

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

# Broker *Portfolio Guide*

*Small Group 2.0 – plans to take your business forward*

Effective January 1, 2019  
Renewals and New Business



Health Net®

# Small Group 2.0

## *Takes You There*

*Plan choices and price points that satisfy*

Health Net's robust 2019 portfolio lets you continue to offer your clients the broad selection of small business-focused plans we introduced throughout 2018.

Take your business forward with plans that simplify renewals and amplify satisfaction.

- **A wide range of cost and coverage options**

Right-size plans suit employee health and clients' balance sheet. HMO, HSP and PPO plans, each affiliated with a network of high-quality local care providers, offer favorable rates across the portfolio.

- **Flexibility to match plans and networks**

Your clients can pick their favorite plan design, then pair it with any of the networks we offer in their location!

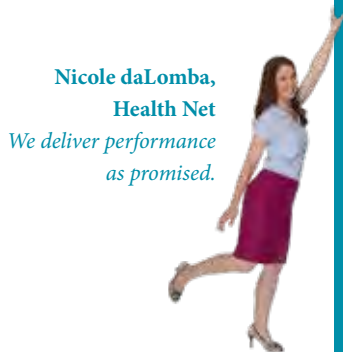
- **Access to around-the-clock care with virtual doctor visits and more**

- NEW! All Small Group 2.0 plans now come with virtual doctor visits via Teladoc.™
- Nurse Advice Line is another 24/7 resource for over-the-phone health advice and support for all plans.

- **Responsive support and service**

Our concierge-style customer care team is ready to help with whatever your clients and their employees need – with quick responses by phone or email.

We look forward to helping you offer the benefits employees value at a cost that's good for your clients.



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## *Small Group 2.0 Works for Business* .....

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# Renewal Checklist



## Key dates

### 65 days ahead of renewal date

- Renewal packages ready. Call your account manager if you do not have your renewal packages within two weeks of the 65-day mark.
- Closure letters mail at least 90 days prior to renewal date.

### 6 weeks in advance of renewal date

Last date to submit plan changes to ensure accurate processing and billing. Example: October 20 for a December renewal.

### 4th of month before the renewal month

Bill processing begins and runs through the 17th. Example: November 4 for a December renewal.

### 1st of renewal month

*Summary of Benefits and Coverage* documents available at [www.healthnet.com/sbc](http://www.healthnet.com/sbc).

## Good to know!

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

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

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

✓ **Connect with your account manager** to go over any questions or group-specific strategies.

✓ **Order materials** if you need them.  
Allow 7 to 10 business days.

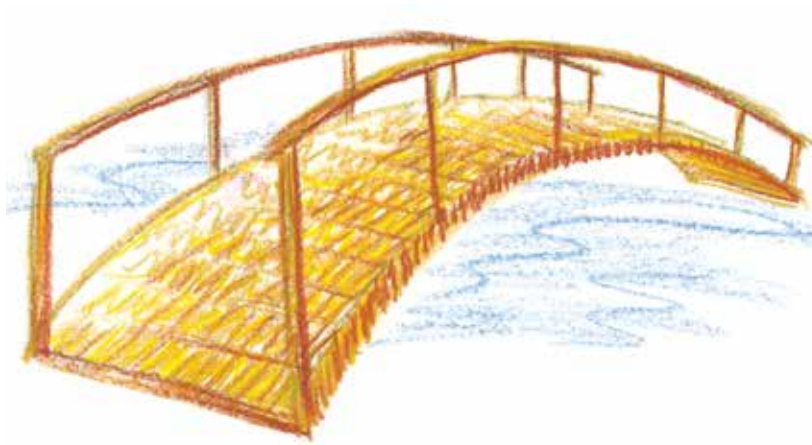
✓ **Plan for processing time:**

- Renewal confirmations: 5 to 7 business days
- ID cards: 3 to 5 business days after renewal confirmations are processed
- Open enrollment and changes: 3 to 5 business days

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

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

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



# Small Group 2.0



# Pick *Your* Plan, Pick *Your* Network

*Featuring additional HMO and PPO choices*

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

The Platinum \$30 and Gold \$35 HMOs we added in 2018, plus our three new PPO options, give your clients more ways to find their perfect fit of coverage and cost.

Step 1: Pick an HMO plan design.		Step 2: Pair the plan with any of the networks we offer in the group's location.	
	Platinum \$10	Gold \$30	
	Platinum \$20	Gold \$35	
	Platinum \$30	Gold \$40	
		Silver \$50	

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

Step 1: Pick a PPO plan design.		Step 2: Pair your plan with the network that fits and is available in the group's location.	
	Platinum 250/15		
	Gold 1000/30		
	Gold Value	Silver HDHP	
	Silver 2000/55	Bronze HDHP	
	Silver Value		

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



# Health Net Life Insurance Company

## *Plans via Covered California™*

Health Net Life Insurance Company offers a selection of small business group plans through Covered California™ for Small Business. For 2019, employers who want to buy via Covered California have their choice of our:

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

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

- EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt
- EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt
- EnhancedCare Silver 70 PPO 2000/55 + Child Dental Alt

- EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt
- EnhancedCare Bronze 60 HDHP PPO 5600/15 + Child Dental Alt

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

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

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

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

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

Higher percentage of expenses paid by plan

Lower monthly premium payment

# Enhanced Choice Packages



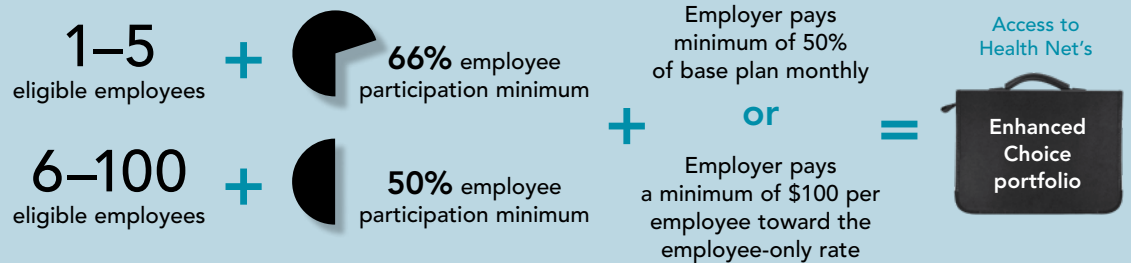
*Two ways to offer multiple plans: Enhanced Choice A or Enhanced Choice B*

*Health Net invites you to be choosy!*

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

## *Enhanced Choice Participation Requirements*

How it works



### *Enhanced Choice A*

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

### *Enhanced Choice B*

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

## **Small businesses can skip the paperwork with Enhanced Choice B!**

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



# Portfolio *At-a*-Glance

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

	<i>Plan</i>	
<b>HMO</b>	Tailored network HMO plan designs can be paired with a choice of the SmartCare HMO, WholeCare HMO or Salud HMO y Más networks. These plan designs are also available with Full Network HMO!	
	<ul style="list-style-type: none"> <li>Platinum \$10</li> <li>Platinum \$20</li> <li>Platinum \$30</li> </ul>	<ul style="list-style-type: none"> <li>Gold \$30</li> <li>Gold \$35</li> <li>Gold \$40</li> <li>Silver \$50</li> </ul>
	CommunityCare HMO plans <ul style="list-style-type: none"> <li>Gold \$5</li> <li>Silver \$20</li> <li>Bronze \$45</li> </ul>	
<b>EnhancedCare PPO</b>	<ul style="list-style-type: none"> <li>Platinum 90 PPO 250/15 + Child Dental Alt</li> <li>Gold 80 PPO 1000/30 + Child Dental Alt</li> <li>PPO Gold Value</li> <li>Silver 70 PPO 2000/55 + Child Dental Alt</li> </ul>	<ul style="list-style-type: none"> <li>PPO Silver Value</li> <li>Silver 70 PPO 2000/55 + Child Dental Alt</li> <li>Silver 70 HDHP PPO 1350/40 + Child Dental Alt</li> <li>Bronze 60 HDHP PPO 5600/15 + Child Dental Alt</li> </ul>
<b>Full Network PPO</b>	<ul style="list-style-type: none"> <li>Platinum 90 PPO 0/15 + Child Dental</li> <li>Platinum 90 PPO 250/15 + Child Dental Alt</li> <li>Gold 80 PPO 0/30 + Child Dental</li> <li>Gold 80 PPO 1000/30 + Child Dental Alt</li> <li>Silver 70 PPO 2000/45 + Child Dental</li> <li>Silver 70 PPO 2000/55 + Child Dental Alt</li> </ul>	<ul style="list-style-type: none"> <li>Silver 70 HDHP PPO 1350/40 + Child Dental Alt</li> <li>Bronze 60 PPO 6300/75 + Child Dental</li> <li>Bronze 60 HDHP PPO 5600/15 + Child Dental Alt</li> </ul>
<b>PPO Value</b>	<ul style="list-style-type: none"> <li>Gold 80 Value PPO 750/10 + Child Dental Alt</li> </ul>	<ul style="list-style-type: none"> <li>Silver 70 Value PPO 1700/30 + Child Dental Alt</li> </ul>
<b>PureCare HSP</b>	<ul style="list-style-type: none"> <li>PureCare Platinum 90 HSP 0/15 + Child Dental</li> <li>PureCare Gold 80 HSP 0/30 + Child Dental</li> </ul>	<ul style="list-style-type: none"> <li>PureCare Silver 70 HSP 2000/45 + Child Dental</li> <li>PureCare Bronze 60 HSP 6300/75 + Child Dental</li> </ul>

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

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

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

## Plan Choices by Region

Region	We offer...	In this metal tier...	With this network
<b>Region 1</b> 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
<b>Region 2</b> 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
<b>Region 3</b> 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
<b>Region 4</b> 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>
<b>Region 5</b> 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
<b>Region 6</b> 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
<b>Region 7</b> 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
<b>Region 8</b> 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
<b>Region 9</b> 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

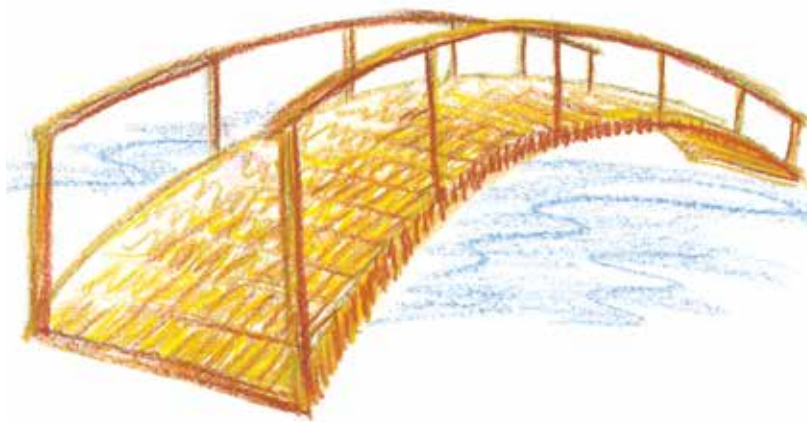
<i>Region</i>	<i>We offer...</i>	<i>In this metal tier...</i>	<i>With this network</i>
<b>Region 10</b> Mariposa County	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO
San Joaquin, Stanislaus, Merced, and Tulare 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
<b>Region 11</b> 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
<b>Region 12</b> 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
<b>Region 13</b> 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
<b>Region 14</b> Kern County	HMO	Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare • Salud HMO y Más
	HSP	Platinum, Gold, Silver, and Bronze	PureCare
	PPO	Platinum, Gold, Silver, and Bronze	Full Network PPO
	PPO Value	Gold, Silver	Full Network PPO
	PPO HDHP	Silver, Bronze	Full Network PPO

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

Steve Shorr Insurance

Learn More==> <https://wp.me/P50Ehk-4O>





## *Small Group 2.0*

# Plan Benefit Grids

Simplified. Sustainable. Small business-focused.

*We are your Health Net.™*

January 2019

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	Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
<b>Full HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más<sup>1</sup></b> 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% <sup>2</sup>
Platinum \$20	None	\$3,000 / \$6,000	\$20 / \$40	\$10 / \$10	\$200 / \$500	\$700 per admission	\$150	\$40	\$0	\$5 / \$30 / \$50 / 30% <sup>2</sup>
Platinum \$30	None	\$2,250 / \$4,500	\$30 / \$50	\$20 / \$50	\$150 / \$150	\$500 per day (4-day max copay per admission)	\$250	\$30	\$0	\$5 / \$20 / \$30 / 30% <sup>2</sup>
Gold \$30	None	\$5,000 / \$10,000	\$30 / \$50	\$40 / \$40	\$360 / \$900	\$1,200 per admission	\$300	\$50	\$0	\$15 / \$50 / \$70 / 30% <sup>2</sup>
Gold \$35	None	\$6,000 / \$12,000	\$35 / \$55	\$40 / \$50	\$480 / \$1,200	\$750 per day (3-day max copay per admission)	\$300	\$55	\$0	\$15 / \$50 / \$70 / 30% <sup>2</sup>
Gold \$40	None	\$6,000 / \$12,000	\$40 / \$60	\$40 / \$40	\$440 / \$1,100	\$1,300 per admission	\$300	\$60	\$0	\$15 / \$50 / \$70 / 30% <sup>2</sup>
Silver \$50	None	\$7,350 / \$14,700	\$50 / \$70	\$40 / \$50	40% / 50%	50%	50%	\$70	\$300 / \$600	\$20 / 50% / 50% / 50% <sup>2</sup>
<b>CommunityCare HMO<sup>1</sup></b> Available through Health Net of California, Inc.										
Gold \$5	\$1,500 / \$3,000	\$6,500 / \$13,000	1st visit: \$0 <sup>3</sup> / \$30 <sup>3</sup> Visit 2+: \$5 <sup>3</sup> / \$30 <sup>3</sup>	\$15 <sup>3</sup> / \$15 <sup>3</sup>	20% / 30%	30%	\$200	\$30 <sup>3</sup>	\$0	\$10 / \$40 / \$60 / 30% <sup>2</sup>
Silver \$20	\$2,250 / \$4,500	\$7,350 / \$14,700	1st visit: \$0 <sup>3</sup> / \$45 <sup>3</sup> Visit 2+: \$20 <sup>3</sup> / \$45 <sup>3</sup>	\$40 / \$50	40% / 50%	50%	\$300	\$45 <sup>3</sup>	\$200 / \$400	\$20 <sup>3</sup> / \$60 / \$70 / 50% <sup>2</sup>
Bronze \$45	\$3,750 / \$7,500	\$7,350 / \$14,700	\$45 / \$60	50% / 50%	50% / 50%	50%	50%	\$60	\$3,750 / \$7,500 Integrated med / Rx deductible	\$15 <sup>3</sup> / \$50 / 50% / 50% <sup>4</sup>
Plan name	Member(s) responsibility									
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Coinsurance	Office / Specialist visit	Lab / X-rays	Outpatient surgery (ASC / hospital)	Inpatient hospital	Emergency room facility	Urgent care	Rx deductible (single / family) / Rx drug tier 1 / 2 / 3 / 4
<b>PPO<sup>1</sup></b> Available through Health Net Life Insurance Company and Covered California <sup>TM</sup>										
Platinum 90 PPO 0/15 + Child Dental	None	\$3,350 / \$6,700	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0 / \$5 / \$15 / \$25 / 10% <sup>2</sup>
Platinum 90 PPO 250/15 + Child Dental Alt <sup>5</sup>	\$250 / \$500	\$3,600 / \$7,200	10%	\$15 <sup>3</sup> / \$30 <sup>3</sup>	\$30 <sup>3</sup> / \$30 <sup>3</sup>	10% / 10%	10%	10%	\$30 <sup>3</sup>	\$0 / \$5 / \$30 / \$50 / 10% <sup>2</sup>
Gold 80 PPO 0/30 + Child Dental	None	\$7,200 / \$14,400	20%	\$30 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$30	\$0 / \$15 / \$55 / \$75 / 20%
Gold 80 PPO 1000/30 + Child Dental Alt <sup>5</sup>	\$1,000 / \$2,000	\$7,200 / \$14,400	30%	\$30 <sup>3</sup> / \$50 <sup>3</sup>	\$30 <sup>3</sup> / \$35 <sup>3</sup>	30% / 30%	30%	30%	\$50 <sup>3</sup>	\$0 / \$15 / \$30 / \$50 / 30% <sup>2</sup>
Gold 80 Value PPO 750/10 + Child Dental Alt	\$750 / \$1,500	\$7,150 / \$14,300	30%	\$10 <sup>3</sup> / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx deductible / \$10 <sup>3</sup> / \$25 / \$50 / 30% <sup>2</sup>
Silver 70 PPO 2000/45 + Child Dental	\$2,000 / \$4,000	\$7,550 / \$15,100	20%	\$45 <sup>3</sup> / \$80 <sup>3</sup>	\$40 <sup>3</sup> / \$75 <sup>3</sup>	20% <sup>3</sup> / 20% <sup>3</sup>	20%	\$350 <sup>3</sup>	\$45 <sup>3</sup>	\$200 / \$400 All drug deductible / \$15 / \$55 / \$85 / 20% <sup>2</sup>
Silver 70 PPO 2000/55 + Child Dental Alt <sup>5</sup>	\$2,000 / \$4,000	\$7,350 / \$14,700	40%	\$55 <sup>3</sup> / \$75 <sup>3</sup>	\$40 <sup>3</sup> / \$65 <sup>3</sup>	40% / 40%	40%	40%	\$75 <sup>3</sup>	\$300 / \$600 / \$15 <sup>3</sup> / \$65 / \$85 / 40% <sup>2</sup>
Silver 70 Value PPO 1700/30 + Child Dental Alt	\$1,700 / \$3,400	\$7,150 / \$14,300	40%	\$30 <sup>3</sup> / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	\$1,700 / \$3,400 Integrated med / Rx deductible / \$15 <sup>3</sup> / \$55 / \$85 / 40% <sup>2</sup>

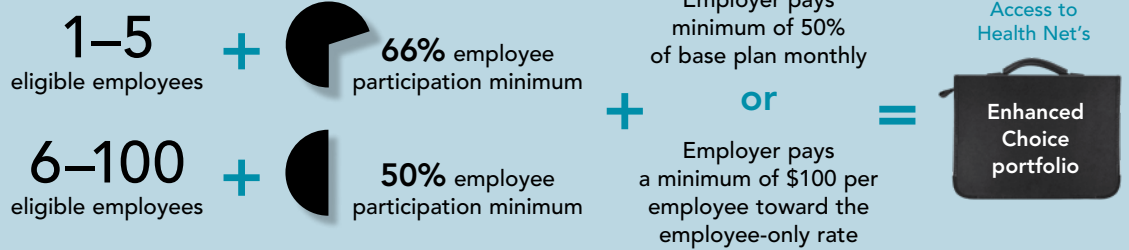
(continued)

Plan name	Member(s) responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Coinsurance	Office / Specialist visit	Lab / X-rays	Outpatient surgery (ASC / hospital)	Inpatient hospital	Emergency room facility	Urgent care	Pharmacy Rx deductible (single / family)	Rx drug tier 1 / 2 / 3 / 4
<b>PPO<sup>1</sup> (continued)</b> Available through Health Net Life Insurance Company and Covered California™											
Silver 70 HDHP PPO 1350/40 + Child Dental Alt	\$1,350 / \$2,700	\$6,550 / \$13,100	30%	\$40 / \$60	30% / 30%	20% / 30%	30%	30%	\$60	\$1,350 / \$2,700 Integrated med / Rx all drug deductible	\$19 / \$40 / \$60 / 30% <sup>2</sup>
Bronze 60 PPO 6300/75 + Child Dental	\$6,300 / \$12,600	\$7,550 / \$15,100	100% <sup>6</sup>	\$75 <sup>7</sup> / \$105 <sup>7</sup>	\$40 <sup>3</sup> / 100% <sup>6</sup>	100% <sup>6</sup> / 100% <sup>6</sup>	100% <sup>6</sup>	100% <sup>6</sup>	\$75 <sup>7</sup>	\$500 / \$1,000 All drug deductible	100% <sup>8</sup>
Bronze 60 HDHP PPO 5600/15 + Child Dental Alt	\$5,600 / \$11,200	\$6,550 / \$13,100	20%	\$15 / \$30	20% / 20%	10% / 20%	20%	20%	\$30	\$5,600 / \$11,200 Integrated med / Rx all drug deductible	\$5 / \$15 / \$40 / 20% <sup>4</sup>
<b>EnhancedCare PPO</b> Available through Health Net Life Insurance Company and Covered California™											
EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	\$250 / \$500	\$3,600 / \$7,200	10%	\$15 <sup>3</sup> / \$30 <sup>3</sup>	\$30 <sup>3</sup> / \$30 <sup>3</sup>	10%	10%	10%	\$30 <sup>3</sup>	\$0	\$5 / \$30 / \$50 / 10% <sup>2</sup>
EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	\$1,000 / \$2,000	\$7,200 / \$14,400	30%	\$30 <sup>3</sup> / \$50 <sup>3</sup>	\$30 <sup>3</sup> / \$35 <sup>3</sup>	30%	30%	30%	\$50 <sup>3</sup>	\$0	\$15 / \$30 / \$50 / 30% <sup>2</sup>
EnhancedCare PPO Gold Value <sup>5</sup>	\$750 / \$1,500	\$7,150 / \$14,300	30%	\$10 <sup>3</sup> / \$30	\$20 / \$20	20% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx deductible	\$10 <sup>3</sup> / \$25 / \$50 / 30%
EnhancedCare Silver 70 PPO 2000/55 + Child Dental Alt	\$2,000 / \$4,000	\$7,350 / \$14,700	40%	\$55 <sup>3</sup> / \$75 <sup>3</sup>	\$40 <sup>3</sup> / \$65 <sup>3</sup>	40%	40%	40%	\$75 <sup>3</sup>	\$300 / \$600	\$15 <sup>3</sup> / \$65 / \$85 / 40% <sup>2</sup>
EnhancedCare PPO Silver Value <sup>5</sup>	\$1,700 / \$3,400	\$7,150 / \$14,300	40%	\$30 <sup>3</sup> / \$75	\$50 / \$50	30% / 40%	40%	\$300	\$75	\$1,700 / \$3,400 Integrated med / Rx deductible	\$15 <sup>3</sup> / \$55 / \$85 / 40%
EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt	\$1,350 / \$2,700	\$6,550 / \$13,100	30%	\$40 / \$60	30% / 30%	20% / 30%	30%	30%	\$60	\$1,350 / \$2,700 Integrated med / Rx deductible	\$19 / \$40 / \$60 / 30%
EnhancedCare Bronze 60 HDHP PPO 5600/15 + Child Dental Alt	\$5,600 / \$11,200	\$6,550 / \$13,100	20%	\$15 / \$30	20% / 20%	10% / 20%	20%	20%	\$30	\$5,600 / \$11,200 Integrated med / Rx all drug deductible	\$5 / \$15 / \$40 / 20%
<b>PureCare HSP<sup>1</sup></b> Available through Health Net of California, Inc.											
PureCare Platinum 90 HSP 0/15 + Child Dental	None	\$3,350 / \$6,700	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0	\$5 / \$15 / \$25 / 10% <sup>2</sup>
PureCare Gold 80 HSP 0/30 + Child Dental	None	\$7,200 / \$14,400	20%	\$30 / \$55	\$35 / \$55	20% / 20%	20%	\$325	\$30	\$0	\$15 / \$55 / \$75 / 20% <sup>2</sup>
PureCare Silver 70 HSP 2000/45 + Child Dental	\$2,000 / \$4,000	\$7,550 / \$15,100	20%	\$45 <sup>3</sup> / \$80 <sup>3</sup>	\$40 <sup>3</sup> / \$75 <sup>3</sup>	20% <sup>3</sup> / 20% <sup>3</sup>	20%	\$350 <sup>3</sup>	\$45 <sup>3</sup>	\$200 / \$400 all drug ded.	\$15 / \$55 / \$85 / 20% <sup>2</sup>
PureCare Bronze 60 HSP 6300/75 + Child Dental	\$6,300 / \$12,600	\$7,550 / \$15,100	100% <sup>6</sup>	\$75 <sup>7</sup> / \$105 <sup>7</sup>	\$40 <sup>3</sup> / 100% <sup>6</sup>	100% <sup>6</sup> / 100% <sup>6</sup>	100% <sup>6</sup>	100% <sup>6</sup>	\$75 <sup>7</sup>	\$500 / \$1,000 all drug ded.	100% <sup>8</sup>

(continued)

## Enhanced Choice Participation Requirements

### How it works



Enhanced Choice A	Enhanced Choice B
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 plans

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

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

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

<sup>1</sup>Counties available:

**PPO:** Available in all counties.

**EnhancedCare PPO:** Los Angeles County.

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

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

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

**CommunityCare:** Los Angeles, Orange and San Diego counties.

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

<sup>3</sup>Deductible waived.

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

<sup>5</sup>Not available through Covered California.

<sup>6</sup>After the medical deductible has been reached, the member is responsible for 100% of the eligible charges until the out-of-pocket maximum limit is met.

<sup>7</sup>Visits 1–3: The calendar year deductible is waived (combined between office visits, urgent care, prenatal and postnatal visits, and outpatient mental health/substance abuse).

Visits 4–unlimited: The calendar year deductible applies.

<sup>8</sup>After the pharmacy deductible has been met, you pay 100% of the cost for all Tier 1, Tier 2, Tier 3, and Tier 4 drugs. Maximum after deductible of \$500 for an individual prescription of up to a 30-day supply until the out-of-pocket maximum has been met.



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

# HMO *Favorites Available through Health Net*

Platinum \$10, Platinum \$20, Platinum \$30, Gold \$30, Gold \$35, Gold \$40, and Silver \$50 plan designs are available with the following networks: Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más. Salud HMO y Más plans include the additional SIMNSA provider tier benefits.

<i>Benefit description</i>	<i>Platinum \$10</i>	<i>Platinum \$20</i>	<i>Platinum \$30</i>
<b>Unlimited lifetime maximum</b>	✓	✓	✓
<b>Plan maximums</b>			
Calendar year deductible (single / family)	N/A	N/A	N/A
Out-of-pocket maximum (single / family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,250 / \$4,500
<b>Professional services<sup>1</sup></b>			
Office visit	\$10	\$20	\$30
Specialist visit	\$30	\$40	\$50
Telehealth services through Teladoc <sup>2</sup>	\$0	\$0	\$0
MinuteClinic <sup>3</sup>	\$10	\$20	\$30
X-ray/Laboratory procedures	\$10 / \$10	\$10 / \$10	\$50 / \$20
Rehabilitation and habilitation therapy	\$10	\$20	\$30
<b>Complex radiology services</b> (MRI, CT, PET)	\$100	\$150	\$250
<b>Outpatient services</b>			
Outpatient surgery (ambulatory surgery center / hospital)	\$40 / \$100	\$200 / \$500	\$150 / \$150
<b>Hospital services</b>			
Inpatient hospital	\$300 per admission	\$700 per admission	\$500 per day (4-day max copayment per admission)
Skilled nursing facility	\$25 per day	\$25 per day	\$25 per day
<b>Emergency services</b>			
Emergency room (waived if admitted)	\$100	\$150	\$250
Urgent care	\$30	\$40	\$30
<b>Mental/Behavioral health / Substance use disorder services<sup>5</sup></b>			
Mental/Behavioral health / Substance use disorder (inpatient)	\$300 per admission	\$700 per admission	\$500 per day (4-day max copayment per admission)
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$10	\$20	\$30
<b>Other services</b>			
Durable medical equipment	10%	20%	30%
Acupuncture (medically necessary) <sup>6</sup>	\$10	\$10	\$10
<b>Prescription drug coverage<sup>7,8</sup></b>			
Brand-name calendar year deductible	\$0	\$0	\$0
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) <sup>7</sup>	\$5 / \$30 / \$50	\$5 / \$30 / \$50	\$5 / \$20 / \$30
Tier 4 drugs <sup>9</sup>	30%	30%	30%
<b>Pediatric dental<sup>10</sup></b>			
Diagnostic and preventive services	\$0	\$0	\$0
<b>Pediatric vision<sup>11</sup></b>			
Routine eye exam	\$0	\$0	\$0
Glasses (limitations apply)	\$0	\$0	\$0



Plan footnotes found on page 46.

Gold \$30	Gold \$35	Gold \$40	Silver \$50	<i>SIMNSA Network for Salud HMO y Más plans</i> <b>(Mexico members; self-referral for California members)<sup>12</sup></b>
✓	✓	✓	✓	✓
N/A	N/A	N/A	N/A	N/A
\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,350 / \$14,700	\$1,500 / \$4,500 <sup>13</sup>
\$30	\$35	\$40	\$50	\$5
\$50	\$55	\$60	\$70	\$5
\$0	\$0	\$0	\$0	\$0
\$30	\$30	\$30	\$30	N/A
\$40 / \$40	\$50 / \$40	\$40 / \$40	\$50 / \$40	\$0 / \$0
\$30	\$35	\$40	\$50	\$5
\$300	\$300	\$300	50%	\$0
\$360 / \$900	\$480 / \$1,200	\$440 / \$1,100	40% / 50%	\$0 / \$0
\$1,200 per admission	\$750 per day (3-day max copayment per admission)	\$1,300 per admission	50%	\$0 per admission
\$25 per day	\$25 per day	\$25 per day	\$25 per day <sup>4</sup>	\$0 per day
\$300	\$300	\$300	50%	\$10
\$50	\$55	\$60	\$70	\$5
\$1,200 per admission	\$750 per day (3-day max copayment per admission)	\$1,300 per admission	50%	\$0 <sup>14</sup> per admission
\$30	\$35	\$40	\$50	\$5 <sup>14</sup>
30%	30%	40%	50%	\$0
\$10	\$10	\$10	\$10	Not covered
\$0	\$0	\$0	\$300 / \$600	\$0
\$15 / \$50 / \$70	\$15 / \$50 / \$70	\$15 / \$50 / \$70	\$20 / 50% / 50%	\$5 / \$5 / \$5
30%	30%	30%	50%	\$5
\$0	\$0	\$0	\$0	Not covered
\$0	\$0	\$0	\$0	Not covered
\$0	\$0	\$0	\$0	Not covered

# CommunityCare HMO *Portfolio*

## *Available through Health Net*

Unless otherwise noted, the deductible applies.

<i>Benefit description</i>	<i>CommunityCare HMO Gold \$5</i>	<i>CommunityCare HMO Silver \$20</i>
<b>Unlimited lifetime maximum</b>	✓	✓
<b>Plan maximums</b>		
Calendar year deductible (single / family)	\$1,500 / \$3,000	\$2,250 / \$4,500
Out-of-pocket maximum (single / family)	\$6,500 / \$13,000	\$7,350 / \$14,700
<b>Professional services<sup>1</sup></b>		
Office visit	1st visit: \$0 (ded. waived) / Visits 2+: \$5 (ded. waived)	1st visit: \$0 (ded. waived) / Visits 2+: \$20 (ded. waived)
Specialist visit	\$30 (ded. waived)	\$45 (ded. waived)
Telehealth services through Teladoc <sup>2</sup>	\$0 (ded. waived)	\$0 (ded. waived)
MinuteClinic <sup>3</sup>	\$5 (ded. waived)	\$20 (ded. waived)
X-ray/Laboratory procedures	\$15 (ded. waived) / \$15 (ded. waived)	\$50 / \$40
Rehabilitation and habilitation therapy	\$5 (ded. waived)	\$20 (ded. waived)
<b>Complex radiology services</b> (MRI, CT, PET)	\$200	\$300
<b>Outpatient services</b>		
Outpatient surgery (ambulatory surgery center / hospital)	20% / 30%	40% / 50%
<b>Hospital services</b>		
Inpatient hospital	30%	50%
Skilled nursing facility	\$25 per day	\$25 per day
<b>Emergency services</b>		
Emergency room (waived if admitted)	\$200	\$300
Urgent care	\$30 (ded. waived)	\$45 (ded. waived)
<b>Mental/Behavioral health / Substance use disorder services<sup>4</sup></b>		
Mental/Behavioral health / Substance use disorder (inpatient)	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	1st visit: \$0 (ded. waived) / Visits 2+: \$5 (ded. waived)	1st visit: \$0 (ded. waived) / Visits 2+: \$20 (ded. waived)
<b>Other services</b>		
Durable medical equipment	30%	30%
Acupuncture (medically necessary) <sup>5</sup>	\$5 (ded. waived)	\$10 (ded. waived)
<b>Prescription drug coverage<sup>6,7</sup></b>		
Brand-name calendar year deductible (single / family)	\$0	\$200 / \$400
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) <sup>6</sup>	\$10 / \$40 / \$60	\$20 (ded. waived) / \$60 / \$70
Tier 4 drugs <sup>8</sup>	30%	50%
<b>Pediatric dental<sup>9</sup></b>		
Diagnostic and preventive services	\$0 (ded. waived)	\$0 (ded. waived)
<b>Pediatric vision<sup>10</sup></b>		
Routine eye exam	\$0 (ded. waived)	\$0 (ded. waived)
Glasses (limitations apply)	\$0 (ded. waived)	\$0 (ded. waived)

Plan footnotes found on page 46.

**CommunityCare HMO Bronze \$45**

✓

\$3,750 / \$7,500

\$7,350 / \$14,700

\$45

\$60

\$0 (ded. waived)

\$30 (ded. waived)

50% / 50%

\$45

50%

50% / 50%

50%

50%

50%

\$60

50%

\$45

50%

\$10 (ded. waived)

Calendar year ded. applies

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

50%

\$0 (ded. waived)

\$0 (ded. waived)

\$0 (ded. waived)



**Karen Boyd,  
Health Net**

*We translate expertise  
into innovation.*

# PureCare HSP *Portfolio*

## *Available through Health Net*

Unless otherwise noted, the deductible applies.

<i>Benefit description</i>	<i>PureCare Platinum 90 HSP 0/15 + Child Dental</i>	<i>PureCare Gold 80 HSP 0/30 + Child Dental</i>
<b>Unlimited lifetime maximum</b>	✓	✓
<b>Plan maximums</b>		
Calendar year deductible (single / family)	N/A	N/A
Out-of-pocket maximum (single / family)	\$3,350 / \$6,700	\$7,200 / \$14,400
<b>Professional services<sup>1</sup></b>		
Office visit	\$15	\$30
Specialist visit	\$30	\$55
Telehealth services through Teladoc <sup>2</sup>	\$0	\$0
X-ray/Laboratory procedures	\$30 / \$15	\$55 / \$35
Rehabilitation and habilitation therapy	\$15	\$30
<b>Complex radiology services</b> (MRI, CT, PET)	10%	20%
<b>Outpatient services</b> Outpatient surgery (ambulatory surgery center / hospital)	10% / 10%	20% / 20%
<b>Hospital services</b> Inpatient hospital	10%	20%
Skilled nursing facility	10%	20%
<b>Emergency services</b> Emergency room (waived if admitted)	\$150	\$325
Urgent care	\$15	\$30
<b>Mental/Behavioral health / Substance use disorder services<sup>5</sup></b> Mental/Behavioral health / Substance use disorder (inpatient)	10%	20%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15	\$30
<b>Other services</b> Durable medical equipment	10%	20%
Acupuncture (medically necessary) <sup>6</sup>	\$15	\$30
<b>Prescription drug coverage<sup>7,8,9</sup></b>	N/A	N/A
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy) <sup>7,9</sup>	\$5 / \$15 / \$25	\$15 / \$55 / \$75
Tier 4 drugs <sup>9,10</sup>	10%	20%
<b>Pediatric dental<sup>11</sup></b> Diagnostic and preventive services	\$0	\$0
<b>Pediatric vision<sup>12</sup></b> Routine eye exam	\$0	\$0
Glasses (limitations apply)	\$0	\$0

Plan footnotes found on page 47.

<i>PureCare Silver 70 HSP 2000/45 + Child Dental</i>	<i>PureCare Bronze 60 HSP 6300/75 + Child Dental</i>
✓	✓
\$2,000 / \$4,000	\$6,300 / \$12,600
\$7,550 / \$15,100	\$7,550 / \$15,100
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 <sup>3</sup>
\$80 (ded. waived)	Visits 1–3: \$105 (ded. waived) / Visits 4+: \$105 <sup>3</sup>
\$0 (ded. waived)	\$0 (ded. waived)
\$75 (ded. waived) / \$40 (ded. waived)	100% <sup>4</sup> / \$40 (ded. waived)
\$45 (ded. waived)	\$75 (ded. waived)
20% (ded. waived)	100% <sup>4</sup>
20% (ded. waived) / 20% (ded. waived)	100% <sup>4</sup> / 100% <sup>4</sup>
20%	100% <sup>4</sup>
20%	100% <sup>4</sup>
\$350 (ded. waived)	100% <sup>4</sup>
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 <sup>3</sup>
20%	100% <sup>4</sup>
\$45 (ded. waived)	\$75 (ded. waived)
20% (ded. waived)	100% <sup>4</sup>
\$45 (ded. waived)	Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 <sup>3</sup>
\$200 / \$400	\$500 / \$1,000
\$15 / \$55 / \$85	100%, member responsible for total contracted cost (\$500 cap)
20%	100%, member responsible for total contracted cost (\$500 cap)
\$0	\$0
\$0	\$0
\$0	\$0

# PPO Portfolio

Available through Health Net and Covered California™

Unless otherwise noted, the deductible applies.

Benefit description <sup>1</sup>	Platinum 90 PPO 0/15 + Child Dental		Platinum 90 PPO 250/15 + Child Dental Alt (not available through Covered California)		Gold 80 PPO 0/30 + Child Dental	
	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
<b>Unlimited lifetime maximum</b>	✓	✓	✓	✓	✓	✓
<b>Plan maximums</b>						
Calendar year deductible (single / family) <sup>4</sup>	N/A	\$1,000 / \$2,000	\$250 / \$500	\$1,000 / \$2,000	N/A	\$2,000 / \$4,000
Out-of-pocket maximum (single / family) <sup>6</sup>	\$3,350 / \$6,700	\$9,000 / \$18,000	\$3,600 / \$7,200	\$9,000 / \$18,000	\$7,200 / \$14,400	\$14,400 / \$28,800
<b>Professional services</b>						
Office visit <sup>8</sup>	\$15	50%	\$15 (ded. waived)	50%	\$30	50%
Specialist visit	\$30	50%	\$30 (ded. waived)	50%	\$55	50%
Telehealth services through Teladoc <sup>9</sup>	\$0	Not covered	Not covered	Not covered	\$0	Not covered
X-ray/Laboratory procedures	\$30 / \$15	50%	\$30 (ded. waived)	50%	\$55 / \$35	50%
Rehabilitation and habilitation therapy	\$15	Not covered	\$15 (ded. waived)	Not covered	\$30	Not covered
<b>Complex radiology services</b> (MRI, CT, PET)	10%	50%	10%	50%	20%	50%
<b>Outpatient services</b>						
Outpatient surgery (ambulatory surgery center / hospital)	10%	50%	10%	50%	20%	50%
<b>Hospital services</b>						
Inpatient hospital	10%	50%	10%	50%	20%	50%
Skilled nursing facility	10%	50%	10%	50%	20%	50%
<b>Emergency services</b>						
Emergency room (waived if admitted on non-HDHP plans)	\$150	\$150	10%	10%	\$325	\$325 (ded. waived)
Urgent care	\$15	50%	\$30 (ded. waived)	50%	\$30	50%
<b>Mental/Behavioral health / Substance use disorder services<sup>10</sup></b>						
Mental/Behavioral health / Substance use disorder (inpatient)	10%	50%	10%	50%	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$0	50%	\$10 (ded. waived)	50%	\$0	50%
<b>Other services</b>						
Durable medical equipment	10%	Not covered	10%	Not covered	20%	Not covered
Acupuncture (medically necessary) <sup>12</sup>	\$15	Not covered	\$15 (ded. waived)	Not covered	\$30	Not covered
<b>Prescription drug coverage<sup>13,14</sup></b>						
Pharmacy calendar year deductible (single / family)	N/A	Not covered	N/A	Not covered	N/A	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$15 / \$25	Not covered	\$5 / \$30 / \$50	Not covered	\$15 / \$55 / \$75	Not covered
Tier 4 drugs <sup>15</sup>	10%	Not covered	10%	Not covered	20%	Not covered
<b>Pediatric dental<sup>16</sup></b>						
Diagnostic and preventive services	\$0	10%	\$0	10%	\$0	10%
<b>Pediatric vision<sup>17</sup></b>						
Routine eye exam	\$0	Not covered	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered	\$0	Not covered



Plan footnotes found on page 48.

Gold 80 PPO 1000/30 + Child Dental Alt (not available through Covered California)		Gold 80 Value PPO 750/10 + Child Dental Alt		Silver 70 PPO 2000/45 + Child Dental		Silver 70 PPO 2000/55 + Child Dental Alt (not available through Covered California)	
In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
✓	✓	✓	✓	✓	✓	✓	✓
\$1,000 / \$2,000	\$2,000 / \$4,000	\$750 / \$1,500	\$2,250 / \$4,500	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$4,000 / \$8,000
\$7,200 / \$14,400	\$14,400 / \$28,800	\$7,150 / \$14,300	\$14,300 / \$28,600	\$7,550 / \$15,100	\$15,100 / \$30,200	\$7,350 / \$14,700	\$14,700 / \$29,400
\$30 (ded. waived)	50%	\$10 (ded. waived)	50%	\$45 (ded. waived)	50%	\$55 (ded. waived)	50%
\$50 (ded. waived)	50%	\$30	50%	\$80 (ded. waived)	50%	\$75 (ded. waived)	50%
Not covered	Not covered	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered	Not covered	Not covered
\$35 (ded. waived) / \$30 (ded. waived)	50%	\$20	50%	\$75 (ded. waived) / \$40 (ded. waived)	50%	\$65 (ded. waived) / \$40 (ded. waived)	50%
\$30 (ded. waived)	Not covered	\$10 (ded. waived)	Not covered	\$45 (ded. waived)	Not covered	\$55 (ded. waived)	Not covered
30%	50%	\$150	50%	20% (ded. waived)	50%	40%	50%
30%	50%	20% / 30%	50%	20% (ded. waived)	50%	40%	50%
30%	50%	30%	50%	20%	50%	40%	50%
30%	50%	30%	50%	20%	50%	40%	50%
30%	30%	\$250	\$250	\$350 (ded. waived)	\$350 (ded. waived)	40%	40%
\$50 (ded. waived)	50%	\$30	50%	\$45 (ded. waived)	50%	\$75 (ded. waived)	50%
30%	50%	30%	50%	20%	50%	40%	50%
\$30 (ded. waived)	50%	\$10 (ded. waived)	50%	\$0 (ded. waived)	50%	\$55 (ded. waived)	50%
30%	Not covered	30%	Not covered	20% (ded. waived)	Not covered	40%	Not covered
\$30 (ded. waived)	Not covered	\$10 (ded. waived)	Not covered	\$45 (ded. waived)	Not covered	\$55 (ded. waived)	Not covered
N/A	Not covered	\$750 / \$1,500 Integrated med / Rx all drug ded.	Not covered	\$200 / \$400 Pharmacy all drug ded.	Not covered	\$300 / \$600 Pharmacy brand only deductible	Not covered
\$15 / \$30 / \$50	Not covered	\$10 (ded. waived) / \$25 / \$50	Not covered	\$15 / \$55 / \$85	Not covered	\$15 / \$65 / \$85	Not covered
30%	Not covered	30%	Not covered	20%	Not covered	40%	Not covered
\$0	10%	\$0	10%	\$0	10%	\$0	10%
\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered

(continued)

# PPO Portfolio

Available through Health Net and Covered California™

(continued)

Benefit description <sup>1</sup>	Silver 70 Value PPO 1700/30 + Child Dental Alt		Silver 70 HDHP PPO 1350/40 + Child Dental Alt	
	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
<b>Unlimited lifetime maximum</b>	✓	✓	✓	✓
<b>Plan maximums</b>				
Calendar year deductible (single / family) <sup>4,5</sup>	\$1,700 / \$3,400	\$3,400 / \$6,800	\$1,350 / \$2,700	\$2,700 / \$5,400
Out-of-pocket maximum (single / family) <sup>6,7</sup>	\$7,150 / \$14,300	\$14,300 / \$28,600	\$6,550 / \$13,100	\$13,100 / \$26,200
<b>Professional services</b>				
Office visit <sup>8</sup>	\$30 (ded. waived)	50%	\$40	50%
Specialist visit	\$75	50%	\$60	50%
Telehealth services through Teladoc <sup>9</sup>	\$0 (ded. waived)	Not covered	\$0 (ded. applies)	Not covered
X-ray/Laboratory procedures	\$50	50%	30%	50%
Rehabilitation and habilitation therapy	\$30 (ded. waived)	Not covered	\$40	Not covered
<b>Complex radiology services</b> (MRI, CT, PET)	\$250	50%	30%	50%
<b>Outpatient services</b>				
Outpatient surgery (ambulatory surgery center / hospital)	30% / 40%	50%	20% / 30%	50%
<b>Hospital services</b>				
Inpatient hospital	40%	50%	30%	50%
Skilled nursing facility	40%	50%	30%	50%
<b>Emergency services</b>				
Emergency room (waived if admitted on non-HDHP plans)	\$300	\$300	30%	30%
Urgent care	\$75	50%	\$60	50%
<b>Mental/Behavioral health / Substance use disorder services<sup>10</sup></b>				
Mental/Behavioral health / Substance use disorder (inpatient)	40%	50%	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$30 (ded. waived)	50%	\$40	50%
<b>Other services</b>				
Durable medical equipment	40%	Not covered	30%	Not covered
Acupuncture (medically necessary) <sup>12</sup>	\$30 (ded. waived)	Not covered	\$40	Not covered
<b>Prescription drug coverage<sup>13,14</sup></b>				
Pharmacy calendar year deductible (single / family)	\$1,700 / \$3,400 Integrated med / Rx all drug ded.	Not covered	\$1,350 / \$2,700 Integrated med / Rx all drug ded.	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$15 (ded. waived) / \$55 / \$85	Not covered	\$19 / \$40 / \$60	Not covered
Tier 4 drugs <sup>15</sup>	40%	Not covered	30%	Not covered
<b>Pediatric dental<sup>16</sup></b>				
Diagnostic and preventive services	\$0	10%	\$0	10%
<b>Pediatric vision<sup>17</sup></b>				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered

Plan footnotes found on page 48.

Bronze 60 PPO 6300/75 + Child Dental		Bronze 60 HDHP PPO 5600/15 + Child Dental Alt	
In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
✓	✓	✓	✓
\$6,300 / \$12,600	\$12,600 / \$25,200	\$5,600 / \$11,200	\$11,200 / \$22,400
\$7,550 / \$15,100	\$15,100 / \$30,200	\$6,550 / \$13,100	\$13,100 / \$26,200
Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 <sup>11</sup>	50%	\$15	50%
Visits 1–3: \$105 (ded. waived) / Visits 4+: \$105 <sup>11</sup>	50%	\$30	50%
\$0 (ded. waived)	Not covered	\$0 (ded. applies)	Not covered
100% <sup>17</sup> / \$40 (ded. waived)	100% <sup>17</sup> / 50%	20%	50%
\$75 (ded. waived)	Not covered	\$15	Not covered
100% <sup>18</sup>	100% <sup>18</sup>	20%	50%
100% <sup>18</sup>	100% <sup>18</sup>	10% / 20%	50%
100% <sup>18</sup>	100% <sup>18</sup>	20%	50%
100% <sup>18</sup>	100% <sup>18</sup>	20%	50%
100% <sup>18</sup>	100% <sup>18</sup>	20%	20%
Visits 1–3: \$75 (ded. waived) / Visits 4+: \$75 <sup>11</sup>	50%	\$30	50%
100% <sup>18</sup>	100% <sup>18</sup>	20%	50%
\$0 (ded. waived)	50%	\$15	50%
100% <sup>18</sup>	Not covered	20%	Not covered
Visits 1–3: \$75 ded. waived / Visits 4+: \$75 <sup>11</sup>	Not covered	\$15	Not covered
\$500 / \$1,000 Pharmacy all drug ded.	Not covered	\$5,600 / \$11,200 Integrated med / Rx all drug ded.	Not covered
100% (member responsible for total contracted cost) (\$500 cap) <sup>19</sup>	Not covered	\$5 / \$15 / \$40	Not covered
100% (member responsible for total contracted cost) (\$500 cap) <sup>19</sup>	Not covered	20%	Not covered
\$0	10%	\$0	10%
\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered

# EnhancedCare PPO *Portfolio*

*Available through Health Net and Covered California*

Benefit description <sup>1</sup>	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt		EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	
	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
<b>Unlimited lifetime maximum</b>	✓	✓	✓	✓
<b>Plan maximums</b>				
Calendar year deductible (single / family) <sup>4,5</sup>	\$250 / \$500	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket maximum (single / family) <sup>6,7</sup>	\$3,600 / \$7,200	\$9,000 / \$18,000	\$7,200 / \$14,400	\$14,400 / \$28,800
<b>Professional services</b>				
Office visit <sup>8</sup>	\$15 (ded. waived)	50%	\$30 (ded. waived)	50%
Specialist visit	\$30 (ded. waived)	50%	\$50 (ded. waived)	50%
Telehealth services through Teladoc <sup>9</sup>	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
X-ray/Laboratory procedures	\$30 (ded. waived) / \$30 (ded. waived)	50%	\$35 (ded. waived) / \$30 (ded. waived)	50%
Rehabilitation and habilitation therapy	\$15 (ded. waived)	Not covered	\$30 (ded. waived)	Not covered
<b>Complex radiology services</b> (MRI, CT, PET)	10%	50%	30%	50%
<b>Outpatient services</b>				
Outpatient surgery (ambulatory surgery center / hospital)	10%	50%	30%	50%
<b>Hospital services</b>				
Inpatient hospital	10%	50%	30%	50%
Skilled nursing facility	10%	50%	30%	50%
<b>Emergency services</b>				
Emergency room (waived if admitted on non-HDHP plans)	10%	10%	30%	30%
Urgent care	\$30 (ded. waived)	50%	\$50 (ded. waived)	50%
<b>Mental/Behavioral health / Substance use disorder services<sup>10</sup></b>				
Mental/Behavioral health / Substance use disorder (inpatient)	10%	50%	30%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$15 (ded. waived)	50%	\$30 (ded. waived)	50%
<b>Other services</b>				
Durable medical equipment	10%	Not covered	30%	Not covered
Acupuncture (medically necessary) <sup>11</sup>	\$15 (ded. waived)	Not covered	\$30 (ded. waived)	Not covered
<b>Prescription drug coverage<sup>12,13</sup></b>				
Pharmacy calendar year deductible (single / family)	N/A	Not covered	N/A	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$5 / \$30 / \$50	Not covered	\$15 / \$30 / \$50	Not covered
Tier 4 drugs <sup>14</sup>	10%	Not covered	30%	Not covered
<b>Pediatric dental<sup>15</sup></b>				
Diagnostic and preventive services	\$0	10%	\$0	10%
<b>Pediatric vision<sup>16</sup></b>				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered

Plan footnotes found on page 49.

<i>EnhancedCare PPO Gold Value (not available through Covered California)</i>		<i>EnhancedCare Silver 70 PPO 2000/55 + Child Dental Alt</i>		<i>EnhancedCare PPO Silver Value (not available through Covered California)</i>	
In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
✓	✓	✓	✓	✓	✓
\$750 / \$1,500	\$2,250 / \$4,500	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,700 / \$3,400	\$3,400 / \$6,800
\$7,150 / \$14,300	\$14,300 / \$28,600	\$7,350 / \$14,700	\$14,700 / \$29,400	\$7,150 / \$14,300	\$14,300 / \$28,600
\$10 (ded. waived)	50%	\$55 (ded. waived)	50%	\$30 (ded. waived)	50%
\$30	50%	\$75 (ded. waived)	50%	\$75	50%
\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered	\$0 (ded. waived)	Not covered
\$20	50%	\$65 (ded. waived) / \$40 (ded. waived)	50%	\$50	50%
\$10 (ded. waived)	Not covered	\$55 (ded. waived)	Not covered	\$30 (ded. waived)	Not covered
\$150	50%	40%	50%	\$250	50%
20% / 30%	50%	40%	50%	30% / 40%	50%
30%	50%	40%	50%	40%	50%
30%	50%	40%	50%	40%	50%
\$250	\$250	40%	40%	\$300	\$300
\$30	50%	\$75 (ded. waived)	50%	\$75	50%
30%	50%	40%	50%	40%	50%
\$10 (ded. waived)	50%	\$55 (ded. waived)	50%	\$30 (ded. waived)	50%
30%	Not covered	40%	Not covered	40%	Not covered
\$10 (ded. waived)	Not covered	\$55 (ded. waived)	Not covered	\$30 (ded. waived)	Not covered
\$750 / \$1,500 Integrated med / Rx all drug ded.	Not covered	\$300 / \$600 Pharmacy brand only deductible	Not covered	\$1,700 / \$3,400 Integrated med / Rx all drug ded.	Not covered
\$10 (ded. waived) / \$25 / \$50	Not covered	\$15 / \$65 / \$85	Not covered	\$15 (ded. waived) / \$55 / \$85	Not covered
30%	Not covered	40%	Not covered	40%	Not covered
\$0	10%	\$0	10%	\$0	10%
\$0	Not covered	\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered

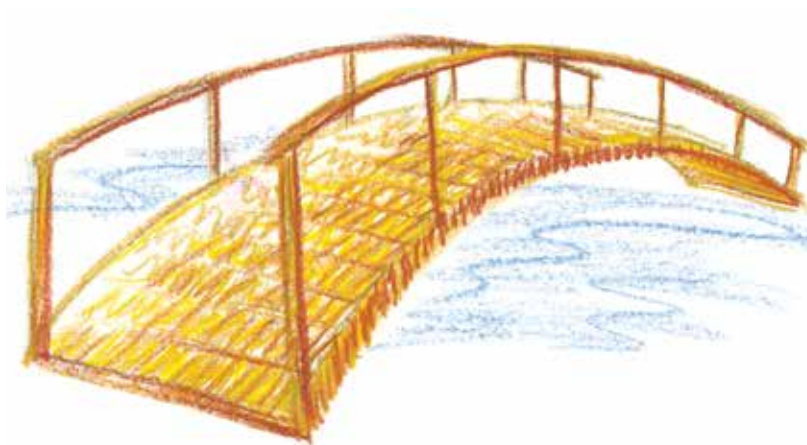
(continued)

# EnhancedCare PPO Portfolio

Available through Health Net and Covered California

(continued)

Benefit description <sup>1</sup>	EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt		EnhancedCare Bronze 60 HDHP PPO 5600/15 + Child Dental Alt	
	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>	In-network <sup>1,2</sup>	Out-of-network <sup>1,3</sup>
<b>Unlimited lifetime maximum</b>	✓	✓	✓	✓
<b>Plan maximums</b>				
Calendar year deductible (single / family) <sup>4,5</sup>	\$1,350 / \$2,700	\$2,700 / \$5,400	\$5,600 / \$11,200	\$11,200 / \$22,400
Out-of-pocket maximum (single / family) <sup>6,7</sup>	\$6,550 / \$13,100	\$13,100 / \$26,200	\$6,550 / \$13,100	\$13,100 / \$26,200
<b>Professional services</b>				
Office visit <sup>8</sup>	\$40	50%	\$15	50%
Specialist visit	\$60	50%	\$30	50%
Telehealth services through Teladoc <sup>9</sup>	\$0	Not covered	\$0	Not covered
X-ray/Laboratory procedures	30%	50%	20%	50%
Rehabilitation and habilitation therapy	\$40	Not covered	\$15	Not covered
<b>Complex radiology services</b> (MRI, CT, PET)	30%	50%	20%	50%
<b>Outpatient services</b>				
Outpatient surgery (ambulatory surgery center / hospital)	20% / 30%	50%	10% / 20%	50%
<b>Hospital services</b>				
Inpatient hospital	30%	50%	20%	50%
Skilled nursing facility	30%	50%	20%	50%
<b>Emergency services</b>				
Emergency room (waived if admitted on non-HDHP plans)	30%	30%	20%	20%
Urgent care	\$60	50%	\$30	50%
<b>Mental/Behavioral health / Substance use disorder services<sup>10</sup></b>				
Mental/Behavioral health / Substance use disorder (inpatient)	30%	50%	20%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$40	50%	\$15	50%
<b>Other services</b>				
Durable medical equipment	30%	Not covered	20%	Not covered
Acupuncture (medically necessary) <sup>11</sup>	\$40	Not covered	\$15	Not covered
<b>Prescription drug coverage<sup>12,13</sup></b>				
Pharmacy calendar year deductible (single / family)	\$1,350 / \$2,700 Integrated med / Rx all drug ded.	Not covered	\$5,600 / \$11,200 Integrated med / Rx all drug ded.	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3 (up to a 30-day supply obtained through a participating pharmacy)	\$19 / \$40 / \$60	Not covered	\$5 / \$15 / \$40	Not covered
Tier 4 drugs <sup>14</sup>	30%	Not covered	20%	Not covered
<b>Pediatric dental<sup>15</sup></b>				
Diagnostic and preventive services	\$0	10%	\$0	10%
<b>Pediatric vision<sup>16</sup></b>				
Routine eye exam	\$0	Not covered	\$0	Not covered
Glasses (limitations apply)	\$0	Not covered	\$0	Not covered



# Ancillary Products

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



# Ancillary Products

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

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

## *Dental plans that make them smile*

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

### Experts by the numbers

#### Ancillary statewide network:

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

#### Alternative medicine statewide network:

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

### Dental plan highlights

#### **Dental HMO**

Health Net Dental HMO (DHMO) plans<sup>1</sup> give members access to an extensive network of providers and the convenience of having a set copayment for many dental procedures. Two DHMO plans are available – HN Plus 150 and HN Plus 225. Among the covered benefits are:

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

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



### ***Dental PPO***

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

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



### ***Underwriting highlights***

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

	DPPO Classic 4 1500		DPPO Classic 5 1500	
	In-network	Out-of-network <sup>4</sup>	In-network	Out-of-network <sup>4</sup>
<b>Calendar year maximum</b>	\$1,500		\$1,500	
<b>Calendar year deductible</b>	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
<b>Preventive services</b> (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% (ded. waived)		100% (ded. waived)	80% (ded. waived)
<b>General services</b> (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after ded.		80% after ded.	
<b>Major services</b> (crowns, removable and fixed bridges, complete and partial dentures)	50% after ded.		50% after ded.	
<b>Orthodontia<sup>6</sup></b> (adult and child)	Not covered		50% after ded. / \$1,500 lifetime maximum	

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

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

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

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

Plan footnotes found on page 50.

### Limitations

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

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

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

### *Our vision plans have a clear advantage<sup>8</sup>*

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

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

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

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

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

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



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



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

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

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



### Chiropractic coverage

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

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



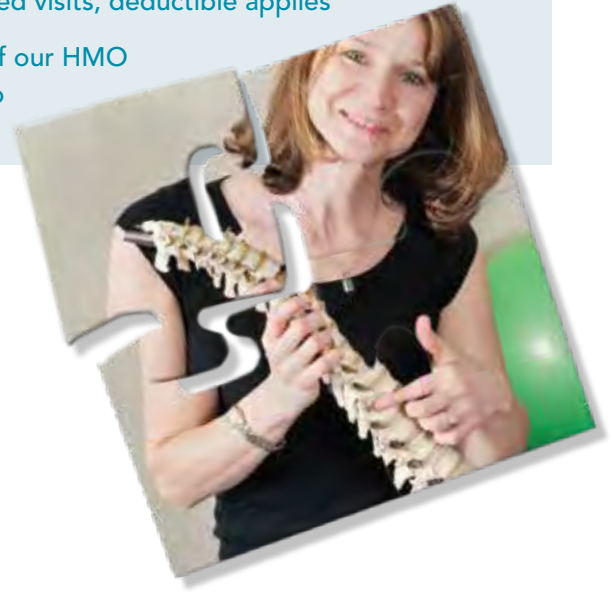
	Chiropractic coverage highlights
Office visits <sup>10</sup>	\$10 copay per visit
Visits per calendar year	Unlimited
Lab tests	Covered when medically necessary
X-rays	Covered for medically necessary chiropractic care
Annual chiropractic appliance allowance	\$50 toward the purchase of medically necessary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

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

Chiropractic benefits are included with several of our PPO and EnhancedCare PPO plans. There's no need to buy separate coverage!

- Platinum 250/15, Gold 1000/30, Silver 2000/55, and Value plans: \$25 copayment per visit, 12 visits per year, no deductible
- HDHP plans: \$25 copayment per visit, unlimited visits, deductible applies

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





## Life and AD&D

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

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

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

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

## Group Term Life Insurance

### Life options

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

## Group Life plan features

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

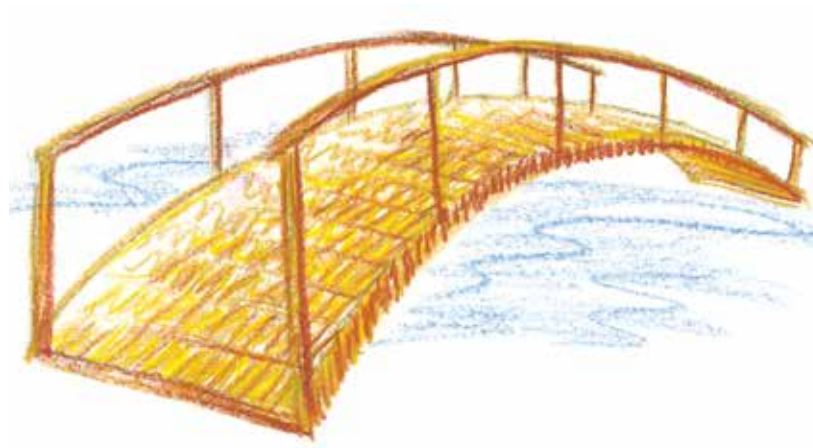
## Accidental Death & Dismemberment (AD&D)

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

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

Steve Shorr Insurance

Learn More==> <https://wp.me/P50Ehk-4O>



# *More* Helpful Information

# More Than an ID Card

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

## *Decision Power®: Health & Wellness*

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

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

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

## *Focus on early access and prevention*

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

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



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

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

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

### *Support – online and on the go*

#### **Self-service at [www.healthnet.com](http://www.healthnet.com)**

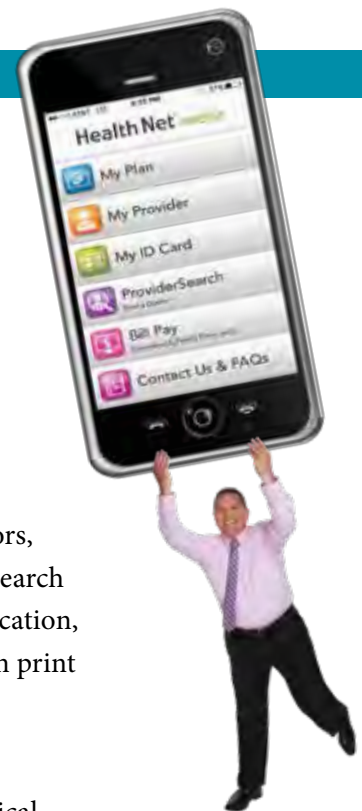
HealthNet.com makes it easy to build healthy habits and get things done! Members can connect to our vast collection of wellness resources, get benefit information, order ID cards... the list goes on!

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

#### **On the go with Health Net Mobile**

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

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



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

**Note:** Health Net's 2017 ratios of premium costs to health services paid for Small Business DMHC and CDI health plans were 82.5% and 87.4% respectively.

# Plan Codes and Footnotes

## *All HMO/HSP/PPO plans*

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

Plan name	Plan code	
	Without infertility	With infertility
CommunityCare HMO Gold \$5	F2P	F2O
CommunityCare HMO Silver \$20	F2R	F2Q
CommunityCare HMO Bronze \$45	F2T	F2S
Full Network HMO Platinum \$10	F3W	F3V
Full Network HMO Platinum \$20	F44	F43
Full Network HMO Platinum \$30	F4D	F4C
Full Network HMO Gold \$30	F2Z	F2Y
Full Network HMO Gold \$35	F37	F36
Full Network HMO Gold \$40	F3G	F3F
Full Network HMO Silver \$50	F4L	F4K
WholeCare HMO Platinum \$10	F3U	F3T
WholeCare HMO Platinum \$20	F42	F41
WholeCare HMO Platinum \$30	F4B	F49
WholeCare HMO Gold \$30	F2X	F2W
WholeCare HMO Gold \$35	F35	F34
WholeCare HMO Gold \$40	F3E	F3D
WholeCare HMO Silver \$50	F4J	F4I
SmartCare HMO Platinum \$10	F3S	F3R
SmartCare HMO Platinum \$20	F40	F3Z
SmartCare HMO Platinum \$30	F48	F47
SmartCare HMO Gold \$30	F2V	F2U
SmartCare HMO Gold \$35	F33	F32
SmartCare HMO Gold \$40	F3C	F3B
SmartCare HMO Silver \$50	F4H	F4G
Salud HMO y Más Platinum \$10	F3Y	F3X
Salud HMO y Más Platinum \$20	F46	F45
Salud HMO y Más Platinum \$30	F4F	F4E
Salud HMO y Más Gold \$30	F3I	F30
Salud HMO y Más Gold \$35	F39	F38
Salud HMO y Más Gold \$40	F3I	F3H
Salud HMO y Más Silver \$50	F4N	F4M
Platinum 90 PPO 0/15 + Child Dental	F5U	F62
Platinum 90 PPO 250/15 + Child Dental Alt	F68	F69

(continued)

Plan name	Plan code	
	Without infertility	With infertility
Gold 80 PPO 0/30 + Child Dental	F5S	F60
Gold 80 Value PPO 750/10 + Child Dental Alt	F5W	F64
Gold 80 PPO 1000/30 + Child Dental Alt	F66	F67
Silver 70 PPO 2000/45 + Child Dental	F5V	F63
Silver 70 PPO 2000/55 + Child Dental Alt	F6B	F6C
Silver 70 Value PPO 1700/30 + Child Dental Alt	F5T	F61
Silver 70 HDHP PPO 1350/40 + Child Dental Alt	F5X	F65
Bronze 60 PPO 6300/75 + Child Dental	F5R	F5Z
Bronze 60 HDHP PPO 5600/15 + Child Dental Alt	F5Q	F5Y
EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	F6N	F6O
EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	F6L	F6M
EnhancedCare PPO Gold Value	F6G	F6K
EnhancedCare PPO Silver Value	F6F	F6J
EnhancedCare Silver 70 PPO 2000/55 + Child Dental Alt	F6P	F6Q
EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt	F6E	F6I
EnhancedCare Bronze 60 HDHP PPO 5600/15 + Child Dental Alt	F6D	F6H
PureCare Platinum 90 HSP 0/15 + Child Dental	F3O	F3N
PureCare Gold 80 HSP 0/30 + Child Dental	F3M	F3L
PureCare Silver 70 HSP 2000/45 + Child Dental	F3Q	F3P
PureCare Bronze 60 HSP 6300/75 + Child Dental	F3K	F3J



## Infertility buy-up details

### For HMO/HSP plans only

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

### For PPO/EnhancedCare PPO insurance plans only

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

## Platinum \$10, Platinum \$20, Platinum \$30, Gold \$30, Gold \$35, Gold \$40, and Silver \$50 Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más plans

- <sup>1</sup>Preventive care services are covered for children and adults, as directed by your physician, based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations; immunizations; and diagnostic preventive procedures, including preventive care services for pregnancy, preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- <sup>2</sup>Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- <sup>3</sup>MinuteClinics are not located in all California counties. Refer to [www.minuteclinic.com](http://www.minuteclinic.com) for the most up-to-date locations.
- <sup>4</sup>Maximum of 3 days copayment per admission.
- <sup>5</sup>Benefits are administered by MHN Services, an affiliate behavioral health administrative services company, which provides behavioral health services.
- <sup>6</sup>Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- <sup>7</sup>The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.
- <sup>8</sup>Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- <sup>9</sup>Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Self-injectable drugs (other than insulin) are considered specialty drugs. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply.
- <sup>10</sup>Pediatric dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.
- <sup>11</sup>Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.
- <sup>12</sup>In Mexico, all providers, facilities and pharmacies must belong to the SIMNSA Network, except for emergency services.
- <sup>13</sup>Any copayment or coinsurance paid for covered services in either the Salud Network or the SIMNSA Network will be credited to the individual OOPM of both networks.
- <sup>14</sup>Mental health and substance abuse services must be provided by a SIMNSA provider.

## CommunityCare HMO

- <sup>1</sup>Preventive care services are covered for children and adults, as directed by your physician, based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents and women's preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services include, but are not limited to, periodic health evaluations; immunizations; and diagnostic preventive procedures, including preventive care services for pregnancy, preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA. One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it.
- <sup>2</sup>Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services, prescriptions for substances controlled by the DEA, non-therapeutic drugs, or certain other drugs which may be harmful because of the potential for abuse.
- <sup>3</sup>MinuteClinics are not located in all California counties. Refer to [www.minuteclinic.com](http://www.minuteclinic.com) for the most up-to-date locations.

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

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

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

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

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

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

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

## PureCare HSP

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

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

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

<sup>4</sup>(Bronze only) After the medical deductible has been reached, the member is responsible for 100% of the eligible charges until the out-of-pocket maximum limit is met.

<sup>5</sup>Benefits are administered by MHN Services, an affiliated behavioral health administrative services company, which provides behavioral health services.

<sup>6</sup>Acupuncture care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

<sup>7</sup>The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy and Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The brand-name prescription drug deductible, or medical deductible if applicable, must be paid before Health Net begins to pay for brand-name prescription drugs, including brand-name specialty drugs.

<sup>8</sup>Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

<sup>9</sup>(Bronze only) After the pharmacy deductible has been reached, the member will be responsible for 100% of the cost of all Tier 1, 2, 3, and 4 drugs until the out-of-pocket maximum is met. Tier 1, 2, 3, and 4 drugs will have a payment maximum after the deductible of \$500 for an individual prescription of up to a 30-day supply. Tier 3 prescription drugs will have a maximum of \$1,500 for a 90-day supply prescription through mail order after the deductible has been met.

<sup>10</sup>Tier 4 drugs include when: Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor.

<sup>11</sup>Pediatric dental plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net. Additional pediatric dental benefits are covered. See the plan's EOC for details.

<sup>12</sup>Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

## PPO

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

- <sup>1</sup>Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied. Refer to the COI for details.
- <sup>2</sup>Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.
- <sup>3</sup>Please refer to the COI for out-of-network reimbursement methodology.
- <sup>4</sup>Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers. Unless otherwise specified, deductible applies to all services.
- <sup>5</sup>(Silver HDHP only) For single coverage, the deductible is \$1,350. For family coverage, the deductible is \$2,700, and there is no per member deductible accumulation/accrual. It is a single comprehensive family deductible.
- <sup>6</sup>Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers, and coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.
- <sup>7</sup>(Silver HDHP only) For single coverage, the OOPM is \$6,550. For family coverage, the OOPM is \$13,100, and there is no per member OOPM accumulation/accrual. It is a single comprehensive family OOPM.
- <sup>8</sup>Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information about generally recommended preventive services, go to [www.healthcare.gov](http://www.healthcare.gov). The applicable cost-sharing for preventive care will apply to these services.
- <sup>9</sup>Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- <sup>10</sup>Benefits are administered by MHN Services, an affiliated behavioral health administrative services company, which provides behavioral services.
- <sup>11</sup>(Bronze non-HDHP plan only) Visits 1–3 (combined between office visits, urgent care, prenatal and postnatal visits): The calendar year deductible is waived. Visits 4–unlimited: The calendar year deductible applies.
- <sup>12</sup>Acupuncture care is underwritten by Health Net Life Insurance Company for PPO plans.
- <sup>13</sup>The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to the COI for complete information on prescription drugs. Plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your COI and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The COI is a legal, binding document. If the information in this brochure differs from the information in the COI, the COI controls. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to [www.healthnet.com](http://www.healthnet.com).
- <sup>14</sup>Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.
- <sup>15</sup>Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. (Platinum, Gold and Silver only) Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. (Bronze HDHP only) Tier 4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply.
- <sup>16</sup>Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Administrative Services (DBP). DBP is not affiliated with Health Net. See the plan's COI for details.
- <sup>17</sup>Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.
- <sup>18</sup>(Bronze non-HDHP) After the medical deductible has been reached, the member is responsible for 100% of the eligible charges until the out-of-pocket maximum limit is met.
- <sup>19</sup>(Bronze non-HDHP) After the pharmacy deductible has been reached, the member will be responsible for 100% of the cost of all Tier 1, 2, 3, and 4 drugs until the out-of-pocket maximum is met. Tier 1, 2, 3, and 4 drugs will have a payment maximum after the deductible of \$500 for an individual prescription of up to a 30-day supply. Tier 3 prescription drugs will have a maximum of \$1,500 for a 90-day supply prescription through mail order after the deductible has been met.

## EnhancedCare PPO

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

<sup>1</sup>Certain services require prior certification from Health Net. Without prior certification, an additional \$250 is applied. Refer to the COI for details.

<sup>2</sup>Insured pays the negotiated rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

<sup>3</sup>Please refer to the COI for out-of-network reimbursement methodology.

<sup>4</sup>Any amount applied toward the calendar year deductible (if applicable) for covered services and supplies received from an in-network provider will not apply toward the calendar year deductible for out-of-network providers. In addition, any amount applied toward the calendar year deductible for covered services and supplies received from an out-of-network provider will not apply toward the calendar year deductible for in-network providers. Unless otherwise specified, deductible applies to all services.

<sup>5</sup>(Silver HDHP only) For single coverage, the deductible is \$1,350. For family coverage, the deductible is \$2,700, and there is no per member deductible accumulation/accrual. It is a single comprehensive family deductible.

<sup>6</sup>Copayments or coinsurance paid for in-network services will not apply toward the out-of-pocket maximum for out-of-network providers, and coinsurance paid for out-of-network services will not apply toward the out-of-pocket maximum for preferred providers.

<sup>7</sup>(Silver HDHP only) For single coverage, the OOPM is \$6,550. For family coverage, the OOPM is \$13,100, and there is no per member OOPM accumulation/accrual. It is a single comprehensive family OOPM.

<sup>8</sup>Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); women's preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and comprehensive guidelines supported by HRSA for infants, children and adolescents. For more information about generally recommended preventive services, go to [www.healthcare.gov](http://www.healthcare.gov). The applicable cost-sharing for preventive care will apply to these services.

<sup>9</sup>Health Net contracts with Teladoc to provide telehealth services for medical, mental disorder and chemical dependency conditions. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Telehealth services that are not provided by Teladoc are not covered. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential for abuse.

<sup>10</sup>Benefits are administered by MHN Services, an affiliated behavioral health administrative services company, which provides behavioral services.

<sup>11</sup>Acupuncture care is underwritten by Health Net Life Insurance Company for EnhancedCare PPO plans.

<sup>12</sup>The three prescription drug tiers are: Tier 1 – Most generic drugs and low-cost preferred brands. Tier 2 – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmacy & Therapeutics (P&T) Committee based on drug safety, efficacy and cost. Tier 3 – Non-preferred brand-name drugs; drugs recommended by the P&T Committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier. The Essential Rx Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Essential Rx Drug List, go to Health Net's website. Refer to the COI for complete information on prescription drugs. Plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your COI and Health Net's Essential Rx Drug List for coverage, cost-share and tier information. The COI is a legal, binding document. If the information in this brochure differs from the information in the COI, the COI controls. Prescription drugs filled through mail order (up to a 90-day supply) require twice the level of copayment. For details regarding a specific drug, go to [www.healthnet.com](http://www.healthnet.com).

<sup>13</sup>Preventive drugs and women's contraceptives that are approved by the Food and Drug Administration are covered at no cost to the member. Preventive drugs are prescribed over-the-counter drugs or prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations. Covered contraceptives are FDA-approved contraceptives for women that are either available over the counter or are only available with a prescription. If a brand-name drug is dispensed and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the generic and brand-name drug. However, if a brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand-name drug will be dispensed at no charge. Vaginal, oral, transdermal, and emergency contraceptives are covered under the prescription drug benefit. IUD, implantable and injectable contraceptives are covered (when administered by a physician) under the medical benefit.

<sup>14</sup>Tier 4 drugs include when: the Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring; or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600. Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. (Platinum, Gold and Silver only) Tier 4 drugs will have a copayment and coinsurance maximum of \$250 for an individual prescription of up to a 30-day supply. (Bronze HDHP only) Tier 4 drugs will have a copayment and coinsurance maximum of \$500 for an individual prescription of up to a 30-day supply.

<sup>15</sup>Pediatric dental PPO plans are underwritten by Health Net Life Insurance Company and administered by Dental Benefit Administrative Services (DBP). DBP is not affiliated with Health Net. See the plan's COI for details.

<sup>16</sup>Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the pediatric vision services benefits.

## Ancillary

- <sup>1</sup>Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). DBP is not affiliated with Health Net.
- <sup>2</sup>Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company. Unimerica Life Insurance Company is not affiliated with Health Net.
- <sup>3</sup>Usual, 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.
- <sup>4</sup>Out-of-network benefits for the Classic plan are reimbursed at the Usual, Customary and Reasonable (UCR) amounts as determined by FAIR Health, Inc.
- <sup>5</sup>Out-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.
- <sup>6</sup>For 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.
- <sup>7</sup>There is a maximum charge of \$150 in addition to the listed copayment if noble, high noble or titanium metal is used. Porcelain on molars is an additional charge of \$75.
- <sup>8</sup>Vision plans, other than pediatric vision, are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC.
- <sup>9</sup>Members receive a 15% discount on the retail price or 5% off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.
- <sup>10</sup>Chiropractic care is offered by Health Net of California, Inc. for HMO and HSP plans. Chiropractic care is underwritten by Health Net Life Insurance Company for PPO insurance plans. Chiropractic care is administered by American Specialty Health Plans of California, Inc., a subsidiary of American Specialty Health Incorporated (ASH).
- <sup>11</sup>Group Term Life, Supplemental Group Term Life and AD&D products are underwritten by Health Net Life Insurance Company, a subsidiary of Health Net, Inc.

Steve Shorr Insurance

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Health Net HSP, HMO and Salud con Health Net HMO y Más plans are offered by Health Net of California, Inc. PPO and Life/AD&D insurance plans are underwritten by Health Net Life Insurance Company. Vision plans, other than pediatric vision, are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC. Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company. Obligations of Fidelity Life Insurance Company, DBP and Unimerica Life Insurance Company are neither the obligations of, nor guaranteed by, Health Net, Inc. or its affiliates. Pediatric vision plans are provided by Health Net of California, Inc. Pediatric dental HMO plans are provided by Health Net of California, Inc. Pediatric dental PPO and indemnity plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net and Salud con Health Net are registered service marks of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. Covered California is a registered trademark of the State of California. All rights reserved.