



2020

Plan name 	Member(s) responsibility									
	DEDUCTIBLE (SINGLE / FAMILY)	OUT-OF- POCKET MAXIMUM (SINGLE / FAMILY)	OFFICE / SPECIALIST VISIT	LAB / X-RAYS	OUTPATIENT SURGERY (ASC / HOSPITAL)	INPATIENT HOSPITAL	EMERGENCY ROOM FACILITY	URGENT CARE	PHARMACY	
									RX DED. (SINGLE / FAMILY)	RX DRUG TIER 1 / 2 / 3 / 4
PLAN DESIGNS OFFERED ON FULL NETWORK HMO, WHOLECARE HMO, SMARTCARE HMO, AND SALUD HMO Y MÁS¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.										
Platinum \$10	\$0	\$2,500 / \$5,000	\$10 / \$30	\$10 / \$10	\$40 / \$100	\$250 per day (3-day max copay per admission)	\$100	\$30	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$20	\$0	\$3,000 / \$6,000	\$20 / \$40	\$10 / \$10	\$200 / \$500	\$350 per day (3-day max copay per admission)	\$150	\$40	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$30	\$0	\$2,250 / \$4,500	\$30 / \$50	\$20 / \$50	\$150 / \$150	\$500 per day (4-day max copay per admission)	\$250	\$30	\$0	\$5 / \$20 / \$30 / 30% ²
Gold \$30	\$0	\$6,000 / \$12,000	\$30 / \$50	\$40 / \$40	\$360 / \$900	\$750 per day (3-day max copay per admission)	\$300	\$50	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$35	\$0	\$6,000 / \$12,000	\$35 / \$55	\$40 / \$50	\$480 / \$1,200	\$750 per day (3-day max copay per admission)	\$300	\$55	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$40	\$0	\$6,500 / \$13,000	\$40 / \$60	\$40 / \$40	\$440 / \$1,100	\$750 per day (3-day max copay per admission)	\$300	\$60	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$50	\$0	\$7,000 / \$14,000	\$50 / \$70	\$40 / \$50	\$480 / \$1,200	\$750 per day (4-day max copay per admission)	\$300	\$70	\$200 / \$400	\$15 ³ / \$50 / \$70 / 40% ²
Silver \$50	\$0	\$7,800 / \$15,600	\$50 / \$70	\$40 / \$50	40% / 50%	50%	50%	\$70	\$500 / \$1,000	\$20 / 50% ² / 50% ² / 50% ²
PLAN DESIGNS OFFERED ON COMMUNITYCARE HMO¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.										
Silver \$50	\$1,750 / \$3,500	\$7,800 / \$15,600	\$50 ³ / \$70 ³	\$40 / \$50	30% / 40%	40%	40%	\$70 ³	\$250 / \$500	\$15 ³ / 40% ² / 40% ² / 40% ²
CommunityCare Bronze 60 HMO 6300/65 + Child Dental	\$6,300 / \$12,600	\$7,800 / \$15,600	\$65 ⁵ / \$95 ⁵	\$40 ³ / 40%	40% / 40%	40%	40%	\$65 ⁵	\$500 / \$1,000	\$18 / 40% ⁴ / 40% ⁴ / 40% ⁴

(continued)

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	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 DED. (SINGLE / FAMILY)	RX DRUG TIER 1 / 2 / 3 / 4
STANDARD PLAN DESIGNS OFFERED ONLY ON FULL PPO NETWORK¹ THROUGH HEALTH NET LIFE INSURANCE COMPANY											
Platinum 90 PPO 0/15 + Child Dental	\$0	\$4,500 / \$9,000	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0	\$5 / \$15 / \$25 / 10% ²
Gold 80 PPO 250/25 + Child Dental	\$250 / \$500	\$7,800 / \$15,600	20%	\$25 ³ / \$50 ³	\$25 ³ / \$65 ³	20% ³ / 20% ³	20%	\$250	\$25 ³	\$0	\$15 / \$50 / \$80 / 20% ²
Silver 70 PPO 2250/50 + Child Dental	\$2,250 / \$4,500	\$7,800 / \$15,600	20%	\$50 ³ / \$85 ³	\$40 ³ / \$85 ³	20% ³ / 20% ³	20%	\$400	\$50 ³	\$300 / \$600	\$17 / \$65 / \$90 / 20% ²
Bronze 60 PPO 6300/65 + Child Dental	\$6,300 / \$12,600	\$7,800 / \$15,600	40%	\$65 ⁵ / \$95 ⁵	\$40 ³ / 40%	40% / 40%	40%	40%	\$65 ⁵	\$500 / \$1,000	\$18 / 40% ⁴ / 40% ⁴ / 40% ⁴
ALTERNATE PLAN DESIGNS OFFERED ON FULL PPO AND ENHANCEDCARE PPO NETWORKS¹ THROUGH HEALTH NET LIFE INSURANCE COMPANY											
Platinum 90 PPO 250/15 + Child Dental Alt	\$250 / \$500	\$3,800 / \$7,600	10%	\$15 ³ / \$30 ³	\$30 ³ / \$30 ³	10% / 10%	10%	10%	\$30 ³	\$0	\$10 / \$35 / \$60 / 10% ²
Gold 80 PPO 0/30 + Child Dental Alt	\$0	\$7,400 / \$14,800	30%	\$30 / \$50	\$30 / \$40	30% / 30%	30%	30%	\$50	\$0	\$15 / \$40 / \$70 / 30% ²
Gold 80 PPO 500/20 + Child Dental Alt	\$500 / \$1,000	\$7,400 / \$14,800	30%	\$20 ³ / \$40 ³	\$30 ³ / \$40 ³	30% / 30%	30%	30%	\$40 ³	\$250 / \$500	\$153 / \$40 / \$70 / 30% ²
Gold 80 PPO 1000/30 + Child Dental Alt	\$1,000 / \$2,000	\$7,400 / \$14,800	30%	\$30 ³ / \$50 ³	\$30 ³ / \$40 ³	30% / 30%	30%	30%	\$50 ³	\$250 / \$500	\$153 / \$40 / \$70 / 30% ²
Gold 80 Value PPO 750/15 + Child Dental Alt	\$750 / \$1,500	\$7,600 / \$15,200	30%	\$15 ³ / \$30	\$25 / \$25	30% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx ded.	\$153 / \$40 / \$70 / 30% ²
Silver 70 PPO 2250/55 + Child Dental Alt	\$2,250 / \$4,500	\$7,800 / \$15,600	40%	\$55 ³ / \$80 ³	\$40 ³ / \$65	40% / 40%	40%	40%	\$80 ³	\$300 / \$600	\$193 / \$65 / \$85 / 40% ²
Silver 70 Value PPO 1700/50 + Child Dental Alt	\$1,700 / \$3,400	\$7,800 / \$15,600	40%	\$50 ³ / \$75	\$40 / \$50	40% / 40%	40%	40%	\$75	\$1,700 / \$3,400 Integrated med / Rx ded.	\$193 / \$65 / 40% ² / 40% ²
Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400 / \$2,800	\$6,850 / \$13,700	40%	40% / 40%	40% / 40%	40% / 40%	40%	40%	40%	\$1,400 / \$2,800 Integrated med / Rx ded.	\$19 / \$65 / \$85 / 40% ²
Bronze 60 HDHP PPO 5600/20% + Child Dental Alt	\$5,600 / \$11,200	\$6,850 / \$13,700	20%	20% / 20%	20% / 20%	20% / 20%	20%	20%	20%	\$5,600 / \$11,200 Integrated med / Rx ded.	\$5 / \$15 / \$40 / 20% ⁴

(continued)

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	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 DED. (SINGLE / FAMILY)	RX DRUG TIER 1 / 2 / 3 / 4
PLAN DESIGNS OFFERED ON PURECARE HSP¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.											
PureCare Platinum 90 HSP 0/15 + Child Dental	\$0	\$4,500 / \$9,000	10%	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$150	\$15	\$0	\$5 / \$15 / \$25 / 10% ²
PureCare Gold 80 HSP 250/25 + Child Dental	\$250 / \$500	\$7,800 / \$15,600	20%	\$25 ³ / \$50 ³	\$25 ³ / \$65 ³	20% ³ / 20% ³	20%	\$250	\$25 ³	\$0	\$15 / \$50 / \$80 / 20% ²
PureCare Silver 70 HSP 2250/50 + Child Dental	\$2,250 / \$4,500	\$7,800 / \$15,600	20%	\$50 ³ / \$85 ³	\$40 ³ / \$85 ³	20% ³ / 20% ³	20%	\$400	\$50 ³	\$300 / \$600	\$17 / \$65 / \$90 / 20% ²
PureCare Bronze 60 HSP 6300/65 + Child Dental	\$6,300 / \$12,600	\$7,800 / \$15,600	40%	\$65 ⁵ / \$95 ⁵	\$40 ³ / 40%	40% / 40%	40%	40%	\$65 ⁵	\$500 / \$1,000	\$18 / 40% ⁴ / 40% ⁴ / 40% ⁴

Enhanced Choice: Two packages that offer multiple plans

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



ENHANCED CHOICE PARTICIPATION REQUIREMENTS

Eligible employees +
Employee participation minimum:



1-5 + 66%



6-100 + 50%



+

Employer pays:

Minimum of **50%**
of base plan monthly

or

Minimum of **\$100**
per employee
toward the
employee-only rate

=

Employees get:

Access to
Health Net's



Dental and vision 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 ³	\$0 ³	\$0 ³
DPPO Classic 5 1500	50% / \$1,500 lifetime max.	\$1,500	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DPPO Essential 2 1000	Not covered	\$1,000	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DPPO Essential 5 1500	50% / \$1,500 lifetime max.	\$1,500	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DPPO Essential 6 1500	Not covered	\$1,500	\$50 / \$150	\$0 ³	\$0 ³	\$0 ³
DHMO Plus 150	100% over \$1,695	N/A	N/A	\$0	\$0	\$0
DHMO Plus 225	100% over \$1,695	N/A	N/A	\$0	\$0	\$0

Vision plan 	Member pays	
	EXAM / FRAMES	LENSES (SINGLE / BIFOCAL / TRIFOCAL / PROGRESSIVE)
Elite 1010-1	\$10 copay / \$0 copay, up to \$150 allowance	\$10 / \$10 / \$10 / \$75
Supreme 010-2	\$0 copay / \$0 copay, up to \$120 allowance	\$10 / \$10 / \$10 / \$75
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 10-3	Not covered / \$0 copay, up to \$100 allowance	\$10 / \$10 / \$10 / \$75
Plus 20-1	\$20 copay / 35% discount off retail price	\$50 / \$70 / \$105 / \$135
Exam only	\$0 copay / Not covered	Not covered

Covered California™ for Small Business (CCSB)

The following Health Net plans are offered on CCSB. The plans are mirrored designs both on and off the exchange. Find benefit information for these plans in the PPO benefit grid chart on page 2.

Health Net plans offered on CCSB	
FULL PPO NETWORK	ENHANCEDCARE PPO NETWORK
Platinum 90 PPO 0/15 + Child Dental	Gold 80 Value PPO 750/15 + Child Dental Alt
Gold 80 PPO 250/25 + Child Dental	Silver 70 Value PPO 1700/50 + Child Dental Alt
Silver 70 PPO 2250/50 + Child Dental	Silver 70 HDHP PPO 1400/40% + Child Dental Alt
Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
Gold 80 PPO 0/30 + Child Dental Alt	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt
	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt
	EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt
	EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt
	EnhancedCare Bronze 60 HDHP PPO 5600/20% + Child Dental Alt

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

¹Counties available:

PPO: Available in all counties.

EnhancedCare PPO: Los Angeles County.

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

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

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

CommunityCare: Los Angeles, Orange and San Diego counties.

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

³Deductible waived.

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

⁵Visits 1–3: The calendar year deductible is waived (combined between office visits, urgent care, prenatal and postnatal visits, outpatient mental health/substance abuse).

Visits 4–unlimited: The calendar year deductible applies.

HSP, HMO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. PPO insurance plans are underwritten by Health Net Life Insurance Company. Vision plans for adults, are underwritten by Health Net Life Insurance Company and serviced by EyeMed Vision Care, LLC ("EyeMed") and Envolve Vision, Inc. 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 DBP and Unimerica Life Insurance Company are not the obligations of, nor guaranteed by, Health Net, LLC, 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, LLC. Health Net is a registered service mark of Health Net, LLC. Covered California is a registered trademark of the State of California. All rights reserved.