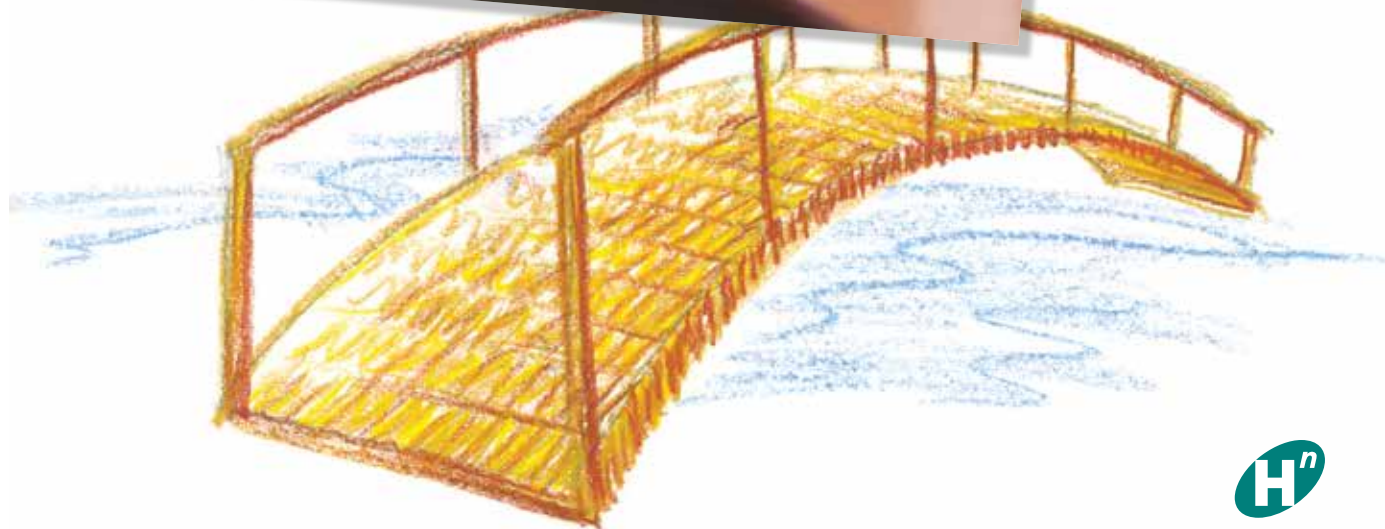


Renewal Guide

Small Group 2.0 for 2018



Health Net®

Simplified. Sustainable. Small business-focused. That's what we promised when we introduced Small Group 2.0 last year. And that's what we're delivering again for 2018.

Let's get your renewal started! Small Group 2.0 has you covered for 2018 with new designs and all-time favorites.

- EnhancedCare PPO brings small businesses in L.A. the ability to offer a PPO at a lower premium, all while giving employees more point of care choices. For 2018, EnhancedCare PPOs are available both off-exchange and through Covered California for Small Business.

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 tailored network.

- Full Network PPO Health Savings Account (HSA) plans renamed High Deductible Health Plans (HDHP). Same benefit design as 2017.
- Full Network PPO Silver High Deductible Health Plan (HDHP) in all regions and available on- and off-exchange.

- New HMO Silver \$40 plan available with choice of network: Full Network HMO, WholeCare, SmartCare, or Salud HMO y Más.
- HMO Gold \$50 retired in favor of an HMO Silver \$40 plan.
- New CommunityCare HMO Bronze \$45 plan for L.A. and Orange counties.
- Virtual doctor visits via Teladoc for our CommunityCare HMO members and new EnhancedCare PPO plans.

Note: PureCare One EPO plans closed, effective January 1, 2018. We continue to offer PureCare HSP plans in Platinum, Gold, Silver, and Bronze metal levels.

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

Renewal tip!

Mark your calendar for the 18th of the month. That's the last day to submit plan changes for accurate processing and billing for your renewal date.

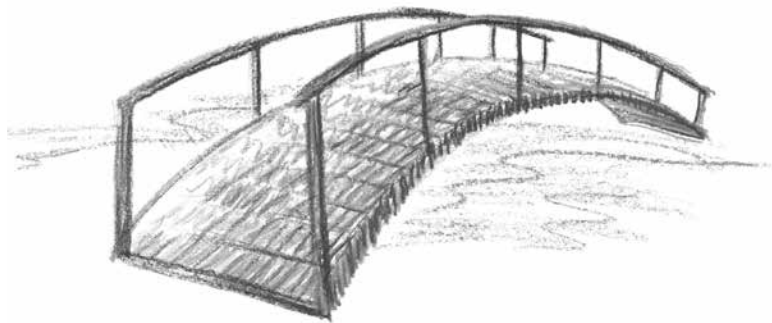
Of course, you can submit changes after the 18th, but later changes will trigger:

- Retroactive billing adjustments.
- Another set of ID cards.
- Claims re-adjudication.



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Small Group 2.0 *for* 2018

*Simplified, Sustainable,
Small Business-Focused*

Questions? Need more information?

Please contact Health Net Account Management at 1-800-447-8812, option 2.

2018 Portfolio Highlights

Keeping businesses like yours healthy and growing is the reason we created Small Group 2.0. As of December 2017, we have launched new plan designs like EnhancedCare PPO to bring you more affordable options.

Meet EnhancedCare PPO – A more affordable PPO comes to L.A.

EnhancedCare PPO gives your employees 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 bottom line.

More care choices and cost control for employees

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

- See their PCP or another doctor in the EnhancedCare 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 HDHP 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 a 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, your employees can use our Health Benefit Navigator team for help 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. Now, employees have a real copilot for their health. Members may reach their dedicated Health Benefit Navigator team at 1-844-463-8188.

More budget sustainability for your business

Employees want choices. 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.

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.



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

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

Pick your plan, pick your network



Choose your favorite plan design and pair it with any of the networks we offer in your location as shown below. The plan design stays the same. Simple.

HMO

| Step 1: Pick your plan design. | | Step 2: Pair your plan with any of the networks we offer in your location. | |
|---|---|---|---|
|  | Platinum \$10 Platinum \$20 Gold \$30 Gold \$40 Silver \$40 |  | Full Network WholeCare SmartCare Salud HMO y Más |

New as of December 2017: Mix-and-match option for L.A. clients who prefer PPOs.

PPO

| Step 1: Pick your plan design. | | Step 2: Pair your plan with the network that fits and is available in the group's location. | |
|--|--|---|--|
|  | Gold Value Silver Value Silver HDHP Bronze HDHP |  | Full PPO Network EnhancedCare PPO Network |

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

CommunityCare HMO

Small Group 2.0 continues to offer CommunityCare HMOs to employers in Los Angeles and Orange counties. Available from Health Net of California, Inc., these HMO designs – Gold, Silver and new Bronze – come with the tailored CommunityCare HMO network and feature low-priced premiums.

The EnhancedCare Network is a tailored network that we're building and adding to throughout 2017 and 2018 so that members have a carefully curated selection of provider groups and hospitals near where they live.



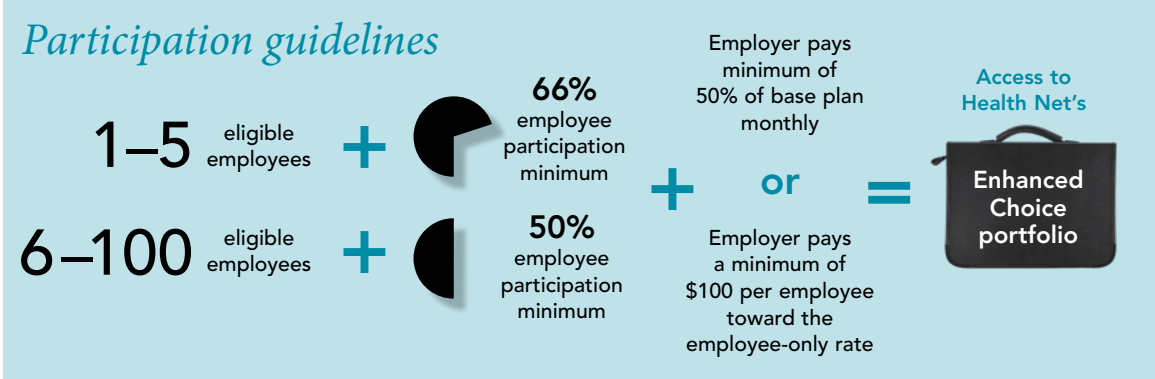
Enhanced Choice

Health Net invites you to be choosy! With Enhanced Choice, you have the option to offer multiple plans to your employees. First, decide whether you prefer Enhanced Choice or EnhancedCare PPO Choice. Then you can offer any number or combination of plans which are within that package and available in your location.

Two packages that offer multiple plans

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

Whether you go for Enhanced Choice or EnhancedCare PPO Choice, the set-up works the same!



2018

Changes and Additions

Notice of Changes to Coverage Terms

Commercial Small Business Group plan contracts will contain updates as shown in the “Notice of Changes to Coverage Terms” document. For details on the benefit or coverage modifications, log in to www.healthnet.com/noc. For more information, please contact Health Net Account Management.

Plan and network availability vary by county. See “Choices by Location” for plans by region.

| | Plan |
|--------------------------|---|
| HMO | <p>Tailored 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!</p> <ul style="list-style-type: none"> • Platinum \$10 • Platinum \$20 • Gold \$30 • Gold \$40 • Silver \$40 |
| CommunityCare HMO | <ul style="list-style-type: none"> • HMO Gold \$5 • HMO Silver \$20 • HMO Bronze \$45 |
| Full Network PPO | <ul style="list-style-type: none"> • Platinum 90 PPO 0/15 + Child Dental • Gold 80 PPO 0/25 + Child Dental • Gold 80 Value PPO 750/10 + Child Dental Alt • Silver 70 PPO 2000/45 + Child Dental • Silver 70 Value PPO 1700/30 + Child Dental Alt • Silver 70 HDHP 1350/40 PPO + Child Dental Alt • Bronze 60 PPO 6300/75 + Child Dental • Bronze 60 HDHP 5600/15 PPO + Child Dental Alt |
| EnhancedCare PPO | <ul style="list-style-type: none"> • PPO Gold Value • PPO Silver Value • Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt • Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt |
| PureCare HSP | <ul style="list-style-type: none"> • Platinum 90 HSP 0/15 • Gold 80 HSP 0/25 • Silver 70 HSP 2000/45 • Bronze 60 HSP 6300/75 |

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

Advanced Choice Pharmacy Network is our first tailored pharmacy network. It pairs with CommunityCare HMO, SmartCare HMO 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.



2018

PPO *Plan-to-Plan Crosswalk of Benefit Changes*

Platinum 90 PPO 0/15 + Child Dental (Standard)

Benefit changes for services provided by in-network (preferred) providers

- Out-of-pocket maximum decreased from \$4,000 individual/\$8,000 family to \$3,350 individual/\$6,700 family.
- Specialist visit decreased from a \$40 copayment to a \$30 copayment per visit.
- Laboratory tests decreased from a \$20 copayment to a \$15 copayment.
- X-rays and diagnostic imaging decreased from a \$40 copayment to a \$30 copayment.

Gold 80 PPO 0/30 + Child Dental to Gold 80 PPO 0/25 + Child Dental (Standard)

Benefit changes for services provided by in-network (preferred) providers

- Out-of-pocket maximum decreased from \$6,750 individual/\$13,500 family to \$6,000 individual/\$12,000 family.
- Primary care visit decreased from a \$30 copayment to \$25 copayment per visit.
- Urgent care visit decreased from a \$30 copayment to \$25 copayment per visit.
- Outpatient rehabilitation and habilitation services decreased from a \$30 copayment to \$25 copayment per visit.

Silver 70 PPO 2000/45 + Child Dental (Standard)

Benefit changes for services provided by in-network (preferred) providers

- Pharmacy deductible revised from \$250 individual/\$500 family to \$125 individual/\$250 family and applies to tier 1 drugs in addition to tiers 2–4.
- Out-of-pocket maximum increased from \$6,800 individual/\$13,600 family to \$7,000 individual/\$14,000 family.

Bronze 60 PPO 6300/75 + Child Dental (Standard)

Benefit changes for services provided by in-network (preferred) providers

- Out-of-pocket maximum increased from \$6,800 individual/\$13,600 family to \$7,000 individual/\$14,000 family.

PPO Gold Value (2017) to Gold 80 Value PPO 750/10 + Child Dental Alt (2018)

- No cost-share changes.

PPO Silver Value (2017) to Silver 70 Value PPO 1700/30 + Child Dental Alt (2018)

- No cost-share changes.

PPO Bronze HSA (2017) to Bronze 60 HDHP 5600/15 PPO + Child Dental Alt (2018)

- No cost-share changes.

PPO Silver HSA (2017) to Silver 70 HDHP 1350/40 PPO + Child Dental Alt (2018)

Benefit changes for services provided by in-network (preferred) providers

- Deductible increased from \$1,300 individual/\$2,600 family to \$1,350 individual/\$2,700 family.

Benefit changes for services provided by out-of-network (non-preferred) providers

- Deductible increased from \$2,600 individual/\$5,200 family to \$2,700 individual/\$5,400 family.

EnhancedCare PPO Gold Value

- No cost-share changes.

EnhancedCare PPO Silver Value

- No cost-share changes.

EnhancedCare PPO Bronze HSA (2017) to Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt (2018)

- No cost-share changes.

EnhancedCare PPO Silver HSA (2017) to Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt (2018)

Benefit changes for services provided by in-network (preferred) providers

- Deductible increased from \$1,300 individual/\$2,600 family to \$1,350 individual/\$2,700 family.

Benefit changes for services provided by out-of-network (non-preferred) providers

- Deductible increased from \$2,600 individual/\$5,200 family to \$2,700 individual/\$5,400 family.

Certification Requirements Update:

- Cardiac catheterization and behavioral health treatment for pervasive developmental disorder or autism no longer require certification.
- All durable medical equipment, prostheses and physical therapy now require certification. In addition, balloon sinuplasty; capsule endoscopy; injections for intended use of steroid and/or pain management, including epidural, nerve, nerve root, facet joint, trigger point, and sacroiliac (SI) joint injection; spinal surgery; and penile implant also require certification.
- Clarification made to outpatient pharmaceutical items to refer to the formulary to identify specific drugs that require prior authorization.

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 HDHP | Silver, Bronze | Full Network PPO | |
| | Nevada County | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare |
| | | HSP | Platinum, Gold, Silver, and Bronze | PureCare |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO | |
| | PPO Value | Gold, Silver | Full Network PPO | |
| | PPO HDHP | Silver, Bronze | Full Network PPO | |
| Region 2 Marin, Napa, Solano, and Sonoma counties | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare | |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare | |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO | |
| | PPO Value | Gold, Silver | Full Network PPO | |
| | PPO HDHP | Silver, Bronze | Full Network PPO | |
| Region 3 Sacramento, Placer, El Dorado, and Yolo counties | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare | |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare | |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO | |
| | PPO Value | Gold, Silver | Full Network PPO | |
| | PPO HDHP | Silver, Bronze | Full Network PPO | |
| Region 4 San Francisco County | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare | |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare | |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO | |
| | PPO Value | Gold, Silver | Full Network PPO | |
| | PPO HDHP | Silver, Bronze | Full Network PPO | |

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

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

| <i>Region</i> | <i>We offer...</i> | <i>In this metal tier...</i> | <i>With this network</i> |
|---|-----------------------|---------------------------------------|--|
| Region 15 Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935 | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más |
| | | Gold, Silver, Bronze | CommunityCare |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO |
| | PPO Value PPO HDHP | Gold, Silver Silver, Bronze | Your choice of: • Full Network PPO • EnhancedCare PPO |
| Region 16 Los Angeles County: ZIP codes not in Region 15 | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más |
| | | Gold, Silver, Bronze | CommunityCare |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO |
| | PPO Value PPO HDHP | Gold, Silver Silver, Bronze | Your choice of: • Full Network PPO • EnhancedCare PPO |
| Region 17 San Bernardino and Riverside counties | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO |
| | PPO Value | Gold, Silver | Full Network PPO |
| | PPO HDHP | Silver, Bronze | Full Network PPO |
| Region 18 Orange County | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más |
| | | Gold, Silver | CommunityCare |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO |
| | PPO Value PPO HDHP | Gold, Silver Silver, Bronze | Full Network PPO Full Network PPO |
| Region 19 San Diego County | HMO | Platinum, Gold, Silver | Your choice of: • Full Network • WholeCare • SmartCare • Salud y Más |
| | HSP | Platinum, Gold, Silver, and Bronze | PureCare |
| | PPO | Platinum, Gold, Silver, and Bronze | Full Network PPO |
| | PPO Value | Gold, Silver | Full Network PPO |
| | PPO HDHP | Silver, Bronze | Full Network PPO |

All values shown are for in-network only.

| Plan name | Member(s) responsibility | | | | | | | | | |
|---|------------------------------|---|--|---------------------------------------|-------------------------------------|---|-------------------------|-------------------|----------------------------------|---|
| | Deductible (single / family) | Out-of-pocket maximum (single / family) | Office / Specialist visit | Lab / X-rays | Outpatient surgery (ASC / hospital) | Inpatient hospital | Emergency room facility | Urgent care | Pharmacy | |
| | | | | | | | | | Rx brand deductible | Rx drug tier 1 / 2 / 3 / 4 |
| Full HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más¹ Available through Health Net of California, Inc. | | | | | | | | | | |
| Platinum \$10 | None | \$2,000 / \$4,000 | \$10 / \$30 | \$10 / \$10 | \$40 / \$100 | \$300 per admission | \$100 | \$30 | \$0 | \$5 / \$30 / \$50 / 30% ² |
| Platinum \$20 | None | \$3,000 / \$6,000 | \$20 / \$40 | \$10 / \$10 | \$200 / \$500 | \$700 per admission | \$150 | \$40 | \$0 | \$5 / \$30 / \$50 / 30% ² |
| Gold \$30 | None | \$5,000 / \$10,000 | \$30 / \$50 | \$40 / \$40 | \$360 / \$900 | \$1,200 per admission | \$300 | \$50 | \$0 | \$15 / \$50 / \$70 / 30% ² |
| Gold \$40 | None | \$6,000 / \$12,000 | \$40 / \$60 | \$40 / \$40 | \$440 / \$1,100 | \$1,300 per admission | \$300 | \$60 | \$0 | \$15 / \$50 / \$70 / 30% ² |
| Silver \$40 | None | \$7,200 / \$14,400 | \$40 / \$60 | \$40 / \$50 | 40% / 50% | \$750 per day (3 day max copay per admission) | 50% | \$60 | \$250 | \$20 / 50% / 50% / 50% ² |
| CommunityCare HMO¹ Available through Health Net of California, Inc. | | | | | | | | | | |
| Gold \$5 | \$1,500 / \$3,000 | \$6,000 / \$12,000 | 1st visit: \$0 ³ / \$30 ³ Visit 2+: \$5 ³ / \$30 ³ | \$10 ³ / \$10 ³ | 20% / 30% | 30% | \$150 | \$30 ³ | \$0 | \$5 / \$40 / \$60 / 30% ² |
| Silver \$20 | \$2,000 / \$4,000 | \$7,250 / \$14,500 | 1st visit 1: \$0 ³ / \$45 ³ Visit 2+: \$20 ³ / \$45 ³ | \$40 / \$50 | 40% / 50% | 50% | \$300 | \$45 ³ | \$150 | \$10 / \$50 / \$60 / 50% ² |
| Bronze \$45 | \$3,750 / \$7,500 | \$7,350 / \$14,700 | \$45 / \$60 | 50% / 50% | 50% / 50% | 50% | 50% | \$60 | Integrated medical Rx deductible | \$15 ³ / \$50 / 50% / 50% ² |

| Plan name | Member(s) responsibility | | | | | | | | | | |
|--|------------------------------|---|-------------------|--|---------------------------------------|---------------------------------------|--------------------|-------------------------|-------------------|---|--|
| | Deductible (single / family) | Out-of-pocket maximum (single / family) | Coinsurance | Office / Specialist visit | Lab / X-rays | Outpatient surgery (ASC / hospital) | Inpatient hospital | Emergency room facility | Urgent care | Pharmacy | |
| | | | | | | | | | | Rx deductible (single / family) | Rx drug tier 1 / 2 / 3 / 4 |
| PPO¹ Available through Health Net Life Insurance Company and Covered CaliforniaTM | | | | | | | | | | | |
| Platinum 90 PPO 0/15 + Child Dental | None | \$3,350 / \$6,700 | 10% | \$15 / \$30 | \$15 / \$30 | 10% / 10% | 10% | \$150 | \$15 | \$0 | \$5 / \$15 / \$25 / 10% ² |
| Gold 80 PPO 0/25 + Child Dental | None | \$6,000 / \$12,000 | 20% | \$25 / \$55 | \$35 / \$55 | 20% / 20% | 20% | \$325 | \$25 | \$0 | \$15 / \$55 / \$75 / 20% ² |
| Gold 80 Value PPO 750/10 + Child Dental Alt | \$750 / \$1,500 | \$7,150 / \$14,300 | 30% | \$10 ³ / \$30 | \$20 / \$20 | 20% / 30% | 30% | \$250 | \$30 | \$750 / \$1,500 Integrated med / Rx all drug deductible | \$10 ³ / \$25 / \$50 / 30% ² |
| Silver 70 PPO 2000/45 + Child Dental | \$2,000 / \$4,000 | \$7,000 / \$14,000 | 20% | \$45 ³ / \$75 ³ | \$40 ³ / \$70 ³ | 20% ³ / 20% ³ | 20% | \$350 ³ | \$45 ³ | \$125 / \$250 All drug deductible | \$15 / \$55 / \$85 / 20% ² |
| Silver 70 Value PPO 1700/30 + Child Dental Alt | \$1,700 / \$3,400 | \$7,150 / \$14,300 | 40% | \$30 ³ / \$75 | \$50 / \$50 | 30% / 40% | 40% | \$300 | \$75 | \$1,700 / \$3,400 Integrated med / Rx all drug deductible | \$15 ³ / \$55 / \$85 / 40% ² |
| Silver 70 HDHP 1350/40 PPO + Child Dental Alt | \$1,350 / \$2,700 | \$6,550 / \$13,100 | 30% | \$40 / \$60 | 30% / 30% | 20% / 30% | 30% | 30% | \$60 | \$1,350 / \$2,700 Integrated med / Rx all drug deductible | \$19 / \$40 / \$60 / 30% ² |
| Bronze 60 PPO 6300/75 + Child Dental | \$6,300 / \$12,600 | \$7,000 / \$14,000 | 100% ⁴ | \$75 ⁵ / \$105 ⁵ | \$40 ³ / 100% ⁴ | 100% ⁴ / 100% ⁴ | 100% ⁴ | 100% ⁴ | \$75 ⁵ | \$500 / \$1,000 All drug deductible | 100% ⁶ |
| Bronze 60 HDHP 5600/15 PPO + Child Dental Alt | \$5,600 / \$11,200 | \$6,550 / \$13,100 | 20% | \$15 / \$30 | 20% / 20% | 10% / 20% | 20% | 20% | \$30 | \$5,600 / \$11,200 Integrated med / Rx all drug deductible | \$5 / \$15 / \$40 / 20% 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 | 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% | \$10 ³ / \$30 | \$20 / \$20 | 20% / 30% | 30% | \$250 | \$30 | \$750 / \$1,500 Integrated med / Rx all drug deductible | \$10 ³ / \$25 / \$50 / 30% |
| EnhancedCare PPO Silver Value | \$1,700 / \$3,400 | \$7,150 / \$14,300 | 40% | \$30 ³ / \$75 | \$50 / \$50 | 30% / 40% | 40% | \$300 | \$75 | \$1,700 / \$3,400 Integrated med / Rx all drug deductible | \$15 ³ / \$55 / \$85 / 40% |
| Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental Alt | \$1,350 / \$2,700 | \$6,550 / \$13,100 | 30% | \$40 / \$60 | 30% / 30% | 20% / 30% | 30% | 30% | \$60 | \$1,350 / \$2,700 Integrated med / Rx all drug deductible | \$19 / \$40 / \$60 / 30% |
| Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental Alt | \$5,600 / \$11,200 | \$6,550 / \$13,100 | 20% | \$15 / \$30 | 20% / 20% | 10% / 20% | 20% | 20% | \$30 | \$5,600 / \$11,200 Integrated med / Rx all drug deductible | \$5 / \$15 / \$40 / 20% |
| PureCare HSP¹ Available through Health Net of California, Inc. | | | | | | | | | | | |
| Platinum 90 HSP 0/15 | None | \$3,350 / \$6,700 | 10% | \$15 / \$30 | \$15 / \$30 | 10% / 10% | 10% | \$150 | \$15 | \$0 | \$5 / \$15 / \$25 / 10% ² |
| Gold 80 HSP 0/25 | None | \$6,000 / \$12,000 | 20% | \$25 / \$55 | \$35 / \$55 | 20% / 20% | 20% | \$325 | \$25 | \$0 | \$15 / \$55 / \$75 / 20% ² |
| Silver 70 HSP 2000/45 | \$2,000 / \$4,000 | \$7,000 / \$14,000 | 20% | \$45 ³ / \$75 ³ | \$40 ³ / \$70 ³ | 20% ³ / 20% ³ | 20% | \$350 ³ | \$45 ³ | \$125 / \$250 | \$15 / \$55 / \$85 / 20% ² |
| Bronze 60 HSP 6300/75 | \$6,300 / \$12,600 | \$7,000 / \$14,000 | 100% ⁴ | \$75 ⁵ / \$105 ⁵ | \$40 ³ / 100% ⁴ | 100% ⁴ / 100% ⁴ | 100% ⁴ | 100% ⁴ | \$75 ⁵ | \$500 / \$1000 | 100% ⁶ |

Two packages that offer multiple plans

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

Choice program

How it works

1–5
eligible employees



66% employee participation minimum

6–100
eligible employees



50% employee participation minimum



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

| Dental plan | Member pays | | | | | |
|-----------------------|-------------------|------------------------|---------------------|-------------------|-------------------|-------------------|
| | Annual deductible | Ortho lifetime maximum | Annual plan maximum | Cleanings | Exams | X-rays |
| DPPO Classic 5 1500 | \$50 / \$150 | \$1,500 | \$1,500 | 100% ³ | 100% ³ | 100% ³ |
| DPPO Classic 4 1500 | \$50 / \$150 | Not covered | \$1,500 | 100% ³ | 100% ³ | 100% ³ |
| DPPO Essential 2 1000 | \$50 / \$150 | Not covered | \$1,000 | 100% ³ | 100% ³ | 100% ³ |
| DPPO Essential 5 1500 | \$50 / \$150 | \$1,500 | \$1,500 | 100% ³ | 100% ³ | 100% ³ |
| DPPO Essential 6 1500 | \$50 / \$150 | Not covered | \$1,500 | 100% ³ | 100% ³ | 100% ³ |
| DHMO Plus 150 | N/A | \$1,695 | N/A | \$0 ⁸ | \$0 ⁸ | \$0 ⁸ |
| DHMO Plus 225 | N/A | \$1,695 | N/A | \$0 ⁸ | \$0 ⁸ | \$0 ⁸ |

| 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.

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.

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

³Deductible waived.

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.

⁵Visits 1–3: The calendar year deductible is waived (combined between office visits and urgent care). Visits 4–unlimited: The calendar year deductible applies.

⁶After 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.

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

⁸Service is subject to a \$5 office visit copayment.

Underwriting

Guideline Summary

Effective on the first day of your renewal month, choose either Enhanced Choice or EnhancedCare PPO Choice to offer your employees as many plans as you would like, from one plan to all plans within the selected package.

Enhanced Choice program

Requirements and guidelines:

- 1–5 eligible employees, minimum 66% participation; 6–100 eligible employees, minimum 50% participation.
- Can be written as sole carrier or alongside another carrier.
- Minimum employer contribution of 50% of the lowest cost plan or \$100 per employee toward the employee-only rate.
- Composite rates are not available.
- If selected, the chiropractic rider will be applied to all HMO and HSP plans within the package. **Note:** Chiropractic is no longer embedded within SmartCare medical plans. Employers who wish to pair SmartCare with chiropractic must select the chiropractic rider.

Group number assignments

Certain plan changes will result in a new group number assignment.

Medicare secondary payer data collection

Please see the Employer Group Size Verification Form to record any changes to your TIN and to update your worldwide employee counts. This request is the result of a new federal reporting requirement for health plans to provide CMS (Centers for Medicare & Medicaid Services) with certain information that will enable CMS to more effectively pay for the health insurance benefits of Medicare beneficiaries who also have coverage under group health plan arrangements.

We appreciate your assistance and timely response to our data request so that we may comply with this mandate.

Understanding Rates

At Health Net, our goal always is to minimize rate adjustments, so you can continue to provide health care benefits to your employees.

Rates take into account many variables, such as new technologies and rising health care costs. Small Group premiums have been affected by the following changes related to the Affordable Care Act for ACA-compliant health plans:

- Age – limited to a 1:3 ratio. Example: The rate for a 64-year-old can't be more than three times (300%) the rate for a 21-year-old.
- Each family member is rated individually based on his/her age. For the purpose of rating, the member's age is determined at the time a policy is issued or renewed.
- Only the first three children under age 21 are charged.
- Rates based on the geographic rating region of the employer.
- Regional rating areas are now grouped together for rating based upon the regions chosen by the state of California.
- Health status has been removed as a rating factor.
- Your premium is priced as part of one Health Net rating pool.
- Your pricing is adjusted to reflect the average risk in the state of California.

In addition, your premium reflects the following new taxes and fees:

- Health Insurer Fee – approximately 2.3 percent of premium in 2018.

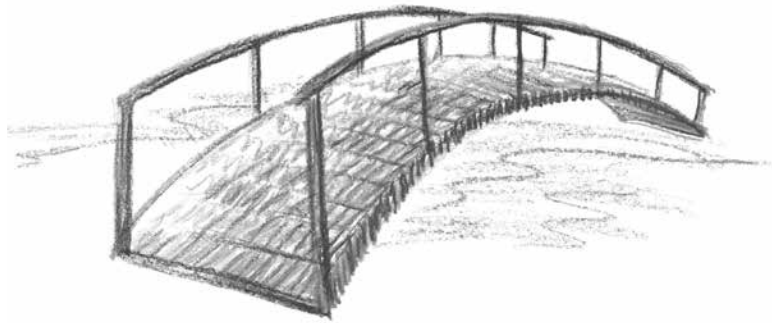
- Additionally, there is another \$0.34 per participant per month charge to cover two other federal fees.
- CA Exchange Fee – Applies only on our PPO business, 5.2% of premium to fund Covered California™ for Small Business (formerly called the Small Business Health Options Program, or SHOP).

In the event additional federal or state legislative guidance or regulatory requirements emerge that result in a modification of the estimated impact of the benefit mandates, taxes or fees, Health Net reserves the right to further adjust its premium schedule.

While rate increases are typically necessary for us to continue providing quality care, we realize that higher health expenditures have an impact on small businesses, especially in today's challenging economy.

You may be able to offset a renewal rate increase or even save over current rates by switching to a different plan or plans. For example, a plan with a deductible or a higher office visit copayment could lower rates.

Evaluate your options using our 2018 benefit overviews. See page 14 in this guide.



Ancillary Programs

Questions? Need more information?

Please contact Health Net Account Management at 1-800-447-8812, option 2.

Dental *Plans That Make* *You Smile*

Does your plan include optional dental and vision coverage for your family? With Health Net, you can choose from a full line of affordable dental and vision coverage products and have a single point of contact for all your health care needs.

Rates for these products, for new sales only, follow this section. For renewal rates, more information or to purchase any of these products, please contact your Health Net account manager.



Health Net Dental HMO and PPO plans may be purchased separately or as a dual choice when sold in conjunction with Health Net of California, Inc. or Health Net Life Insurance Company medical coverage products. Pediatric dental coverage (ages newborn through 18) is automatically included on all of our plans purchased directly through Health Net.

Some of the key advantages of these products are listed here.

Dental HMO key plan benefits

- An extensive network of Dental HMO (DHMO) providers.
- Many dental procedures are covered at listed copayments.
- In addition to the procedures already covered in the plan, additional cleanings and adult fluoride are covered.
- Material upgrades, such as porcelain and semiprecious or precious metal molar crowns, are included as a covered benefit.
- General anesthesia, and cosmetic and elective dentistry are covered. These procedures are typically not covered under most other carriers' dental plans.
- Teeth whitening is covered at the listed copayment.
- DHMO plans may be purchased separately or as a dual choice with Dental PPO plans.
- Implant coverage for children and adults (subject to copayments).

Dental PPO key plan benefits

Health Net makes available a range of affordable, flexible Dental PPO plans (DPPO). From Classic 5 1500 to the feature-packed Essential plans, Health Net DPPO plans will make you smile.

These plans include the following features:

- Large statewide and national network of Dental PPO providers.
- Periodontics, endodontics and oral surgery are covered in general services.
- Classic plans reimburse out-of-network benefits at Usual, Customary and Reasonable (UCR)¹ amounts.
- Essential plans reimburse out-of-network benefits on a limited fee schedule.
- No waiting periods.
- May be purchased separately or as a dual choice with Dental HMO.
- All of our 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 Classic 5 1500 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 plan

- 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.

| | DPPO Classic 4 1500 | | DPPO Classic 5 1500 | |
|---|----------------------------|-----------------------------|---|-----------------------------|
| | In-network | Out-of-network ² | In-network | Out-of-network ² |
| 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% deductible waived | | 100% deductible waived | 80% deductible 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 | |
| Orthodontia³ (adult and child) | Not covered | | 50% after deductible / \$1,500 lifetime maximum | |

Health Net Dental plans may be purchased on a standalone basis or in conjunction with a Health Net medical plan.

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.

Footnotes found at the end of this section.

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 adult buy-up guidelines” on page 35 to determine if the group qualifies for dual option.)

- Voluntary DPPO plans without orthodontia are available to groups with a minimum of 2 enrolled employees.
- Voluntary DPPO plans with orthodontia are available to groups of 10 or more enrolled employees.

| | DPPO Essential 2 1000 | | DPPO Essential 5 1500 | | DPPO Essential 6 1500 | |
|---|----------------------------|-----------------------------|---|-----------------------------|----------------------------|-----------------------------|
| | In-network | Out-of-network ⁴ | In-network | Out-of-network ⁴ | In-network | Out-of-network ⁴ |
| 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% deductible waived | | 100% deductible waived | | 100% deductible 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 | |
| Orthodontia³ (adult and child) | Not covered | | 50% after deductible / \$1,500 lifetime maximum | | Not covered | |

| 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 |

Health Net Dental plans may be purchased on a standalone basis or in conjunction with a Health Net medical plan.

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.

Footnotes found at the end of this section.

Vision Plans with a Clear Advantage

Pediatric vision coverage (ages newborn through 18) is automatically included on all plans. We also offer adult Health Net 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.
- Employees and dependents can see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- Discounts of 5–15% on LASIK and PRK from U.S. Laser Network.⁵
- 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, respectively. In addition, Health Net offers the Preferred Value 10-2 plan, which covers materials only.

Providers can be found by calling Health Net Vision Member Services' toll-free number at 1-866-392-6058. Or visit us online at www.healthnet.com.

Schedule of benefits and coverage

Vision exam copay

Lens copay

Frequency

Exam

Eyeglass or contact lenses

Frames

Retail frame allowance (in-network)

Contact lens allowance (in-network)

Health Net Vision plan benefits

Vision exam (Preferred 1025-2 and Preferred 1025-3 plans only)

Exam (with dilation as necessary)

Standard contact lens fit and follow-up exam

Standard plastic lenses

Single vision

Bifocal

Trifocal

Standard progressive (add-on to bifocal)

Premium progressive (add-on to bifocal)

Lens options (in-network only)

UV coating

Tint (solid and gradient)

Standard scratch-resistant

Standard polycarbonate

Standard anti-reflective

Other add-ons and services

Frames

(any frame available at a provider location)

Contact lenses (materials only)

Medically necessary

Conventional

Disposable

Laser vision correction (in-network only)

LASIK or PRK from U.S. Laser Network

Secondary purchase plan (in-network only)

Discounts on eyewear purchases after initial benefits

Footnotes found at the end of this section.

| <i>Preferred Plan 1025-2</i> | <i>Preferred Plan 1025-3</i> | <i>Preferred Value Plan 10-2</i> |
|------------------------------|------------------------------|----------------------------------|
| \$10 | \$10 | Not covered |
| \$25 | \$25 | \$10 |
| Every 12 months | Every 12 months | Not covered |
| Every 12 months | Every 24 months | Every 12 months |
| Every 24 months | Every 24 months | Every 24 months |
| \$100 | \$100 | \$100 |
| \$90 | \$90 | \$90 |

| <i>In-network (member cost)</i> | <i>Out-of-network (maximum benefit allowed)</i> |
|---------------------------------|---|
|---------------------------------|---|

| | |
|--|-------------|
| \$0 after copay | Up to \$40 |
| Up to \$55 | Not covered |
| \$0 after copay | Up to \$40 |
| \$0 after copay | Up to \$60 |
| \$0 after copay | Up to \$80 |
| \$65 copay (in addition to lens copay) | \$60 |
| \$65 copay (in addition to lens copay), plus 80% of retail charge less \$120 allowance | \$60 |
| \$15 copay | Not covered |
| \$15 copay | Not covered |
| \$15 copay | Not covered |
| \$40 copay | Not covered |
| \$45 copay | Not covered |
| 20% discount | Not covered |
| Up to plan allowance, plus 20% discount off balance over allowance | Up to \$45 |
| \$0 | Up to \$210 |
| Up to plan allowance, plus 15% discount off balance over allowance | Up to \$105 |
| Up to plan allowance, plus balance over allowance | Up to \$105 |
| 15% off retail price or 5% off promotional price | Not covered |
| 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.

Chiropractic Care

That Won't Put You in a Pinch



You may choose to add chiropractic care to your HSP or HMO medical plans. We work with American Specialty Health Plan of California, Inc.⁶ (ASH Plans) to offer this additional coverage that more employees are seeking. Ultimately, this type of care often adds to increased employee satisfaction and retention. Acupuncture care is a covered benefit on all medical plans.

- \$10 office visit copayment.
- \$50 annual chiropractic appliance allowance toward the purchase of medically necessary items such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts, and home traction units.
- Medically necessary laboratory tests.

Services or supplies excluded under the chiropractic care program may be covered under the medical benefits portion of the plan. Consult the plan's *Evidence of Coverage* for more information.

Our PPO, EnhancedCare PPO Value and HDHP plans include chiro

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

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

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

Plan *for the* Unexpected

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 you can enhance your 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.

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.

Rate Guide

Dental rating regions by area

These are the rating regions by ZIP codes for the PPO plans.

Note: Health Net Dental HMO plans are not available in Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, San Benito, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, and Yuba counties.

PPO rating area by ZIP codes

Area 1 contains the ZIP codes starting with 900–904 and 945–948.

Area 2 contains the ZIP codes starting with 905–930.

Area 3 contains the ZIP codes starting with 931, 940–941 and 943–944.

Area 4 contains the ZIP codes starting with 932–933 and 935–938.

Area 5 contains the ZIP codes starting with 934, 939 and 954–961.

Area 6 contains the ZIP codes starting with 942.

Area 7 contains the ZIP codes starting with 949–951.

Area 8 contains the ZIP codes starting with 952–953.

Note: Area is determined by the employer's home-office ZIP code. Rates apply to new dental groups with effective dates of January 1, 2018 through March 15, 2018.

Dental – HMO

| | <i>Specialty referral</i> | <i>Minimum enrolled</i> | <i>Minimum participation</i> | <i>Employee</i> | <i>Employee and spouse/ domestic partner</i> | <i>Employee and child(ren)</i> | <i>Family</i> |
|------------------------------------|---------------------------|-------------------------|------------------------------|-----------------|--|--------------------------------|---------------|
| Employer-paid group plan | | | | | | | |
| Plus DHMO 150-S (Plan code TW) | Yes | 2 | 50% | \$17.02 | \$32.34 | \$34.02 | \$48.49 |
| Plus DHMO 225-S (Plan code TX) | Yes | 2 | 50% | \$14.57 | \$27.69 | \$29.15 | \$41.53 |
| Voluntary group plan | | | | | | | |
| Plus DHMO 150 (V)-S (Plan code U1) | Yes | 2 | Less than 50% | \$17.95 | \$34.09 | \$35.87 | \$51.15 |
| Plus DHMO 225 (V)-S (Plan code U2) | Yes | 2 | Less than 50% | \$15.12 | \$28.73 | \$30.23 | \$43.10 |

Voluntary DHMO rates apply to groups with less than 50% participation, less than 50% contribution or who do not have proof of prior group coverage.

Dental – PPO Plan benefit details

| <i>Plan code</i> | | <i>Plan name</i> | <i>Deductible</i> | | <i>Coinsurance (preventive / general / major services)</i> | | <i>Calendar year maximum</i> | <i>Orthodontia lifetime maximum</i> |
|------------------|------------------|-----------------------------|-------------------|-----------------------|--|-----------------------|------------------------------|-------------------------------------|
| <i>Employer</i> | <i>Voluntary</i> | | <i>In-network</i> | <i>Out-of-network</i> | <i>In-network</i> | <i>Out-of-network</i> | | |
| 14U | 14V | Classic 4 1500 | \$50 / \$150 | \$75 / \$225 | 100% / 80% / 50% | 100% / 80% / 50% | \$1,500 | Not covered |
| TV | U0 | Classic 5 1500 with ortho | \$50 / \$150 | \$75 / \$225 | 100% / 80% / 50% | 80% / 80% / 50% | \$1,500 | \$1,500 |
| TT | TY | Essential 2 1000 | \$50 / \$150 | \$75 / \$225 | 100% / 80% / 50% | 100% / 80% / 50% | \$1,000 | Not covered |
| 14S | 14T | Essential 5 1500 with ortho | \$50 / \$150 | \$75 / \$225 | 100% / 80% / 50% | 100% / 80% / 50% | \$1,500 | \$1,500 |
| TU | TZ | Essential 6 1500 | \$50 / \$150 | \$75 / \$225 | 100% / 80% / 50% | 100% / 80% / 50% | \$1,500 | Not covered |

Voluntary DPPO rates apply to groups with less than 75% participation, less than 50% contribution or who do not have proof of prior group coverage.

DPPO orthodontia is available as follows:

For groups of 2–9 enrolled employees with proof of immediately prior indemnity orthodontic coverage.

For groups of 10 or more enrolled employees.

Rate Guide

Employer-paid dental – PPO

| <i>DPPO plans</i> | <i>Area 1</i> | <i>Area 2</i> | <i>Area 3</i> | <i>Area 4</i> |
|--|---------------|---------------|---------------|---------------|
| Plan code 14U – Classic 4 1500 | | | | |
| Employee | \$59.45 | \$57.15 | \$62.46 | \$42.30 |
| Employee and spouse/domestic partner | \$118.90 | \$114.31 | \$124.91 | \$84.60 |
| Employee and child(ren) | \$120.00 | \$115.42 | \$125.98 | \$85.77 |
| Family | \$187.53 | \$180.35 | \$196.91 | \$133.87 |
| Plan code TV – Classic 5 with Ortho | | | | |
| Employee | \$56.22 | \$54.23 | \$58.52 | \$41.19 |
| Employee and spouse/domestic partner | \$112.43 | \$108.46 | \$117.03 | \$82.38 |
| Employee and child(ren) | \$119.72 | \$115.89 | \$123.79 | \$90.27 |
| Family | \$184.41 | \$178.35 | \$191.01 | \$138.00 |
| Plan code TT – Essential 2 1000 | | | | |
| Employee | \$34.73 | \$34.38 | \$32.79 | \$27.80 |
| Employee and spouse/domestic partner | \$69.45 | \$68.77 | \$65.59 | \$55.60 |
| Employee and child(ren) | \$70.67 | \$69.99 | \$66.80 | \$56.84 |
| Family | \$110.19 | \$109.13 | \$104.13 | \$88.52 |
| Plan code 14S – Essential 5 1500 with Ortho | | | | |
| Employee | \$42.61 | \$41.80 | \$41.29 | \$33.18 |
| Employee and spouse/domestic partner | \$85.22 | \$83.60 | \$82.57 | \$66.35 |
| Employee and child(ren) | \$93.98 | \$92.36 | \$91.32 | \$75.14 |
| Family | \$143.44 | \$140.90 | \$139.28 | \$113.92 |
| Plan code TU – Essential 6 1500 | | | | |
| Employee | \$40.00 | \$39.18 | \$38.67 | \$30.56 |
| Employee and spouse/domestic partner | \$79.99 | \$78.37 | \$77.35 | \$61.13 |
| Employee and child(ren) | \$81.20 | \$79.58 | \$78.54 | \$62.36 |
| Family | \$126.69 | \$124.15 | \$122.53 | \$97.17 |

The above rates are effective when the employer contributes 50% or more of the premium. Requires a minimum of 75% employee participation.

Area is determined by group's home-office ZIP code.

Details on dental rating areas found on page 28.

Employer-paid dental – PPO (continued)

| <i>DPPO plans</i> | <i>Area 5</i> | <i>Area 6</i> | <i>Area 7</i> | <i>Area 8</i> |
|--|---------------|---------------|---------------|---------------|
| Plan code 14U – Classic 4 1500 | | | | |
| Employee | \$58.37 | \$57.14 | \$62.86 | \$55.20 |
| Employee and spouse/domestic partner | \$116.73 | \$114.28 | \$125.73 | \$110.40 |
| Employee and child(ren) | \$117.84 | \$115.40 | \$126.80 | \$111.52 |
| Family | \$184.13 | \$180.30 | \$198.18 | \$174.23 |
| Plan code TV – Classic 5 with Ortho | | | | |
| Employee | \$55.39 | \$54.53 | \$58.94 | \$52.61 |
| Employee and spouse/domestic partner | \$110.79 | \$109.07 | \$117.87 | \$105.21 |
| Employee and child(ren) | \$118.01 | \$116.43 | \$124.66 | \$112.58 |
| Family | \$181.75 | \$179.22 | \$192.36 | \$173.18 |
| Plan code TT – Essential 2 1000 | | | | |
| Employee | \$34.39 | \$35.36 | \$33.26 | \$34.26 |
| Employee and spouse/domestic partner | \$68.77 | \$70.71 | \$66.51 | \$68.53 |
| Employee and child(ren) | \$69.99 | \$71.93 | \$67.72 | \$69.75 |
| Family | \$109.12 | \$112.17 | \$105.57 | \$108.74 |
| Plan code 14S – Essential 5 1500 with Ortho | | | | |
| Employee | \$42.30 | \$42.24 | \$41.94 | \$40.67 |
| Employee and spouse/domestic partner | \$84.61 | \$84.48 | \$83.88 | \$81.35 |
| Employee and child(ren) | \$93.36 | \$93.24 | \$92.63 | \$90.11 |
| Family | \$142.48 | \$142.28 | \$141.32 | \$137.38 |
| Plan code TU – Essential 6 Classic 4 1500 | | | | |
| Employee | \$39.69 | \$39.63 | \$39.33 | \$38.06 |
| Employee and spouse/domestic partner | \$79.38 | \$79.25 | \$78.65 | \$76.12 |
| Employee and child(ren) | \$80.58 | \$80.46 | \$79.85 | \$77.33 |
| Family | \$125.73 | \$125.53 | \$124.57 | \$120.63 |

The above rates are effective when the employer contributes 50% or more of the premium. Requires a minimum of 75% employee participation.

Area is determined by group's home-office ZIP code.

Details on dental rating areas found on page 28.

Voluntary dental – PPO

| <i>DPPO plans</i> | <i>Area 1</i> | <i>Area 2</i> | <i>Area 3</i> | <i>Area 4</i> |
|--|---------------|---------------|---------------|---------------|
| Plan code 14V – Classic 4 1500 | | | | |
| Employee | \$63.43 | \$60.97 | \$66.65 | \$45.08 |
| Employee and spouse/domestic partner | \$126.86 | \$121.94 | \$133.29 | \$90.16 |
| Employee and child(ren) | \$127.95 | \$123.05 | \$134.35 | \$91.32 |
| Family | \$199.98 | \$192.30 | \$210.02 | \$142.57 |
| Plan code U0 – Classic 5 1500 with Ortho | | | | |
| Employee | \$59.97 | \$57.84 | \$62.43 | \$43.89 |
| Employee and spouse/domestic partner | \$119.94 | \$115.69 | \$124.86 | \$87.78 |
| Employee and child(ren) | \$127.65 | \$123.55 | \$132.00 | \$96.13 |
| Family | \$196.64 | \$190.16 | \$203.70 | \$146.99 |
| Plan code TY – Essential 2 1000 | | | | |
| Employee | \$36.98 | \$36.61 | \$34.91 | \$29.57 |
| Employee and spouse/domestic partner | \$73.95 | \$73.22 | \$69.81 | \$59.13 |
| Employee and child(ren) | \$75.17 | \$74.44 | \$71.02 | \$60.37 |
| Family | \$117.23 | \$116.09 | \$110.74 | \$94.04 |
| Plan code 14T – Essential 5 1500 with Ortho | | | | |
| Employee | \$45.41 | \$44.54 | \$43.99 | \$35.32 |
| Employee and spouse/domestic partner | \$90.82 | \$89.08 | \$87.99 | \$70.64 |
| Employee and child(ren) | \$100.10 | \$98.37 | \$97.26 | \$79.95 |
| Family | \$152.80 | \$150.09 | \$148.36 | \$121.22 |
| Plan code TZ – Essential 6 1500 | | | | |
| Employee | \$42.61 | \$41.75 | \$41.20 | \$32.52 |
| Employee and spouse/domestic partner | \$85.23 | \$83.49 | \$82.40 | \$65.04 |
| Employee and child(ren) | \$86.43 | \$84.70 | \$83.58 | \$66.27 |
| Family | \$134.88 | \$132.17 | \$130.43 | \$103.30 |

Voluntary rates apply to those cases with less than 50% contribution, or less than 75% participation, or who do not have proof of prior group coverage.

Area is determined by group's home-office ZIP code.

Voluntary dental – PPO (continued)

| <i>DPPO plans</i> | <i>Area 5</i> | <i>Area 6</i> | <i>Area 7</i> | <i>Area 8</i> |
|--|---------------|---------------|---------------|---------------|
| Plan code 14V – Classic 4 1500 | | | | |
| Employee | \$62.27 | \$60.96 | \$67.08 | \$58.88 |
| Employee and spouse/domestic partner | \$124.54 | \$121.92 | \$134.16 | \$117.77 |
| Employee and child(ren) | \$125.63 | \$123.02 | \$135.22 | \$118.87 |
| Family | \$196.35 | \$192.25 | \$211.38 | \$185.76 |
| Plan code U0 – Classic 5 1500 with Ortho | | | | |
| Employee | \$59.09 | \$58.17 | \$62.88 | \$56.11 |
| Employee and spouse/domestic partner | \$118.18 | \$116.34 | \$125.76 | \$112.21 |
| Employee and child(ren) | \$125.82 | \$124.13 | \$132.93 | \$120.01 |
| Family | \$193.80 | \$191.09 | \$205.15 | \$184.63 |
| Plan code TY – Essential 2 1000 | | | | |
| Employee | \$36.61 | \$37.65 | \$35.40 | \$36.48 |
| Employee and spouse/domestic partner | \$73.22 | \$75.30 | \$70.80 | \$72.96 |
| Employee and child(ren) | \$74.43 | \$76.51 | \$72.01 | \$74.17 |
| Family | \$116.09 | \$119.34 | \$112.29 | \$115.68 |
| Plan code 14T – Essential 5 1500 with Ortho | | | | |
| Employee | \$45.08 | \$45.01 | \$44.69 | \$43.34 |
| Employee and spouse/domestic partner | \$90.16 | \$90.03 | \$89.39 | \$86.68 |
| Employee and child(ren) | \$99.44 | \$99.31 | \$98.65 | \$95.97 |
| Family | \$151.77 | \$151.56 | \$150.54 | \$146.32 |
| Plan code TZ – Essential 6 1500 | | | | |
| Employee | \$42.29 | \$42.22 | \$41.90 | \$40.54 |
| Employee and spouse/domestic partner | \$84.57 | \$84.44 | \$83.79 | \$81.09 |
| Employee and child(ren) | \$85.77 | \$85.64 | \$84.98 | \$82.29 |
| Family | \$133.85 | \$133.64 | \$132.62 | \$128.40 |

Voluntary rates apply to those cases with less than 50% contribution, or less than 75% participation, or who do not have proof of prior group coverage.

Area is determined by group's home-office ZIP code.

Rate Guide

Vision – Employer-paid

| Plan | Exam copay | Materials copay | Employee | Employee and spouse / domestic partner | Employee and child(ren) | Family |
|---|------------|-----------------|----------|--|-------------------------|---------|
| Preferred Value 10-27 (Plan code FO) | N/A | \$10 | \$4.73 | \$8.99 | \$9.46 | \$14.19 |
| Preferred 1025-2 (Plan code G0) | \$10 | \$25 | \$6.29 | \$11.96 | \$12.59 | \$18.88 |
| Preferred 1025-3 (Plan code GI) | \$10 | \$25 | \$5.76 | \$10.93 | \$11.51 | \$17.27 |

Vision – Voluntary

| Plan | Exam copay | Materials copay | Employee | Employee and spouse / domestic partner | Employee and child(ren) | Family |
|------------------------------------|------------|-----------------|----------|--|-------------------------|---------|
| Preferred 1025-2 (Plan code GO) | \$10 | \$25 | \$8.53 | \$16.20 | \$17.05 | \$25.58 |
| Preferred 1025-3 (Plan code H0) | \$10 | \$25 | \$8.06 | \$15.31 | \$16.12 | \$24.18 |

Chiropractic

| Paired network | Paired medical plan | Chiro rate per member, per month |
|---|----------------------------------|----------------------------------|
| Full Network, WholeCare, Salud, and SmartCare HMO | Platinum \$10 | \$3.00 |
| | Platinum \$20 | \$3.00 |
| | Gold \$30 | \$3.00 |
| | Gold \$40 | \$3.00 |
| | Silver \$40 | \$3.00 |
| PureCare HSP | Health Net Platinum 90 HSP 0/15 | \$3.00 |
| | Health Net Gold 80 HSP 0/25 | \$3.00 |
| | Health Net Silver 70 HSP 2000/45 | \$3.00 |
| | Health Net Bronze 60 HSP 6300/75 | \$3.00 |
| CommunityCare | HMO Gold \$5 | \$3.00 |
| | HMO Silver \$20 | \$3.00 |
| | HMO Bronze \$45 | \$3.00 |

Basic Life and Accidental Death & Dismemberment

| Tier | Monthly rate per \$1,000 coverage ⁸ |
|-------------|--|
| 0–29 | \$0.19 |
| 30–34 | \$0.21 |
| 35–39 | \$0.25 |
| 40–44 | \$0.33 |
| 45–49 | \$0.46 |
| 50–54 | \$0.74 |
| 55–59 | \$1.15 |
| 60–64 | \$2.30 |
| 65–69 | \$3.82 |
| 70–74 | \$6.25 |
| 75–79 | \$9.75 |
| 80–84 | \$14.16 |
| 85 and over | \$29.24 |

Note: Chiro is embedded in Full PPO and EnhancedCare PPO Value and HDHP plans at no additional charge.

Small Business Group Dental and Vision adult buy-up guidelines

Group eligibility:

- 2–100 eligible employees with over 50% of the total group located in California, subject to out-of-area requirements below.
- Owner-only groups are not eligible. There must be a minimum of one W-2 employee who is not a spouse of the owner.
- Out-of-area requirements:
 - A maximum of 49% of the total eligible population may be out of California's service area.
 - A maximum of 49% of the total enrolled population may be out of California's service area.
 - Those employees who are out of the California service area may be written on a PPO plan.
- Carve-outs are not available.
- Dental and/or Vision may be written on a standalone basis or in conjunction with Medical.

Employee eligibility:

- Probationary period for new hires can be the first of the month following: date of hire, 1 month, 30 days, or 60 days. **Note:** The probationary period must match Medical.
- Eligible employees can be defined as employees working at least 20 or 30 hours per week. **Note:** The hours per week must match Medical.
- 1099 employees are not eligible for coverage.
- With the exception of owners, all employees must be covered by workers' compensation.

Dependent eligibility:

- Although dependents under age 19 have access to pediatric dental benefits through their medical plan, they may also be enrolled in a dental buy-up plan to access enhanced benefits. **Note:** Cosmetic orthodontia is available through Plus DHMO 150 and 225, and DPPO Classic 5 and Essential 5 only.

Enrollment details:

- Groups enrolling in Health Net's Medical with Dental and/or Vision products or standalone Dental and/or Vision:
 - Employee eligibility is based on the entire group.
 - Minimum participation for the products must be met.
 - Standard paperwork requirements must be met.
- Existing Health Net Medical groups adding a Dental and/or Vision product:
 - If Dental and/or Vision enrollment is below Medical, paperwork will be required to verify participation on DPPO and employer-paid rates on DHMO and Vision.

Rate information:

- 12-month rate guarantee for cases sold/renewed in conjunction with Medical.
- Cases sold off-cycle from Medical will have their first renewal in conjunction with Medical.

Submission:

- All cases requesting coverage on the 1st of the month must be submitted by the 5th of the month for which coverage is to be effective.
- Mid-month effective dates are not allowed.

Vision details:

- A minimum participation of 75% of the eligible employees is required for employer-paid rates. **Note:** Unlike Medical, waiving for other coverage will count against participation.
- A minimum employer contribution of 50% of the employee premium is required for employer-paid rates.
- Voluntary rates apply to those cases with less than 75% participation and/or 50% contribution.
- A minimum of 2 active subscribers is required.
- Dual Choice Vision is not available.

DHMO details:

- A minimum participation of 50% of the eligible employees is required for employer-paid rates. **Note:** Employees waiving coverage due to group coverage through another employer (i.e., spousal coverage) will not count against participation.
- A minimum employer contribution of 50% of the employee premium is required for employer-paid rates.
- Proof of prior group coverage is required for employer-paid rates.
- Voluntary rates apply to those cases with less than 50% participation, less than 50% contribution, or that do not have proof of prior coverage.
- A minimum of 2 active subscribers is required.
- Orthodontia is available in all DHMO plans.

DPPO details:

- A minimum participation of 75% of the eligible employees is required for employer-paid rates. **Note:** Employees waiving coverage due to group coverage through another employer (i.e., spousal coverage) will not count against participation.
- A minimum employer contribution of 50% of the employee premium is required for employer-paid rates.
- Proof of prior group coverage is required for employer-paid rates.
- Voluntary rates apply to those cases with less than 50% contribution, or less than 75% participation, or who do not have proof of prior group coverage.
- Plans without orthodontia require a minimum of 2 active subscribers for both employer-paid and voluntary.
- Orthodontia is available for employer-paid DPPO groups of 10 or more active subscribers or for groups of 2–9 enrollees with proof of immediately prior indemnity orthodontic coverage.
- Orthodontia is available for voluntary DPPO groups of 10 or more active subscribers.

Dual Choice dental:

- Employer-paid rates:
 - A minimum participation of 75% is required.
 - A minimum of 50% contribution is required.
 - Proof of immediately prior group dental coverage is required.
- Voluntary rates:
 - A minimum participation of 75% is required.
 - No minimum contribution is required.
 - No prior group dental coverage is required.
- Groups may select 1 DHMO and 1 DPPO with a minimum of 4 active subscribers and 2 on each plan.
- Groups may select 2 DHMO or 2 DPPO plans with a minimum of 10 active subscribers, with a minimum of 2 on a given plan.
- Please see the DPPO details section to determine eligibility for DPPO plans with orthodontia and/or implant coverage.

Small Business Group

Life underwriting guidelines

Eligibility:

- 2–100 eligible employees with over 50% of the total group located in California, subject to out-of-area requirements below.
- Owner-only groups are not eligible. There must be a minimum of one W-2 employee who is not a spouse of the owner or partner.
- Out-of-area requirements:
 - A maximum of 49% of the group's eligible population may be out of California's service area.
 - A maximum of 49% of the group's enrolled population may be out of California's service area.
- Probationary period for new hires can be the first of the month following date of hire, 1 month, 30 days, or 60 days. **Note:** The probationary period must match Medical.
- "Flat" benefit schedules only.
- Contribution and participation requirements vary by group size. **Note:** Unlike Medical, waiving for other coverage will count against participation.
- Carve-outs are not available.
- Employees must meet the actively-at-work requirement in order to be eligible. Additionally, they must be working full-time at the employer's regular place of business at least 20 hours per week to be eligible. **Note:** The number of hours must coincide with Health Net Medical eligibility guidelines.
- Retirees, COBRA enrollees, part-time employees, seasonal employees, and 1099s are not eligible for coverage.

Medical evidence of insurability:

- EOIs are necessary:
 - If coverage is applied for later than 31 days after the date of eligibility.
- Subject to Underwriting approval:
 - Medical conditions reported on the EOI.
 - Coverage requiring EOIs will not become effective until approved in writing by Health Net Life.
 - Some SIC classifications are excluded.

Footnotes

¹Usual, 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.

²Out-of-network benefits for Classic plans are reimbursed at the Usual, Customary and Reasonable (UCR) amounts as determined by FAIR Health, Inc.

³For 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.

⁴Out-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.

⁵Members receive a 15% discount off 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.

⁶Chiropractic care is offered by Health Net of California, Inc. for HMO plans, administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

⁷Preferred Value Vision Plan may not be offered on a voluntary basis.

⁸Basic Life and Accidental Death & Dismemberment are sold together. Both rates apply.

Submission:

- All cases requesting coverage on the 1st of the month must be submitted by the 5th of the month for which coverage is to be effective.
- For Medical groups that are effective on the 15th of the month, Life coverage will be effective on the 1st of the month prior to the start of Medical coverage. For example, for Medical groups that are effective on 1/15, Life coverage will be effective on 1/1.

Groups of 2–9 eligible employees:

- Standalone Life is not available.
- Life benefit of \$15,000.
- Employer contribution and participation must be 100%.
- No more than 25% of employees may be 60 or older.

Groups of 10–14 eligible employees:

- Standalone Life is available.
- Life benefit of \$15,000.
- Minimum of 50% employer contribution.
- Minimum participation:
 - 75% if contributory.
 - 100% if non-contributory.

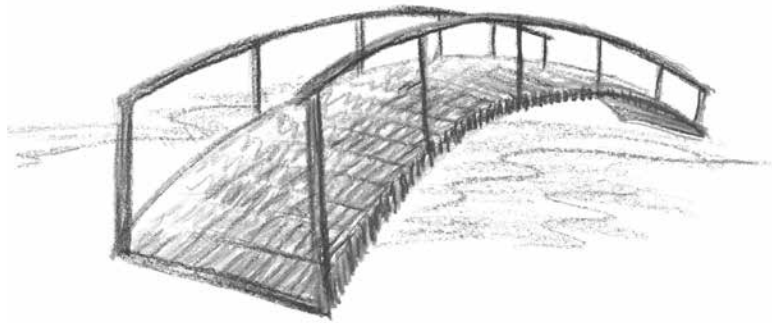
Groups of 15–24 eligible employees:

- Standalone Life is available.
- Life benefit of \$15,000 or \$25,000.
- Minimum of 50% employer contribution.
- Minimum participation:
 - 75% if contributory.
 - 100% if non-contributory.

Groups of 25–100 eligible employees:

- Standalone Life is available.
- Life benefit of \$15,000, \$25,000 or \$50,000.
- Minimum of 50% employer contribution.
- Minimum participation:
 - 75% if contributory.
 - 100% if non-contributory.

Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans are underwritten by Unimerica Life Insurance Company. Obligations of DBP and Unimerica Life Insurance Company are not the obligations of or guaranteed by Health Net, Inc. or its affiliates. Health Net Vision PPO plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the "Fidelity Entities"). Discounts on vision care services and products are made available by EyeMed. The Fidelity Entities are not affiliated with Health Net of California, Inc. or Health Net Life Insurance Company (together, the "Health Net Entities"). Obligations of the Fidelity Entities are not the obligations of or guaranteed by the Health Net Entities.



More Than an
ID Card

Questions? Need more information?

Please contact Health Net Account Management at 1-800-447-8812, option 2.



Health Net Member Extras

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 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 the 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 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 it's the best way for people to know their health status. It's also the most effective way for Health Net to know how best to meet their health needs.

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

- Easy access MinuteClinics – a benefit with all HMOs to make it easy to get care for common illnesses, minor injuries (like a sprain) and vaccines. CVS MinuteClinics are also available to PPO members.
- Nurse advice services around-the-clock.
- 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.

Health Net online and on the go

Self-service at www.healthnet.com

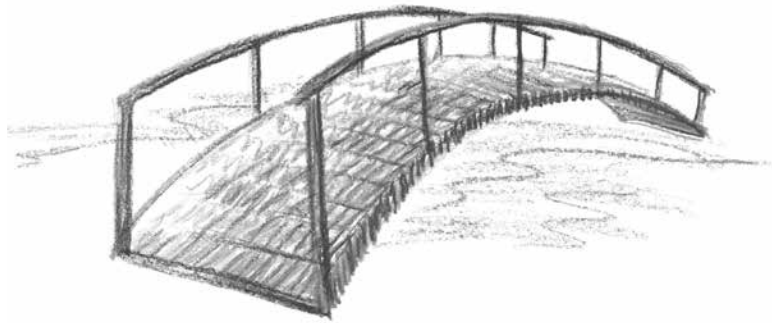
HealthNet.com guides your employees to the information they need with intuitive navigation and useful links. Bookmark www.healthnet.com for fast and easy access to benefit information, wellness programs, ID cards, and more!

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 – can be daunting with today's 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 or how busy they are.



Group Administration

Questions? Need more information?

Please contact Health Net Account Management at 1-800-447-8812, option 2.

Group Administration

This quick reference section provides tips for applications, handling group changes and using our convenient online billing and enrollment tools. Turn to the appendix for samples of the following forms:

- Medical Plan Change Request Form
- Taxpayer Identification and Worldwide Employee Count Verification Form

Application tips

We've included a handy submission checklist at the back of the Small Business Application for Group Service Agreement/Group Policy. Use the checklist to cross-check group applications to speed up application processing.

Double check that these items are complete to speed processing of your application:

- Date of hire
- Date of birth
- Signatures – Employees **accepting** coverage must sign the acceptance section. Employees **declining** coverage must sign the declination section.

Handling group changes

Adding employees or dependents

Groups can add employees at the following times:

- New hire (after meeting the company's probationary period) – Applications must be received within 30 days of member effective date.

Example: The probationary period is the first of the month following date of hire. An employee hired January 15 would have a February 1 effective date.

- Open Enrollment – During the annual renewal period, groups can enroll employees and dependents who had previously declined coverage.

Outside of Open Enrollment, dependents can only be added if there is a qualifying event, which includes, but is not limited to:

- Birth
- Marriage
- Court order
- Adoption
- Loss of coverage

All applications for adding new employees and dependents due to a qualifying event must be signed by the subscriber and received by Health Net within 60 days of the event.



Billing contacts

Our Membership Accounting is available to answer any billing or eligibility questions. The number is 1-800-224-8808, option 3, or you can send a fax to (916) 935-4420.

California laws and regulations require us to provide notice of the consequences for nonpayment of the premium with an explanation of the applicable grace period. We will be including the required notice with each of our monthly bills. Please note that if you have paid timely in the past and have not received a risk of termination notice for nonpayment of premium, this notice will likely not impact your current payment practices.

If you intend to cancel or change insurance coverages, Health Net must receive notice on or before the first of the month prior to the effective date of the replacement coverage. Failure to do so may result in continued billing and additional premiums owed.

Canceling employee/dependent coverage

When should Health Net be notified of a cancellation?

Health Net must be notified as soon as possible prior to the last day that the member is eligible for coverage, but no later than 30 days¹ after the effective date of the cancellation. Premium credit cannot be issued for more than 30 days¹ retroactively.

Why is timely notification important?

Members who are no longer eligible, but who have not, in fact, been canceled by their employer, may incur substantial medical expenses between the time they cease to meet eligibility requirements and the time they are actually removed from the plan. According to the eligibility rules of your Health Net plan, if you notify us of a cancellation more than 30 days after what should have been the last day of coverage, Health Net will require that you pay subscription charges/premiums for the affected member up to the time that you provided us with proper notification.

How does cancellation of the subscriber's coverage affect the coverage of his or her dependents?

When the subscriber's coverage is canceled, all covered dependents also lose eligibility and are canceled automatically.

How is employee coverage canceled?

The group administrator may indicate the cancellation and effective date on the Current Membership and Membership Changes pages of their monthly billing statement (membership invoice) or process the change through the Online Billing and Enrollment tool at www.healthnet.com. You may also send written notification of the cancellation on the group's letterhead and mail it to Health Net at:

PO Box 9103

Van Nuys, CA 91409-9103

Fax: (916) 935-4420

Any written request from a group or broker will be accepted.

¹Permitted days are subject to contract agreement.

How can a dependent's coverage be canceled if the subscriber continues to be covered?

Follow the same procedure as when canceling an employee; or, to cancel a dependent's coverage when the subscriber continues to be covered, you must submit the following form:

Enrollment and Change Form

The "Delete Dependent" change option should be indicated below "Reason for Change." A completed, signed and dated Enrollment and Change Form must be submitted for each subscriber who is canceling a dependent's coverage.

Online billing and enrollment

Convenience and control 24/7

Health Net makes it easy for you to simplify health plan administration with Online Billing and Enrollment, our free, user-friendly web portal for enrolled employer groups. Visit our website at www.healthnet.com.

With Online Billing and Enrollment, groups can:

- View and print billing statements.
- Retain up to 24 months of billing and payment history for easy access.
- Track and update eligibility.
- View, add and update enrollment information anytime.

- Utilize convenient reporting features.
 - The Canceled Member Roster lists all canceled employees and their dependents, the plans they were enrolled in and the effective dates.
 - The Active Member Roster lists all active employees and their dependents, the plans they're enrolled in and effective dates.
 - The Enrollment Request Report lists all the daily transactions the group administrator has processed online.

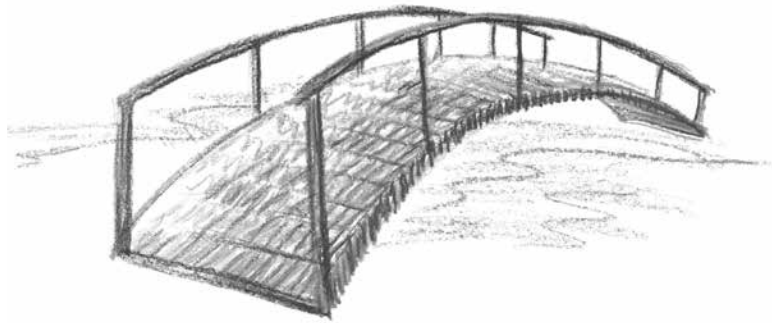
All reports can be easily downloaded via PDF or CSV formats.

Online Billing and Enrollment is fully integrated to work with the rest of Health Net's systems, so the updates that you make will always be reflected online.

Important!

Recurring bill payment – For group renewals, any plan changes (i.e., new and/or existing plans canceled) will automatically delete a recurring payment set-up.

- 1) Log in to your employer account at www.healthnet.com.
- 2) Your recurring payment date must be reestablished. If your bill is already online, you will need to make a one-time manual payment, then reestablish your recurring payment date. A recurring payment will schedule and draft your next bill that is due to cycle. If you elect not to reestablish a recurring payment date, you can simply make an online manual payment or mail a check for your premium. Making payments by the due date keeps your account current and out of risk for termination because of nonpayment.



Appendix/Forms

Questions? Need more information?

Please contact Health Net Account Management at 1-800-447-8812, option 2.



Open Enrollment Medical Plan Change Request Form

Health Net®

Effective 1/1/2018

Please use this form to indicate plan changes for your employees and their dependents during your renewal. Please call your authorized Health Net of California, Inc. or Health Net Life Insurance Company (Health Net) broker or Health Net account manager, or refer to the Group Policy and Procedures Guide, for acceptable plan changes and guidelines.

Employer group information

| | | |
|----------------|----------------|-------------------------|
| Group number: | Company name: | Renewal effective date: |
| Group contact: | Contact phone: | Contact email address: |
| | Contact fax: | |

Optional rider information

| | |
|---|---|
| Do you want to add the Infertility Rider Benefit to your medical plan offerings?: | Do you want to add the Chiropractic Rider Benefit to your medical plan offerings?:! |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please list all **currently enrolled** members making plan changes during Open Enrollment on this form. New enrollees will need to submit separate enrollment applications. Please photocopy this form if more space is required. **Please indicate with a check, using blue or black ink, the plan each member wishes to move into.** Please fax completed forms to the Health Net Account Management Department at 1-800-303-3110.

| Member's name | Member's SSN or reference ID # | Group # | Primary care physician's enrollment ID # | HMO | | | | | | | | | | | | | | | | | | | | | |
|---------------|--------------------------------|---------|--|---------------|-----------|---------------|-------------|---------------|-----------|-------------|---------------|-----------|---------------|-----------|---------------|-------------|---------------|-------------|-----------|-------------|-----------|-------------|-------------|--|--|
| | | | | Full Network | | | WholeCare | | | SmartCare | | | Salud | | | | CommunityCare | | | | | | | | |
| | | | | Platinum \$10 | Gold \$30 | Platinum \$20 | Silver \$40 | Platinum \$10 | Gold \$40 | Silver \$40 | Platinum \$10 | Gold \$30 | Platinum \$20 | Gold \$40 | Platinum \$10 | Silver \$40 | Gold \$40 | Silver \$40 | Gold \$40 | Silver \$40 | Gold \$55 | Silver \$20 | Bronze \$45 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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(continued)

Health Net HMO and HSP plans are offered by Health Net of California, Inc. Health Net PPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.

| Member's name | Member's SSN or reference ID # | Group # | PPO | | | | | | | | | | | |
|---------------|--------------------------------|---------|-------------------------------------|---------------------------------|---|--------------------------------------|--|---|--------------------------------------|---|--|--|--|--|
| | | | Platinum 90 PPO 0/15 + Child Dental | Gold 80 PPO 0/25 + Child Dental | Gold 80 Value PPO 750/10 + Child Dental Alt | Silver 70 PPO 2000/45 + Child Dental | Silver 70 Value PPO 1700/30 + Child Dental Alt | Silver 70 HDHP 1350/40 PPO + Child Dental Alt | Bronze 60 PPO 6300/75 + Child Dental | Bronze 60 HDHP 5600/15 PPO + Child Dental Alt | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| Member's name | Member's SSN or reference ID # | Group # | Primary care physician's provider ID # ² | EnhancedCare PPO | | | PureCare HSP | | | | | | | |
|---------------|--------------------------------|---------|---|-----------------------------|-------------------------------|---|---|----------------------|------------------|-----------------------|-----------------------|--|--|--|
| | | | | EnhancedCare PPO Gold Value | EnhancedCare PPO Silver Value | Silver 70 HDHP 1350/40 + Child Dental Alt | Bronze 60 HDHP 5600/15 + Child Dental Alt | Platinum 90 HSP 0/15 | Gold 80 HSP 0/25 | Silver 70 HSP 2000/45 | Bronze 60 HSP 6300/75 | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

¹The Chiropractic Rider Benefit is not an option for PPO and EnhancedCare PPO plans. Some of these plans have this benefit embedded already. See benefit materials for more information.
²Selecting a primary care physician is required on EnhancedCare PPO and PureCare HSP plans.

Note: You must provide the Summary of Benefits and Coverage (SBC) to each individual listed on this form before the individual makes the plan choice and PRIOR TO SUBMITTING THIS FORM TO HEALTH NET. To download and print an SBC, go to www.healthnet.com/sbc. Or, please contact your Health Net account manager to obtain a copy.

As an owner or officer of stated company, I hereby authorize the above changes to our Health Net Group medical coverage. I have informed the employees listed above that the enrollment terms of the Health Net form they completed previously at enrollment are still in force and a copy is available upon request.

| | | |
|---------------------|------------------|-------------|
| Printed name | Signature | Date |
| | | |

Employer Group Size Verification Form

Health Net must collect this information to comply with many different regulations. ***You, the employer, are responsible for notifying Health Net of any changes occurring during the course of a calendar year that could impact your employer size determination related to Medicare Secondary Payer or Health Care Reform.***

Please complete the form in its entirety.

| | | | |
|---|-------|--|------|
| Employer name – legal name of company: | | | |
| Physical address: | City: | State: | ZIP: |
| Group/Parent ID or policyholder number: | | Employer Taxpayer Identification Number (TIN): | |
| Total number of full- and/or part-time employees: _____ as of _____. Please provide the largest applicable number. In making your selection, consider your organization/company’s total number of employees world-wide, regardless of location or eligibility for health care coverage. | | | |
| Average number of employees you employed for the entire previous calendar year regardless of whether or not they were eligible for coverage: _____ An employee is defined as any person for whom the company issues a W-2, including full-time, part-time, and seasonal workers, and regardless of insurance eligibility. ¹ To calculate the average number of employees, determine the number of employees for each month, add each month’s number to get an annual total, and then divide by 12 (or # of months in business if less than 12 months). Round up or down to the nearest whole number – example: 24.6 = 25. Do not spell out the number – example: write 3, not three. | | | |
| Has your organization been part of multiple employer group health plans? <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes,” please provide dates, names, TINs, and addresses: _____ _____ _____ | | | |

I understand that Health Net is relying on my answers to the above questions for accurate reporting to CMS under Section 111 guidelines and Health Care Reform. I certify that the answers provided are true and correct to the best of my knowledge and understand that I must promptly notify Health Net of any changes to the above information.

| | | |
|--------------------------------|-------------|-------|
| Group administrator signature: | Print name: | Date: |
|--------------------------------|-------------|-------|

Please return the completed form to Health Net by either faxing it to (818) 676-7411 or mailing it to:

Health Net Membership Accounting and Eligibility Department
 CA-100-04-03
 PO Box 9103
 Van Nuys, CA 91409-9103

If you have any questions, please contact your broker or Health Net account manager. Thank you for your support.

¹This information is for rating purposes and not to determine group size. The determination of how to count employees of related corporate entities when calculating group size for medical loss ratio (MLR) purposes is based on whether the entities are considered a single employer under Section 414 of the Internal Revenue Code (subsection (b), (c), (m), or (o)) and is not based on the multiple tax identification status of the related entities.

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net Life Insurance Company and Health Net of California, Inc. (Health Net) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Group Employer Applicants 1-800-522-0088 (TTY: 711)

Individual & Family Plan Applicants 1-877-609-8711 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a grievance by mail, fax or online at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: healthnet.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711).

If you bought coverage through the California marketplace call 1-888-926-4988 (TTY: 711). For more help:

If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية أو اتصل على مركز الاتصال التجاري في 1-800-522-0088 (TTY: 711). في حال قمت بشراء التغطية من سوق كاليفورنيا، اتصل على الرقم 1-888-926-4988 (TTY: 711) وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من شركة التأمين على الحياة Health Net Life Insurance Company ، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Եթե ապահովագրում եք գնել Կալիֆորնիայի շուկայական հրապարակի միջոցով, զանգահարեք 1-888-926-4988 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար, եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO ապահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության գիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。如果您是透過加州健康保險交易市場購買承保，請致電 1-888-926-4988 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

Hindi

बिना लागत वाली भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711) पर कॉल करें। यदि आपने कैलिफोर्निया मार्केट प्लैस के माध्यम से कवरेज खरीदा है तो 1-888-926-4988 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company पीपीओ PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc. के एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएसडी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Kev pab, hu rau peb ntawm tus xov tooj teev nyob rau hauv koj daim ID card los yog hu rau 1-800-522-0088 (TTY: 711). Yog tias koj yuav kev pov hwm ntawm California marketplace hu 1-888-926-4988 (TTY: 711). Xav tau kev pab ntxiv: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

Japanese

無料の言語サービス。通訳をご利用いただけます。日本語で文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088、(TTY: 711)までお電話ください。カリフォルニア州のマーケットプレイス（保険購入サイト）を通じて保険を購入された方は、1-888-926-4988 (TTY: 711) までお電話ください。さらに援助が必要な場合: Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMOまたはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

Khmer

សេវាកម្មសេរីដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បើសិនអ្នកបានទិញការធានារ៉ាប់រងតាមរយៈ ទីផ្សារនៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទូរសព្ទទៅលេខ 1-888-926-4988 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO ពីក្រុមហ៊ុនធានារ៉ាប់រងជីវិត Health Net Life Insurance Company សូមទាក់ទងទៅនាយកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net of California, Inc. នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

Korean

무료 언어 서비스, 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스를 통해 보험을 구입하셨으면 1-888-926-4988 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néiho'dólzínígíí bikáa'gi béésh bee hane'í bikáá' áají' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711). California marketplace hoolyéhíjí béeso ách'áá' naaniilí ats'íís baa áháyá' biniiyé nahínílnii'go éí kojí' hólne' 1-888-926-4988 (TTY: 711). Shíká anáa'doowoł jinízingo: PPO éí doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'áá' naa'nil biniiyé hwe'iina' bik'é'ésti'go éí CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éí doodaii' HSPqjí Health Net of California, Inc.qjí béeso ách'áá' naa'nil biniiyé hats'íís bik'é'ésti'go éí kojí' hojilnih DMHC Helpline 1-888-HMO-2219.

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. اگر پوشش بیمه را از طریق بازارگاه کالیفرنیا خریداری کردید با شماره 1-888-926-4988 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Punjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਤ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਕੈਲੀਫੋਰਨੀਆਂ ਮਾਰਕਿਟ ਪਲੇਸ ਦੇ ਰਾਹੀਂ ਬੀਮਾ ਕਵਰੇਜ ਖਰੀਦੀ ਹੈ ਤਾਂ 1-888-926-4988 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ ਤੁਸੀਂ Health Net Life Insurance Company ਪੀਪੀਓ PPO ਜਾਂ ਈਓਪੋ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆਂ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ Health Net of California, Inc. ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711). Если свою страховку вы приобрели на едином сайте по продаже медицинских страховок в штате Калифорния, звоните по телефону 1-888-926-4988 (TTY: 711).
Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния (CA Dept. of Insurance), телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания DMHC, телефон 1-888-HMO-2219.

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Si adquirió la cobertura a través del mercado de California, llame al 1-888-926-4988 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711). Kung bumili kayo ng pagsakop sa pamamagitan ng California marketplace tawagan ang 1-888-926-4988 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) หากคุณซื้อความคุ้มครองผ่านทาง California marketplace โทร 1-888-926-4988 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

Vietnamese

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TTY: 711

www.healthnet.com

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