

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
<b>Full HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más<sup>1</sup> Available through Health Net of California, Inc.</b>										
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> Available through Health Net of California, Inc.</b>										
Plan name	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
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 medical 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	Pharmacy	
										Rx deductible (single / family)	Rx drug tier 1 / 2 / 3 / 4
<b>PPO<sup>1</sup> Available through Health Net Life Insurance Company and Covered California<sup>TM</sup></b>											
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 / 30% <sup>2</sup>
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)

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, 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 Security Life Insurance Company, DBP and Unimerica Life Insurance Company are not 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 is a registered service mark of Health Net, Inc. Covered California is a registered trademark of the State of California. All rights reserved.

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% <sup>2</sup>
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% <sup>2</sup>
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% <sup>2</sup>
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% <sup>4</sup>
<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	\$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)

## Two packages that offer multiple plans

### 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

## Enhanced Choice Participation Requirements

### How it works

1–5  
eligible  
employees



66% employee  
participation minimum

Employer pays  
minimum of 50%  
of base plan monthly



or



Access to  
Health Net's

Enhanced  
Choice  
portfolio

6–100  
eligible  
employees



50% employee  
participation minimum

Employer pays a  
minimum of \$100 per  
employee toward the  
employee-only rate

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 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.

<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, 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.