

Start 2025 Off Strong with Enhanced Choice Solutions

UNDERWRITING PROGRAM THROUGH 12/1/2025

*As part of our commitment to your business, and the health and well-being of our California communities, we're offering Enhanced Choice Solutions, an underwriting program through 12/1/2025 that gives you **more opportunities to write large group business with us.***



Our Enhanced Choice Solutions program is designed for employer groups with 101–500 eligible employees that have difficulty meeting a carrier's standard participation guidelines and includes:

- flexible participation requirements
- our best-selling Enhanced Choice portfolio



Here are important program details

- Effective dates between 1/1/2025 and 12/1/2025
- Group eligibility requirements:
 - New groups 101–500 (new groups 500+ considered on a case-by-case basis).
 - Enrolling in select Enhanced Choice Plans (see chart)
- A choice of up to three select Enhanced Choice Plans
- Minimum employer contribution requirement is 50% of the lowest cost Health Net plan.
- Total Replacement: Participation requirements of a minimum of 33% of the total eligible population, or 33 active, enrolled employees, whichever is greater.
- Multi-carrier (e.g. Kaiser): Participation requirements of a minimum of 10% of the eligible population, or 33 active, enrolled employees, whichever is greater.

(continued)



Enhanced Choice Solutions Groups 101-500

Effective date 1/1/25

Large Group HMO/EOA medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Full Network HMO								
M4N	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M4U	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M4R	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M4Q	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
M4S	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
M4T	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$150
M50	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$200
M4Z	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
M4L	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$300
M53	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500 / \$15,000	\$300
M54	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
ExcelCare HMO								
M5D	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
M5H	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M59	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M5E	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M5F	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
M5G	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$150
M5N	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$200
M5M	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
M57	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$300
M5Q	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500 / \$15,000	\$300
M5R	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300

Large Group HMO/EOA medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
SmartCare HMO Plans								
M2C	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
M2G	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M28	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M2D	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M2E	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
M2F	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$150
M2M	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$200
M2L	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
M26	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$300
M2P	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500 / \$15,000	\$300
M2Q	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
Salud HMO y Más / Salud HMO y Más San Diego Plans								
M7M / M7N	10/250a (\$1,500 / \$3,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$3,000	\$150
M7P / M7Q	15/250a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M84 / M85	25/750a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$25	SIMNSA: \$5; HN: \$45	\$25	SIMNSA: \$0; HN: \$750 per admit	Hospital: \$750 ASC: \$300	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M8D / M8E	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M7V / M7W	20/20% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M86 / M87	30/20% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M88 / M89	30/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
M8B / M8C	30/250d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: \$750 max per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$150
M8T / M8U	40/500d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$1,500 max per admit	Hospital: \$500 ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200
M8R / M8S	40/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: 40%	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$200

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Large Group HMO/EOA medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M7R / M7S	15/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300
M91 / M92	50/1500d (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$40	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300
M93 / M94	60/1500a (\$9,200 / \$18,400)	SIMNSA: \$5; HN: \$60	SIMNSA: \$5; HN: \$80	\$40	SIMNSA: \$0; HN: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$9,200 / \$18,400	\$300
Salud HMO y Más - Facility Deductible Plans								
M7O	15/250/10% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$30	\$15 waived	SIMNSA: \$0; HN: 10% applies	Hospital: 10% ASC: 5%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M7Z	20/500/10% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20 waived	SIMNSA: \$0; HN: 10% applies	Hospital: 10% ASC: 5%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$100 applies
M82	20/1500/20% (3,500 / \$7,000)	HMO: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
M8F	30/1000/20% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150 applies
M8I	30/1500/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150 applies
M8K	30/3000/30% (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$150 applies
M8Z	40/3000/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$200 applies
M9O	40/4000/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$200 applies
ExcelCare EOA								
M63	25/750a (\$2,500 / \$5,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M67	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M5X	20/20% (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M64	30/20% (\$2,500 / \$5,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M65	30/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M66	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$150
M6J	40/750a (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
M6H	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
M5V	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$300
M6N	50/1500d (\$7,500 / \$15,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$7,500 / \$15,000; PPO: \$9,100 / \$18,200	\$300
M6O	60/1500a (\$9,200 / \$18,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,200 / \$18,400; PPO: \$9,200 / \$18,400	\$300

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Large Group HMO/EOA medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
ExcelCare EOA Facility Deductible Plans								
M5T	15/250/10% (\$2,500 / \$5,000)	HMO: \$15; PPO: \$30	HMO: \$30; PPO: \$30	\$15	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M5Z	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M61	20/1500/20% (3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M68	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6B	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6D	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / 13,000	\$150
M6L	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
M6M	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	\$200
PPO Plans								
M3Z	30/1000/20% (\$3,000 / \$6,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$3,000 / \$6,000	\$100 + 20%
M40	30/1000/20% (\$4,000 / \$8,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
M42	30/3000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
M44	30/4000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
M47	40/5000/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
M46	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
M48	60/5000/30% (\$9,200 / \$18,400)	\$60	\$80	N/A	30%	Hospital: 30% ASC: 20%	(\$9,200 / \$18,400)	\$100 + 30%
PPO HSA-compatible (including OOS) Plans								
M4B	3300/20% (\$4,000 / \$8,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	20%
M4C	3500/20% (\$5,000 / \$10,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	20%
M49	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$4,000 / \$8,000	0%
M4E	3300/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	30%
M4D	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$6,000 / \$12,000	20%

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Large Group HMO/EOA/PPO pharmacy benefits

Pharmacy brand deductible	Deductible type (brand only, none)	Retail tier 1	Retail tier 2	Retail tier 3	Associated medical plan
\$0	None	\$10	\$30	\$55	Pairable with any HMO/EOA/PPO ECS Medical Plan
\$100	Brand only	\$15	\$35	\$60	
\$300	Brand only	\$15	\$40	\$65	

Dental HMO

Plan name	Member copayment								
	Preventive & Diagnostic (P&D) copay	Restorative copay	Endodontics copay	Periodontics copay	Fixed prosthodontics copay	Dentures copay	Implants copay	Orthodontia (adult and children)	Waiting period
Plus 85	\$0	Up to \$350	Up to \$160	Up to \$255	\$85	Up to \$365	Up to \$1,950	\$1,450	No
Plus 100	\$0	Up to \$350	Up to \$160	Up to \$265	\$100	Up to \$365	Up to \$1,950	\$1,450	No
Plus 150	\$0	Up to \$350	Up to \$215	Up to \$265	\$150	Up to \$365	Up to \$1,950	\$1,695	No
Plus 185	\$0	Up to \$350	Up to \$275	Up to \$380	\$185	Up to \$365	Up to \$1,950	\$1,695	No
Plus 225	\$0	Up to \$350	Up to \$275	Up to \$380	\$225	Up to \$365	Up to \$1,950	\$1,695	No

Dental PPO

Plan name	Insured responsibility							
	Deductible (waived on P&D services)	Maximum calendar year	In-network coinsurance (P&D/Basic/Major)	Out-of-network coinsurance (P&D/Basic/Major)	Lifetime orthodontia maximum	Out-of-network reimbursement	Orthodontia	Waiting periods
Classic Plus 1 \$2,000¹	\$50 / \$150	\$2,000	0% / 10% / 40%	0% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic Plus 2 \$2,000	\$50 / \$150	\$2,000	0% / 10% / 40%	0% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic 1 \$1,500	\$50 / \$150	\$1,500	0% / 10% / 40%	0% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic 2 \$1,500	\$50 / \$150	\$1,500	0% / 10% / 40%	0% / 20% / 50%	Not covered	80% HIAA	Not covered	No
Classic 3 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	0% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic 4 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	0% / 20% / 50%	Not covered	80% HIAA	Not covered	No
Classic 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	20% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	20% / 20% / 50%	Not covered	80% HIAA	Not covered	No
Classic 11 Unlimited	\$50 / \$150	Unlimited	0% / 10% / 40%	10% / 10% / 40%	\$3,000	UCR	60%	No

(continued)

Dental PPO (continued)

Plan name	Insured responsibility							
	Deductible (waived on P&D services)	Maximum calendar year	In-network coinsurance (P&D/Basic/Major)	Out-of-network coinsurance (P&D/Basic/Major)	Lifetime orthodontia maximum	Out-of-network reimbursement	Orthodontia	Waiting periods
Essential 1 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	0% / 20% / 50%	\$1,000	MAC	50% after deductible	No
Essential 2 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	0% / 20% / 50%	Not covered	MAC	Not covered	No
Essential 3 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	20% / 20% / 50%	\$1,000	MAC	50% after deductible	No
Essential 4 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	20% / 20% / 50%	Not covered	MAC	Not covered	No
Essential 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	0% / 20% / 50%	\$1,500	MAC	50% after deductible	No
Essential 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	0% / 20% / 50%	Not covered	MAC	Not covered	No
Essential 9 \$3,000	\$50 / \$150	\$3,000	0% / 10% / 40%	\$0 / 10% / 40%	\$3,000	MAC	50%	No
Essential Value 1 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	50% / 50% / 50%	Not covered	MAC	Not covered	No
Basic \$500	\$50 per person	\$500	0% / 40% / Not covered	20% / 50% / Not Covered	Not covered	MAC	Not covered	No

Vision

Vision PPO insurance plans come standard with these key features: no or low copayments; provider choice, including optical retailers; frame choice; contact lenses by mail; discounted LASIK or PRK (if authorized); and secondary purchase plan¹. Gain more vision clients with our **two-year vision rate guarantee** for new and renewing groups who enroll in vision for the first time. Contact your Health Net account executive for more details!

Plan name	Insured responsibility					
	Vision exam copay	Retail frames allowance	Contact lens allowance	Standard single-vision plastic lenses	Frequency in months (Exam / lenses or contact lenses / frame)	Laser vision correction (LASIK or PRK from U.S. Laser Network)
Elite 1010-1	\$10	\$150	\$120	\$10	12 / 12 / 12	15% off retail price or 5% off promotional price
Supreme 010-2	\$0	\$120	\$105	\$10	12 / 12 / 24	15% off retail price or 5% off promotional price
Preferred 1025-2	\$10	\$100	\$90	\$25	12 / 12 / 24	15% off retail price or 5% off promotional price
Preferred 1025-3	\$10	\$100	\$90	\$25	12 / 24 / 24	15% off retail price or 5% off promotional price
Preferred Value 10-3	Not covered	\$100	\$90	\$10	Not covered / 24 / 24	15% off retail price or 5% off promotional price
Plus 20-1	\$20	35% discount off retail price	N/A	\$50	12 / Unlimited / Unlimited	15% off retail price or 5% off promotional price
Exam Only	\$0	Not covered	N/A	Not covered	24 / Not covered / Not covered	15% off retail price or 5% off promotional price

Refer to the Large Group Dental & Vision Underwriting Guidelines for minimum enrollment, participation, contribution, and plan combination requirements. This is a brief summary of benefits. It is not meant for contractual purposes. Refer to the Evidence of Coverage for conditions of coverage, covered procedures and services, exclusions and limitations, and/or full list of terms.

¹Classic Plus 1 plan is available only to groups enrolling 10 or more employees on that plan, whether the plan is employer-paid or voluntary. Dental implants are covered at 50% deductible/\$1,500 calendar year maximum.

Vision plans are underwritten by Health Net Life Insurance Company and administered by Centene Vision Services. Health Net Dental HMO and PPO plans, 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.

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