into the plan listed in the Renewal Proposal – and as quoted – if no plan change received. Example: October 24 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 . Note that SBCs no longer mail with the renewals.

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

✔ **Use the Renewal Tool** to help your groups make their 2017 decisions:

- Access quotes
- Pull rate tables
- Run alternative plan quotes

Here's how to use these handy tools:

- Log in to your account at **www.healthnet.com**.
- Click on *Customer Status & Activity*.
- Choose the *Group Support* tab and then *Renewal Quote Activity*.

✔ **Complete the 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.

Limited time offer! Relaxed participation requirements as low as 35%

We're making it easy for current groups to renew with Health Net and new clients to find their fit with us! For December 2017 new sales and renewals, we're relaxing participation requirements.

Enhanced Choice:

66% or 50% participation

Groups offering multiple plans with Enhanced Choice need only 66% if they have 1–5 eligible employees; 50% if 6–100 eligible employees.

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

EnhancedCare PPO Choice:

35% participation

For a limited time – December 2017 only – groups with 6–100 eligible employees need only 35% participation for any of these plans:

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

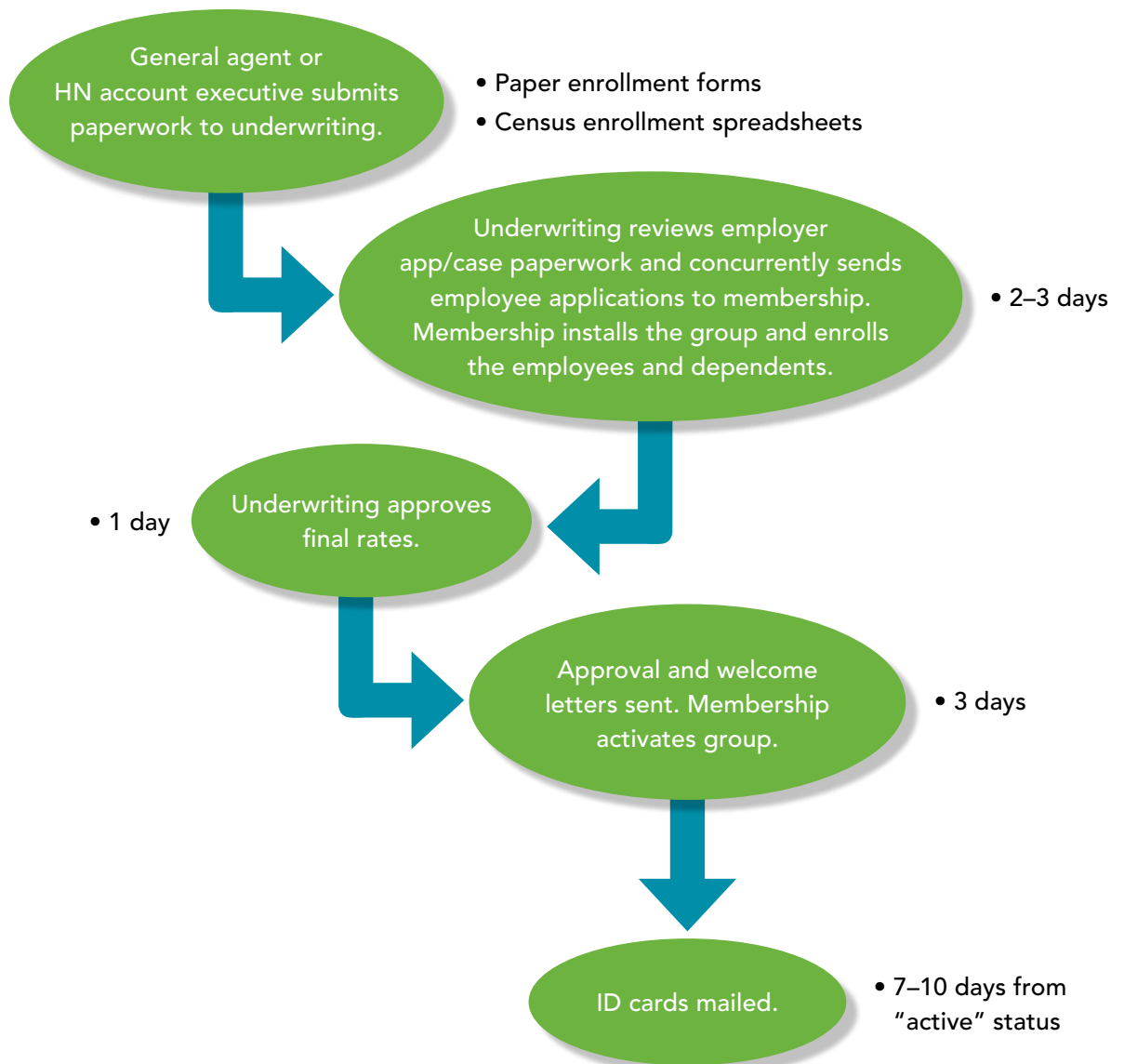
New Sales

ID Card *Express*

From application activation to ID card in 10 days or \$250 back

Ten days to ID cards or \$250 back to your groups! When you send us complete, legible applications with all the required support documents, we will get ID cards to your client's employees within 10 days of active status. Guaranteed! If we don't, we'll pay the group \$250!

Small Group Enrollment Process



New Sales Bonus Program

December is the last month to take advantage of our Q4 bonus program for new sales!

Step 1: Sell 10 or more new group subscribers with effective dates from 10/1/17 to 1/1/18.

Step 2: Earn a bonus per subscriber. The more you sell, the more you earn – up to \$150 per subscriber.

Download the New Sales Bonus Program flyer at www.healthnet.com/thehub for all the details. Or call your Health Net sales representative.



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



Small Group 2.0

Portfolio Highlights

Meet EnhancedCare PPO – A More Affordable PPO for L.A.

Expansion of “Pick your plan, pick your network” to PPO!

With the introduction of the EnhancedCare PPO Network, your L.A. clients can choose the PPO plan design they want, and then decide whether to offer the Full Network PPO or the EnhancedCare tailored network. EnhancedCare uses the same plan designs as our Full Network PPO Value and HSA plans.

EnhancedCare PPO gives members the best of PPO and HMO coverage – combining the choice and flexibility of a PPO with the care navigation and support of an HMO. By bringing a tailored network design to the PPO experience, this new plan’s price point makes a difference for your customers’ bottom line.

More care choices and cost control for members

With EnhancedCare PPO, members choose a primary care physician from the EnhancedCare PPO Network for help coordinating care. And they choose how and where to get care when they need it. They can:

- See their PCP or another doctor in the EnhancedCare PPO Network. No referrals required.
- Use Teladoc to consult with a board-certified doctor by phone, mobile app or web 24/7 for a \$0 copayment. (\$0 copayment applies to the high deductible health plan designs after deductible is met).
- Call the Nurse Advice Line for nurse advice 24/7.
- Visit a retail clinic at a participating CVS.
- Go to an urgent care center for faster service (on average) and lower copayment than an emergency room.
- Opt to use out-of-network providers at a higher out-of-pocket cost.

EnhancedCare PPO comes with our new Advanced Choice Pharmacy Network. It includes many pharmacies like CVS, Safeway, Costco, and Vons. Not included: Walgreens.

A copilot for employee health

When they need personalized support, members can use our Health Benefit Navigator team for support in choosing services and making the best use of their plan. Our specialized, expert team is an exclusive feature of EnhancedCare PPO that delivers 360° resolution, direct call-back numbers to reach reps and no homework for members. This gives members a real copilot for their health. Members may reach their dedicated Health Benefit Navigator team at 1-844-463-8188 (available 10/1/17).

More budget sustainability for employers

Employers want to give their employees choice. And offering a PPO delivers the most flexibility. Yet, PPOs have become cost-prohibitive in recent years with the standardization of benefits and limits on deductible increases.

Deductible leveraging happens when deductible increases do not keep up with cost trends. With only so much room to adjust deductibles, premium increases are the only way to balance the equation. Until now.

Our newest health plan innovation gives employers a buy down option that's not an HMO and which solves the growing deductible leveraging issue. EnhancedCare PPO, with its low-cost structure and tailored network, makes it affordable again to offer a PPO. And by giving employees more points of care – like virtual doctor visits – EnhancedCare PPO supports workplace productivity.

The EnhancedCare PPO Network is a tailored network that we're building and adding to throughout 2017 so that members have a carefully curated selection of provider groups and hospitals near to where they live.



Andre Hamil,
Health Net
We deliver performance as promised.



Pick *Your* Plan, Pick *Your* Network

Now 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. We have mix and match options for HMOs and PPOs.

<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		Full Network HMO
	Platinum \$20		WholeCare HMO
	Gold \$30		SmartCare HMO
	Gold \$40		Salud HMO y Más
	Gold \$50		
<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>	
	Gold Value		Full Network PPO
	Silver Value		EnhancedCare PPO Network
	Silver HSA		
	Bronze HSA		

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

Silver and Gold – CommunityCare HMO

Small Group 2.0 continues to offer CommunityCare HMOs to employers in Los Angeles and Orange counties. Offered via Health Net of California, Inc., these HMO designs – one Gold, one Silver – come with the tailored CommunityCare HMO network and feature low-priced premiums for employer savings.

Health Net Life Insurance Company

Plans via Covered California™

Health Net Life Insurance Company offers a selection of our small business group plans through Covered California™ for Small Business. For 2017, employers who want to buy via Covered California have their choice of our:





- Platinum 90 PPO 0/15 + Child Dental
- Gold 80 PPO 0/30 + Child Dental
- Silver 70 PPO 2000/45 + Child Dental
- Bronze 60 PPO 6300/75 + Child Dental
- PPO Bronze HSA
- PPO Gold Value
- PPO Silver Value
- Gold 80 EPO 1300/20 + Child Dental Alt
- Silver 70 EPO 2000/20 + Child Dental Alt

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.

Category	Percentage of expenses	
	Paid by health plan	Paid by individual
Platinum 	90%	10%
Gold 	80%	20%
Silver 	70%	30%
Bronze 	60%	40%

Higher percentage of expenses paid by plan

Lower monthly premium payment

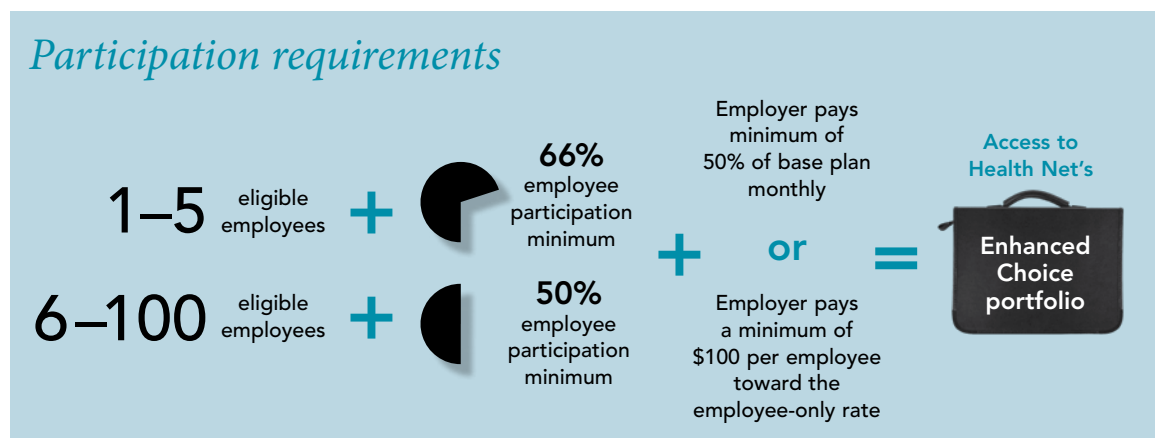
Enhanced Choice

Two packages for offering multiple plans

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 or EnhancedCare PPO Choice. Then they can offer any number or combination of plans which are within that package and available in their location.

<i>Enhanced Choice</i>	<i>EnhancedCare PPO Choice</i>
Full Network HMO	Full Network HMO
WholeCare HMO	WholeCare HMO
SmartCare HMO	SmartCare HMO
Salud HMO y Más	Salud HMO y Más
CommunityCare HMO	CommunityCare HMO
PureCare HSP	PureCare HSP
PureCare One EPO	PureCare One EPO
Full Network PPO	EnhancedCare PPO
	Full Network PPO Bronze

The set-up works the same whether your clients choose Enhanced Choice or EnhancedCare PPO Choice.



Small Group 2.0

by Plan Type and Location

December 2017 portfolio

Plan and network availability varies by county. See the following pages for plans by region.

	<i>Plan</i>	
HMOs	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 	<ul style="list-style-type: none"> Gold \$30 Gold \$40 Gold \$50
	CommunityCare HMO plans	
	<ul style="list-style-type: none"> Gold \$5 	<ul style="list-style-type: none"> Silver \$20
EnhancedCare PPO	<ul style="list-style-type: none"> PPO Silver Value PPO Gold Value 	<ul style="list-style-type: none"> PPO Silver HSA PPO Bronze HSA
PPOs	<ul style="list-style-type: none"> Platinum 90 PPO 0/15 + Child Dental Gold 80 PPO 0/30 + Child Dental Silver 70 PPO 2000/45 + Child Dental 	<ul style="list-style-type: none"> Bronze 60 PPO 6300/75 + Child Dental PPO Bronze HSA PPO Silver HSA
PPO Value	<ul style="list-style-type: none"> PPO Gold Value 	<ul style="list-style-type: none"> PPO Silver Value
EPOs	<ul style="list-style-type: none"> Gold 80 EPO 1300/20 + Child Dental Alt 	<ul style="list-style-type: none"> Silver 70 EPO 2000/20 + Child Dental Alt
HSPs	<ul style="list-style-type: none"> Health Net Platinum 90 HSP 0/15 Health Net Gold 80 HSP 0/30 	<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 EPO insurance plans are underwritten by Health Net Life Insurance Company.

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

Advanced Choice Pharmacy Network is our first tailored pharmacy network. It pairs with CommunityCare HMO, SmartCare HMO and Salud HMO y Más as of October 1, 2017. EnhancedCare PPO members also use this network, which includes CVS, Walmart, Costco, Safeway, Vons, and other pharmacies. Walgreens is excluded.

Choices by Location

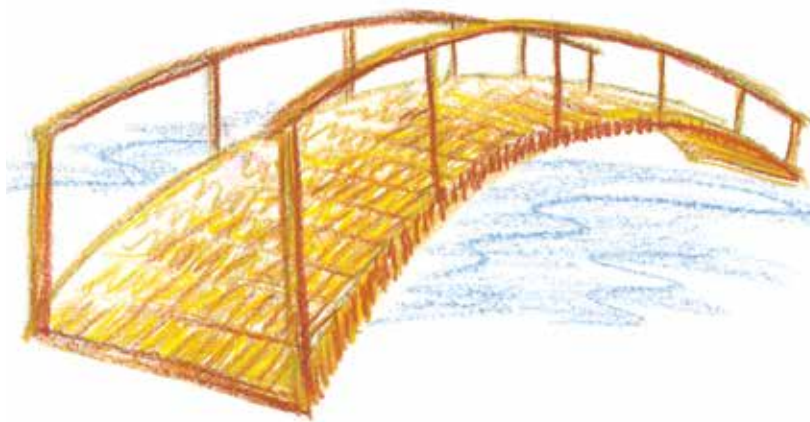
Region	We offer...	In this metal tier...	With this network	
Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO	
	PPO Value	Gold, Silver	Full Network PPO	
	PPO HSA	Silver, Bronze	Full Network PPO	
	Nevada County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
		EPO	Gold, Silver	PureCare One
		HSP	Platinum, Gold, Silver, and Bronze	PureCare
PPO		Platinum, Gold, Silver, and Bronze	Full Network PPO	
PPO Value		Gold, Silver	Full Network PPO	
PPO HSA		Silver, Bronze	Full Network PPO	
Region 2 Marin, Napa, Solano, and Sonoma counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare	
	EPO	Gold, Silver	PureCare One	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare	
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO	
	PPO Value	Gold, Silver	Full Network PPO	
	PPO HSA	Silver, Bronze	Full Network PPO	
Region 3 Sacramento, Placer, El Dorado, and Yolo counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare	
	EPO	Gold, Silver	PureCare One	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare	
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO	
	PPO Value	Gold, Silver	Full Network PPO	
	PPO HSA	Silver, Bronze	Full Network PPO	
Region 4 San Francisco County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare	
	EPO	Gold, Silver	PureCare One	
	HSP	Platinum, Gold, Silver, and Bronze	PureCare	
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO	
	PPO Value	Gold, Silver	Full Network PPO	
	PPO HSA	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	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 6 Alameda County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 7 Santa Clara County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 8 San Mateo County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network</i>
Region 9 Santa Cruz County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	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 HSA	Silver, Bronze	Full Network PPO
Region 10 Mariposa County	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
San Joaquin, Stanislaus, Merced, and Tulare counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 11 Fresno, Kings and Madera counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 12 Santa Barbara and Ventura counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	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 HSA	Silver, Bronze	Full Network PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network</i>
Region 13 Mono, Inyo and Imperial counties	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 14 Kern County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • Salud y Más
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 15 Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más
		Gold, Silver	CommunityCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Your choice of: • Full Network PPO • EnhancedCare PPO
	PPO HSA	Silver, Bronze	
Region 16 Los Angeles County: ZIP codes not in Region 15	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más
		Gold, Silver	CommunityCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Your choice of: • Full Network PPO • EnhancedCare PPO
	PPO HSA	Silver, Bronze	
Region 17 San Bernardino and Riverside counties	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO

<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network</i>
Region 18 Orange County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más
		Gold, Silver	CommunityCare
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO
Region 19 San Diego County	HMO	Platinum, Gold	Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más
	EPO	Gold, Silver	PureCare One
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HSA	Silver, Bronze	Full Network PPO



Small Group 2.0 Plan Benefit Grids

Simplified. Sustainable. Small business-focused.

We are your Health Net.™

Small Group 2.0 Plan Highlights Comparison

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	\$4,250 / \$8,500	\$10 / \$30	\$20 / \$20	\$40 / \$100	\$300/admission	\$100	\$30	\$0	\$5 / \$30 / \$50 / 30% ⁷	
Platinum \$20	None	\$6,000 / \$12,000	\$20 / \$40	\$20 / \$20	\$200 / \$500	\$700/admission	\$150	\$40	\$0	\$5 / \$30 / \$50 / 30% ⁷	
Gold \$30	None	\$6,750 / \$13,500	\$30 / \$50	\$40 / \$40	\$360 / \$900	\$1,200/admission	\$300	\$50	\$0	\$15 / \$50 / \$70 / 30% ⁷	
Gold \$40	None	\$6,850 / \$13,700	\$40 / \$60	\$40 / \$40	\$440 / \$1,100	\$1,300/admission	\$300	\$60	\$0	\$15 / \$50 / \$70 / 30% ⁷	
Gold \$50	None	\$7,150 / \$14,300	\$50 / \$70	\$40 / \$50	\$520 / \$1,300	\$2,000/admission	\$300	\$70	\$0	\$20 / \$50 / \$70 / 30% ⁷	
CommunityCare HMO¹ Available through Health Net of California, Inc.											
Gold \$5	\$1,500 / \$3,000	\$6,000 / \$12,000	1st visit \$0 ² / \$30 ² Visit 2+ \$5 ² / \$30 ²	\$10 ² / \$10 ²	10% / 20%	20%	\$150	\$30 ²	\$0	\$5 / \$40 / \$60 / 30% ⁷	
Silver \$20	\$2,000 / \$4,000	\$7,150 / \$14,300	1st visit \$0 ² / \$45 ² Visit 2+ \$20 ² / \$45 ²	\$40 / \$50	40% / 50%	50%	\$300	\$45 ²	\$100	\$5 / \$50 / \$60 / 50% ⁷	
Plan name	Member(s) responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Coinsurance	Office / Specialist visit	Lab / X-rays	Outpatient surgery (ASC / hospital)	Inpatient hospital	Emergency room facility	Urgent care	Rx deductible (single / family)	Rx drug tier 1 / 2 / 3 / 4
PureCare HSP¹ Available through Health Net of California, Inc.											
Health Net Platinum 90 HSP 0/15	None	\$4,000 / \$8,000	10%	\$15 / \$40	\$20 / \$40	10% / 10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁷
Health Net Gold 80 HSP 0/30	None	\$6,750 / \$13,500	20%	\$30 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$30	None	\$15 / \$55 / \$75 / 20% ⁷
Health Net Silver 70 HSP 2000/45	\$2,000 / \$4,000	\$6,800 / \$13,600	20%	\$45 ² / \$75 ²	\$40 ² / \$70 ²	20% ² / 20% ²	20%	\$350 ²	\$45 ²	\$250 / \$500	\$15 ² / \$55 / \$85 / 20% ⁷
Health Net Bronze 60 HSP 6300/75	\$6,300 / \$12,600	\$6,800 / \$13,600	100% ⁴	\$75 ³ / \$105 ³	\$40 ² / 100% ⁴	100% ⁴ / 100% ⁴	100% ⁴	100% ⁴	\$75 ³	\$500 / \$1,000	100% ⁵
PPO¹ Available through Health Net Life Insurance Company and Covered CaliforniaTM											
Platinum 90 PPO 0/15 + Child Dental	None	\$4,000 / \$8,000	10% / 50%	\$15 / \$40	\$20 / \$40	10% / 10%	10%	\$150	\$15	None	\$5 / \$15 / \$25 / 10% ⁷
Gold 80 PPO 0/30 + Child Dental	None	\$6,750 / \$13,500	20% / 50%	\$30 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$30	None	\$15 / \$55 / \$75 / 20% ⁷
PPO Gold Value	\$750 / \$1,500	\$7,150 / \$14,300	30% / 50%	\$10 ² / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	Medical deductible applies	\$10 ² / \$25 / \$50 / 30% ⁷
Silver 70 PPO 2000/45 + Child Dental	\$2,000 / \$4,000	\$6,800 / \$13,600	20% / 50%	\$45 ² / \$75 ²	\$40 ² / \$70 ²	20% ² / 20% ²	20%	\$350 ²	\$45 ²	\$250 / \$500	\$15 ² / \$55 / \$85 / 20% ⁷
PPO Silver Value	\$1,700 / \$3,400	\$7,150 / \$14,300	40% / 50%	\$30 ² / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	Medical deductible applies	\$15 ² / \$55 / \$85 / 40% ⁷
PPO Silver HSA	\$1,300 / \$2,600	\$6,550 / \$13,100	30% / 50%	\$40 / \$60	30% / 30%	20% / 30%	30%	30%	\$60	Medical deductible applies	\$19 / \$40 / \$60 / 30%
Bronze 60 PPO 6300/75 + Child Dental	\$6,300 / \$12,600	\$6,800 / \$13,600	100% ⁴ / 50%	\$75 ³ / \$105 ³	\$40 ² / 100% ⁴	100% ⁴ / 100% ⁴	100% ⁴	100% ⁴	\$75 ³	\$500 / \$1,000	100% ⁵
PPO Bronze HSA	\$5,600 / \$11,200	\$6,550 / \$13,100	20% / 50%	\$15 / \$30	20% / 20%	10% / 20%	20%	20%	\$30	Medical deductible applies	\$5 / \$15 / \$40 / 20% ⁸

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
EnhancedCare PPO Available through Health Net Life Insurance Company											
EnhancedCare PPO Gold Value	\$750 / \$1,500	\$7,150 / \$14,300	30% / 50%	\$10 ² / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	Medical deductible applies	\$10 ² / \$25 / \$50 / 30%
EnhancedCare PPO Silver Value	\$1,700 / \$3,400	\$7,150 / \$14,300	40% / 50%	\$30 ² / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	Medical deductible applies	\$15 ² / \$55 / \$85 / 40%
EnhancedCare PPO Silver HSA	\$1,300 / \$2,600	\$6,550 / \$13,100	30% / 50%	\$40 / \$60	30% / 30%	20% / 30%	30%	30%	\$60	Medical deductible applies	\$19 / \$40 / \$60 / 30%
EnhancedCare PPO Bronze HSA	\$5,600 / \$11,200	\$6,550 / \$13,100	20% / 50%	\$15 / \$30	20% / 20%	10% / 20%	20%	20%	\$30	Medical deductible applies	\$5 / \$15 / \$40 / 20%
PureCare One EPO Available through Health Net Life Insurance Company and Covered California™											
Gold 80 EPO 1300/20 + Child Dental Alt	\$1,300 / \$2,600	\$6,000 / \$12,000	20%	\$20 ² / \$45 ²	\$20 / \$30	10% / 20%	20%	\$200 ²	\$45 ²	\$250 / \$500	\$5 ² / \$15 / 20% ⁶ / 20% ⁷
Silver 70 EPO 2000/20 + Child Dental Alt	\$2,000 / \$4,000	\$6,800 / \$13,600	50%	\$20 ² / \$60 ²	\$50 / \$60	40% / 50%	50%	\$300 ²	\$60 ²	\$250 / \$500	\$10 ² / \$55 / 40% ⁶ / 40% ⁷

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

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

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

¹Counties available:

PPO: Available in all counties.

EnhancedCare PPO: Los Angeles County.

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

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

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

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

CommunityCare: Los Angeles and Orange counties.

²Deductible waived.

³Deductible waived for first three visits.

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

⁵After the pharmacy deductible has been met, you pay 100% of the cost for all Tier 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.

⁶Maximum copayment after deductible of \$250 for an individual prescription of up to a 30-day supply on Tier 3 drugs.

⁷Maximum copayment after deductible (if any) of \$250 for an individual prescription of up to a 30-day supply on Tier 4 drugs.

⁸Maximum copayment after deductible (if any) of \$500 for an individual prescription of up to a 30-day supply on Tier 4 drugs.

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

HMO Favorites Available through Health Net

Platinum \$10, Platinum \$20, Gold \$30, Gold \$40, and Gold \$50 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.

Benefit description	Platinum \$10	Platinum \$20	Gold \$30
Unlimited lifetime maximum	✓	✓	✓
Plan maximums			
Calendar year deductible (single / family)	N/A	N/A	N/A
Out-of-pocket maximum (single / family)	\$4,250 / \$8,500	\$6,000 / \$12,000	\$6,750 / \$13,500
Professional services¹			
Office visit	\$10	\$20	\$30
Specialist visit	\$30	\$40	\$50
Rehabilitation and habilitation therapy	\$10	\$20	\$30
MinuteClinic ²	\$10	\$20	\$30
X-ray/Laboratory procedures	\$20 / \$20	\$20 / \$20	\$40 / \$40
Complex radiology services (MRI, CT, PET)	\$100	\$150	\$300
Outpatient services			
Outpatient surgery (ambulatory surgery center / hospital)	\$40 / \$100	\$200 / \$500	\$360 / \$900
Hospital services			
Inpatient hospital	\$300 per admission	\$700 per admission	\$1,200 per admission
Skilled nursing facility	\$25 per day	\$25 per day	\$25 per day
Emergency services			
Emergency room (waived if admitted)	\$100	\$150	\$300
Urgent care	\$30	\$40	\$50
Mental/Behavioral health / Substance use disorder services³			
Mental/Behavioral health / Substance use disorder (inpatient)	\$300 per admission	\$700 per admission	\$1,200 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) ⁴	\$10	\$10	\$10
Prescription drug coverage^{5,6}			
Brand-name calendar year deductible (single / family)	\$0	\$0	\$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) ⁵	\$5 / \$30 / \$50	\$5 / \$30 / \$50	\$15 / \$50 / \$70
Tier 4 drugs ⁷	30%	30%	30%
Pediatric dental⁸			
Diagnostic and preventive services	\$0	\$0	\$0
Pediatric vision⁹			
Routine eye exam	\$0	\$0	\$0
Glasses (limitations apply)	\$0	\$0	\$0

Plan footnotes found on page 49.

Gold \$40	Gold \$50	<i>SIMNSA Network for Salud HMO y Más plans</i> (Mexico members; self-referral for California members) ¹⁰
✓	✓	✓
N/A	N/A	N/A
\$6,850 / \$13,700	\$7,150 / \$14,300	\$1,500 / \$4,500 ¹¹
\$40	\$50	\$5
\$60	\$70	\$5
\$40	\$50	\$5
\$30	\$30	N/A
\$40 / \$40	\$50 / \$40	\$0
\$300	\$300	\$0
\$440 / \$1,100	\$520 / \$1,300	\$0 / \$0
\$1,300 per admission	\$2,000 per admission	\$0 per admission
\$25 per day	\$25 per day	\$0 per day
\$300	\$300	\$10
\$60	\$70	\$5
\$1,300 per admission	\$2,000 per admission	\$0 ¹² per admission
\$40	\$50	\$5 ¹²
40%	50%	\$0
\$10	\$10	Not covered
\$0	\$0	\$0
\$15 / \$50 / \$70	\$20 / \$50 / \$70	\$5 / \$5 / \$5
30%	30%	\$5
\$0	\$0	Not covered
\$0	\$0	Not covered
\$0	\$0	Not covered

CommunityCare HMO Portfolio

Available through Health Net

Unless otherwise noted, the deductible applies.

Plan footnotes found on page 49.

Benefit description	CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$20
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	\$7,150 / \$14,300
Professional services¹		
Office visit	1st visit \$0 (ded. waived) / Visit 2+ \$5 (ded. waived)	1st visit \$0 (ded. waived) / Visit 2+ \$20 (ded. waived)
Specialist visit	\$30 (ded. waived)	\$45 (ded. waived)
Rehabilitation and habilitation therapy	\$5 (ded. waived)	\$20 (ded. waived)
MinuteClinic ²	\$5 (ded. waived)	\$20 (ded. waived)
X-ray/Laboratory procedures	\$10 (ded. waived) / \$10 (ded. waived)	\$50 / \$40
Complex radiology services (MRI, CT, PET)	\$150	\$300
Outpatient services		
Outpatient surgery (ambulatory surgery center / hospital)	10% / 20%	40% / 50%
Hospital services		
Inpatient hospital	20%	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 services³		
Mental/Behavioral health / Substance use disorder (inpatient)	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	1st visit \$0 (ded. waived) / Visit 2+ \$5 (ded. waived)	1st visit \$0 (ded. waived) / Visit 2+ \$20 (ded. waived)
Other services		
Durable medical equipment	20%	30%
Acupuncture (medically necessary) ⁴	\$5 (ded. waived)	\$10 (ded. waived)
Prescription drug coverage^{5,6}		
Brand-name calendar year deductible (single / family)	\$0	\$100
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) ⁵	\$5 / \$40 / \$60	\$5 / \$50 / \$60
Tier 4 drugs ⁷	30%	50%
Pediatric dental⁸		
Diagnostic and preventive services	\$0 (ded. waived)	\$0 (ded. waived)
Pediatric vision⁹		
Routine eye exam	\$0 (ded. waived)	\$0 (ded. waived)
Glasses (limitations apply)	\$0 (ded. waived)	\$0 (ded. waived)



**Mark Rivera,
Health Net**
*We bring together
providers and
community to address
local health issues.*



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 0/30</i>
Unlimited lifetime maximum	✓	✓
Plan maximums		
Calendar year deductible (single / family)	N/A	N/A
Out-of-pocket maximum (single / family)	\$4,000 / \$8,000	\$6,750 / \$13,500
Professional services¹		
Office visit	\$15	\$30
Specialist visit	\$40	\$55
Rehabilitation and habilitation therapy	\$15	\$30
X-ray/Laboratory procedures	\$40 / \$20	\$55 / \$35
Complex radiology services (MRI, CT, PET)	10%	20%
Outpatient services		
Outpatient surgery (ambulatory surgery center / hospital)	10%	20%
Hospital services		
Inpatient hospital	10%	20%
Skilled nursing facility	10%	20%
Emergency services		
Emergency room (waived if admitted)	\$150	\$325
Urgent care	\$15	\$30
Mental/Behavioral health / Substance use disorder services²		
Mental/Behavioral health / Substance use disorder (inpatient)	10%	20%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15	\$30
Other services		
Durable medical equipment	10%	20%
Acupuncture (medically necessary) ³	\$15	\$30
Prescription drug coverage^{4,5}		
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) ⁴	\$5 / \$15 / \$25	\$15 / \$55 / \$75
Tier 4 drugs ⁶	10%	20%
Pediatric dental⁷		
Diagnostic and preventive services	\$0	\$0
Pediatric vision⁸		
Routine eye exam	\$0	\$0
Glasses (limitations apply)	\$0	\$0

Plan footnotes found on page 50.

<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
\$6,800 / \$13,600	\$6,800 / \$13,600
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) ⁹ Visits 4+: \$75
\$75 (ded. waived)	Visits 1–3: \$105 (ded. waived) ⁹ Visits 4+: \$105
\$45 (ded. waived)	\$75 (ded. waived)
\$70 (ded. waived) / \$40 (ded. waived)	100% ¹⁰ / \$40 (ded. waived)
20% (ded. waived)	100% ¹⁰
20% (ded. waived)	100% ¹⁰
20%	100% ¹⁰
20%	100% ¹⁰
\$350 (ded. waived)	100% ¹⁰
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) ⁹ Visits 4+: \$75
20%	100% ¹⁰
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) ⁹ Visits 4+: \$75
20% (ded. waived)	100% ¹⁰
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) ⁹ Visits 4+: \$75
\$250 / \$500 pharmacy brand-only ded.	\$500 / \$1,000 pharmacy all drug ded.
\$15 / \$55 / \$85	100%, member responsible for total contracted cost (\$500 cap) ¹¹
20%	100%, member responsible for total contracted cost (\$500 cap) ¹¹
\$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		Gold 80 PPO 0/30 + Child Dental	
	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	N/A	\$2,000 / \$4,000
Out-of-pocket maximum (single / family) ⁵	\$4,000 / \$8,000	\$9,000 / \$18,000	\$6,750 / \$13,500	\$13,500 / \$27,000
Professional services				
Office visit ⁷	\$15	50%	\$30	50%
Specialist visit	\$40	50%	\$55	50%
Rehabilitation and habilitation therapy	\$15	Not covered	\$30	Not covered
X-ray/Laboratory procedures	\$40 / \$20	50%	\$55 / \$35	50%
Complex radiology services (MRI, CT, PET)	10%	50%	20%	50%
Outpatient services				
Outpatient surgery (ambulatory surgery center / hospital)	10%	50%	20%	50%
Hospital services				
Inpatient hospital	10%	50%	20%	50%
Skilled nursing facility	10%	50%	20%	50%
Emergency services				
Emergency room (waived if admitted on non-HSA plans)	\$150	\$150	\$325	\$325
Urgent care	\$15	50%	\$30	50%
Mental/Behavioral health / Substance use disorder services				
Mental/Behavioral health / Substance use disorder (inpatient)	10%	50%	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$0	50%	\$0	50%
Other services				
Durable medical equipment	10%	Not covered	20%	Not covered
Acupuncture (medically necessary) ⁸	\$15	Not covered	\$30	Not covered
Prescription drug coverage^{9,10}				
Brand-name 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 / \$15 / \$25	Not covered	\$15 / \$55 / \$75	Not covered
Tier 4 drugs ¹¹	10%	Not covered	20%	Not covered
Pediatric dental¹²				
Diagnostic and preventive services	\$0	10%	\$0	10%
Pediatric vision¹³				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered

Plan footnotes found on page 51.

<i>Silver 70 PPO 2000/45 + Child Dental</i>		<i>PPO Silver HSA</i>		<i>Bronze 60 PPO 6300/75 + Child Dental</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}
✓	✓	✓		✓	✓
\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,300 / \$2,600	\$2,600 / \$5,200	\$6,300 / \$12,600	\$12,600 / \$25,200
\$6,800 / \$13,600	\$13,600 / \$27,200	\$6,550 / \$13,100	\$13,100 / \$26,200	\$6,800 / \$13,600	\$13,600 / \$27,200
\$45 (ded. waived)	50%	\$40	50%	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 ⁶	50%
\$75 (ded. waived)	50%	\$60	50%	Visits 1–3: \$105 (ded. waived) / Visits 4+: \$105 ⁶	50%
\$45 (ded. waived)	Not covered	\$40	Not covered	\$75 (ded. waived)	Not covered
\$70 (ded. waived) / \$40 (ded. waived)	50%	30%	50%	100% ¹⁴ / \$40 (ded. waived)	100% ¹⁴ / 50%
20% (ded. waived)	50%	30%	50%	100% ¹⁴	100% ¹⁴
20% (ded. waived)	50%	20% / 30%	50%	100% ¹⁴	100% ¹⁴
20%	50%	30%	50%	100% ¹⁴	100% ¹⁴
20%	50%	30%	50%	100% ¹⁴	100% ¹⁴
\$350 (ded. waived)	\$350 (ded. waived)	30%	30%	100% ¹⁴	100% ¹⁴
\$45 (ded. waived)	50%	\$60	50%	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 ⁶	50%
20%	50%	30%	50%	100% ¹⁴	100% ¹⁴
\$0 (ded. waived)	50%	\$40	50%	\$0 (ded. waived)	50%
20% (ded. waived)	Not covered	30%	Not covered	100% ¹⁴	Not covered
\$45 (ded. waived)	Not covered	\$40	Not covered	Visits 1–3: \$75 ded. waived / Visits 4+: \$75 ⁶	Not covered
\$250 / \$500 pharmacy brand only deductible	Not covered	\$1,300 / \$2,600 Integrated med / Rx all drug deductible	Not covered	\$500 / \$1,000 pharmacy all drug deductible	Not covered
\$15 / \$55 / \$85	Not covered	\$19 / \$40 / \$60	Not covered	100% (member responsible for total contracted cost) (\$500 cap) ¹⁵	Not covered
20%	Not covered	30%	Not covered	100% (member responsible for total contracted cost) (\$500 cap) ¹⁵	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

(continued)

PPO Portfolio

Available through Health Net and Covered California™

(continued)

Benefit description ¹	PPO Bronze HSA		PPO Gold Value	
	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	\$5,600 / \$11,200	\$11,200 / \$22,400	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-pocket maximum (single / family) ⁵	\$6,550 / \$13,100	\$13,100 / \$26,200	\$7,150 / \$14,300	\$14,300 / \$28,600
Professional services				
Office visit ⁷	\$15	50%	\$10 (ded. waived)	50%
Specialist visit	\$30	50%	\$30	50%
Rehabilitation and habilitation therapy	\$15	Not covered	\$10 (ded. waived)	Not covered
X-ray/Laboratory procedures	20%	50%	\$20	50%
Complex radiology services (MRI, CT, PET)	20%	50%	\$150	50%
Outpatient services				
Outpatient surgery (ambulatory surgery center / hospital)	10% / 20%	50%	20% / 30%	50%
Hospital services				
Inpatient hospital	20%	50%	30%	50%
Skilled nursing facility	20%	50%	30%	50%
Emergency services				
Emergency room (waived if admitted on non-HSA plans)	20%	20%	\$250	\$250
Urgent care	\$30	50%	\$30	50%
Mental/Behavioral health / Substance use disorder services				
Mental/Behavioral health / Substance use disorder (inpatient)	20%	50%	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15	50%	\$10 (ded. waived)	50%
Other services				
Durable medical equipment	20%	Not covered	30%	Not covered
Acupuncture (medically necessary) ⁸	\$15	Not covered	\$10 (ded. waived)	Not covered
Prescription drug coverage^{9,10}				
Brand-name calendar year deductible (single / family)	\$5,600 / \$11,200 Integrated Med/Rx ded. all drug deductible	Not covered	\$750 / \$1,500 Integrated Med/Rx ded. all drug deductible	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$15 / \$40	Not covered	\$10 (ded. waived) / \$25 / \$50	Not covered
Tier 4 drugs ¹¹	20%	Not covered	30%	Not covered
Pediatric dental¹²				
Diagnostic and preventive services	\$0	10%	\$0	10%
Pediatric vision¹³				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered

Plan footnotes found on page 51.

<i>PPO Silver Value</i>	
In-network^{1,2}	Out-of-network^{1,3}
✓	✓
\$1,700 / \$3,400	\$3,400 / \$6,800
\$7,150 / \$14,300	\$14,300 / \$28,600
\$30 (ded. waived)	50%
\$75	50%
\$30 (ded. waived)	Not covered
\$50	50%
\$250	50%
30% / 40%	50%
40%	50%
40%	50%
\$300	\$300
\$75	50%
40%	50%
\$30 (ded. waived)	50%
40%	Not covered
\$30 (ded. waived)	Not covered
\$1,700 / \$3,400 Integrated Med/Rx ded. all drug deductible	Not covered
\$15 (ded. waived) / \$55 / \$85	Not covered
40%	Not covered
\$0	10%
\$0	Not covered
\$0	Not covered

EnhancedCare PPO *Portfolio*

Available through Health Net

Benefit description ¹	EnhancedCare PPO Gold Value		EnhancedCare PPO Silver Value	
	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	\$750 / \$1,500	\$2,250 / \$4,500	\$1,700 / \$3,400	\$3,400 / \$6,800
Out-of-pocket maximum (single / family) ⁵	\$7,150 / \$14,300	\$14,300 / \$28,600	\$7,150 / \$14,300	\$14,300 / \$28,600
Professional services				
Office visit ⁶	\$10 (deductible waived)	50%	\$30 (deductible waived)	50%
Teladoc consultation telehealth services ⁷	\$0 (deductible waived)	Not covered	\$0 (deductible waived)	Not covered
Specialist visit	\$30	50%	\$75	50%
Rehabilitation and habilitation therapy	\$10 (deductible waived)	Not covered	\$30 (deductible waived)	Not covered
X-ray/Laboratory procedures	\$20	50%	\$50	50%
Complex radiology services (MRI, CT, PET)	\$150	50%	\$250	50%
Outpatient services				
Outpatient surgery (ambulatory surgery center / hospital)	20% / 30%	50%	30% / 40%	50%
Hospital services				
Inpatient hospital	30%	50%	40%	50%
Skilled nursing facility	30%	50%	40%	50%
Emergency services				
Emergency room (waived if admitted on non-HSA plans)	\$250	\$250	\$300	\$300
Urgent care	\$30	50%	\$75	50%
Mental/Behavioral health / Substance use disorder services				
Mental/Behavioral health / Substance use disorder (inpatient)	30%	50%	40%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$10 (deductible waived)	50%	\$30 (deductible waived)	50%
Other services				
Durable medical equipment	30%	Not covered	40%	Not covered
Acupuncture (medically necessary) ⁸	\$10 (deductible waived)	Not covered	\$30 (deductible waived)	Not covered
Prescription drug coverage^{9,10}				
Brand-name calendar year deductible (single / family)	\$750 / \$1,500 Integrated med / Rx all drug deductible	Not covered	\$1,700 / \$3,400 Integrated med / Rx all drug deductible	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$10 (ded. waived) / \$25 / \$50	Not covered	\$15 (ded. waived) / \$55 / \$85	Not covered
Tier 4 drugs ¹¹	30%	Not covered	40%	Not covered
Pediatric dental¹²				
Diagnostic and preventive services	\$0	10%	\$0	10%
Pediatric vision¹³				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered

Plan footnotes found on page 51.

<i>EnhancedCare PPO Silver HSA</i>		<i>EnhancedCare PPO Bronze HSA</i>	
In-network^{1,2}	Out-of-network^{1,3}	In-network^{1,2}	Out-of-network^{1,3}
✓		✓	
\$1,300 / \$2,600	\$2,600 / \$5,200	\$5,600 / \$11,200	\$11,200 / \$22,400
\$6,550 / \$13,100	\$13,100 / \$26,200	\$6,550 / \$13,100	\$13,100 / \$26,200
\$40	50%	\$15	50%
\$0	Not covered	\$0	Not covered
\$60	50%	\$30	50%
\$40	Not covered	\$15	Not covered
30%	50%	20%	50%
30%	50%	20%	50%
20% / 30%	50%	10% / 20%	50%
30%	50%	20%	50%
30%	50%	20%	50%
30%	30%	20%	20%
\$60	50%	\$30	50%
30%	50%	20%	50%
\$40	50%	\$15	50%
30%	Not covered	20%	Not covered
\$40	Not covered	\$15	Not covered
\$1,300 / \$2,600 Integrated med / Rx all drug deductible	Not covered	\$5,600 / \$11,200 Integrated med / Rx all drug deductible	Not covered
\$19 / \$40 / \$60	Not covered	\$5 / \$15 / \$40	Not covered
30%	Not covered	20%	Not covered
\$0	10%	\$0	10%
\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered

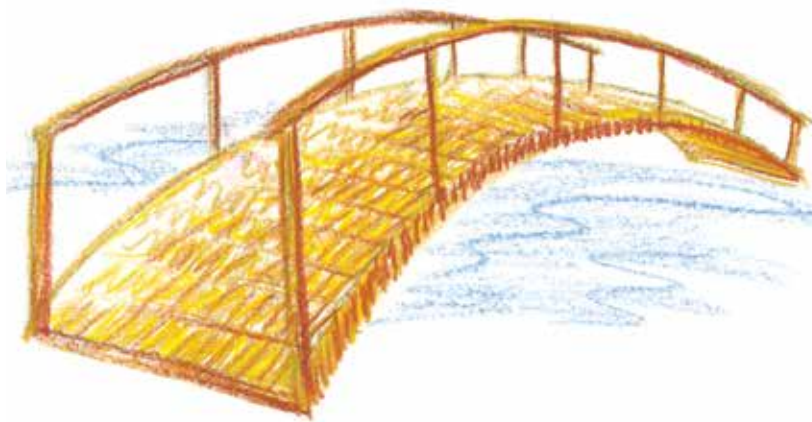
PureCare One EPO *Portfolio*

Available through Health Net and Covered California

Unless otherwise noted, the deductible applies.

Plan footnotes found on page 52.

<i>Benefit description</i>	<i>Gold 80 EPO 1300/20 + Child Dental Alt</i>	<i>Silver 70 EPO 2000/20 + Child Dental Alt</i>
Unlimited lifetime maximum	✓	✓
Plan maximums		
Calendar year deductible (single / family)	\$1,300 / \$2,600	\$2,000 / \$4,000
Out-of-pocket maximum (single / family)	\$6,000 / \$12,000	\$6,800 / \$13,600
Professional services¹		
Office visit	\$20 (ded. waived)	\$20 (ded. waived)
Specialist visit	\$45 (ded. waived)	\$60 (ded. waived)
Rehabilitation and habilitation therapy	\$20 (ded. waived)	\$20 (ded. waived)
X-ray/Laboratory procedures	\$30 / \$20	\$60 / \$50
Complex radiology services (MRI, CT, PET)	20%	50%
Outpatient services Outpatient surgery (ambulatory surgery center / hospital)	10% / 20%	40% / 50%
Hospital services		
Inpatient hospital	20%	50%
Skilled nursing facility	20%	50%
Emergency services		
Emergency room (waived if admitted)	\$200 (ded. waived)	\$300 (ded. waived)
Urgent care	\$45 (ded. waived)	\$60 (ded. waived)
Mental/Behavioral health / Substance use disorder services²		
Mental/Behavioral health / Substance use disorder (inpatient)	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$20 (ded. waived)	\$20 (ded. waived)
Other services		
Durable medical equipment	20%	50%
Acupuncture (medically necessary) ³	\$20 (ded. waived)	\$20 (ded. waived)
Prescription drug coverage^{4,5}		
Brand-name calendar year deductible (single / family)	\$250 / \$500 pharmacy brand only deductible	\$250 / \$500 pharmacy brand only deductible
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) ^{4,7}	\$5 / \$15 / 20%	\$10 / \$55 / 40%
Tier 4 drugs ^{6,7}	20%	40%
Pediatric dental⁸		
Diagnostic and preventive services	\$0 (ded. waived)	\$0 (ded. waived)
Pediatric vision⁹		
Routine eye exam	\$0 (ded. waived)	\$0 (ded. waived)
Glasses (limitations apply)	\$0 (ded. waived)	\$0 (ded. waived)



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, 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 including the Classic Plan with a calendar year maximum rollover benefit and feature-packed Essential plans. Health Net 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 plan.
- Classic plan reimburses 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.
- 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).

DPPO plan features

Classic 4 1500

- This plan has a \$1,500 calendar year maximum.
- Classic 4 1500 offers full coverage for preventive services.

Classic 5 1500

- This plan has a \$1,500 calendar year maximum.

- Classic 5 1500 offers full coverage for preventive, general and major services.
- Classic 5 1500 covers orthodontia with a \$1,500 lifetime maximum.

Essential 2 1000

- This plan has a \$1,000 calendar year maximum.
- Essential 2 1000 reimburses out-of-network benefits on a limited-fee schedule.
- This plan offers full coverage for preventive, general and major services.

Essential 5 1500

- This plan has a \$1,500 calendar year maximum.
- Essential 5 1500 covers orthodontia with a \$1,500 lifetime maximum.

Essential 6 1500

- Same features as Essential 2 1000, with a \$1,500 calendar year maximum.

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.

	DPPO Classic 4 1500		DPPO Classic 5 1500	
	In-network	Out-of-network ⁴	In-network	Out-of-network ⁴
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 deductible		80% after deductible	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible	
Orthodontia⁶ (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum	

	DPPO Essential 2 1000		DPPO Essential 5 1500		DPPO Essential 6 1500	
	In-network	Out-of-network ⁵	In-network	Out-of-network ⁵	In-network	Out-of-network ⁵
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 deductible		80% after deductible		80% after deductible	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible		50% after deductible	
Orthodontia⁶ (adult and child)	Not covered		50% after deductible / \$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 53.

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 53.

<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, PureCare HSP or PureCare One EPO 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.



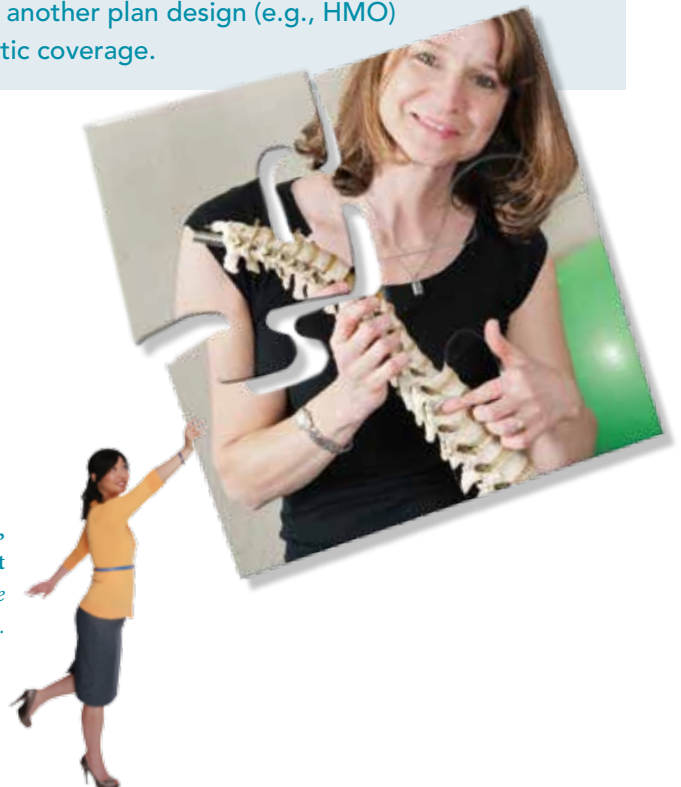
	Chiropractic coverage highlights
Office visits ¹⁰	\$10 copay per visit
Visits per calendar year	Unlimited
Lab tests	Covered when medically necessary
X-rays	Covered for medically necessary chiropractic care
Annual chiropractic appliance allowance	\$50 toward the purchase of medically necessary items such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

PPO Value and Bronze HSA plans include Chiro

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

- PPO Value Plans: \$25 copayment per visit, 12 visits per year, no deductible
- PPO HSA Plans: \$25 copayment per visit, unlimited visits, deductible applies

Plus! You can pair one of these PPOs with another plan design (e.g., HMO) whether or not you want to buy chiropractic coverage.



Carol Kim,
Health Net
*We help make whole
health possible.*

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.¹²

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).

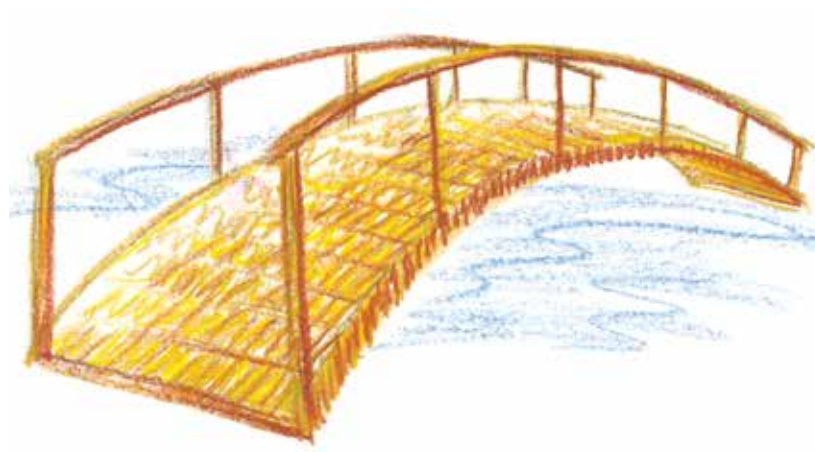
Group Life plan features

- **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 accident, 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 starting 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/EPO/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	CZ8	CV9
CommunityCare HMO Silver \$20	CZB	CZ7
Full Network HMO Platinum \$10	CZC	CZH
Full Network HMO Platinum \$20	CZD	CZI
Full Network HMO Gold \$30	CZE	CZJ
Full Network HMO Gold \$40	CZF	CZK
Full Network HMO Gold \$50	CZG	CZL
WholeCare HMO Platinum \$10	D1T	D1U
WholeCare HMO Platinum \$20	D1P	D1V
WholeCare HMO Gold \$30	D1Q	D1W
WholeCare HMO Gold \$40	D1R	D1X
WholeCare HMO Gold \$50	D1S	D1Y
SmartCare HMO Platinum \$10	EBJ	EBI
SmartCare HMO Platinum \$20	EBL	EBK
SmartCare HMO Gold \$30	EBN	EBM
SmartCare HMO Gold \$40	EBP	EBO
SmartCare HMO Gold \$50	EBR	EBQ
Salud HMO y Más HMO Platinum \$10	D16	D17
Salud HMO y Más HMO Platinum \$20	D12	D18
Salud HMO y Más HMO Gold \$30	D13	D19
Salud HMO y Más HMO Gold \$40	D14	D1B
Salud HMO y Más HMO Gold \$50	D15	D1C
Platinum 90 PPO 0/15 + Child Dental	D63	D60
Gold 80 PPO 0/30 + Child Dental	D5Z	D5W
Silver 70 PPO 2000/45 + Child Dental	D67	D64
Bronze 60 PPO 6300/75 + Child Dental	D5V	D5S
PPO Bronze HSA	D5J	D5I
PPO Silver HSA	EF0	EEZ
EnhancedCare PPO Gold Value	EF8	EF7
EnhancedCare PPO Silver Value	EF6	EF5
EnhancedCare PPO Silver HSA	EF4	EF2
EnhancedCare PPO Bronze HSA	EF3	EF1
PPO Gold Value	D69	D68
PPO Silver Value	D6C	D6B
Gold 80 EPO 1300/20 + Child Dental Alt	D5N	D5M
Silver 70 EPO 2000/20 + Child Dental Alt	D5R	D5Q
Platinum 90 HSP 0/15	CZR	CZO
Gold 80 HSP 0/30	CZP	CZO
Silver 70 HSP 2000/45	CZT	CZS
Bronze 60 HSP 6300/75	CZN	CZM

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.

For EPO insurance plans only

- There is a \$1,500 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.

Platinum \$10, Platinum \$20, Gold \$30, Gold \$40, and Gold \$50

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.
- ³Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.
- ⁴Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- ⁵The 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.
- ⁶Preventive 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.
- ⁷Tier 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.
- ⁸Pediatric 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.
- ⁹Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.
- ¹⁰In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA Network, except for emergency services.
- ¹¹Any 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.
- ¹²Mental 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.
- ²MinuteClinics are not located in all California counties. Refer to www.minuteclinic.com for the most up-to-date locations.

³Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.

⁴Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁵The 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.

⁶Preventive 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.

⁷Tier 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.

⁸Pediatric 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.

⁹Health 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 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.

²Benefits are administered by MHN Services, an affiliated behavioral health administrative services company, which provides behavioral health services.

³Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁴The 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 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.

⁵Preventive 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.

⁶Tier 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.

⁷Pediatric 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.

⁸Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

⁹(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.

¹⁰(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.

¹¹(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.

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.
- ⁵Copayments 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.
- ⁶(Bronze non-HSA 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.
- ⁷Covered 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 on generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.
- ⁸Acupuncture care is underwritten by Health Net Life Insurance Company for PPO plans.
- ⁹The 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.
- ¹⁰Preventive 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.
- ¹¹Tier 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 HSA only) Tier 4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply.
- ¹²Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company. See the plan's *Certificate of Insurance* for details.
- ¹³Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.
- ¹⁴(Bronze non-HSA) 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.
- ¹⁵(Bronze non-HSA) 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.

- ⁵Copayments 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.
- ⁶Covered 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 on generally recommended preventive services, go to www.healthcare.gov. The applicable cost-sharing for preventive care will apply to these services.
- ⁷Health Net contracts with Teladoc to provide telehealth services for medical, mental disorders 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.
- ⁸Acupuncture care is underwritten by Health Net Life Insurance Company for EnhancedCare PPO plans.
- ⁹The 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.
- ¹⁰Preventive 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.
- ¹¹Tier 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 HSA only) Tier 4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply.
- ¹²Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company. See the plan's *Certificate of Insurance* for details.
- ¹³Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

PureCare One EPO

- 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.
- ²Benefits are administered by MHN Services, an affiliated behavioral health administrative services company, which provides behavioral health services.
- ³Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- ⁴The 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 deductible must be paid before Health Net begins to pay for brand-name prescription drugs, including specialty drugs.
- ⁵Preventive 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.

⁶Tier 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.

⁷Tier 3 and 4 prescription drugs will have a copayment or coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply after the deductible has been met. Tier 3 prescription drugs will have a maximum of \$750 for a 90-day supply prescription through mail order after the deductible has been met.

⁸Pediatric dental PPO plans are provided by Health Net Life Insurance Company. See the plan's COI for details.

⁹Health 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 and EPO insurance plans. Chiropractic care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

¹¹Includes emergencies and urgent care visits and referral visits to nonparticipating acupuncturists.

¹²Group Term Life, Supplemental Group Term Life and AD&D products are underwritten by Health Net Life Insurance Company, a subsidiary of Health Net, Inc.

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