



2021

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 \$0	\$0	\$3,000 / \$6,000	\$0 / \$0	\$0 / \$0	\$200 / \$500	\$500 per day (4-day max copay per admission)	\$250	\$0	\$0	\$0 / \$30 / \$50 / 30% ²
Platinum \$10	\$0	\$1,750 / \$3,500	\$10 / \$30	\$20 / \$20	\$60 / \$150	\$250 per day (3-day max copay per admission)	\$150	\$30	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$20	\$0	\$3,000 / \$6,000	\$20 / \$40	\$20 / \$20	\$200 / \$500	\$350 per day (3-day max copay per admission)	\$200	\$40	\$0	\$5 / \$30 / \$50 / 30% ²
Platinum \$30	\$0	\$2,500 / \$5,000	\$30 / \$50	\$30 / \$30	\$200 / \$500	\$500 per day (4-day max copay per admission)	\$250	\$50	\$0	\$5 / \$30 / \$50 / 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	\$6,500 / \$13,000	\$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 / \$50	\$480 / \$1,200	\$750 per day (4-day max copay per admission)	\$300	\$60	\$0	\$15 / \$50 / \$70 / 30% ²
Gold \$50	\$0	\$7,000 / \$14,000	\$50 / \$70	\$40 / \$50	\$520 / \$1,300	\$850 per day (5 day max copay per admission)	\$300	\$70	\$450 / \$900	\$15 ³ / \$50 / \$70 / 40% ²
Silver \$50	\$0	\$7,950 / \$15,900	\$50 / \$70	\$40 / \$50	40% / 50%	50%	50%	\$70	\$750 / \$1,500	\$20 ³ / 50% ² / 50% ² / 50% ²
PLAN DESIGNS OFFERED ON COMMUNITYCARE HMO¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.										
Silver \$1750/\$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	\$8,200 / \$16,400	\$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)	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	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$200	\$15	\$0	\$10 / \$25 / \$40 / 10% ²
Gold 80 PPO 350/25 + Child Dental	\$350 / \$700	\$7,800 / \$15,600	\$25 ³ / \$50 ³	\$25 ³ / \$65 ³	20% ³ / 20% ³	20%	20%	\$25 ³	\$0	\$15 / \$50 / \$80 / 20% ²
Silver 70 PPO 2250/50 + Child Dental	\$2,250 / \$4,500	\$8,200 / \$16,400	\$50 ³ / \$85 ³	\$50 ³ / \$85 ³	30% / 30%	30%	30%	\$50 ³	\$300 / \$600	\$17 ³ / \$70 / \$100 / 30% ²
Bronze 60 PPO 6300/65 + Child Dental	\$6,300 / \$12,600	\$8,200 / \$16,400	\$65 ⁵ / \$95 ⁵	\$40 ³ / 40%	40% / 40%	40%	40%	\$65 ⁵	\$500 / \$1,000	\$18 / 40% ⁴ / 40% ⁴ / 40% ⁴
Bronze 60 HDHP PPO 7000/0% + Child Dental	\$7,000 / \$14,000	\$7,000 / \$14,000	0% / 0%	0% / 0%	0% / 0%	0%	0%	0%	\$7,000 / \$14,000 Integrated med / Rx ded.	0% / 0% / 0% / 0%
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	\$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	\$7,600 / \$15,200	\$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	\$7,600 / \$15,200	\$20 ³ / \$40 ³	\$30 ³ / \$40 ³	30% / 30%	30%	30%	\$40 ³	\$250 / \$500	\$15 ³ / \$40 / \$70 / 30% ²
Gold 80 PPO 1000/30 + Child Dental Alt	\$1,000 / \$2,000	\$7,600 / \$15,200	\$30 ³ / \$50 ³	\$30 ³ / \$40 ³	30% / 30%	30%	30%	\$50 ³	\$250 / \$500	\$15 ³ / \$40 / \$70 / 30% ²
Gold 80 PPO 1500/0 + Child Dental Alt	\$1,500 / \$3,000	\$8,000 / \$16,000	\$0 ³ / \$70 ³	\$0 ³ / \$0 ³	40% / 40%	40%	40%	\$70 ³	\$300 / \$600	\$0 ³ / \$50 / \$90 / 40% ²
Gold 80 Value PPO 750/15 + Child Dental Alt	\$750 / \$1,500	\$7,800 / \$15,600	\$15 ³ / \$30	\$25 / \$25	30% / 30%	30%	\$250	\$30	\$750 / \$1,500 Integrated med / Rx ded.	\$15 ³ / \$40 / \$70 / 30% ²
Silver 70 PPO 2250/55 + Child Dental Alt	\$2,250 / \$4,500	\$8,000 / \$16,000	\$55 ³ / \$80 ³	\$40 ³ / \$65 ³	40% / 40%	40%	40%	\$80 ³	\$300 / \$600	\$19 ³ / \$65 / \$85 / 40% ²
Silver 70 Value PPO 1700/50 + Child Dental Alt	\$1,700 / \$3,400	\$8,000 / \$16,000	\$50 ³ / \$75	\$40 / \$50	40% / 40%	40%	40%	\$75	\$1,700 / \$3,400 Integrated med / Rx ded.	\$19 ³ / \$65 / \$100 / 40% ²
Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400 / \$2,800	\$7,000 / \$14,000	40% / 40%	40% / 40%	40% / 40%	40%	40%	40%	\$1,400 / \$2,800 Integrated med / Rx ded.	\$19 / \$80 / \$100 / 40% ²

(continued)

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	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 PURECARE HSP¹ AVAILABLE THROUGH HEALTH NET OF CALIFORNIA, INC.										
PureCare Platinum 90 HSP 0/15 + Child Dental	\$0	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10% / 10%	10%	\$200	\$15	\$0	\$10 / \$25 / \$40 / 10% ²
PureCare Gold 80 HSP 350/25 + Child Dental	\$350 / \$700	\$7,800 / \$15,600	\$25 ³ / \$50 ³	\$25 ³ / \$65 ³	20% ³ / 20% ³	20%	20%	\$25 ³	\$0	\$15 / \$50 / \$80 / 20% ²
PureCare Silver 70 HSP 2250/50 + Child Dental	\$2,250 / \$4,500	\$8,200 / \$16,400	\$50 ³ / \$85 ³	\$50 ³ / \$85 ³	30% / 30%	30%	30%	\$50 ³	\$300 / \$600	\$17 ³ / \$70 / \$100 / 30% ²
PureCare Bronze 60 HSP 6300/65 + Child Dental	\$6,300 / \$12,600	\$8,200 / \$16,400	\$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	Covered	N/A	N/A	\$0	\$0	\$0
DHMO Plus 225	Covered	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 PPO 0/30 + Child Dental Alt	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt
Gold 80 PPO 350/25 + Child Dental	Gold 80 Value PPO 750/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt
Silver 70 PPO 2250/50 + Child Dental	Silver 70 Value PPO 1700/50 + Child Dental Alt	EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt
Bronze 60 PPO 6300/65 + Child Dental	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt
Bronze 60 HDHP PPO 7000/0% + Child Dental		

Our **COVID-19 FAQ web pages** are crucial sources for the latest on COVID-19 industry news. **Bookmark them** and **check back often** to keep yourself and your clients informed. Infertility benefits are available on all plans at an additional cost.

Group brokers: www.healthnet.com/portal/broker/content/iwc/broker/unprotected/news_reminders/broker_alerts.action

Employers: www.healthnet.com/portal/employer/content/iwc/employer/unprotected/learn_more_on_HN/content/employer_alerts.action

Group members: www.healthnet.com/portal/home/content/iwc/home/articles/Important_Notices.action

¹Counties available:

PPO: Available in all counties.

EnhancedCare PPO: Los Angeles County.

Full Network 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.