

We built our Starting Line-Up (SLU) portfolio for large group employers looking for the simplicity and innovation of our bestselling plans and networks – with sustainable cost-savings.

We know that for large groups **affordability** is a top priority. Our marketable SLU portfolio helps you find the right answers to fit every client's business needs.



Large Group HMO/EOA medical benefits

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
SmartCare							
FWD	10/250a	\$10	\$10	\$250 per admit	Hospital: \$250 ASC: \$100	\$1,500 / \$3,000	\$100
FWF	15/250a	\$15	\$15	\$250 per admit	Hospital: \$250 ASC: \$100	\$2,500 / \$7,500	\$100 (copay waived if admitted)
FWI	20/500a	\$20	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$3,000 / \$9,000	\$100 (copay waived if admitted)
FWL	30/250d	\$30	\$30	\$250 copay per day; 3-day copay max/admit	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$100 (copay waived if admitted)
FWN	40/500d	\$40	\$30	\$500 copay per day; 3-day copay max/admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$100 (copay waived if admitted)
FWH	20/20%	\$20	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
FWJ	30/20%	\$30	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
FWK	30/30%	\$30	\$30	30%	Hospital: 30% ASC: 10%	\$3,000 / \$9,000	\$100
FWM	40/40%	\$40	\$30	40%	40%	\$5,500 / \$11,000	\$100
FWO	50/50%	\$50	\$30	50%	Hospital: 50% ASC: 40%	\$5,500 / \$11,000	\$100 (copay waived if admitted)
FWG	15/1500d	\$15	\$15	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FWP	50/1500d	\$50	\$30	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FWQ	60/1500a	\$60	\$30	\$1,500 per admit + 40%	50%	\$5,850 / \$11,700	30%
FWR	60/1500a	\$60	\$30	\$1,500 per admit + 40%	50%	\$8,150 / \$16,300	\$300 + 30%
Salud HMO y Más / Salud San Diego							
G5Z/G60	10/250a	SIMNSA: \$5 HN: \$10	\$10	SIMNSA: \$0 HN: \$250 per admit	SIMNSA: \$0 HN: 20%	\$1,500 / \$3,000	\$50
G61/G62	15/250a	SIMNSA: \$5 HN: \$15	\$15	SIMNSA: \$0 HN: \$250 per admit	SIMNSA: \$0 HN: 20%	\$2,500 / \$7,500	\$50
G67/G68	20/500a	SIMNSA: \$5 HN: \$20	\$20	SIMNSA: \$0 HN: \$500 per admit	SIMNSA: \$0 HN: 20%	\$3,000 / \$9,000	\$50
G6E/G6F	30/250d	SIMNSA: \$5 HN: \$30	\$30	SIMNSA: \$0 HN: \$250 copay per day; 3-day copay max/admit	SIMNSA: \$0 HN: 20%	\$4,500 / \$9,000	\$50

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Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
G6I/G6J	40/500d	SIMNSA: \$5 HN: \$40	\$30	SIMNSA: \$0 HN:\$500 copay per day; 3-day copay max/admit	SIMNSA: \$0 HN: 20%	\$4,500 / \$9,000	\$50
G65/G66	20/20%	SIMNSA: \$5 HN: \$20	\$20	SIMNSA: \$0 HN:20%	SIMNSA: \$0 HN: 20%	\$2,500 / \$7,500	\$50
G69/G6B	30/20%	SIMNSA: \$5 HN: \$30	\$30	SIMNSA: \$0 HN:20%	SIMNSA: \$0 HN: 20%	\$2,500 / \$7,500	\$50
G6C/G6D	30/30%	SIMNSA: \$5 HN: \$30	\$30	SIMNSA: \$0 HN:30%	SIMNSA: \$0 HN: 30%	\$3,000 / \$9,000	\$50 (copay waived if admitted)
G6G/G6H	40/40%	SIMNSA: \$5 HN: \$40	\$30	SIMNSA: \$0 HN:40%	SIMNSA: \$0 HN: 40%	SIMNSA: \$1,500 / \$4,500 HN: \$5,500 / \$11,000	\$100 (copay waived if admitted)
G63/G64	15/1500d	SIMNSA: \$5 HN: \$15	\$15	SIMNSA: \$0 HN:\$1,500 copay per day; 3-day copay max/admit	SIMNSA: \$0 HN: 50%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	30%
G6K/G6L	50/1500d	SIMNSA: \$5 HN: \$50	\$30	SIMNSA: \$0 HN:\$1,500 copay per day; 3-day copay max/admit	SIMNSA: \$0 HN: 50%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	30%
G6O/G6P	60/1500a	SIMNSA: \$5 HN: \$60	\$30	SIMNSA: \$0 HN:\$1,500 per admit + 40%	SIMNSA: \$0 HN: 50%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	30%
G6M/G6N	60/1500a	SIMNSA: \$5 HN: \$60	\$30	SIMNSA: \$0 HN:\$1,500 per admit + 40%	SIMNSA: \$0 HN: 50%	SIMNSA: \$1,500 / \$4,500 HN: \$8,150 / \$16,300	\$300 + 30%
Salud Mexico – SIMNSA network							
G6Q	5/0	\$5		\$0	\$0	\$1,500 / \$4,500	\$10
POS – Elect Open Access (EOA)							
G4W	10/0 (\$2,500 / \$7,500)	HMO \$10 PPO \$30	\$10	HMO: No charge	HMO: No charge	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G4X	10/250a (\$1,500 / \$3,000)	HMO \$10 PPO \$35	\$10	HMO: \$250 per admit	HMO: \$250	HMO: \$1,500 / \$3,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G4Y	15/250a (\$2,500 / \$7,500)	HMO \$15 PPO \$35	\$15	HMO: \$250 per admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G51	20/250a (\$2,500 / \$7,500)	HMO \$20 PPO \$40	\$20	HMO: \$250 per admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G57	30/250d (\$4,500 / \$9,000)	HMO \$30 PPO \$50	\$30	HMO: \$250 per day (3 day max copay per admit)	HMO: \$250	HMO: \$4,500 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G53	20/500d (\$3,000 / \$9,000)	HMO \$20 PPO \$40	\$20	HMO: \$500 per day (4 day max copay per admit)	HMO: \$500	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G52	20/500a (\$3,000 / \$9,000)	HMO \$20 PPO \$40	\$20	HMO: \$500 per admit	HMO: \$500	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G58	30/1000a (\$3,000 / \$9,000)	HMO \$30 PPO \$50	\$30	HMO: \$1,000 per admit	HMO: \$1000	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5D	40/500d (\$4,500 / \$9,000)	HMO \$40 PPO \$60	\$40	HMO: \$500 per day (3 day max copay per admit)	HMO: \$500	HMO: \$4,500 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)

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Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT OF POCKET MAXIMUM (SINGLE/FAMILY) HMO/PPO	EMERGENCY ROOM
G50	20/20% (\$2,500 / \$7,500)	HMO \$20 PPO \$40	\$20	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G54	30/20% (\$2,500 / \$7,500)	HMO \$30 PPO \$50	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G59	40/20% (\$2,500 / \$7,500)	HMO \$40 PPO \$60	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G56	30/30% (\$3,000 / \$9,000)	HMO \$30 PPO \$50	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5B	40/30% (\$3,000 / \$9,000)	HMO \$40 PPO \$60	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5C	40/40% (\$5,500 / \$11,000)	HMO \$40 PPO \$60	\$30	HMO: 40%	HMO: 40%	HMO: \$5,500 / \$11,000 PPO: \$5,500 / \$11,000	\$100 (copay waived if admitted)
G4Z	15/1500d (\$5,850 / \$11,700)	HMO \$15 PPO \$70	\$15	HMO: \$1,500 copay per day; 3-day copay max/admit	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	30%
G5E	50/1500d (\$5,850 / \$11,700)	HMO \$50 PPO \$70	\$30	HMO: \$1,500 copay per day; 3-day copay max/admit	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	30%
G5F	60/1500a (\$5,850 / \$11,700)	HMO \$60 PPO \$80	\$30	HMO: \$1,500 per admit + 40%	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	30%
G5G	60/1500a (\$8,150 / \$16,300)	HMO \$60 PPO \$80	\$30	HMO: \$1,500 per admit + 40%	HMO: 50%	HMO: \$8,150 / \$16,300 PPO: \$8,150 / \$16,300	\$300 + 30%
HMO							
FWT	15/0 (\$2,500 / \$7,500)	\$15	\$15	No charge	No charge	\$2,500 / \$7,500	\$100
FWS	10/250a (\$1,500 / \$3,000)	\$10	\$10	\$250 per admit	\$250	\$1,500 / \$3,000	\$100
FWU	15/250a (\$2,500 / \$7,500)	\$15	\$15	\$250 per admit	\$250	\$2,500 / \$7,500	\$100
FWX	20/250a (\$2,500 / \$7,500)	\$20	\$20	\$250 per admit	\$250	\$2,500 / \$7,500	\$100
FWY	20/500a (\$3,000 / \$9,000)	\$20	\$20	\$500 per admit	\$500	\$3,000 / \$9,000	\$100
FWZ	20/500d (\$3,000 / \$9,000)	\$20	\$20	\$500 per day (4 day max copay per admit)	\$500	\$3,000 / \$9,000	\$100

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Effective date 1/1/20

Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
FWW	20/20% (\$2,500 / \$7,500)	\$20	\$20	20%	20%	\$2,500 / \$7,500	\$100
FX3	30/1000a (\$3,000 / \$9,000)	\$30	\$30	\$1,000 per admit	\$1000	\$3,000 / \$9,000	\$100
FX0	30/20% (\$2,500 / \$7,500)	\$30	\$30	20%	20%	\$2,500 / \$7,500	\$100
FX1	30/30% (\$3,000 / \$9,000)	\$30	\$30	30%	30%	\$3,000 / \$9,000	\$100
FX4	40/20% (\$2,500 / \$7,500)	\$40	\$30	20%	20%	\$2,500 / \$7,500	\$100
FX5	40/30% (\$3,000 / \$9,000)	\$40	\$30	30%	30%	\$3,000 / \$9,000	\$100
FX6	40/40% (\$5,500 / \$11,000)	\$40	\$30	40%	40%	\$5,500 / \$11,000	\$100
FX2	30/250d (\$4,500 / \$9,000)	\$30	\$30	\$250 per day (4 day max copay per admit)	\$250	\$4,500 / \$9,000	\$100
FX7	40/500d (\$4,500 / \$9,000)	\$40	\$30	\$500 per day (4 day max copay per admit)	\$500	\$4,500 / \$9,000	\$100
FWV	15/1500d (\$5,850 / \$11,700)	\$15	\$15	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FX8	50/1500d (\$5,850 / \$11,700)	\$50	\$30	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FX9	60/1500a (\$5,850 / \$11,700)	\$60	\$30	\$1,500 per admit + 40%	50%	\$5,850 / \$11,700	30%
FXB	60/1500a (\$8,150 / \$16,300)	\$60	\$30	\$1,500 per admit + 40%	50%	\$8,150 / \$16,300	\$300 + 30%

(continued)

Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY) HMO/PPO	EMERGENCY ROOM
ExcelCare EOA							
G5H	10/250a (\$1,500 / \$3,000)	HMO \$10 PPO \$35	\$10	HMO: \$250 per admit	HMO: \$250	HMO: \$1,500 / \$3,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5I	15/250a (\$2,500 / \$7,500)	HMO \$15 PPO \$35	\$15	HMO: \$250 per admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5L	20/250a (\$2,500 / \$7,500)	HMO \$20 PPO \$40	\$20	HMO: \$250 per admit	HMO: \$250	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5M	20/500a (\$3,000 / \$9,000)	HMO \$20 PPO \$40	\$20	HMO: \$500 per admit	HMO: \$500	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5P	30/250d (\$4,500 / \$9,000)	HMO \$30 PPO \$50	\$30	HMO: \$250 per day (3 day max copay per admit)	HMO: \$250	HMO: \$4,500 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5Q	30/1000a (\$3,000 / \$9,000)	HMO \$30 PPO \$50	\$30	HMO: \$1,000 per admit	HMO: \$1000	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5U	40/500d (\$4,500 / \$9,000)	HMO \$40 PPO \$60	\$40	HMO: \$500 per day (3 day max copay per admit)	HMO: \$500	HMO: \$4,500 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5K	20/20% (\$2,500 / \$7,500)	HMO \$20 PPO \$40	\$20	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5N	30/20% (\$2,500 / \$7,500)	HMO \$30 PPO \$50	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5R	40/20% (\$2,500 / \$7,500)	HMO \$40 PPO \$60	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5R	40/20% (\$2,500 / \$7,500)	HMO \$40 PPO \$60	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5S	40/30% (\$3,000 / \$9,000)	HMO \$40 PPO \$60	\$40	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5T	40/40% (\$5,500 / \$11,000)	HMO \$40 PPO \$60	\$30	HMO: 40%	HMO: 40%	HMO: \$5,500 / \$11,000 PPO: \$5,500 / \$11,000	\$100 (copay waived if admitted)
G5J	15/1500d (\$5,850 / \$11,700)	HMO \$15 PPO \$70	\$15	HMO: \$1,500 copay per day; 3-day copay max/admit	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	30%
G5V	50/1500d (\$5,850 / \$11,700)	HMO \$50 PPO \$70	\$30	HMO: \$1,500 copay per day; 3-day copay max/admit	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	30%

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Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY) HMO/PPO	EMERGENCY ROOM
G5W	60/1500a (\$5,850 / \$11,700)	HMO \$60 PPO \$80	\$30	HMO: \$1,500 per admit + 40%	HMO: 50%	HMO: \$5,850 / \$11,700 PPO: \$5,850 / \$11,700	30%
G5X	60/1500a (\$8,150 / \$16,300)	HMO \$60 PPO \$80	\$30	HMO: \$1,500 per admit + 40%	HMO: 50%	HMO: \$8,150 / \$16,300 PPO: \$8,150 / \$16,300	\$300 + 30%
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
ExcelCare HMO							
FXC	10/250a (\$1,500 / \$3,000)	\$10	\$10	\$250 per admit	\$250	\$1,500 / \$3,000	\$100
FXD	15/250a (\$2,500 / \$7,500)	\$15	\$15	\$250 per admit	\$250	\$2,500 / \$7,500	\$100
FXG	20/250a (\$2,500 / \$7,500)	\$20	\$20	\$250 per admit	\$250	\$2,500 / \$7,500	\$100
FXH	20/500a (\$3,000 / \$9,000)	\$20	\$20	\$500 per admit	\$500	\$3,000 / \$9,000	\$100
FXF	20/20% (\$2,500 / \$7,500)	\$20	\$20	20%	20%	\$2,500 / \$7,500	\$100
FXL	30/1000a (\$3,000 / \$9,000)	\$30	\$30	\$1,000 per admit	\$1000	\$3,000 / \$9,000	\$100
FXI	30/20% (\$2,500 / \$7,500)	\$30	\$30	20%	20%	\$2,500 / \$7,500	\$100
FXJ	30/30% (\$3,000 / \$9,000)	\$30	\$30	30%	30%	\$3,000 / \$9,000	\$100
FXM	40/30% (\$3,000 / \$9,000)	\$40	\$30	30%	30%	\$3,000 / \$9,000	\$100
FXN	40/40% (\$5,500 / \$11,000)	\$40	\$30	40%	40%	\$5,500 / \$11,000	\$100
FXK	30/250d (\$4,500 / \$9,000)	\$30	\$30	\$250 per day (4 day max copay per admit)	\$250	\$4,500 / \$9,000	\$100
FXO	40/500d (\$4,500 / \$9,000)	\$40	\$30	\$500 per day (4 day max copay per admit)	\$500	\$4,500 / \$9,000	\$100
FXE	15/1500d (\$5,850 / \$11,700)	\$15	\$15	\$1,500 copay per day; 3-day copay max/ admit	50%	\$5,850 / \$11,700	30%

(continued)

Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
FXP	50/1500d (\$5,850 / \$11,700)	\$50	\$30	\$1,500 copay per day; 3-day copay max/ admit	50%	\$5,850 / \$11,700	30%
FXQ	60/1500a (\$5,850 / \$11,700)	\$60	\$30	\$1,500 per admit + 40%	50%	\$5,850 / \$11,700	30%
FXR	60/1500a (\$8,150 / \$16,300)	\$60	\$30	\$1,500 per admit + 40%	50%	\$8,150 / \$16,300	\$300 + 30%

Large Group PPO medical benefits

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM	
PPO¹							
FVE	10/0/2000/10%	\$10	10%	10%	\$2,000 / \$6,000	\$100 + 10%	
FVF	10/0/3000/10%	\$10	10%	10%	\$3,000 / \$9,000	\$100 + 10%	
FVG	10/250/3000/10%	\$10 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%	
FVH	10/250/4000/20%	\$10 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%	
FVI	15/250/3000/10%	\$15 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%	
FVJ	15/500/3000/10%	\$15 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%	
FVK	15/500/4000/20%	\$15 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%	
FVL	20/250/3000/10%	\$20 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%	
FVM	20/250/4000/20%	\$20 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%	
FVN	20/500/4000/20%	\$20 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%	
FVO	30/500/3000/10%	\$30 (ded waived)	10%	10%	\$3,000 / \$9,000	\$100 + 10%	
FVP	30/500/4000/20%	\$30 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%	
FVQ	30/500/4000/30%	\$30 (ded waived)	30%	30%	\$4,000 / \$12,000	\$100 + 30%	
FVR	30/1000/3000/20%	\$30 (ded waived)	20%	20%	\$3,000 / \$9,000	\$100 + 20%	
FVS	30/1000/4000/20%	\$30 (ded waived)	20%	20%	\$4,000 / \$12,000	\$100 + 20%	
FVT	30/2000/5000/30%	\$30 (ded waived)	30%	30%	\$5,000 / \$10,000	\$100 + 30%	
FVU	30/3000/5000/30%	\$30 (ded waived)	30%	30%	\$5,000 / \$10,000	\$100 + 30%	
FVV	30/3000/6000/30%	\$30 (ded waived)	30%	30%	\$6,000 / \$12,000	\$100 + 30%	
FVX	30/4000/5600/30%	\$30 (ded waived)	30%	30%	\$5,600 / \$11,200	\$100 + 30%	

(continued)

Effective date 1/1/20

Large Group PPO medical benefits (continued)

MEDICAL						
PLAN CODE	PLAN NAME	OFFICE VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
FWW	30/4000/6600/30%	\$30 (ded waived)	30%	30%	\$6,600 / \$13,200	\$100 + 30%
FVY	60/5000/6350/30%	visits 1-3 \$60 (ded waived) / visits 4+ \$60 (ded applies) Specialist visit \$70 (ded applies)	30%	30%	\$6,350 / \$12,700	\$300
FBZ	60/5000/8150/30/50	visits 1-3 \$60 (ded waived) / visits 4+ \$60 (ded applies)	30%	30%	\$8,150 / \$16,300	\$300
PPO ¹ (HSA-compatible) (Includes pre-set pharmacy plans)						
FW9	2800/70/50 (family plan paired with FWC)	30%	30%	30%	\$3,000 / \$6,000	\$100 + 30%
FWC	1500/70/50 (individual plan paired with FW9)	30%	30%	30%	\$3,000 / N/A	\$100 + 30%
FW6	2800/70/50	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FW0	2800/100/50	0%	0%	0%	\$2,800/\$5,600	0%
FW5	2800/70/50	30%	30%	30%	\$3,000 / \$6,000	\$100 + 30%
FW7	3000/70/50	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FW8	2800/100/50 (family plan paired with FWB)	0%	0%	0%	\$2,800 / \$5,600	0%
FWB	2000/100/50 (individual plan paired with FW8)	0%	0%	0%	\$2,000 / N/A	0%
FW1	3000/100/50	0%	0%	0%	\$3,000 / \$6,000	0%
FW3	3000/80/60	20%	20%	20%	\$4,000 / \$8,000	\$100 + 20%
FW4	5000/80/60	50%	20%	20%	\$6,000 / \$12,000	\$100 + 20%
FW2	4000/100/50	0%	0%	0%	\$4,000 / \$8,000	0%

(continued)

Large Group HMO/EOA pharmacy benefits

PHARMACY BRAND DEDUCTIBLE	DEDUCTIBLE TYPE (BRAND ONLY, NONE)	RETAIL TIER 1	RETAIL TIER 2	RETAIL TIER 3	ASSOCIATED MEDICAL PLAN
SmartCare HMO Rx choices					
\$0	Brand	\$10	\$30	\$50	Pairable with any SLU SmartCare HMO medical plan
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	
Salud HMO y Más Rx choices					
\$0	None	\$5	\$25	\$45	Pairable with any SLU Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	
EOA Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any SLU EOA/ExcelCare EOA medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	
HMO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any SLU HMO/ExcelCare HMO medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
\$300	Brand	\$20	\$40	\$60	

Large Group PPO pharmacy benefits

PHARMACY BRAND DEDUCTIBLE	DEDUCTIBLE TYPE (BRAND ONLY, NONE)	RETAIL TIER 1	RETAIL TIER 2	RETAIL TIER 3	ASSOCIATED MEDICAL PLAN
PPO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any SLU PPO medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

(continued)

Large Group chiropractic and acupuncture benefits

HMO/EOA/ExcelCare EOA/ExcelCare HMO/Salud HMO y Más/Salud San Diego			
ACUPUNCTURE AND CHIROPRACTIC PLAN CODE	CHIROPRACTIC-ONLY PLAN CODE	COPAYMENT / VISIT LIMIT	OUT-OF-POCKET MAXIMUM – MUST MATCH THE MEDICAL PLAN OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)
BHH	BHB	\$10 / 30 visits	\$1,500 / \$3,000
BHT	BHN	\$25 / 30 visits	\$1,500 / \$3,000
BHG	BHA	\$10 / 30 visits	\$2,500 / \$7,500
BHS	BHM	\$25 / 30 visits	\$2,500 / \$7,500
BHI	BHC	\$10 / 30 visits	\$3,000 / \$9,000
BHU	BHO	\$25 / 30 visits	\$3,000 / \$9,000
BWD	BWA	\$10 / 30 visits	\$4,500 / \$9,000
BWB	BWC	\$25 / 30 visits	\$4,500 / \$9,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHV	BHP	\$25 / 30 visits	\$5,500 / \$11,000
BHW	BHQ	\$25 / 30 visits	\$5,850 / \$11,700
BHK	BHE	\$10 / 30 visits	\$5,850 / \$11,700
BS9	BVH	\$10 / 30 visits	\$8,150 / \$16,300
BSB	BSA	\$25 / 30 visits	\$8,150 / \$16,300
SmartCare HMO			
ACUPUNCTURE AND CHIROPRACTIC PLAN CODE	COPAYMENT / VISIT LIMIT		OUT-OF-POCKET MAXIMUM – MUST MATCH THE MEDICAL PLAN OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)
BI2	\$15 / 10 visits		\$1,500 / \$3,000
BHY	\$15 / 10 visits		\$2,500 / \$5,000
BHZ	\$15 / 10 visits		\$2,500 / \$7,500
BI3	\$15 / 10 visits		\$4,500/\$9,000
BI5	\$15 / 10 visits		\$5,500 / \$11,000
BI6	\$25 / 10 visits		\$5,850 / \$11,700
BSC	\$25 / 10 visits		\$8,150 / \$16,300

¹PPO plans can also be paired with an HRA. Please contact your Health Net account executive for more information.

This is a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the plan-specific *Evidence of Coverage, Certificate of Insurance or Summary of Benefits and Coverage* for all terms and conditions of coverage.

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