

Start Your 2021 Year Strong with Enhanced Choice Solutions

UNDERWRITING PROGRAM THROUGH 3/1/2022

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 3/1/2022 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 now and 3/1/2022
- 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 20% of the eligible population, or 25 active, enrolled employees, whichever is greater.

(continued)



Coverage for
every stage of life™

ExcelCare HMO Plans	
	Plan Code
20/20%	GXM
30/30%	GXQ
40/40%	GXV
50/1500d (3-day max copay per admit)	GXY
60/1500a + 40%	GYO
ExcelCare EOA Plans	
	Plan Code
20/20%	GZV
30/30%	HOB
40/40%	HO3
50/1500d (3-day max copay per admit)	H05
60/1500a + 40%	H08
ExcelCare EOA Facility Deductible Plans	
	Plan Code
20/500/10% (\$3,000 / \$9,000)	H0F
30/1000/20% (\$3,000 / \$9,000)	H0G
30/1500/30% (\$3,000 / \$9,000)	H0C
40/3000/40% (\$5,500 / \$11,000)	H0D
SmartCare Plans	
	Plan Code
30/250d	GWO
20/20%	GWK
40/500d	GWR
50/1500d	GWU
60/1500a	GWV
Salud HMO y Más / Salud San Diego Plans	
	Plan Code
10/250a	HOY / HOM
15/250a	HON / HOP
30/20%	H15 / H16
30/30%	H17 / H18
40/40%	H1E / H1F
50/1500d	H1L / H1M
60/1500a	H1N / H1W

Salud HMO y Más Facility Deductible Plans		
	Plan Code	
20/500/10% (\$3,000 / \$9,000)	H0Q	
30/1000/20% (\$3,000 / \$9,000)	H0R	
30/1500/30% (\$3,000 / \$9,000)	H0S	
40/3000/40% (\$5,500 / \$11,000)	H0T	
CanopyCare HMO Plans		
	Plan Code	
20 OV-20%	H6T	
30 OV-20%	H6W	
40 OV-40%	H70	
15 OV-1500d	H6S	
50 OV-1500d	H73	
60 OV-1500a	H74	
PPO Plans		
	Plan Code	
1,000/80/60 (\$3,000/\$9,000)	GYF	
3,000/70/50 (\$5,000/\$10,000)	GYI	
4,000/70/50 (\$5,600/\$11,200)	GYM	
3,500/70/50 (\$7,359/\$14,700)	GYL	
5,000/70/50 (\$6,350/\$12,700)	GYN	
5,000/70/50 (\$8,550/\$17,100)	GYO	
HSA-compatible PPO (including OOS) Plans		
	Plan Code	
2800/100/50	GYP	
4000/100/50	GYR	
2800/70/50	GYV	
3000/70/50	GYW	
5000/80/60	GYT	
Pharmacy Plans (HMO/EOA/PPO)		
Pharmacy Brand Deductible	Deductible Type	Retail Tier 1 / Tier 2 / Tier 3
\$0	Brand	\$10 / \$30 / \$50
\$100	Brand	\$15 / \$35 / \$55
\$300	Brand	\$15 / \$40 / \$60