

Effective date 1/1/20

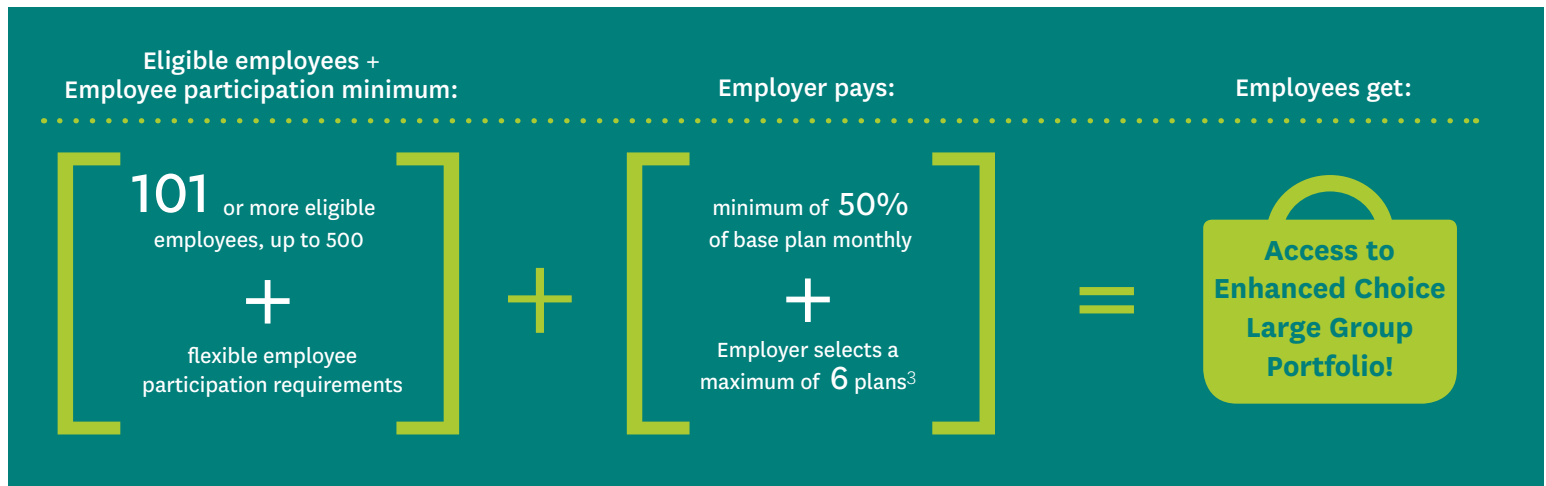
Health Net offers a defined contribution solution to give your new midsize clients the same advantage as large group businesses. Our Enhanced Choice portfolio for California groups 101–500 offers both choice and financial flexibility.

Our Q1 2020 rate guarantee¹

We help your selling year start strong with a second year rate guarantee option! Qualified new groups can take advantage of this rate guarantee on all Enhanced Choice plans for effective dates 1/1/20 through 3/1/20. Contact your Health Net account executive for more details.



How it works



Large Group HMO/EOA medical benefits

MEDICAL							
PLAN CODE ⁴	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	\$250 hospital \$100 ambulatory surgery center	\$1,500 / \$3,000	\$100
FWF	15/250a	\$15	\$15	\$250 per admit	\$250 hospital \$100 ambulatory surgery center	\$2,500 / \$7,500	\$100 (copay waived if admitted)
FWI	20/500a	\$20	\$20	\$500 per admit	\$500 hospital \$200 ambulatory surgery center	\$3,000 / \$9,000	\$100 (copay waived if admitted)

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Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
SmartCare							
FWL	30/250d	\$30	\$30	\$250 copay per day; 3-day copay max/admit	\$250 hospital \$100 ambulatory surgery center	\$4,500 / \$9,000	\$100 (copay waived if admitted)
FWN	40/500d	\$40	\$30	\$500 copay per day; 3-day copay max/admit	\$500 hospital \$200 ambulatory surgery center	\$4,500 / \$9,000	\$100 (copay waived if admitted)
FWH	20/20%	\$20	\$20	20%	20% hospital 10% ambulatory surgery center	\$2,500 / \$7,500	\$100
FWJ	30/20%	\$30	\$30	20%	20% hospital 10% ambulatory surgery center	\$2,500 / \$7,500	\$100
FWK	30/30%	\$30	\$30	30%	30% hospital 10% ambulatory surgery center	\$3,000 / \$9,000	\$100
FWM	40/40%	\$40	\$30	40%	40%	\$5,500 / \$11,000	\$100
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%
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
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)

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Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
Salud HMO y Más / Salud San Diego							
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%
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%
POS – Elect Open Access (EOA)⁵							
G4X	10/250a	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	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)
G57	30/250d	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)
G52	20/500a	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)
G5D	40/500d	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)
G50	20/20%	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%	HMO \$30 PPO \$50	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G56	30/30%	HMO \$30 PPO \$50	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5C	40/40%	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	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	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%
G5G	60/1500a	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%

(continued)

Effective date 1/1/20

Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
HMO⁵							
FWS	10/250a	\$10	\$10	\$250 per admit	\$250	\$1,500 / \$3,000	\$100
FWU	15/250a	\$15	\$15	\$250 per admit	\$250	\$2,500 / \$7,500	\$100
FWY	20/500a	\$20	\$20	\$500 per admit	\$500	\$3,000 / \$9,000	\$100
FX2	30/250d	\$30	\$30	\$250 per day (4 day max copay per admit)	\$250	\$4,500 / \$9,000	\$100
FX7	40/500d	\$40	\$30	\$500 per day (4 day max copay per admit)	\$500	\$4,500 / \$9,000	\$100
FWW	20/20%	\$20	\$20	20%	20%	\$2,500 / \$7,500	\$100
FX0	30/20%	\$30	\$30	20%	20%	\$2,500 / \$7,500	\$100
FX1	30/30%	\$30	\$30	30%	30%	\$3,000 / \$9,000	\$100
FX6	40/40%	\$40	\$30	40%	40%	\$5,500 / \$11,000	\$100
FWV	15/1500d	\$15	\$15	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FX8	50/1500d	\$50	\$30	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FXB	60/1500a	\$60	\$30	\$1,500 per admit + 40%	50%	\$8,150 / \$16,300	\$300 + 30%
ExcelCare EOA							
G5H	10/250a	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	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)
G5P	30/250d	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)
G5M	20/500a	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)
G5U	40/500d	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%	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%	HMO \$30 PPO \$50	\$30	HMO: 20%	HMO: 20%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5Y	30/30%	HMO \$30 PPO \$50	\$30	HMO: 30%	HMO: 30%	HMO: \$3,000 / \$9,000 PPO: \$4,500 / \$9,000	\$100 (copay waived if admitted)
G5T	40/40%	HMO \$40 PPO \$60	\$30	HMO: 40%	HMO: 40%	HMO: \$5,500 / \$11,000 PPO: \$5,500 / \$11,000	\$100 (copay waived if admitted)

(continued)

Large Group HMO/EOA medical benefits (continued)

MEDICAL							
PLAN CODE ⁴	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
ExcelCare EOA							
G5J	15/1500d	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	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%
G5X	60/1500a	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%
ExcelCare HMO							
FXC	10/250a	\$10	\$10	\$250 per admit	\$250	\$1,500 / \$3,000	\$100
FXD	15/250a	\$15	\$15	\$250 per admit	\$250	\$2,500 / \$7,500	\$100
FXH	20/500a	\$20	\$20	\$500 per admit	\$500	\$3,000 / \$9,000	\$100
FXF	20/20%	\$20	\$20	20%	20%	\$2,500 / \$7,500	\$100
FXK	30/250d	\$30	\$30	\$250 per day (4 day max copay per admit)	\$250	\$4,500 / \$9,000	\$100
FXO	40/500d	\$40	\$30	\$500 per day (4 day max copay per admit)	\$500	\$4,500 / \$9,000	\$100
FXI	30/20%	\$30	\$30	20%	20%	\$2,500 / \$7,500	\$100
FXJ	30/30%	\$30	\$30	30%	30%	\$3,000 / \$9,000	\$100
FXN	40/40%	\$40	\$30	40%	40%	\$5,500 / \$11,000	\$100
FXE	15/1500d	\$15	\$15	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FXP	50/1500d	\$50	\$30	\$1,500 copay per day; 3-day copay max/admit	50%	\$5,850 / \$11,700	30%
FXR	60/1500a	\$60	\$30	\$1,500 per admit + 40%	50%	\$8,150 / \$16,300	\$300 + 30%

Large Group PPO medical benefits⁶

MEDICAL							
PLAN CODE	PLAN NAME	OFFICE VISIT	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
PPO⁷							
FVE	10/0/2000/10%	\$10 (ded waived)		10%	10%	\$2,000 / \$6,000	\$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%
FVR	30/1000/3000/20%	\$30 (ded waived)		20%	20%	\$3,000 / \$9,000	\$100 + 20%
FVT	30/2000/5000/30%	\$30 (ded waived)		30%	30%	\$5,000 / \$10,000	\$100 + 30%
FVU	30/3000/5000/30/50	\$30 (ded waived)		30%	30%	\$5,000 / \$10,000	\$100 + 30%
FVX	30/4000/5600/30%	\$30 (ded waived)		30%	30%	\$5,600 / \$11,200	\$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
FVZ	60/5000/8150/30/50	visits 1-3 \$60 (ded waived) / visits 4+ \$60 (ded applies) Specialist visit \$70 (ded applies)		30%	30%	\$8,150 / \$16,300	\$300

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Large Group PPO medical benefits⁶ (continued)

MEDICAL						
PLAN CODE	PLAN NAME	OFFICE VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
PPO⁷ (HSA-compatible) (Includes pre-set pharmacy plans)						
FWC	1500/70/50 (individual plan paired with FW9)	30%	30%	30%	\$3,000 / N/A	\$100 + 30%
FW9	2800/70/50 (family plan paired with FWC)	30%	30%	30%	\$3,000 / \$6,000	\$100 + 30%
FWB	2000/100/50 (individual plan paired with FW8)	0%	0%	0%	\$2,000 / N/A	0%
FW8	2800/100/50 (family plan paired with FWB)	0%	0%	0%	\$2,800 / \$5,600	0%
FW0	2800/100/50	0%	0%	0%	\$2,800 / \$5,600	0%
FW6	2800/70/50	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FW1	3000/100/50	0%	0%	0%	\$3,000 / \$6,000	0%
FW7	3000/70/50	30%	30%	30%	\$5,000 / \$10,000	\$100 + 30%
FW2	4000/100/50	0%	0%	0%	\$4,000 / \$8,000	0%
FW4	5000/80/60	50%	20%	20%	\$6,000 / \$12,000	\$100 + 20%

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 Enhanced Choice SmartCare HMO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
Salud HMO y Más Rx choices					
\$0	None	\$5	\$25	\$45	Pairable with any Enhanced Choice Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
EOA Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice EOA/ExcelCare EOA medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
HMO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice HMO/ExcelCare HMO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$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 Enhanced Choice PPO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

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
BHG	BHA	\$10 / 30 visits	\$2,500 / \$7,500
BHI	BHC	\$10 / 30 visits	\$3,000 / \$9,000
BWD	BWA	\$10 / 30 visits	\$4,500 / \$9,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHK	BHE	\$10 / 30 visits	\$5,850 / \$11,700
BS9	BVH	\$10 / 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
BHZ	\$15 / 10 visits		\$2,500 / \$7,500
BVM	\$15 / 10 visits		\$3,000 / \$9,000
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

¹Rate guarantee eligibility is determined on a case-by-case basis. For qualifications and other important details, terms and conditions, refer to the New Business Rate Guarantee Agreement document available from your Health Net account executive.

HOW IT WORKS

²There are different minimum employer contribution requirements for employer groups with no prior coverage (a.k.a. virgin groups). Please contact your Health Net account executive for further details.

³Choose up to 3 plans if you are an employer offering benefits for the first time.

LARGE GROUP HMO/EOA BENEFITS

⁴Plan codes could differ by geography.

⁵Only one full network option can be chosen (HMO or EOA).

LARGE GROUP PPO BENEFITS

⁶Plans are available in the PPO-Only Package. Choose up to 3 PPO plans: one PPO high option (FVR or FVU), one PPO low option (FVX, FVY or FVZ), and any HSA-Compatible PPO plan.

Pair with a specified pharmacy plan. Contact your Health Net account executive for more details.

⁷PPO 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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