

# Renewal Guide

SMALL GROUP SOLUTIONS 2025

Small Business Group







# Satisfaction Starts Here

## SMALL GROUP SOLUTIONS

*Move your business forward by offering your employees affordable, flexible options. With a wide range of small business-focused solutions available, it's easy to find the plan that fits.*



### Choose from a wide range of cost and coverage options

Right-size plans to suit your employees and your balance sheet. HMO and PPO plans, each affiliated with a network of select, local care providers, offer favorable rates across the portfolio.



### Match the plan and network of your choice

Pick your favorite plan design; then pair it with any of the networks we offer in your location!



### Ensure around-the-clock access to care

Virtual doctor visits via telehealth are available for all HMO and PPO plans in 2025. Plus, the Nurse Advice Line is another 24/7 resource for over-the-phone health advice and support for all plans.



### Ask our “at-your-service” team

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

### Cigna PPO Network

Health Net PPO members with out-of-state coverage have access at the in-network coverage level through Cigna® PPO network. Cigna has a wide national network that includes more than 6,300 hospitals, over 1 million physicians and multiple ancillary providers across the country.

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# Small Group Solutions

ROBUST, FLEXIBLE, AFFORDABLE COVERAGE OPTIONS

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



# Pick Your Plan, Pick Your Network



## Renew by the 18th!

The last day to submit plan changes for accurate processing and billing for your renewal is the 18th of the month; that is two months prior to the renewal effective date.

Ex: Renew by October 18 for a December 1 effective date.

This will avoid:

- retroactive billing adjustments,
- another set of ID cards,
- claims re-adjudication.

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

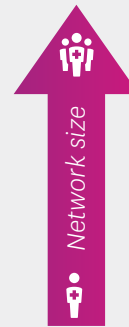
## HMO

**Step 1: Pick your plan design.**



- Platinum \$0
- Platinum \$10
- Platinum \$20
- Platinum \$30
- Platinum \$35
- Gold \$30
- Gold \$35
- Gold \$40
- Gold \$50
- Gold \$55
- Silver \$55

**Step 2: Pair your plan with any of the networks we offer in your location.**



- Full Network
- WholeCare
- SmartCare
- Salud HMO y Más

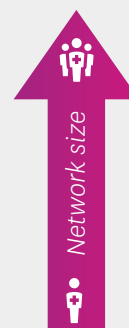
## PPO

**Step 1: Pick your plan design.**



- Platinum 0/5
- Platinum 0/15
- Platinum 250/15
- Gold 0/35
- Gold 350/25
- Gold 500/20
- Gold 750/15
- Gold 1000/35
- Gold 1500/20
- Gold HDHP 1650/20%
- Silver HDHP 1650/50%
- Silver 1700/50
- Silver 2250/60
- Silver 2500/50
- Silver 2500/55
- Bronze 5800/60
- Bronze 6650/0%

**Step 2: Pair your plan with the network we offer in your location.**



- Full PPO Network

# Network Portfolio At-a-Glance

Health Net's small group offerings equip you with choices to satisfy your employees with coverage that's relevant, local and affordable.

## Product and network details

Medical and pharmacy product or network	Description
<b>Full Network HMO</b>	The Full Network HMO is our broadest HMO option spanning 30 counties across California and offering access to over 67,900 physicians (PCPs & Specialists) and over 263 hospitals within the service area. This network is great for employers looking to offer wide provider choice and broad access across California, within a classic HMO structure.
<b>WholeCare HMO Network</b>	The WholeCare HMO network includes a select subset of our Full HMO network to include cost-efficient providers without compromise in quality or benefits. This flagship network spans 30 counties across California and offers access to over 34,700 physicians (PCPs/ Specialists) and over 250 hospitals within the service area.
<b>SmartCare HMO Network</b>	A tailored HMO network available in most of Southern California, as well as Santa Clara and Santa Cruz counties. The network includes over 14,400 physicians (PCPs/Specialists) and over 144 hospitals within the service area.
<b>Salud HMO y Más Network</b>	A community-based HMO network available in most of Southern California which has been awarded the National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care. We connect a carefully selected group of respected, local doctors and hospitals to the people in their area. In addition, participants will have flexible cross-border access to healthcare in portions of northern Mexico via the SIMNSA network. In total, this includes more than 10,000 physicians (PCPs/specialists) and 60 hospitals across the Salud service area. All while being one of the lowest priced HMOs in Southern California.
<b>Full PPO Network</b>	PPO plans make it possible for employees to get the flexibility they want when it comes to a health care provider. Our Full PPO network is one of the largest in California, with a provider network that spans all 58 California counties. Members may access doctors and facilities that are in the network for cost effectiveness and quality of care, but still have the flexibility to visit providers outside of the network. Health Net PPO members with out-of-state coverage have access at the in-network coverage level through Cigna® PPO network. Cigna has a wide national network that includes more than 6,300 hospitals, over 1 million physicians and multiple ancillary providers across the country.

(continued)

Medical and pharmacy product or network	Description
<p><b>Advanced Choice tailored network pharmacy</b></p>	<p>Designed for employer cost control, Advanced Choice is our tailored pharmacy network. This network is paired with our SmartCare HMO and Salud HMO y Más plans. Advanced Choice will connect these members with CVS, Walmart, Costco, Safeway, Vons, and many other pharmacies (This network excludes Walgreens).</p>
<p><b>Chiropractic and Acupuncture Care</b></p>	<p>Chiropractic and acupuncture coverage key features include self-referral services, convenient copayments and coverage of medically necessary X-rays, lab tests and other items (chiropractic only). Providers are easy to access across California via our partner American Specialty Health (ASH) network.</p> <p>All Health Net Small Group ACA plans include Acupuncture coverage.</p> <p>Health Net’s HMO and PPO plans include the option to add buy-up Chiropractic coverage.</p>



# Choices by Location


Region	We offer...	With this network
<b>1</b>	<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</b>	<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
	<b>Nevada County</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
<b>2</b>	<b>Marin, Napa, Solano, and Sonoma counties</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
<b>3</b>	<b>Sacramento, Placer, El Dorado, and Yolo counties</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
<b>4</b>	<b>San Francisco County</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
<b>5</b>	<b>Contra Costa County</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
<b>6</b>	<b>Alameda County</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
<b>7</b>	<b>Santa Clara County</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • SmartCare • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO
<b>8</b>	<b>San Mateo County</b>	<b>HMO</b> Platinum, Gold, Silver  Your choice of: • Full Network      • WholeCare
		<b>PPO</b> Platinum, Gold, Silver, and Bronze  Full Network PPO

(continued)

Region	We offer...	With this network
9	<b>Santa Cruz County</b> <b>HMO</b> Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare
	<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
	<b>Monterey and San Benito counties</b> <b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
10	<b>Mariposa County</b> <b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
	<b>San Joaquin, Stanislaus, Merced, and Tulare counties</b> <b>HMO</b> Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
11	<b>Fresno, Kings and Madera counties</b> <b>HMO</b> Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
12	<b>Santa Barbara and Ventura counties</b> <b>HMO</b> Platinum, Gold, Silver	Your choice of: • Full Network • WholeCare
	<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
	<b>San Luis Obispo County</b> <b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
13	<b>Mono, Inyo and Imperial counties</b> <b>PPO</b> Platinum, Gold, Silver, and Bronze	Your choice of: • Full Network PPO • Salud HMO y Más *Salud HMO y Más only available in Imperial County.
14	<b>Kern County</b> <b>HMO</b> Platinum, Gold, Silver	Your choice of: • Full Network • Salud HMO y Más • WholeCare
	<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
15	<b>Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935</b> <b>HMO</b> Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare • Salud HMO y Más
	<b>PPO</b> Platinum, Gold, Silver, and Bronze	• Full Network PPO
16	<b>Los Angeles County: ZIP codes not in Region 15</b> <b>HMO</b> Platinum, Gold, Silver	Your choice of: • Full Network • SmartCare • WholeCare • Salud HMO y Más
	<b>PPO</b> Platinum, Gold, Silver, and Bronze	• Full Network PPO


Region		We offer...	With this network
17	San Bernardino and Riverside counties	<b>HMO</b> Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> <li>• Full Network</li> <li>• WholeCare</li> <li>• SmartCare</li> <li>• Salud HMO y Más</li> </ul>
		<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
18	Orange County	<b>HMO</b> Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> <li>• Full Network</li> <li>• WholeCare</li> <li>• SmartCare</li> <li>• Salud HMO y Más</li> </ul>
		<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO
19	San Diego County	<b>HMO</b> Platinum, Gold, Silver	Your choice of: <ul style="list-style-type: none"> <li>• Full Network</li> <li>• WholeCare</li> <li>• SmartCare</li> <li>• Salud HMO y Más</li> </ul>
		<b>PPO</b> Platinum, Gold, Silver, and Bronze	Full Network PPO

**2025** Health Net Small Group HMO and PPO plans are pending completion of regulatory review

Plan name 	Member(s) In-Network responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / specialist visit	Lab / x-rays	Outpatient		Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
					Outpatient surgery (ASC / hospital)	Facility services (other than surgery)				Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
<i>Plan designs offered on Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más<sup>1</sup> available through Health Net of California, Inc.</i>											
<b>Platinum \$0</b>	\$0	\$3,850 / \$7,700	\$0 / \$0	\$0 / \$0	\$200 / \$500	30%	\$500 per day (4-day max copay per admission)	\$275	\$0	\$0	\$0 / \$30 / \$50 / 30% <sup>2</sup>
<b>Platinum \$10</b>	\$0	\$2,800 / \$5,600	\$10 / \$30	\$20/\$20	\$60 / \$150	10%	\$250 per day (3-day max copay per admission)	\$150	\$10	\$0	\$5 / \$30 / \$50 / 30% <sup>2</sup>
<b>Platinum \$20</b>	\$0	\$2,500 / \$5,000	\$20 / \$40	\$20/\$20	\$200 / \$500	20%	\$350 per day (3-day max copay per admission)	\$200	\$20	\$0	\$5 / \$30 / \$50 / 30% <sup>2</sup>
<b>Platinum \$30</b>	\$0	\$2,700 / \$5,400	\$30 / \$50	\$30/\$30	\$200 / \$500	30%	\$600 per day (4-day max copay per admission)	\$250	\$30	\$0	\$5 / \$30 / \$50 / 30% <sup>2</sup>
<b>Platinum \$35</b>	\$0	\$2,900 / \$5,800	\$35 / \$55	\$30/\$30	\$240 / \$600	30%	\$600 per day (4-day max copay per admission)	\$250	\$35	\$0	\$5 / \$30 / \$50 / 30% <sup>2</sup>
<b>Gold \$30</b>	\$0	\$7,250 / \$14,500	\$30 / \$50	\$40/\$40	\$360 / \$900	30%	\$750 per day (4-day max copay per admission)	\$325	\$30	\$0	\$20 / \$50 / \$70 / 30% <sup>2</sup>
<b>Gold \$35</b>	\$0	\$7,350 / \$14,700	\$35 / \$55	\$40/\$50	\$480 / \$1,200	30%	\$750 per day (4-day max copay per admission)	\$325	\$35	\$0	\$15 / \$50 / \$70 / 30%
<b>Gold \$40</b>	\$0	\$7,500 / \$15,000	\$40 / \$60	\$40/\$50	\$480 / \$1,200	40%	\$750 per day (5-day max copay per admission)	\$350	\$40	\$0	\$15 / \$50 / \$70 / 30% <sup>2</sup>
<b>Gold \$50</b>	\$0	\$8,000 / \$16,000	\$50 / \$70	\$40/\$50	\$520 / \$1,300	40%	\$900 per day (5 day max copay per admission)	\$350	\$50	\$0	\$15 / \$50 / \$70 / 40%
<b>Gold \$55</b>	\$0	\$8,000 / \$16,000	\$55 / \$75	\$40/\$60	\$520 / \$1,300	40%	\$900 per day (5-day max copay per admission)	\$350	\$55	\$0	\$15 / \$50 / \$70 / 40%
<b>Silver \$55</b>	\$0	\$9,200 / \$18,400	\$55 / \$90	\$40/\$60	40% / 50%	50%	\$750 per day (5-day max copay per admission)	50%	\$55	\$500 / \$1,000	\$20 <sup>3</sup> / 50% <sup>2</sup> / 50% <sup>2</sup> / 50% <sup>2</sup>

(continued)

2025

Plan name 	Member(s) In-Network responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / specialist visit	Lab / x-rays	Outpatient		Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
					Outpatient surgery (ASC / hospital)	Facility services (other than surgery)				Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
<i>Plan designs offered on PPO network<sup>1</sup> through Health Net of California, Inc.</i>											
Platinum PPO 0/5	\$0	\$3,000 / \$6,000	\$5 / \$30	\$30 / \$30	10% / 10%	10%	10%	10%	\$5	\$0	\$10 / \$35 / \$60 / 10% <sup>2</sup>
Platinum PPO 0/15	\$0	\$4,500 / \$9,000	\$15 / \$30	\$15 / \$30	10% / 10%	10%	10%	\$200	\$15	\$0	\$10 / \$25 / \$40 / 10% <sup>2</sup>
Platinum PPO 250/15	\$250 / \$500	\$3,800 / \$7,600	\$15 <sup>3</sup> / \$30 <sup>3</sup>	\$30 <sup>3</sup> / \$30 <sup>3</sup>	20% / 20%	20%	20%	20%	\$15 <sup>3</sup>	\$0	\$10 / \$35 / \$60 / 20% <sup>2</sup>
Gold PPO 0/35	\$0	\$8,300 / \$16,600	\$35 / \$55	\$35 / \$40	30% / 30%	30%	30%	30%	\$35	\$0	\$20 / \$40 / \$70 / 30% <sup>2</sup>
Gold PPO 350/25	\$350 / \$700	\$7,800 / \$15,600	\$25 <sup>3</sup> / \$50 <sup>3</sup>	\$25 <sup>3</sup> / \$65 <sup>3</sup>	20% <sup>3</sup> / 20% <sup>3</sup>	20% <sup>3</sup>	20%	20%	\$25 <sup>3</sup>	\$0	\$15 / \$50 / \$80 / 20% <sup>2</sup>
Gold PPO 500/20	\$500 / \$1,000	\$7,800 / \$15,600	\$20 <sup>3</sup> / \$40 <sup>3</sup>	\$30 <sup>3</sup> / \$40 <sup>3</sup>	30% / 30%	30%	30%	30%	\$20 <sup>3</sup>	\$250 / \$500	\$15 <sup>3</sup> / \$40 / \$70 / 30% <sup>2</sup>
Gold PPO 750/15	\$750 / \$1,500	\$8,200 / \$16,400	\$15 <sup>3</sup> / \$30	\$25 / \$25	30% / 30%	30%	30%	\$250	\$15 <sup>3</sup>	\$750 / \$1,500 Integrated med / Rx ded.	\$15 <sup>3</sup> / \$40 / \$70 / 30% <sup>2</sup>
Gold PPO 1000/35	\$1,000 / \$2,000	\$7,400 / \$14,800	\$35 <sup>3</sup> / \$55 <sup>3</sup>	\$30 <sup>3</sup> / \$40 <sup>3</sup>	30% / 30%	30%	30%	30%	\$35 <sup>3</sup>	\$250 / \$500	\$15 <sup>3</sup> / \$40 / \$70 / 30% <sup>2</sup>
Gold PPO 1500/20	\$1,500 / \$3,000	\$8,000 / \$16,000	\$20 <sup>3</sup> / \$50 <sup>3</sup>	\$20 <sup>3</sup> / \$50 <sup>3</sup>	30% / 30%	30%	30%	30%	\$20 <sup>3</sup>	\$250 / \$500	\$5 <sup>3</sup> / \$50 / \$90 / 30% <sup>2</sup>
Gold HDHP PPO 1650/20%	\$1,650 / \$3,300	\$4,000 / \$8,000	20% / 20%	20% / 20%	20% / 20%	20%	20%	20%	20%	\$1,600 / \$3,200 integrated med / Rx ded.	\$15 / \$30 / \$50 / 20% <sup>2</sup>
Silver HDHP PPO 1650/50%	\$1,650 / \$3,300	\$7,500 / \$15,000	50% / 50%	50% / 50%	50% / 50%	50%	50%	50%	50%	\$1,500 / \$3,000 Integrated med / Rx ded.	\$20 / \$70 / \$100 / 50% <sup>2</sup>
Silver PPO 1700/50	\$1,700 / \$3,400	\$9,200 / \$18,400	\$50 <sup>3</sup> / \$75	\$40 / \$50	40% / 40%	40%	40%	40%	\$50 <sup>3</sup>	\$300 / \$600	\$20 <sup>3</sup> / \$65 / \$100 / 40% <sup>2</sup>
Silver PPO 2250/60	\$2,250 / \$4,500	\$9,100 / \$18,200	\$60 <sup>3</sup> / \$85 <sup>3</sup>	\$40 <sup>3</sup> / \$65 <sup>3</sup>	40% / 40%	40%	40%	40%	\$60 <sup>3</sup>	\$350 / \$700	\$20 <sup>3</sup> / \$65 / \$85 / 40% <sup>2</sup>
Silver PPO 2500/50	\$2,500 / \$5,000	\$9,200 / \$18,400	\$50 <sup>3</sup> / \$75	\$40 / \$50	40% / 40%	40%	40%	40%	\$50 <sup>3</sup>	\$300 / \$600	\$20 <sup>3</sup> / \$65 / \$100 / 40% <sup>2</sup>
Silver PPO 2500/55	\$2,500 / \$5,000	\$8,600 / \$17,200	\$55 <sup>3</sup> / \$90 <sup>3</sup>	\$55 <sup>3</sup> / \$90 <sup>3</sup>	35% / 35%	35% <sup>3</sup>	35%	35%	\$55 <sup>3</sup>	\$300 / \$600	\$20 <sup>3</sup> / \$75 / \$105 / 30% <sup>2</sup>
Bronze PPO 5800/60	\$5,800 / \$11,600	\$8,850 / \$17,700	\$60 / \$95 <sup>5</sup>	\$40 <sup>3</sup> / 40%	40% / 40%	40%	40%	40%	\$60	\$450 / \$900	\$19 / 40% <sup>4</sup> / 40% <sup>4</sup> / 40% <sup>4</sup>
Bronze HDHP PPO 6650/0%	\$6,650 / \$13,300	\$6,650 / \$13,300	0% / 0%	0% / 0%	0% / 0%	0%	0%	0%	0%	\$6,650 / \$13,300 Integrated med / Rx ded.	0% / 0% / 0% / 0%

Health Net small group PPO family plans have an embedded per-member deductible and out-of-pocket maximum equal to the individual plan deductible and out-of-pocket maximum, with the exception of Health Net's Silver HDHP and Gold HDHP plans which have comprehensive (aggregate) deductibles.

### Enhanced Choice: A simplified package offering access to all plans

Full Network HMO • WholeCare HMO • SmartCare HMO • Salud HMO y Más • Full Network PPO

(continued)

## Dental and vision plans

Dental plan 	Plan pays		Member pays			
	Orthodontia	Annual plan maximum	Annual deductible	Cleanings	Exams	X-rays
<b>DPPO Classic 4 1500</b>	Not covered	\$1,500	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DPPO Classic 5 1500</b>	50% / \$1,500 lifetime max.	\$1,500	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DPPO Classic 7 Unlimited</b>	Not Covered	Unlimited	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DPPO Classic 11 Unlimited</b>	60% / \$3,000 lifetime max.	Unlimited	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DPPO Essential 2 1000</b>	Not covered	\$1,000	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DPPO Essential 5 1500</b>	50% / \$1,500 lifetime max.	\$1,500	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DPPO Essential 6 1500</b>	Not covered	\$1,500	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DPPO Essential 9 3000</b>	50% / \$3,000 lifetime max	\$3,000	\$50 / \$150	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>DHMO Plus 150</b>	Covered	N/A	N/A	\$0	\$0	\$0
<b>DHMO Plus 225</b>	Covered	N/A	N/A	\$0	\$0	\$0

Vision plan 	Member pays	
	Exam / Frames	Lenses (single / bifocal / trifocal / progressive)
<b>Elite 1010-1</b>	\$10 copay / \$0 copay, up to \$150 allowance	\$10 / \$10 / \$10 / \$75
<b>Supreme 010-2</b>	\$0 copay / \$0 copay, up to \$120 allowance	\$10 / \$10 / \$10 / \$75
<b>Preferred 1025-2</b>	\$10 copay / \$0 copay, up to \$100 allowance	\$25 / \$25 / \$25 / \$90
<b>Preferred 1025-3</b>	\$10 copay / \$0 copay, up to \$100 allowance	\$25 / \$25 / \$25 / \$90
<b>Preferred Value 10-3</b>	Not covered / \$0 copay, up to \$100 allowance	\$10 / \$10 / \$10 / \$75
<b>Plus 20-1</b>	\$20 copay / 35% discount off retail price	\$50 / \$70 / \$105 / \$135
<b>Exam only</b>	\$0 copay / Not covered	Not covered

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](http://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](http://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](http://www.healthnet.com/portal/home/content/iwc/home/articles/Important_Notices.action)

<sup>1</sup>Counties available:

**PPO:** Available in all counties.

**Full Network HMO, WholeCare HMO:** 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 Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, 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.

<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.

<sup>5</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.

HMO, PPO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and serviced by EyeMed Vision Care, LLC ("EyeMed") and Centene Vision Services. Health Net Dental HMO and PPO plans, other than pediatric dental, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are not the obligations of, nor guaranteed by, Health Net, LLC, or its affiliates. Pediatric dental HMO and PPO benefits are provided by Health Net of California, Inc. and administered by DBP. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. Health Net and Salud con Health Net are registered service marks of Health Net, LLC. All rights reserved.

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# Underwriting Guideline Summary



Effective on the first day of your renewal month, Health Net's Enhanced Choice offers small business groups a simplified package offering access to all plans.

## Enhanced Choice program

### Requirements and guidelines:

- Can be written as sole carrier or alongside another carrier.
- Minimum employer contribution of 50% of the lowest cost plan or \$100 per employee toward the employee-only rate.
- Composite rates are not available.
- If selected, the chiropractic rider will be applied to all HMO and PPO plans within the package.

## Group number assignments

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

## Medicare secondary payer data collection

Please see the Employer Group Size Verification Form to record any changes to your TIN and to update your worldwide employee counts. This request is the result of a new federal reporting requirement for health plans to provide CMS (Centers for Medicare & Medicaid

Services) with certain information that will enable CMS to more effectively pay for the health insurance benefits of Medicare beneficiaries who also have coverage under group health plan arrangements.

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

# Enhanced Choice Package



## HEALTH NET INVITES YOU TO BE CHOOSY!

Health Net's Enhanced Choice offers small business groups a simplified package offering access to all plans.

### Enhanced Choice

- Full Network HMO
- WholeCare HMO
- SmartCare HMO
- Salud HMO y Más
- Full Network PPO

# Understanding Rates

*Our goal is to minimize rate adjustments, so you can continue to provide health care benefits to your employees.*

Rates take into account many variables, such as new technologies and rising health care costs.

Small Group premiums have been affected by the following changes related to the Affordable Care Act for ACA-compliant health plans:

- Age – limited to a 1:3 ratio.  
Example: The rate for a 64-year-old can't be more than three times (300%) the rate for a 21-year-old.
- Each family member is rated individually based on his/her age. For the purpose of rating, the member's age is determined at the time a plan is issued or renewed.
- Only the first three children under age 21 are charged.

- Rates based on the geographic rating region of the employer.
- Regional rating areas are now grouped together for rating based upon the regions chosen by the state of California.
- Health status has been removed as a rating factor.
- Your premium is priced as part of one Health Net rating pool.
- Your pricing is adjusted to reflect the average risk in the state of California.

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

We must raise rates to provide access to quality care. We know that higher health costs have an impact on your business.

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

You can use our benefit overviews to evaluate your options. Refer to pages 10-12 in this guide.

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

**\$0.45**

**participant/month**

charge to cover two other federal fees.

# Ancillary Programs

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



## Plans That Make You Smile

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

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

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

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

### Dental HMO key plan benefits

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

### Dental PPO key plan benefits

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

These plans include the following features:

- Large statewide and national network of Dental PPO providers.
- Periodontics, endodontics and oral surgery are covered in general services.
- Classic plans reimburse out-of-network benefits at Usual, Customary and Reasonable (UCR)<sup>1</sup> amounts.
- Essential plans reimburse out-of-network benefits on a limited fee schedule.

Footnotes found at the end of this section.

- No waiting periods.
- All of our DPPO plans offer pregnant women additional cleanings and periodontal maintenance when medically necessary (not subject to the deductible and does not apply to the calendar year maximum).
- Employees and dependents receive the full amount of the orthodontia lifetime maximum, even if they have begun treatment under another carrier’s dental PPO plan (applies only to DPPO Classic 5 1500 and Essential 5 1550 plans with orthodontia coverage).



### Underwriting highlights

- Health Net DHMO and DPPO plans may be purchased separately or in conjunction with Health Net of California, Inc. medical coverage products.
- Dual option available – Group may select two DPPO plans, two DHMO plans or one DHMO and one DPPO plan. (Please see “Small Business Group Dental and Vision adult 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 two enrolled employees.
- Voluntary DPPO plans with orthodontia are available to groups of 5 or more enrolled employees.

DPPO Classic Plans	DPPO Classic 4 1500		DPPO Classic 5 1500		DPPO Classic 7 Unlimited		DPPO Classic 11 Unlimited	
	In-network	Out-of-network <sup>2</sup>	In-network	Out-of-network <sup>2</sup>	In-network	Out-of-network <sup>2</sup>	In-network	Out-of-network <sup>2</sup>
<b>Calendar year maximum</b>	\$1,500		\$1,500		Unlimited		Unlimited	
<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	\$50 single / \$150 family	\$75 single / \$225 family
<b>Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)</b>	100% deductible waived		100% deductible waived	80% deductible waived	100% deductible waived		100% deductible waived	90% deductible waived
<b>General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)</b>	80% after deductible		80% after deductible		80% after deductible		90% after deductible	
<b>Major services (crowns, removable and fixed bridges, complete and partial dentures)</b>	50% after deductible		50% after deductible		50% after deductible		60% after deductible	
<b>Orthodontia<sup>3</sup> (adult and child)</b>	Not covered		50% after deductible / \$1,500 lifetime maximum		Not covered		60% after deductible / \$3,000 lifetime maximum	

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

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

Footnotes found at the end of this section.

DPPO Essential Plans	DPPO Essential 2 1000		DPPO Essential 5 1500		DPPO Essential 6 1500		DPPO Essential 9 3000	
	In-network	Out-of-network <sup>4</sup>	In-network	Out-of-network <sup>4</sup>	In-network	Out-of-network <sup>4</sup>	In-network	Out-of-network <sup>4</sup>
Calendar year maximum	\$1,000		\$1,500		\$1,500		\$3,000	
Calendar year deductible	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family	\$50 single / \$150 family	\$75 single / \$225 family
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	100% deductible waived		100% deductible waived		100% deductible waived		100% deductible waived	
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible		80% after deductible		80% after deductible		90% after deductible	
Major services (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible		50% after deductible		50% after deductible		60% after deductible	
Orthodontia <sup>3</sup> (adult and child)	Not covered		50% after deductible / \$1,500 lifetime maximum		Not covered		50% after deductible / \$3,000 lifetime maximum	

DPPO Plus Plans	DHMO Plus 150	DHMO Plus 225
	In-network	In-network
Calendar year maximum	N/A	N/A
Calendar year deductible	N/A	N/A
Preventive services (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant – children under 15, space maintainers, X-rays as part of a general exam, emergency exam)	\$0	\$0
General services (fillings, general anesthetics, oral surgery, periodontics, endodontics)	Up to \$265	Up to \$380
Major services (crowns, removable and fixed bridges, complete and partial dentures)	Up to \$365	Up to \$365
Implant Services	Up to \$1,950	Up to \$1,950
Orthodontia (adult and child)	Up to \$1,695	Up to \$1,695

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

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

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

Footnotes found at the end of this section.



# Vision Plans with a Clear Advantage

*With a range of copay and frame/lens allowance options to choose from, your employees can find a vision plan that matches their lifestyles and budgets.*

Pediatric vision coverage (ages newborn through 18) is automatically included on all medical plans. We also offer adult Health Net Vision PPO 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.
- Employees and dependents can see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- Discounts of 5–15% on LASIK and PRK from U.S. Laser Network.<sup>5</sup>



**Find providers by calling Health Net Vision Member Services' toll-free number at 1-866-392-6058. Or visit us online at [www.healthnet.com](http://www.healthnet.com).**



# Vision Plans

# Vision Plans

	Elite 1010-1		Supreme 010-2		Preferred 1025-2	
	Member cost	OON allowance	Member cost	OON allowance	Member cost	OON allowance
<b>Exam with dilation as necessary</b>	\$10 copay	Up to \$40	\$0 copay	Up to \$40	\$10 copay	Up to \$40
<b>Standard plastic lenses</b>						
Single vision	\$10 copay	Up to \$40	\$10 copay	Up to \$40	\$25 copay	Up to \$40
Lined bifocal	\$10 copay	Up to \$60	\$10 copay	Up to \$60	\$25 copay	Up to \$60
Lined trifocal	\$10 copay	Up to \$80	\$10 copay	Up to \$80	\$25 copay	Up to \$80
Lenticular lenses	\$10 copay	Up to \$80	\$10 copay	Up to \$80	\$25 copay	Up to \$80
Standard progressive lenses	\$75 copay	Up to \$60	\$75 copay	Up to \$60	\$90 copay	Up to \$60
Premium progressive lenses	\$75, then 80% of total charges less \$120 allowance	Up to \$60	\$75, then 80% of total charges less \$120 allowance	Up to \$60	\$90, then 80% of total charges less \$120 allowance	Up to \$60
<b>Frames</b> Any frame available at a provider location	\$0 copay, \$150 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	\$0 copay, \$120 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45
<b>Lens options</b>						
UV coating	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Tint (solid and gradient)	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Standard scratch-resistant	\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount
Standard polycarbonate	\$40 copay	No discount	\$40 copay	No discount	\$40 copay	No discount
Standard anti-reflective	\$45 copay	No discount	\$45 copay	No discount	\$45 copay	No discount
Other add-ons and services	20% discount	No discount	20% discount	No discount	20% discount	No discount
<b>Contact lenses</b> (in lieu of eyeglass lenses)	\$120 allowance	No discount	\$105 allowance	No discount	\$90 allowance	No discount
Conventional	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	\$0 copay, plus 15% discount off balance over allowance	Up to \$105
Disposables	\$0 copay, plus balance over allowance	Up to \$105	\$0 copay, plus balance over allowance	Up to \$105	\$0 copay, plus balance over allowance	Up to \$105
Medically necessary	Paid in full	Up to \$210	Paid in full	Up to \$210	Paid in full	Up to \$210
<b>Laser vision correction</b> LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount
<b>Frequency</b>						
Exam	Once every 12 months		Once every 12 months		Once every 12 months	
Lenses or contact lenses	Once every 12 months		Once every 12 months		Once every 12 months	
Frame	Once every 12 months		Once every 24 months		Once every 24 months	

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* for terms and conditions of coverage, including which services are limited or excluded from coverage.**

Preferred 1025-3		Preferred Value 10-3		Plus 20-1		Exam only	
Member cost	OON allowance	Member cost	OON allowance	Member cost	OON allowance	Member cost	OON allowance
\$10 copay	Up to \$40	Not covered	Not covered	\$20 copay	Up to \$40	\$0 copay	Up to \$40
\$25 copay	Up to \$40	\$10 copay	Up to \$40	\$50 copay	No discount	Not covered	No discount
\$25 copay	Up to \$60	\$10 copay	Up to \$60	\$70 copay	No discount	Not covered	No discount
\$25 copay	Up to \$80	\$10 copay	Up to \$80	\$105 copay	No discount	Not covered	No discount
\$25 copay	Up to \$80	\$10 copay	Up to \$80	Not covered	Not covered	Not covered	No discount
\$90 copay	Up to \$60	\$75 copay	Up to \$60	\$135 copay	No discount	Not covered	No discount
\$90, then 80% of total charges less \$120 allowance	Up to \$60	\$75, then 80% of total charges less \$120 allowance	Up to \$60	Not covered	Not covered	Not covered	No discount
\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	\$0 copay, \$100 retail allowance for any frame plus 20% off balance over allowance	Up to \$45	35% discount off retail price	No discount	Not covered	Not covered
\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount	Not covered	No discount
\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount	Not covered	No discount
\$15 copay	No discount	\$15 copay	No discount	\$15 copay	No discount	Not covered	No discount
\$40 copay	No discount	\$40 copay	No discount	\$40 copay	No discount	Not covered	No discount
\$45 copay	No discount	\$45 copay	No discount	\$45 copay	No discount	Not covered	No discount
20% discount	No discount	20% discount	No discount	20% discount	No discount	Not covered	No discount
\$90 allowance	No discount	\$90 allowance	No discount	Not covered	Not covered	Not covered	Not covered
\$0 copay, plus 15% discount off balance over allowance	Up to \$105	\$0 copay, plus 15% discount off balance over allowance	Up to \$105	Not covered	Not covered	Not covered	Not covered
\$0 copay, plus balance over allowance	Up to \$105	\$0 copay, plus balance over allowance	Up to \$105	Not covered	Not covered	Not covered	Not covered
Paid in full	Up to \$210	Paid in full	Up to \$210	Not covered	Not covered	Not covered	Not covered
15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount	15% off retail price or 5% off promotional price	No discount
Once every 12 months		Not covered		Once every 12 months		Once every 24 months	
Once every 24 months		Once every 24 months		Unlimited		Not covered	
Once every 24 months		Once every 24 months		Unlimited		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 for terms and conditions of coverage, including which services are limited or excluded from coverage.**



# Care That Won't Put You in a Pinch

Office visit copayment:

**\$15**  
on HMO

**\$15**  
on PPO

**\$50**  
annual appliance allowance

toward the purchase of medically necessary items such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts, and home traction units.



Medically necessary laboratory tests.

You may choose to add chiropractic care to your HMO or PPO medical plans. We work with American Specialty Health Plans of California, Inc.<sup>6</sup> (ASH Plans) to offer this additional coverage that more employees are seeking. **Acupuncture care is a covered benefit on all medical plans.**

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

All of Health Net's Small Business Group PPO medical plans now have the option for Chiropractic Coverage as a buy-up.

# Plan for the Unexpected

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

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

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

Health Net Life Insurance Company underwrites Group Term Life Benefit Insurance and Accidental Death & Dismemberment Insurance.

## 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.

### 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)



## Footnotes

<sup>1</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>2</sup> Out-of-network benefits for Classic plans are reimbursed at the Usual, Customary and Reasonable (UCR) amounts as determined by FAIR Health, Inc.

<sup>3</sup>For employer-paid DPPO plans, orthodontia is available for groups with 2–4 enrollees with proof of immediately prior indemnity orthodontia coverage or for groups of 5 or more enrollees. For voluntary DPPO plans, orthodontia is available for groups of 5 or more enrolled employees.

<sup>4</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>5</sup>Members receive a 15% discount off the retail price or 5% off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

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



# Rate Guides

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.

# Dental

## Dental rating regions by area

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

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

### *PPO rating area by ZIP codes*

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

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

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

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

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

**Area 6** contains the ZIP codes starting with 942.

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

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

**Note:** Area is determined by the employer’s home-office ZIP code.

## Dental – HMO

### *Employer Paid*

	Plus DHMO 150 – S (Plan Code TW)	Plus DHMO 225 – S (Plan Code TX)
Employee only	\$18.03	\$15.44
Employee plus spouse	\$34.27	\$29.34
Employee plus child(ren)	\$36.04	\$30.88
Employee plus family	\$51.38	\$44.01

Employer Paid DHMO rates apply to groups with a minimum of 50% participation and 50% contribution.

### *Voluntary*

	Plus DHMO 150 (V) – S (Plan Code U1)	Plus DHMO 225 (V) – S (Plan Code U2)
Employee only	\$19.02	\$16.02
Employee plus spouse	\$36.12	\$30.44
Employee plus child(ren)	\$38.01	\$32.03
Employee plus family	\$54.19	\$45.67

Voluntary DHMO rates apply to groups with less than 50% participation and/or less than 50% contribution.

## Employer-paid Dental – DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
<b>Plan code 14U – Classic 4 1500</b>								
Employee	\$53.55	\$53.19	\$54.41	\$43.51	\$53.58	\$52.95	\$61.95	\$54.87
Employee and spouse/domestic partner	\$107.13	\$106.37	\$108.81	\$87.03	\$107.18	\$105.91	\$123.89	\$109.75
Employee and child(ren)	\$111.62	\$110.86	\$113.42	\$90.97	\$111.68	\$110.36	\$128.79	\$114.34
Family	\$172.91	\$171.74	\$175.68	\$140.81	\$173.01	\$170.97	\$199.67	\$177.14
<b>Plan code TV – Classic 5 1500 with Ortho</b>								
Employee	\$55.05	\$54.66	\$56.49	\$45.38	\$54.90	\$54.25	\$61.34	\$56.54
Employee and spouse/domestic partner	\$110.12	\$109.35	\$112.97	\$90.75	\$109.83	\$108.52	\$122.66	\$113.11
Employee and child(ren)	\$124.72	\$123.85	\$127.52	\$103.13	\$123.80	\$122.33	\$137.06	\$127.81
Family	\$189.06	\$187.75	\$193.48	\$156.20	\$187.91	\$185.67	\$208.50	\$193.87
<b>Plan code 1M7 – Classic 7 Unlimited</b>								
Employee	\$57.81	\$57.42	\$59.63	\$47.80	\$57.85	\$57.17	\$64.77	\$59.54
Employee and spouse/domestic partner	\$115.62	\$114.81	\$119.26	\$95.58	\$115.72	\$114.34	\$129.52	\$119.09
Employee and child(ren)	\$117.51	\$116.69	\$120.62	\$96.89	\$117.58	\$116.20	\$132.69	\$120.79
Family	\$183.27	\$182.00	\$188.38	\$151.22	\$183.42	\$181.25	\$206.50	\$188.50
<b>Plan code 1M4 – Classic 11 Unlimited with Ortho</b>								
Employee	\$80.32	\$79.75	\$81.21	\$65.13	\$79.81	\$78.85	\$91.43	\$82.05
Employee and spouse/domestic partner	\$160.61	\$159.48	\$162.42	\$130.24	\$159.62	\$157.70	\$182.86	\$164.11
Employee and child(ren)	\$182.26	\$180.97	\$183.15	\$148.05	\$179.88	\$177.71	\$204.01	\$185.51
Family	\$276.16	\$274.21	\$277.97	\$224.23	\$273.03	\$269.74	\$310.45	\$281.34
<b>Plan code TT – Essential 2 1000</b>								
Employee	\$31.93	\$31.72	\$34.97	\$28.94	\$32.79	\$32.41	\$32.52	\$34.33
Employee and spouse/domestic partner	\$63.87	\$63.44	\$69.95	\$57.87	\$65.59	\$64.85	\$65.02	\$68.69
Employee and child(ren)	\$70.26	\$69.80	\$76.89	\$63.77	\$72.13	\$71.32	\$71.48	\$75.50
Family	\$107.31	\$106.60	\$117.44	\$97.36	\$110.17	\$108.93	\$109.19	\$115.31
<b>Plan code 14S – Essential 5 1500 with Ortho</b>								
Employee	\$42.62	\$42.33	\$46.17	\$38.13	\$43.44	\$42.93	\$43.40	\$45.54
Employee and spouse/domestic partner	\$85.25	\$84.66	\$92.33	\$76.26	\$86.87	\$85.85	\$86.82	\$91.06
Employee and child(ren)	\$100.04	\$99.35	\$106.99	\$88.68	\$101.11	\$99.92	\$101.81	\$105.97
Family	\$150.30	\$149.28	\$161.27	\$133.55	\$152.24	\$150.44	\$153.01	\$159.56
<b>Plan code TU – Essential 6 1500</b>								
Employee	\$38.30	\$38.05	\$42.01	\$34.66	\$39.35	\$38.90	\$39.01	\$41.23
Employee and spouse/domestic partner	\$76.61	\$76.09	\$84.01	\$69.30	\$78.72	\$77.80	\$78.03	\$82.48
Employee and child(ren)	\$80.24	\$79.70	\$87.89	\$72.72	\$82.41	\$81.46	\$81.64	\$86.28
Family	\$124.13	\$123.30	\$136.03	\$112.45	\$127.50	\$126.03	\$126.34	\$133.54
<b>Plan code 1M1 – Essential 9 3000 with Ortho</b>								
Employee	\$55.09	\$54.70	\$59.45	\$49.02	\$55.95	\$55.29	\$56.03	\$58.71
Employee and spouse/domestic partner	\$110.17	\$109.41	\$118.92	\$98.02	\$111.89	\$110.56	\$112.07	\$117.41
Employee and child(ren)	\$131.58	\$130.67	\$139.53	\$115.51	\$132.11	\$130.54	\$133.80	\$138.63
Family	\$196.88	\$195.50	\$209.66	\$173.39	\$198.23	\$195.86	\$200.19	\$207.99

Employer Paid DPPO rates apply to groups with a minimum of 50% participation and 50% contribution.

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

Details on dental rating areas found on page 26.

## Voluntary Dental – DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
<b>Plan code 14V – Classic 4 1500</b>								
Employee	\$56.81	\$56.41	\$57.71	\$46.12	\$56.83	\$56.16	\$65.74	\$58.21
Employee and spouse/domestic partner	\$113.62	\$112.81	\$115.40	\$92.24	\$113.68	\$112.32	\$131.47	\$116.41
Employee and child(ren)	\$118.30	\$117.48	\$120.21	\$96.33	\$118.37	\$116.98	\$136.60	\$121.21
Family	\$183.31	\$182.04	\$186.26	\$149.15	\$183.42	\$181.25	\$211.77	\$187.81
<b>Plan code UO – Classic 5 1500 with Ortho</b>								
Employee	\$58.36	\$57.93	\$59.87	\$48.07	\$58.20	\$57.50	\$65.02	\$59.95
Employee and spouse/domestic partner	\$116.69	\$115.88	\$119.74	\$96.12	\$116.40	\$114.99	\$130.05	\$119.88
Employee and child(ren)	\$132.00	\$131.10	\$135.01	\$109.07	\$131.06	\$129.50	\$145.15	\$135.30
Family	\$200.17	\$198.78	\$204.89	\$165.26	\$198.97	\$196.60	\$220.85	\$205.28
<b>Plan code 1M8 – Classic 7 Unlimited</b>								
Employee	\$61.34	\$60.90	\$63.26	\$50.68	\$61.38	\$60.65	\$68.73	\$63.17
Employee and spouse/domestic partner	\$122.66	\$121.80	\$126.53	\$101.34	\$122.77	\$121.28	\$137.44	\$126.36
Employee and child(ren)	\$124.56	\$123.71	\$127.89	\$102.64	\$124.65	\$123.19	\$140.73	\$128.08
Family	\$194.33	\$192.98	\$199.77	\$160.23	\$194.48	\$192.16	\$219.06	\$199.91
<b>Plan code 1M5 – Classic 11 Unlimited with Ortho</b>								
Employee	\$85.15	\$84.54	\$86.12	\$69.01	\$84.64	\$83.60	\$96.98	\$86.99
Employee and spouse/domestic partner	\$170.30	\$169.09	\$172.24	\$138.03	\$169.26	\$167.21	\$193.97	\$174.01
Employee and child(ren)	\$192.94	\$191.58	\$193.92	\$156.64	\$190.42	\$188.13	\$216.08	\$196.38
Family	\$292.46	\$290.40	\$294.41	\$237.35	\$289.18	\$285.67	\$328.94	\$297.97
<b>Plan code TY – Essential 2 1000</b>								
Employee	\$33.80	\$33.56	\$37.02	\$30.60	\$34.70	\$34.32	\$34.41	\$36.36
Employee and spouse/domestic partner	\$67.59	\$67.15	\$74.07	\$61.22	\$69.43	\$68.64	\$68.83	\$72.72
Employee and child(ren)	\$74.30	\$73.81	\$81.35	\$67.40	\$76.30	\$75.43	\$75.60	\$79.87
Family	\$113.51	\$112.75	\$124.29	\$102.91	\$116.57	\$115.22	\$115.51	\$122.03
<b>Plan code 14T – Essential 5 1500 with Ortho</b>								
Employee	\$45.11	\$44.81	\$48.90	\$40.34	\$45.99	\$45.44	\$45.95	\$48.21
Employee and spouse/domestic partner	\$90.24	\$89.62	\$97.79	\$80.70	\$91.96	\$90.89	\$91.91	\$96.42
Employee and child(ren)	\$105.75	\$105.02	\$113.15	\$93.71	\$106.89	\$105.64	\$107.63	\$112.07
Family	\$158.94	\$157.85	\$170.61	\$141.18	\$161.01	\$159.11	\$161.81	\$168.79
<b>Plan code TZ – Essential 6 1500</b>								
Employee	\$40.58	\$40.30	\$44.52	\$36.69	\$41.71	\$41.21	\$41.34	\$43.70
Employee and spouse/domestic partner	\$81.15	\$80.60	\$89.03	\$73.39	\$83.39	\$82.42	\$82.65	\$87.39
Employee and child(ren)	\$84.91	\$84.34	\$93.07	\$76.91	\$87.22	\$86.21	\$86.41	\$91.36
Family	\$131.40	\$130.53	\$144.05	\$118.97	\$134.99	\$133.43	\$133.75	\$141.42
<b>Plan code 1M2 – Essential 9 3000 with Ortho</b>								
Employee	\$58.34	\$57.92	\$62.99	\$51.90	\$59.26	\$58.55	\$59.34	\$62.18
Employee and spouse/domestic partner	\$116.67	\$115.86	\$125.99	\$103.78	\$118.51	\$117.09	\$118.68	\$124.36
Employee and child(ren)	\$139.11	\$138.14	\$147.57	\$122.09	\$139.70	\$138.03	\$141.46	\$146.61
Family	\$208.20	\$206.75	\$221.84	\$183.34	\$209.69	\$207.19	\$211.74	\$220.05

**Voluntary DPPO rates apply to groups with less than 50% participation and/or less than 50% contribution.**

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

Details on dental rating areas found on page 26.

# Vision, Chiropractic and Life

## Vision – Employer-paid

Plan	Exam copay	Materials copay <sup>7</sup>	Employee	Employee and spouse / domestic partner	Employee and child(ren)	Family
Elite 1010-1 (Plan code VL)	\$10	\$10	\$9.21	\$17.50	\$18.42	\$27.63
Supreme 010-2 (Plan code VR)	\$0	\$10	\$8.41	\$15.98	\$16.82	\$25.23
Preferred 1025-2 (Plan code VN)	\$10	\$25	\$7.06	\$13.41	\$14.12	\$21.18
Preferred 1025-3 (Plan code VP)	\$10	\$25	\$6.71	\$12.75	\$13.42	\$20.13
Preferred Value 10-3 (Plan code VT)	Not Covered	\$10	\$4.98	\$9.46	\$9.96	\$14.94
Plus 20-1 (Plan code VV)	\$20	\$50	\$2.33	\$4.43	\$4.66	\$6.99
Exam only (Plan code VX)	\$0	Not Covered	\$1.89	\$3.59	\$3.78	\$5.67

## Vision – Voluntary

Plan	Exam copay	Materials copay <sup>7</sup>	Employee	Employee and spouse / domestic partner	Employee and child(ren)	Family
Elite 1010-1 (Plan code VK)	\$10	\$10	\$12.21	\$23.20	\$24.42	\$36.63
Supreme 010-2 (Plan code VQ)	\$0	\$10	\$11.41	\$21.68	\$22.82	\$34.23
Preferred 1025-2 (Plan code VM)	\$10	\$25	\$10.06	\$19.11	\$20.12	\$30.18
Preferred 1025-3 (Plan code VO)	\$10	\$25	\$9.71	\$18.45	\$19.42	\$29.13
Preferred Value 10-3 (Plan code VS)	Not Covered	\$10	\$7.98	\$15.16	\$15.96	\$23.94
Plus 20-1 (Plan code VU)	\$20	\$50	\$5.33	\$10.13	\$10.66	\$15.99
Exam only (Plan code VW)	\$0	Not Covered	\$4.89	\$9.29	\$9.78	\$14.67

## Chiropractic

Paired Network	Chiro rate per member, per month
Full Network HMO	\$3.00
WholeCare HMO	\$3.00
Salud HMO y Más	\$3.00
SmartCare HMO	\$3.00
Full PPO	\$3.00

## Basic Life and Accidental Death & Dismemberment

Tier	Monthly rate per \$1,000 coverage <sup>8</sup>
0–29	\$0.14
30–34	\$0.15
35–39	\$0.18
40–44	\$0.24
45–49	\$0.34
50–54	\$0.54
55–59	\$0.84
60–64	\$1.68
65–69	\$2.79
70–74	\$4.57
75–79	\$7.13
80–84	\$10.36
85 and over	\$21.38

Footnotes found at the end of this section.

For **Small Business Group Dental and Vision** buy-up guidelines as well as the Small Business Group Life underwriting guidelines, please visit the Small Business Group Forms and Brochures page at [www.healthnet.com](http://www.healthnet.com).

**Footnotes**

<sup>7</sup>Plus 20-1 vision plan materials-copay varies based on material type.

<sup>8</sup>Basic Life and Accidental Death & Dismemberment are sold together. Both rates apply.

Health Net Dental HMO and PPO plans are provided by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are not the obligations of or guaranteed by Health Net, LLC. or its affiliates. Vision plans for adults, are underwritten by Health Net Life Insurance Company and serviced by EyeMed Vision Care, LLC ("EyeMed") and Centene Vision Services.



# Value Beyond Your Benefits

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



## Health Net Member Extras

*We want your employees to get the most from their health plans. That's why we offer programs and resources to support their health and wellness.*



# Health and Wellness

*Health Net's Health and Wellness programs are integrated programs 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 our Health and Wellness programs, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness:

- **Get help** with a specific health goal.
- **Learn** about treatment options.

- **Try** an online improvement program.
- **Assess** health risks with the health assessment.
- **Track** diet, exercise or cholesterol.
- **Better manage** chronic illness.



# Focus on Early Access and Prevention

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

That's why we do outreach – phone calls, mailings and more – to encourage our members to get their annual wellness exam. It costs \$0 out-of-pocket, and it's the best way for people to know their health status.

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

- **Easy access MinuteClinics** – a benefit with all Health Net small group plans to make it easy to get care for common illnesses, minor

injuries (like a sprain) and vaccines. MinuteClinics are found in select CVS stores.

- **Nurse advice services** around the clock.
- **Care reminder messages** Members get useful reminders about steps they can take to prevent gaps in their care. These include tests to help keep them healthy, yearly shots and more! Doctors may also get these reminders so that they can better observe your health status.
- **Craving to Quit<sup>®</sup> program (tobacco cessation) cessation program** – Once members enroll in the Craving to Quit tobacco cessation program (telephonic), they get a coach to guide them through the quit process. Plus, members get access to useful tools to help you quit.
- **Health Coaching Program** Members can enjoy one-on-one wellness support by telephone with

a health coach. They can choose from a number of topics, including nutrition, stress management, exercise, tobacco cessation, weight loss and more.

- **RealAge<sup>®</sup> Program** is our healthy behavior program targeting the 4 highest lifestyle risks — Stress, Sleep, Nutrition, and Activity. The program is personalized to the individual based on risk level for each lifestyle category gleaned through RealAge test responses and personal interest. It's fully integrated with other features of the Sharecare platform, such as trackers, to drive sustained engagement and promote behavior change that can help lead to a lower RealAge.
- **The RealAge<sup>®</sup> Test** provides members with a custom report of their behavioral and medical health risks. Immediately after taking the online survey, they will receive a personalized action plan.

- **Eat Right Now Program:** Eat Right Now is a new evidence-based program that combines neuroscience and mindfulness tools to help members identify eating triggers and ride out cravings to change their eating patterns for good. With help from videos and exercises, members will learn to listen to their body's hunger signals so they can differentiate between real hunger and emotional cravings. This progressive 28- day program lets members reshape how they eat in

about 10 minutes a day. Through video, audio, and animated lessons, clinically validated exercises and on-demand tools, members learn how to identify, work with, and eliminate their eating triggers.

- **Mental Health Matters:** Check out our mental health resources on our Health and Wellness page at [www.healthnet.com](http://www.healthnet.com) to help improve your mood and overall well-being. There are links to our programs to support you in your well-being journey.

## Health Net Online and on the Go

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

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

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



# Group Administration

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.



# Group Administration

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

- Renewal Election and Open Enrollment Medical Plan Change Request Form
- Group Size Attestation Form

## Application tips

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

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

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

## Handling group changes

### *Adding employees or dependents*

Groups can add employees at the following times:

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

*Example:* The probationary period is the first of the month following

date of hire. An employee hired January 15 would have a February 1 effective date.

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

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

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

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

### *Billing contacts*

Our Membership Accounting is available to answer any billing or eligibility questions. The number is 1-800-224-8808, [option 2] or you can send a fax to (916) 935-4420.

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

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

## Canceling employee/dependent coverage

### *When should Health Net be notified of a cancellation?*

Health Net must be notified as soon as possible prior to the last day that the member is eligible for coverage, but no later than 30 days<sup>1</sup> after the effective date of the cancellation. Premium credit cannot be issued for more than 30 days<sup>1</sup> retroactively.

### *Why is timely notification important?*

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

<sup>1</sup>Permitted days are subject to contract agreement.

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

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

## ***How is employee coverage canceled?***

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

PO Box 9103  
Van Nuys, CA 91409-9103  
Fax: (916) 935-4420

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

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

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

### ***Enrollment and Change Form***

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

## **Online billing and enrollment**

### **Convenience and control 24/7**

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

With Online Billing and Enrollment, groups can:

- View and print billing statements.
- Retain up to 24 months of billing and payment history for easy access.
- Track and update eligibility.
- View, add and update enrollment information anytime.
- Utilize convenient reporting features.
  - The Canceled Member Roster lists all canceled employees and their dependents, the plans they were enrolled in and the effective dates.
  - The Active Member Roster lists all active employees and their dependents, the plans they're enrolled in and effective dates.
  - The Enrollment Request Report lists all the daily transactions the group administrator has processed online.

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

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



### **Important!**

**Recurring bill payment – There is a possibility that the recurring payment date will be automatically deleted during the annual renewal period. If this happens, the system will email the user. Also, be sure to retrieve any invoices needed for auditing or tax reporting purposes prior to renewal.**

- 1. Log in to your employer account at [www.healthnet.com](http://www.healthnet.com).**
- 2. Your recurring payment date must be reestablished. If your bill is already online, you will need to make a one-time manual payment, then reestablish your recurring payment date. A recurring payment will schedule and draft your next bill that is due to cycle. If you elect not to reestablish a recurring payment date, you can simply make an online manual payment or mail a check for your premium. Making payments by the due date keeps your account current and out of risk for termination because of nonpayment. (Note: The payment grace period ends on the last business day of the month in which payment is due.)**

# Appendix/Forms

Questions? Need more information?

PLEASE CONTACT HEALTH NET ACCOUNT MANAGEMENT AT 1-800-447-8812, OPTION 2.





# California Small Business Group Renewal Plan Election and Open Enrollment Change Form

Effective 1/1/2025

Your broker or Health Net account manager may have provided you with additional renewal proposals to help you choose the best coverage for your group. To help us serve you better, please provide the quote number of the renewal proposal you are accepting. The quote number can be found on the cover page and in the header of the renewal proposal pages.

Quote #: \_\_\_\_\_ Renewal effective date: \_\_\_\_\_

Do you have a grandfathered plan on your policy you wish to renew?  Yes  No

## 1. Employee information

New hire waiting period (Please check the waiting period for new hires. Federal law does not allow waiting periods beyond 90 days.)

First of the month following:  Date of hire  30 days  1 month  60 days

On a typical business day, how many employees are eligible for health benefit plan coverage (count all employees throughout the U.S.)?

Total eligible employees: \_\_\_\_\_ California employees: \_\_\_\_\_ Out-of-state employees: \_\_\_\_\_

Is the group subject to ERISA?  Yes  No, government, public plan or church plan

No (please specify reason) \_\_\_\_\_

### Medicare secondary payer (MSP)

Total worldwide employees: \_\_\_\_\_  
 (Count all employees regardless of if they are eligible for coverage. Include full-time and part-time employees. Do not include 1099 and seasonal employees.)

### Medical loss ratio (MLR)

Average number of employees you employed for the entire previous calendar year regardless of whether or not they were eligible for coverage: \_\_\_\_\_  
 An employee is defined as any person for whom the company issues a W-2, including full-time, part-time, and seasonal workers, and regardless of insurance eligibility.<sup>1</sup>  
 To calculate the average number of employees, determine the number of employees for each month, add each month's number to get an annual total, and then divide by 12. Round up or down to the nearest whole number – example: 24.6 = 25. Do not spell out the number – example: write 3, not three.

## 2. Medical plan offerings (Complete the contribution and the plans you wish to offer.)

Employer monthly contribution – Employee: \_\_\_\_\_% Dependent: \_\_\_\_\_% or Employee: \$ \_\_\_\_\_ Dependent: \$ \_\_\_\_\_

### Health Net PPO

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Platinum PPO 0/5    | <input type="checkbox"/> Gold PPO 750/15        | <input type="checkbox"/> Silver PPO 2500/50       |
| <input type="checkbox"/> Platinum PPO 0/15   | <input type="checkbox"/> Gold PPO 1000/35       | <input type="checkbox"/> Silver PPO 2500/55       |
| <input type="checkbox"/> Platinum PPO 250/15 | <input type="checkbox"/> Gold PPO 1500/20       | <input type="checkbox"/> Silver HDHP PPO 1650/50% |
| <input type="checkbox"/> Gold PPO 0/35       | <input type="checkbox"/> Gold HDHP PPO 1650/20% | <input type="checkbox"/> Bronze PPO 5800/60       |
| <input type="checkbox"/> Gold PPO 350/25     | <input type="checkbox"/> Silver PPO 1700/50     | <input type="checkbox"/> Bronze HDHP PPO 6650/0%  |
| <input type="checkbox"/> Gold PPO 500/20     | <input type="checkbox"/> Silver PPO 2250/60     |   |

### Health Net HMO (First select your network, then select your plan.)

- | Network                                   | Plan                                   |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Full Network HMO | <input type="checkbox"/> Platinum \$0  | <input type="checkbox"/> Platinum \$35 | <input type="checkbox"/> Gold \$50   |
| <input type="checkbox"/> WholeCare HMO    | <input type="checkbox"/> Platinum \$10 | <input type="checkbox"/> Gold \$30     | <input type="checkbox"/> Gold \$55   |
| <input type="checkbox"/> SmartCare HMO    | <input type="checkbox"/> Platinum \$20 | <input type="checkbox"/> Gold \$35     | <input type="checkbox"/> Silver \$55 |
| <input type="checkbox"/> Salud HMO y Más  | <input type="checkbox"/> Platinum \$30 | <input type="checkbox"/> Gold \$40     |                                      |

### 3. Supplemental renewal offerings

(Select either voluntary or employer-paid and then select the plans you wish to offer.)

**Optional Rider (Optional coverage available on all HMO and PPO plans)**  Chiropractic  Infertility

**Note:** Dental and Vision can be either voluntary or employer-paid. If employer-paid, you must complete the employer contribution. If you select Dental and/or Vision with no contribution, indicate "0."

**If you would like to add, change, or remove any of the below lines of coverage, please contact your Account Manager at 1-800-447-8812 Option 2.**

#### Employer monthly contribution

**Dental** – Employee: \_\_\_\_\_% Dependent: \_\_\_\_\_% **Vision** – Employee: \_\_\_\_\_% Dependent: \_\_\_\_\_%

#### Vision

Voluntary  Employer-paid  Preferred 1025-2  Preferred 1025-3  Preferred Value 10-3  Elite 1010-1  
 Supreme 010-2  Plus 20-1  Exam only

#### Dental

Voluntary  Employer-paid **Dental (DHMO)**  HN Plus 150  HN Plus 225  
**Dental (DPPO)**  Classic 4 1500  Essential 2 1000  
 Classic 5 1500 (w/ortho)  Essential 5 1500 (w/ortho)  
 Classic 7 Unlimited  Essential 6 1500  
 Classic 11 Unlimited (w/ortho)  Essential 9 3000 (w/ortho)

#### Life and AD&D options (If Health Net Life is selected, all full-time employees are eligible.)

\$15,000 (2–100 employees)  \$25,000 (15–100 employees)  \$50,000 (25–100 employees)

**I/We have reviewed and understand my/our medical plan renewal notification along with the following informational pieces provided by Health Net of California, Inc. and/or Health Net Life Insurance Company. After reviewing the renewal information, by my/our signature below, I/we confirm that I/we intend to renew my/our health benefit plan(s).**

**I/We understand that Health Net is relying on my/our answers to the above questions to assess whether my/our group meets the State of California's definition of a small employer group. I/We affirm these answers are true to the best of my/our knowledge and belief.**

Policyholder name:	Policyholder/Case ID: (located on the coverage page and header of renewal proposal pages)
Company authorized representative (please print):	Title:
Signature:	Date:
Email address:	Phone:

**This form must be completed and returned to your Health Net account manager in order to perform renewal election changes. If the completed form is not received by Health Net by the 1st of the month prior to the effective date of your renewal, your health benefit plan(s) will be auto-renewed to the closest matching plan(s). Please fax completed forms to the Health Net Account Management Department at 1-800-303-3110.**

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

Health Net HMO and PPO plans are offered by Health Net of California, Inc. Life/AD&D insurance plans are underwritten by Health Net Life Insurance Company. Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and administered by Centene Vision Services. Health Net Dental HMO and PPO plans, other than pediatric dental, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, LLC, or its affiliates. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.



Member's name	Member's SSN or reference ID #	Group #	PPO																
			Platinum PPO 0/5	Platinum PPO 0/15	Platinum PPO 250/15	Gold PPO 0/35	Gold PPO 350/25	Gold PPO 500/20	Gold PPO 750/15	Gold PPO 1000/35	Gold PPO 1500/20	Gold HDHP PPO 1650/20%	Silver PPO 1700/50	Silver PPO 2250/60	Silver PPO 2500/50	Silver PPO 2500/55	Silver HDHP PPO 1650/50%	Bronze PPO 5800/60	Bronze HDHP PPO 6650/0%

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

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

<b>Printed name</b>	<b>Date</b>
<b>Signature</b>	

# Group Size Attestation

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

## 1. Employer group information

New Group     Existing Group

Policyholder/Company name: \_\_\_\_\_ DBA: \_\_\_\_\_

Group/Parent ID or policyholder number: \_\_\_\_\_ Phone number: \_\_\_\_\_

## 2. Group size attestation

Total number of full-time and/or part-time employees: \_\_\_\_\_ as of \_\_\_\_\_. Consider your total number of employees worldwide, no matter where they reside or if they qualify for health care coverage. An employee is any person who gets a W-2 from the company. This includes full time, part time and seasonal workers, whether or not they qualify for benefits.

Indicate how many full-time benefit-eligible employees you have: \_\_\_\_\_

Indicate how many full-time employees, including full-time equivalents (FTEs), you employed in the most recent calendar year:

**Note:** Sole proprietors and their spouses, and partners of a partnership and their spouses, cannot be counted as employees when determining if a group has at least one employee.

Indicate your methodology for calculating group size:

50% of the prior calendar **quarter** test     50% of the prior calendar **year** test

Indicate your market segment for the upcoming coverage period (based on most recent calendar year employee figures):

My company meets the definition of a **“small employer”** for the upcoming coverage period.

My company meets the definition of a **“large employer”** for the upcoming coverage period.

A **“large employer”** must employ at least 101 full-time employees, including full-time equivalents, on business days during the preceding calendar year.

Has your organization been part of multiple employer group health plans?  No     Yes

If “Yes,” please provide dates, names, TINs, and addresses: \_\_\_\_\_

## 3. Employer group signature

I, the employer, am responsible for notifying Health Net of any changes occurring during the course of a calendar year that could impact my employer size determination related to MSP, MLR or Health Care Reform. I understand that Health Net is relying on my answers to the above questions for accurate reporting to CMS under Section 111 guidelines. I certify the above information is true and complete to the best of my knowledge and belief and I understand that I must promptly notify Health Net of any changes to the above information. Health Net of California, Inc. (Health Net) reserves the right to request additional documentation in order to verify eligibility.

Name (print): \_\_\_\_\_ Title (print): \_\_\_\_\_

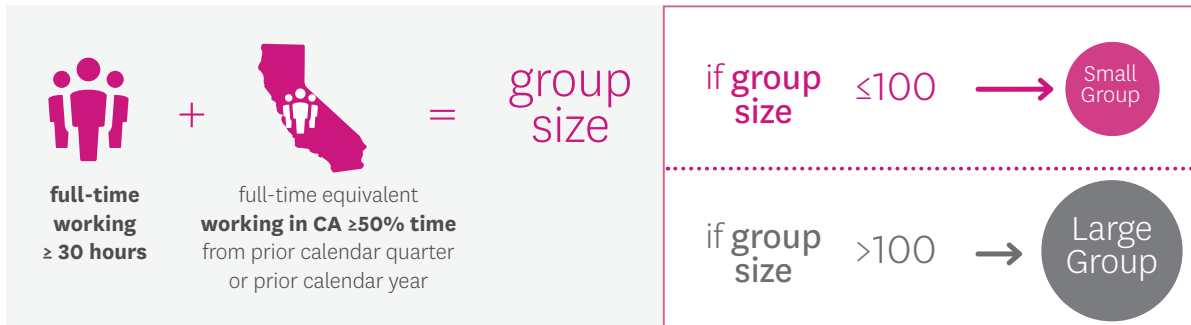
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact your Health Net account representatives to return your completed form.

## Group size guidelines

Pursuant to the Affordable Care Act (ACA), California has adopted the federal definition of who is an employee for purposes of determining your group's correct market segment (e.g., Large Group or Small Group). The information below will help you determine your group's size using the same calculation to determine employer liability under the "Shared Responsibility for Employer" provisions of the ACA and the Internal Revenue Code.

## Calculation of group size



The definition of a small employer requires the group size be determined by adding together the number of full-time employees (i.e., those working a minimum of 30 hours per week on average) and full-time equivalent (FTE) employees, the majority of whom were working in California for 50% of the prior calendar quarter or 50% of the prior calendar year. Seasonal workers, temporary workers, leased employees, contractors, and those on COBRA are not counted.

Health Net of California, Inc. (Health Net) will not perform this calculation on behalf of the employer but require the employer to fill out a form attesting to the fact that they have performed the calculation to determine group size using one of the methods described below.

**NOTE:** any group with 100 or fewer employees on their quarterly wage and withholding report (DE 9C) cannot be a Large Group, so this calculation does not need to be performed unless a group has 101 employees or more on its DE 9C.

### 50% of the prior calendar quarter test

To determine the number of full-time equivalents using the 50% of the prior calendar quarter test, add up the total number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of 6 weeks during the calendar quarter prior to the quarter for which coverage is being requested, and divide that number by 180. If your calculation does not come out to a whole number, round down.

#### Formula:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 180)

#### Example 1:

An employer has applied for coverage effective March 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 90 full-time employees, and the non-full-time employees worked 900 hours over the course of 6 weeks. Group size is calculated as follows:

$$90 + \left[ \frac{900}{180} \right] = 95$$

90 full-time employees + 900 non-full-time employees hours ÷ 180 = 95

In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

#### Example 2:

An employer has applied for coverage effective February 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 95 full-time employees, and the non-full-time employees worked a total of 1,200 hours over the course of 6 weeks. Group size is calculated as follows:

$$95 + \left[ \frac{1,200}{180} \right] = 101$$

95 full-time employees + 1,200 non-full-time employees hours ÷ 180 = 101 (rounded down)

In this example, there are 101 employees, so the group is not eligible for Small Group coverage.

## 50% of the prior calendar year test

To determine the number of full-time equivalents using the 50% of the prior calendar year test, add up the number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of a month and divide that number by 120. That is your FTE calculation for one month. Perform that calculation for 6 months during the prior calendar year and divide that number by 6. **If your calculation does not come out to a whole number, round down.** That is your FTE calculation for 50% of the prior calendar year.

Formulas:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 120)  
 (Employee count for month 1 + month 2 + month 3 + month 4 + month 5 + month 6) divided by 6

### Example 1:

An employer has applied for coverage effective January 1 and has submitted the prior year Q2 and Q3 DE 9Cs and 26 weeks of payroll from the same time period. It is determined there were 87 full-time employees in April, 94 in May and June, 92 in July, and 93 in August and September. It was also determined that the non-full-time employees worked 1,000 hours in April, 900 hours in May, 950 hours in June, 1,100 hours in July, 1,050 hours in August, and 1,200 hours in September. Group size is calculated as follows:

#### April

$$87 \text{ full-time employees} + \left[ \frac{1,000 \text{ non-full-time employees hours}}{120} \right] = 95$$

95.33 = 95  
(rounded down)

#### July

$$92 \text{ full-time employees} + \left[ \frac{1,100 \text{ non-full-time employees hours}}{120} \right] = 101$$

101.17 = 101  
(rounded down)

#### May

$$94 \text{ full-time employees} + \left[ \frac{900 \text{ non-full-time employees hours}}{120} \right] = 101$$

101.5 = 101  
(rounded down)

#### August

$$93 \text{ full-time employees} + \left[ \frac{1,050 \text{ non-full-time employees hours}}{120} \right] = 101$$

101.75 = 101  
(rounded down)

#### June

$$94 \text{ full-time employees} + \left[ \frac{900 \text{ non-full-time employees hours}}{120} \right] = 101$$

101.9 = 101  
(rounded down)

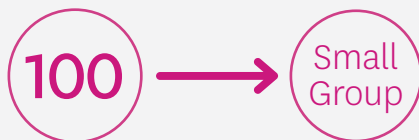
#### September

$$93 \text{ full-time employees} + \left[ \frac{1,200 \text{ non-full-time employees hours}}{120} \right] = 103$$

101.75 = 101  
(rounded down)

$$\left[ \begin{matrix} \text{April} \\ 95 \end{matrix} + \begin{matrix} \text{May} \\ 101 \end{matrix} + \begin{matrix} \text{June} \\ 101 \end{matrix} + \begin{matrix} \text{July} \\ 101 \end{matrix} + \begin{matrix} \text{Aug.} \\ 101 \end{matrix} + \begin{matrix} \text{Sept.} \\ 103 \end{matrix} \right] \div \begin{matrix} \text{6} \\ \text{(months)} \end{matrix} = 100$$

100.78 = 100  
(rounded down)



In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

## Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

### HEALTH NET:

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

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

**Individual & Family Plan (IFP) Members On Exchange/Covered California** 1-888-926-4988 (TTY: 711)

**Individual & Family Plan (IFP) Members Off Exchange** 1-800-839-2172 (TTY: 711)

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

**Group Plans through Health Net** 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc. Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or

[Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at [www.dmhc.ca.gov/FileaComplaint](http://www.dmhc.ca.gov/FileaComplaint).

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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



## English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711). For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

## Arabic

خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المبين على بطاقتك أو الاتصال بالرقم الفرعي لخطة الأفراد والعائلة: (TTY: 711) 1-800-839-2172. للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: (TTY: 711) 1-888-926-4988 أو المشروعات الصغيرة (TTY: 711) 1-888-926-5133. لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم (TTY: 711) 1-800-522-0088.

## Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝ 1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆոռնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի Խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 հեռախոսահամարով (TTY՝ 711):

## Chinese

免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（聽障專線：711）。

## Hindi

बिना शुल्क भाषा सेवाएं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

## Hmong

Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntauv rau koj ua koj hom lus hais. Txhawm rau pab, hu xovtooj rau Neeg Qhua Lub Chaw Tiv Toj ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (TTY: 711).

## Japanese

無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターまでお問い合わせいただくか、Individual & Family Plan (IFP) (個人・家族向けプラン) Off Exchange: 1-800-839-2172 (TTY: 711) までお電話ください。カリフォルニア州のマーケットプレイスについては、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business 1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、1-800-522-0088 (TTY: 711) までお電話ください。

**Khmer**

សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (TTY: 711)។

**Korean**

무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로 고객센터 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

**Navajo**

Doo bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóot'ííł. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídooltaah nínizingo t'áá ná ákódoonííł. Ákót'éego shíká a'doowoł nínizingo Customer Contact Center hoolyéhíjí' hodíílnih ninaaltsoos nanitingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kojí' hólné' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojí' hólné' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojí' hólné' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojí' hólné' 1-800-522-0088 (TTY: 711).

**Persian (Farsi)**

خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برایتان خوانده شوند. برای دریافت کمک، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (IFP) Off Exchange) به شماره: 1-800-839-2172 (TTY:711) تماس بگیرید. برای بازار کالیفرنیا، با IFP On Exchange شماره 1-888-926-4988 (TTY:711) یا کسب و کار کوچک 1-888-926-5133 (TTY:711) تماس بگیرید. برای طرح های گروهی از طریق Health Net، با 1-800-522-0088 (TTY:711) تماس بگیرید.

**Panjabi (Punjabi)**

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਔਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੇਲ ਬਿਜ਼ਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੇਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

## **Punjabi (Punjabi)**

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਔਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੈਲ ਬਿਜਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੈਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## **Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

## **Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

## **Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

## **Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรมา TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรมา TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรมา TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรมา TTY: 711)

## **Vietnamese**

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).



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TTY: 711

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