



Health Net of California, Inc. and
Health Net Life Insurance Company (Health Net)

SMALL BUSINESS GROUP

Rates Guide

CHOICE MADE SIMPLE

New and renewing business, effective October 1, 2020, to December 30, 2020



BROKER COMMUNICATIONS

Coverage for
every stage of life™

Table of Contents

New and renewing business, effective October 1, 2020, to December 30, 2020

Medical Rating Regions	2
Dental Rating Regions by Area	3
Choice Package Overview	4
Find your rate	5
Calculate your rate	5

PPO RATES

Region 1	7
Region 2	8
Region 3	9
Region 4	10
Region 5	11
Region 6	12
Region 7	13
Region 8	14
Region 9	15
Region 10	16
Region 11	17
Region 12	18
Region 13	19
Region 14	20
Region 15	21
Region 16	23
Region 17	25
Region 18	26
Region 19	27

HMO RATES

Region 1	29
Region 2	31
Region 3	33
Region 4	35
Region 5	37
Region 6	39
Region 7	41
Region 8	44
Region 9	46
Region 10	49

Region 11	51
Region 12	53
Region 14	55
Region 15	57
Region 16	61
Region 17	65
Region 18	68
Region 19	72

PURECARE HSP RATES

Region 1	77
Region 2	77
Region 3	78
Region 4	78
Region 5	79
Region 6	79
Region 7	80
Region 8	80
Region 9	81
Region 10	81
Region 11	82
Region 12	82
Region 14	83
Region 15	83
Region 16	84
Region 17	84
Region 18	85
Region 19	85

SALUD CON HEALTH NET RATES

Region 14	87
Region 15	88
Region 16	89
Region 17	90
Region 18	91
Region 19	92

ANCILLARY

Dental Rates	94
Vision, Chiropractic, and Basic Life and AD&D Rates	97

Grandfathered Plan Rating Regions	98
------------------------------------------------	----

Glossary	99
-----------------------	----



How to receive a quote

Rates displayed are for **Affordable Care Act (ACA)-compliant plans.**

If you would like to receive a formal quote from Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) Small Business Plans, please contact your authorized Health Net broker or Health Net account executive at 1-800-447-8812, option 1.

For quotes for renewing groups or groups on grandfathered plans, please contact Account Management at 1-800-447-8812, option 2.

Rates subject to change. Rates cannot be changed based on prior claims experience. For Grandfathered Plan Rating Regions, please see page 98.

Medical Rating Regions

New and renewing business, effective October 1, 2020, to December 30, 2020

Region	County
1	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba
2	Marin, Napa, Solano, and Sonoma
3	El Dorado, Placer, Sacramento, and Yolo
4	San Francisco
5	Contra Costa
6	Alameda
7	Santa Clara
8	San Mateo
9	Monterey, San Benito and Santa Cruz
10	Mariposa, Merced, San Joaquin, Stanislaus, and Tulare
11	Fresno, Kings and Madera
12	San Luis Obispo, Santa Barbara and Ventura
13	Imperial, Inyo and Mono
14	Kern
15	Los Angeles. ZIP codes starting with 906–912, 915, 917–918, and 935
16	Los Angeles. ZIP codes not included in region 15
17	Riverside and San Bernardino
18	Orange
19	San Diego

Dental Rating Regions by Area

DENTAL HMO

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.

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

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 group's home-office ZIP code. Rates apply to new dental groups with an effective date of October 1, 2020.





Choice Package: Combinations That Fit Small Businesses

The Health Net Small Business portfolio makes it easy to give your clients health care solutions that offer choices and fit their budget. We've put together combinations that make the selection process even simpler.

Enhanced Choice **A**

- Full Network HMO
- WholeCare HMO
- SmartCare HMO
- Salud HMO y Más
- CommunityCare HMO
- PureCare HSP
- Full Network PPO

Enhanced Choice **B**

- Full Network HMO
- WholeCare HMO
- SmartCare HMO
- Salud HMO y Más
- CommunityCare HMO
- PureCare HSP
- EnhancedCare PPO
- Full Network PPO Bronze plans

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region		Marin, Napa, Solano, and Sonoma counties												
Age		Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14		614.35	599.79	485.40	441.50	432.63	407.13	418.17	369.43	362.89	410.71	376.76	339.10	351.52
15		668.96	653.11	528.55	480.74	471.09	443.32	455.34	402.27	395.15	447.21	410.25	369.24	382.77
16		689.84	673.49	545.05	495.75	485.79	457.16	469.55	414.82	407.48	461.17	423.06	380.77	394.71
17		710.72	693.88	561.55	510.75	500.49	471.00	483.76	427.38	419.81	475.13	435.86	392.29	406.66
18		733.21	715.83	579.31	526.91	516.33	485.90	499.07	440.90	433.10	490.16	449.65	404.71	419.53
19		755.69	737.79	597.08	543.07	532.16	500.80	514.38	454.42	446.38	505.20	463.44	417.12	432.39
20		778.98	760.52	615.48	559.81	548.56	516.23	530.23	468.43	460.13	520.77	477.72	429.97	445.72
21		803.08	784.04	634.52	577.12	565.53	532.20	546.63	482.91	474.37	536.87	492.50	443.27	459.50



Find your rate

Finding the rate that applies to you is easy:

- 1 Find the chart for your region on the following pages;
- 2 Select your age; then
- 3 Select a plan.

PREMIUM PAYMENT OPTIONS

- Online billing
- Monthly billing



Calculate your rate

The medical premium rate for a family is calculated using the sum of premiums for each family member age 21 or older and for no more than the three oldest covered children who are under age 21.

For the purpose of rating, the member's age is determined at the time a policy is issued or renewed.

PPO

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2020, TO DECEMBER 30, 2020

Plan Rates

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

1

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	566.80	553.37	447.84	407.33	399.15	375.62	385.80	340.84	334.80	378.92	347.60	312.86	324.31
15	617.19	602.56	487.64	443.53	434.63	409.01	420.10	371.13	364.56	412.60	378.50	340.67	353.14
16	636.45	621.37	502.86	457.38	448.19	421.78	433.21	382.72	375.94	425.48	390.31	351.30	364.16
17	655.71	640.18	518.08	471.22	461.76	434.54	446.32	394.30	387.32	438.36	402.13	361.93	375.19
18	676.46	660.43	534.48	486.13	476.37	448.29	460.44	406.78	399.58	452.23	414.85	373.38	387.06
19	697.21	680.68	550.87	501.04	490.98	462.04	474.57	419.25	411.83	466.10	427.57	384.83	398.93
20	718.69	701.66	567.84	516.48	506.11	476.28	489.19	432.17	424.52	480.46	440.75	396.69	411.22
21	740.92	723.36	585.41	532.45	521.76	491.01	504.32	445.54	437.65	495.32	454.38	408.96	423.94
22	740.92	723.36	585.41	532.45	521.76	491.01	504.32	445.54	437.65	495.32	454.38	408.96	423.94
23	740.92	723.36	585.41	532.45	521.76	491.01	504.32	445.54	437.65	495.32	454.38	408.96	423.94
24	740.92	723.36	585.41	532.45	521.76	491.01	504.32	445.54	437.65	495.32	454.38	408.96	423.94
25	743.88	726.26	587.75	534.58	523.85	492.97	506.34	447.32	439.40	497.30	456.20	410.60	425.63
26	758.70	740.72	599.46	545.23	534.28	502.79	516.42	456.23	448.15	507.21	465.29	418.78	434.11
27	776.49	758.08	613.51	558.01	546.80	514.58	528.53	466.92	458.66	519.09	476.19	428.59	444.29
28	805.38	786.29	636.34	578.78	567.15	533.73	548.20	484.30	475.73	538.41	493.91	444.54	460.82
29	829.09	809.44	655.07	595.82	583.85	549.44	564.33	498.56	489.73	554.26	508.45	457.63	474.39
30	840.95	821.02	664.44	604.33	592.20	557.29	572.40	505.68	496.73	562.19	515.72	464.17	481.17
31	858.73	838.38	678.49	617.11	604.72	569.08	584.51	516.38	507.24	574.08	526.63	473.99	491.34
32	876.51	855.74	692.54	629.89	617.24	580.86	596.61	527.07	517.74	585.96	537.53	483.80	501.52
33	887.62	866.59	701.32	637.88	625.07	588.23	604.18	533.75	524.31	593.39	544.35	489.94	507.88
34	899.48	878.16	710.68	646.40	633.42	596.08	612.24	540.88	531.31	601.32	551.62	496.48	514.66
35	905.41	883.95	715.37	650.66	637.59	600.01	616.28	544.45	534.81	605.28	555.26	499.75	518.05
36	911.33	889.74	720.05	654.92	641.77	603.94	620.31	548.01	538.31	609.24	558.89	503.02	521.44
37	917.26	895.52	724.73	659.18	645.94	607.87	624.35	551.57	541.81	613.21	562.53	506.30	524.84
38	923.19	901.31	729.42	663.44	650.11	611.80	628.38	555.14	545.31	617.17	566.16	509.57	528.23
39	935.04	912.88	738.78	671.96	658.46	619.65	636.45	562.27	552.32	625.09	573.43	516.11	535.01
40	946.90	924.46	748.15	680.48	666.81	627.51	644.52	569.40	559.32	633.02	580.70	522.65	541.79
41	964.68	941.82	762.20	693.25	679.33	639.29	656.62	580.09	569.82	644.91	591.61	532.47	551.97
42	981.72	958.45	775.66	705.50	691.33	650.59	668.22	590.34	579.89	656.30	602.06	541.88	561.72
43	1,005.43	981.60	794.40	722.54	708.03	666.30	684.36	604.59	593.89	672.15	616.60	554.96	575.28
44	1,035.07	1,010.54	817.81	743.84	728.90	685.94	704.53	622.41	611.40	691.96	634.77	571.32	592.24
45	1,069.89	1,044.53	845.33	768.86	753.42	709.02	728.24	643.36	631.97	715.24	656.13	590.54	612.17
46	1,111.38	1,085.04	878.11	798.68	782.64	736.51	756.48	668.31	656.48	742.98	681.57	613.44	635.91
47	1,158.06	1,130.61	914.99	832.22	815.51	767.45	788.25	696.37	684.05	774.18	710.20	639.21	662.62
48	1,211.41	1,182.70	957.14	870.56	853.08	802.80	824.56	728.45	715.56	809.85	742.91	668.65	693.14
49	1,264.01	1,234.06	998.70	908.36	890.12	837.66	860.37	760.09	746.63	845.02	775.18	697.69	723.24
50	1,323.28	1,291.92	1,045.54	950.96	931.86	876.94	900.72	795.73	781.64	884.64	811.53	730.41	757.15
51	1,381.82	1,349.07	1,091.78	993.03	973.08	915.73	940.56	830.93	816.22	923.77	847.42	762.72	790.65
52	1,446.28	1,412.00	1,142.71	1,039.35	1,018.48	958.45	984.43	869.69	854.29	966.86	886.95	798.30	827.53
53	1,511.48	1,475.66	1,194.23	1,086.20	1,064.39	1,001.66	1,028.81	908.90	892.81	1,010.45	926.94	834.28	864.83
54	1,581.87	1,544.38	1,249.84	1,136.79	1,113.96	1,048.30	1,076.72	951.22	934.38	1,057.51	970.11	873.14	905.11
55	1,652.25	1,613.10	1,305.46	1,187.37	1,163.53	1,094.95	1,124.63	993.55	975.96	1,104.56	1,013.27	911.99	945.38
56	1,728.57	1,687.60	1,365.75	1,242.21	1,217.27	1,145.52	1,176.58	1,039.44	1,021.04	1,155.58	1,060.07	954.11	989.05
57	1,805.62	1,762.83	1,426.64	1,297.59	1,271.53	1,196.59	1,229.03	1,085.77	1,066.56	1,207.09	1,107.33	996.64	1,033.14
58	1,887.87	1,843.13	1,491.62	1,356.69	1,329.45	1,251.09	1,285.01	1,135.23	1,115.13	1,262.07	1,157.77	1,042.04	1,080.20
59	1,928.62	1,882.91	1,523.81	1,385.98	1,358.14	1,278.09	1,312.74	1,159.73	1,139.21	1,289.32	1,182.76	1,064.53	1,103.51
60	2,010.86	1,963.20	1,588.79	1,445.08	1,416.06	1,332.60	1,368.72	1,209.19	1,187.78	1,344.30	1,233.19	1,109.93	1,150.57
61	2,081.99	2,032.65	1,644.99	1,496.19	1,466.15	1,379.73	1,417.14	1,251.96	1,229.80	1,391.85	1,276.81	1,149.19	1,191.27
62	2,128.67	2,078.22	1,681.87	1,529.74	1,499.02	1,410.67	1,448.91	1,280.03	1,257.37	1,423.05	1,305.44	1,174.95	1,217.98
63	2,187.20	2,135.36	1,728.12	1,571.80	1,540.24	1,449.46	1,488.75	1,315.22	1,291.95	1,462.18	1,341.34	1,207.26	1,251.47
64+	2,222.76	2,170.08	1,756.23	1,597.35	1,565.28	1,473.03	1,512.96	1,336.62	1,312.95	1,485.96	1,363.14	1,226.88	1,271.82

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

2

Marin, Napa, Solano, and Sonoma counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	614.35	599.79	485.40	441.50	432.63	407.13	418.17	369.43	362.89	410.71	376.76	339.10	351.52
15	668.96	653.11	528.55	480.74	471.09	443.32	455.34	402.27	395.15	447.21	410.25	369.24	382.77
16	689.84	673.49	545.05	495.75	485.79	457.16	469.55	414.82	407.48	461.17	423.06	380.77	394.71
17	710.72	693.88	561.55	510.75	500.49	471.00	483.76	427.38	419.81	475.13	435.86	392.29	406.66
18	733.21	715.83	579.31	526.91	516.33	485.90	499.07	440.90	433.10	490.16	449.65	404.71	419.53
19	755.69	737.79	597.08	543.07	532.16	500.80	514.38	454.42	446.38	505.20	463.44	417.12	432.39
20	778.98	760.52	615.48	559.81	548.56	516.23	530.23	468.43	460.13	520.77	477.72	429.97	445.72
21	803.08	784.04	634.52	577.12	565.53	532.20	546.63	482.91	474.37	536.87	492.50	443.27	459.50
22	803.08	784.04	634.52	577.12	565.53	532.20	546.63	482.91	474.37	536.87	492.50	443.27	459.50
23	803.08	784.04	634.52	577.12	565.53	532.20	546.63	482.91	474.37	536.87	492.50	443.27	459.50
24	803.08	784.04	634.52	577.12	565.53	532.20	546.63	482.91	474.37	536.87	492.50	443.27	459.50
25	806.29	787.18	637.05	579.43	567.79	534.33	548.81	484.84	476.26	539.02	494.47	445.04	461.34
26	822.35	802.86	649.74	590.97	579.10	544.97	559.75	494.50	485.75	549.76	504.32	453.91	470.53
27	841.62	821.68	664.97	604.82	592.68	557.74	572.86	506.09	497.13	562.64	516.14	464.55	481.56
28	872.94	852.26	689.72	627.33	614.73	578.50	594.18	524.93	515.63	583.58	535.35	481.83	499.48
29	898.64	877.35	710.02	645.80	632.83	595.53	611.68	540.38	530.81	600.76	551.11	496.02	514.18
30	911.49	889.89	720.18	655.03	641.88	604.05	620.42	548.11	538.40	609.35	558.99	503.11	521.54
31	930.77	908.71	735.40	668.88	655.45	616.82	633.54	559.70	549.79	622.23	570.81	513.75	532.56
32	950.04	927.52	750.63	682.73	669.02	629.59	646.66	571.29	561.17	635.12	582.63	524.39	543.59
33	962.09	939.29	760.15	691.39	677.51	637.57	654.86	578.53	568.29	643.17	590.01	531.04	550.48
34	974.93	951.83	770.30	700.62	686.55	646.09	663.61	586.26	575.88	651.76	597.89	538.13	557.84
35	981.36	958.10	775.38	705.24	691.08	650.35	667.98	590.12	579.67	656.06	601.83	541.68	561.51
36	987.78	964.37	780.45	709.86	695.60	654.60	672.35	593.98	583.47	660.35	605.77	545.22	565.19
37	994.21	970.65	785.53	714.47	700.13	658.86	676.72	597.85	587.26	664.65	609.71	548.77	568.86
38	1,000.63	976.92	790.61	719.09	704.65	663.12	681.10	601.71	591.06	668.94	613.65	552.31	572.54
39	1,013.48	989.46	800.76	728.33	713.70	671.63	689.84	609.44	598.65	677.53	621.53	559.41	579.89
40	1,026.33	1,002.01	810.91	737.56	722.75	680.15	698.59	617.16	606.24	686.12	629.41	566.50	587.24
41	1,045.61	1,020.83	826.14	751.41	736.32	692.92	711.71	628.75	617.62	699.01	641.23	577.14	598.27
42	1,064.08	1,038.86	840.73	764.68	749.33	705.16	724.28	639.86	628.53	711.35	652.56	587.33	608.84
43	1,089.77	1,063.95	861.04	783.15	767.42	722.19	741.77	655.31	643.71	728.53	668.32	601.52	623.54
44	1,121.90	1,095.31	886.42	806.24	790.05	743.48	763.64	674.63	662.69	750.01	688.02	619.25	641.92
45	1,159.64	1,132.16	916.24	833.36	816.63	768.49	789.33	697.33	684.98	775.24	711.17	640.08	663.52
46	1,204.61	1,176.07	951.77	865.68	848.30	798.30	819.94	724.37	711.55	805.31	738.75	664.91	689.25
47	1,255.21	1,225.46	991.75	902.04	883.92	831.83	854.38	754.79	741.43	839.13	769.78	692.83	718.20
48	1,313.03	1,281.91	1,037.43	943.59	924.64	870.14	893.73	789.56	775.59	877.78	805.24	724.75	751.29
49	1,370.05	1,337.58	1,082.48	984.57	964.80	907.93	932.55	823.85	809.27	915.90	840.20	756.22	783.91
50	1,434.29	1,400.30	1,133.25	1,030.74	1,010.04	950.51	976.28	862.48	847.22	958.85	879.60	791.68	820.67
51	1,497.74	1,462.24	1,183.37	1,076.33	1,054.71	992.55	1,019.46	900.63	884.69	1,001.27	918.51	826.70	856.97
52	1,567.60	1,530.45	1,238.57	1,126.54	1,103.92	1,038.85	1,067.02	942.65	925.96	1,047.97	961.36	865.26	896.95
53	1,638.28	1,599.45	1,294.41	1,177.33	1,153.68	1,085.68	1,115.12	985.14	967.70	1,095.22	1,004.70	904.27	937.39
54	1,714.57	1,673.93	1,354.69	1,232.15	1,207.41	1,136.24	1,167.05	1,031.02	1,012.77	1,146.22	1,051.49	946.38	981.04
55	1,790.86	1,748.42	1,414.97	1,286.98	1,261.13	1,186.80	1,218.98	1,076.89	1,057.83	1,197.22	1,098.27	988.49	1,024.69
56	1,873.58	1,829.18	1,480.33	1,346.42	1,319.38	1,241.62	1,275.28	1,126.63	1,106.69	1,252.52	1,149.00	1,034.15	1,072.02
57	1,957.10	1,910.72	1,546.32	1,406.44	1,378.20	1,296.97	1,332.13	1,176.86	1,156.03	1,308.36	1,200.22	1,080.25	1,119.81
58	2,046.24	1,997.74	1,616.75	1,470.50	1,440.97	1,356.04	1,392.81	1,230.46	1,208.68	1,367.95	1,254.89	1,129.45	1,170.81
59	2,090.41	2,040.87	1,651.64	1,502.24	1,472.08	1,385.31	1,422.87	1,257.02	1,234.77	1,397.48	1,281.98	1,153.83	1,196.08
60	2,179.55	2,127.90	1,722.08	1,566.30	1,534.85	1,444.39	1,483.55	1,310.62	1,287.43	1,457.07	1,336.64	1,203.04	1,247.09
61	2,256.64	2,203.16	1,782.99	1,621.71	1,589.14	1,495.48	1,536.02	1,356.98	1,332.97	1,508.61	1,383.92	1,245.59	1,291.20
62	2,307.24	2,252.56	1,822.96	1,658.07	1,624.77	1,529.01	1,570.46	1,387.41	1,362.85	1,542.43	1,414.95	1,273.52	1,320.15
63	2,370.68	2,314.50	1,873.09	1,703.66	1,669.45	1,571.05	1,613.64	1,425.56	1,400.33	1,584.84	1,453.86	1,308.53	1,356.45
64+	2,409.24	2,352.12	1,903.56	1,731.36	1,696.59	1,596.60	1,639.89	1,448.73	1,423.11	1,610.61	1,477.50	1,329.81	1,378.50

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 3

El Dorado, Placer, Sacramento, and Yolo counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	558.80	545.56	441.51	401.57	393.51	370.32	380.36	336.02	330.07	373.57	342.69	308.44	319.73
15	608.47	594.05	480.76	437.27	428.49	403.23	414.17	365.89	359.41	406.77	373.15	335.85	348.15
16	627.46	612.59	495.76	450.92	441.86	415.82	427.09	377.31	370.63	419.47	384.80	346.34	359.02
17	646.45	631.13	510.77	464.57	455.24	428.40	440.02	388.73	381.85	432.17	396.45	356.82	369.89
18	666.91	651.10	526.93	479.26	469.64	441.96	453.94	401.03	393.93	445.84	408.99	368.11	381.59
19	687.36	671.07	543.09	493.96	484.04	455.51	467.86	413.33	406.01	459.51	421.53	379.40	393.29
20	708.54	691.75	559.82	509.19	498.96	469.55	482.28	426.07	418.53	473.67	434.53	391.09	405.41
21	730.46	713.15	577.14	524.93	514.39	484.07	497.20	439.24	431.47	488.32	447.96	403.19	417.95
22	730.46	713.15	577.14	524.93	514.39	484.07	497.20	439.24	431.47	488.32	447.96	403.19	417.95
23	730.46	713.15	577.14	524.93	514.39	484.07	497.20	439.24	431.47	488.32	447.96	403.19	417.95
24	730.46	713.15	577.14	524.93	514.39	484.07	497.20	439.24	431.47	488.32	447.96	403.19	417.95
25	733.38	716.00	579.45	527.03	516.45	486.01	499.19	441.00	433.20	490.28	449.76	404.80	419.62
26	747.99	730.26	590.99	537.53	526.74	495.69	509.13	449.79	441.83	500.04	458.72	412.86	427.98
27	765.52	747.38	604.84	550.13	539.08	507.31	521.06	460.33	452.18	511.76	469.47	422.54	438.01
28	794.01	775.19	627.35	570.60	559.14	526.19	540.45	477.46	469.01	530.81	486.94	438.26	454.31
29	817.38	798.01	645.82	587.40	575.60	541.68	556.36	491.51	482.81	546.43	501.27	451.17	467.69
30	829.07	809.42	655.05	595.80	583.83	549.42	564.32	498.54	489.72	554.25	508.44	457.62	474.37
31	846.60	826.54	668.90	608.40	596.18	561.04	576.25	509.08	500.07	565.97	519.19	467.29	484.41
32	864.13	843.65	682.76	621.00	608.53	572.66	588.18	519.63	510.43	577.69	529.94	476.97	494.44
33	875.09	854.35	691.41	628.87	616.24	579.92	595.64	526.21	516.90	585.01	536.66	483.02	500.71
34	886.77	865.76	700.65	637.27	624.47	587.67	603.60	533.24	523.80	592.83	543.83	489.47	507.39
35	892.62	871.46	705.26	641.47	628.59	591.54	607.57	536.76	527.26	596.73	547.41	492.69	510.74
36	898.46	877.17	709.88	645.67	632.70	595.41	611.55	540.27	530.71	600.64	551.00	495.92	514.08
37	904.31	882.87	714.50	649.87	636.82	599.28	615.53	543.78	534.16	604.55	554.58	499.15	517.42
38	910.15	888.58	719.11	654.07	640.93	603.16	619.51	547.30	537.61	608.45	558.16	502.37	520.77
39	921.84	899.99	728.35	662.47	649.16	610.90	627.46	554.33	544.51	616.26	565.33	508.82	527.45
40	933.52	911.40	737.58	670.86	657.39	618.65	635.42	561.35	551.42	624.08	572.50	515.27	534.14
41	951.05	928.52	751.43	683.46	669.74	630.26	647.35	571.90	561.77	635.80	583.25	524.95	544.17
42	967.85	944.92	764.71	695.54	681.57	641.40	658.79	582.00	571.70	647.03	593.55	534.22	553.79
43	991.23	967.74	783.18	712.33	698.03	656.89	674.70	596.05	585.50	662.66	607.89	547.12	567.16
44	1,020.45	996.26	806.26	733.33	718.60	676.25	694.58	613.62	602.76	682.19	625.81	563.25	583.88
45	1,054.78	1,029.78	833.39	758.00	742.78	699.00	717.95	634.27	623.04	705.14	646.86	582.20	603.52
46	1,095.68	1,069.72	865.71	787.40	771.59	726.11	745.80	658.87	647.20	732.49	671.95	604.78	626.93
47	1,141.70	1,114.65	902.07	820.47	803.99	756.61	777.12	686.54	674.39	763.25	700.17	630.18	653.26
48	1,194.30	1,165.99	943.62	858.27	841.03	791.46	812.92	718.16	705.45	798.41	732.42	659.21	683.35
49	1,246.16	1,216.63	984.60	895.54	877.55	825.83	848.22	749.35	736.09	833.08	764.23	687.84	713.02
50	1,304.60	1,273.68	1,030.77	937.53	918.70	864.56	887.99	784.49	770.61	872.15	800.07	720.09	746.46
51	1,362.30	1,330.02	1,076.36	979.00	959.34	902.80	927.27	819.19	804.69	910.72	835.45	751.94	779.48
52	1,425.85	1,392.06	1,126.57	1,024.67	1,004.09	944.91	970.53	857.40	842.23	953.21	874.43	787.02	815.84
53	1,490.13	1,454.82	1,177.36	1,070.86	1,049.36	987.51	1,014.28	896.06	880.20	996.18	913.85	822.50	852.62
54	1,559.52	1,522.57	1,232.19	1,120.73	1,098.23	1,033.50	1,061.52	937.79	921.19	1,042.57	956.40	860.80	892.33
55	1,628.92	1,590.31	1,287.02	1,170.60	1,147.09	1,079.48	1,108.75	979.51	962.18	1,088.96	998.96	899.11	932.03
56	1,704.16	1,663.77	1,346.46	1,224.67	1,200.08	1,129.34	1,159.96	1,024.76	1,006.62	1,139.26	1,045.10	940.64	975.08
57	1,780.12	1,737.94	1,406.49	1,279.26	1,253.57	1,179.69	1,211.67	1,070.44	1,051.49	1,190.05	1,091.69	982.57	1,018.55
58	1,861.20	1,817.10	1,470.55	1,337.53	1,310.67	1,233.42	1,266.86	1,119.19	1,099.39	1,244.25	1,141.41	1,027.32	1,064.94
59	1,901.38	1,856.32	1,502.29	1,366.40	1,338.96	1,260.04	1,294.20	1,143.35	1,123.12	1,271.11	1,166.05	1,049.50	1,087.93
60	1,982.46	1,935.48	1,566.35	1,424.67	1,396.06	1,313.78	1,349.39	1,192.11	1,171.01	1,325.31	1,215.78	1,094.25	1,134.32
61	2,052.58	2,003.94	1,621.76	1,475.06	1,445.44	1,360.25	1,397.12	1,234.28	1,212.43	1,372.19	1,258.78	1,132.96	1,174.44
62	2,098.60	2,048.87	1,658.12	1,508.13	1,477.85	1,390.74	1,428.45	1,261.95	1,239.61	1,402.95	1,287.00	1,158.36	1,200.77
63	2,156.31	2,105.21	1,703.71	1,549.60	1,518.48	1,428.98	1,467.73	1,296.65	1,273.70	1,441.53	1,322.39	1,190.21	1,233.79
64+	2,191.38	2,139.45	1,731.42	1,574.79	1,543.17	1,452.21	1,491.60	1,317.72	1,294.41	1,464.96	1,343.88	1,209.57	1,253.85

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

4

San Francisco County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	644.29	629.02	509.06	463.01	453.71	426.97	438.55	387.43	380.57	430.72	395.12	355.63	368.65
15	701.56	684.94	554.31	504.17	494.05	464.93	477.53	421.87	414.40	469.01	430.25	387.24	401.42
16	723.46	706.32	571.61	519.91	509.47	479.44	492.44	435.04	427.34	483.65	443.68	399.33	413.95
17	745.36	727.70	588.91	535.64	524.89	493.95	507.34	448.21	440.27	498.29	457.10	411.41	426.48
18	768.94	750.72	607.55	552.59	541.49	509.58	523.39	462.39	454.20	514.05	471.57	424.43	439.97
19	792.52	773.74	626.18	569.54	558.10	525.20	539.44	476.57	468.13	529.82	486.03	437.45	453.46
20	816.95	797.59	645.48	587.09	575.30	541.39	556.07	491.25	482.56	546.14	501.01	450.93	467.44
21	842.21	822.25	665.44	605.25	593.09	558.13	573.27	506.45	497.48	563.04	516.50	464.87	481.90
22	842.21	822.25	665.44	605.25	593.09	558.13	573.27	506.45	497.48	563.04	516.50	464.87	481.90
23	842.21	822.25	665.44	605.25	593.09	558.13	573.27	506.45	497.48	563.04	516.50	464.87	481.90
24	842.21	822.25	665.44	605.25	593.09	558.13	573.27	506.45	497.48	563.04	516.50	464.87	481.90
25	845.58	825.54	668.10	607.67	595.46	560.37	575.56	508.47	499.47	565.29	518.57	466.73	483.82
26	862.43	841.99	681.41	619.77	607.33	571.53	587.02	518.60	509.42	576.55	528.90	476.03	493.46
27	882.64	861.72	697.38	634.30	621.56	584.93	600.78	530.76	521.36	590.06	541.29	487.19	505.03
28	915.49	893.79	723.33	657.90	644.69	606.69	623.14	550.51	540.76	612.02	561.44	505.32	523.82
29	942.44	920.10	744.63	677.27	663.67	624.55	641.49	566.71	556.68	630.04	577.97	520.19	539.24
30	955.91	933.26	755.27	686.95	673.16	633.48	650.66	574.82	564.64	639.05	586.23	527.63	546.95
31	976.13	952.99	771.24	701.48	687.39	646.88	664.42	586.97	576.58	652.56	598.63	538.79	558.52
32	996.34	972.73	787.21	716.01	701.63	660.27	678.17	599.13	588.52	666.07	611.02	549.94	570.08
33	1,008.97	985.06	797.20	725.08	710.52	668.65	686.77	606.72	595.98	674.52	618.77	556.92	577.31
34	1,022.45	998.22	807.84	734.77	720.01	677.58	695.95	614.83	603.94	683.53	627.03	564.36	585.02
35	1,029.19	1,004.79	813.17	739.61	724.76	682.04	700.53	618.88	607.92	688.03	631.17	568.07	588.88
36	1,035.92	1,011.37	818.49	744.45	729.50	686.51	705.12	622.93	611.90	692.53	635.30	571.79	592.73
37	1,042.66	1,017.95	823.81	749.29	734.25	690.97	709.70	626.98	615.88	697.04	639.43	575.51	596.59
38	1,049.40	1,024.53	829.14	754.14	738.99	695.44	714.29	631.03	619.86	701.54	643.56	579.23	600.44
39	1,062.87	1,037.69	839.78	763.82	748.48	704.37	723.46	639.14	627.82	710.55	651.83	586.67	608.15
40	1,076.35	1,050.84	850.43	773.50	757.97	713.30	732.63	647.24	635.78	719.56	660.09	594.11	615.86
41	1,096.56	1,070.58	866.40	788.03	772.21	726.69	746.39	659.39	647.72	733.07	672.49	605.26	627.43
42	1,115.93	1,089.49	881.71	801.95	785.85	739.53	759.58	671.04	659.17	746.02	684.36	615.96	638.51
43	1,142.88	1,115.80	903.00	821.32	804.83	757.39	777.92	687.25	675.08	764.04	700.89	630.83	653.93
44	1,176.57	1,148.69	929.62	845.53	828.55	779.71	800.85	707.51	694.98	786.56	721.55	649.43	673.21
45	1,216.16	1,187.34	960.89	873.98	856.42	805.95	827.80	731.31	718.37	813.02	745.83	671.28	695.86
46	1,263.32	1,233.38	998.16	907.87	889.64	837.20	859.90	759.67	746.22	844.55	774.75	697.31	722.84
47	1,316.38	1,285.18	1,040.08	946.00	927.00	872.36	896.02	791.58	777.57	880.02	807.29	726.60	753.20
48	1,377.02	1,344.39	1,087.99	989.58	969.70	912.55	937.29	828.04	813.39	920.56	844.48	760.07	787.90
49	1,436.82	1,402.77	1,135.24	1,032.55	1,011.81	952.18	977.99	864.00	848.71	960.54	881.15	793.07	822.11
50	1,504.19	1,468.55	1,188.47	1,080.97	1,059.26	996.83	1,023.85	904.51	888.50	1,005.58	922.47	830.26	860.67
51	1,570.73	1,533.50	1,241.04	1,128.78	1,106.12	1,040.92	1,069.14	944.52	927.81	1,050.06	963.28	866.99	898.74
52	1,644.00	1,605.04	1,298.94	1,181.44	1,157.71	1,089.48	1,119.02	988.58	971.09	1,099.05	1,008.21	907.43	940.66
53	1,718.12	1,677.40	1,357.50	1,234.70	1,209.91	1,138.60	1,169.46	1,033.15	1,014.87	1,148.59	1,053.66	948.34	983.07
54	1,798.13	1,755.51	1,420.71	1,292.20	1,266.25	1,191.62	1,223.92	1,081.26	1,062.13	1,202.08	1,102.73	992.50	1,028.85
55	1,878.14	1,833.63	1,483.93	1,349.70	1,322.59	1,244.64	1,278.38	1,129.38	1,109.39	1,255.57	1,151.80	1,036.67	1,074.63
56	1,964.88	1,918.32	1,552.47	1,412.04	1,383.68	1,302.13	1,337.43	1,181.54	1,160.63	1,313.56	1,205.00	1,084.55	1,124.26
57	2,052.47	2,003.83	1,621.67	1,474.98	1,445.36	1,360.17	1,397.05	1,234.21	1,212.37	1,372.12	1,258.71	1,132.90	1,174.38
58	2,145.96	2,095.10	1,695.54	1,542.17	1,511.20	1,422.13	1,460.68	1,290.43	1,267.59	1,434.62	1,316.05	1,184.50	1,227.87
59	2,192.28	2,140.33	1,732.14	1,575.46	1,543.82	1,452.83	1,492.21	1,318.28	1,294.95	1,465.58	1,344.45	1,210.06	1,254.38
60	2,285.77	2,231.60	1,806.00	1,642.64	1,609.65	1,514.78	1,555.85	1,374.50	1,350.17	1,528.08	1,401.79	1,261.67	1,307.87
61	2,366.62	2,310.54	1,869.88	1,700.74	1,666.59	1,568.36	1,610.88	1,423.12	1,397.93	1,582.13	1,451.37	1,306.29	1,354.13
62	2,419.68	2,362.34	1,911.81	1,738.87	1,703.95	1,603.52	1,646.99	1,455.02	1,429.27	1,617.60	1,483.91	1,335.58	1,384.49
63	2,486.22	2,427.30	1,964.38	1,786.69	1,750.81	1,647.61	1,692.28	1,495.03	1,468.57	1,662.08	1,524.71	1,372.31	1,422.56
64+	2,526.63	2,466.75	1,996.32	1,815.75	1,779.27	1,674.39	1,719.81	1,519.35	1,492.44	1,689.12	1,549.50	1,394.61	1,445.70

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 5

Contra Costa County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	569.94	556.43	450.31	409.58	401.35	377.70	387.94	342.72	336.65	381.01	349.52	314.59	326.11
15	620.60	605.89	490.34	445.99	437.03	411.27	422.42	373.18	366.58	414.88	380.59	342.55	355.09
16	639.97	624.80	505.64	459.91	450.67	424.11	435.61	384.83	378.02	427.83	392.47	353.24	366.18
17	659.34	643.71	520.95	473.83	464.31	436.94	448.79	396.48	389.46	440.78	404.35	363.93	377.26
18	680.20	664.08	537.43	488.82	479.00	450.77	462.99	409.02	401.78	454.73	417.14	375.45	389.20
19	701.06	684.45	553.91	503.81	493.69	464.59	477.19	421.57	414.11	468.67	429.94	386.96	401.13
20	722.67	705.54	570.98	519.33	508.91	478.91	491.89	434.56	426.87	483.12	443.19	398.89	413.49
21	745.02	727.36	588.64	535.40	524.64	493.72	507.11	448.00	440.07	498.06	456.89	411.22	426.28
22	745.02	727.36	588.64	535.40	524.64	493.72	507.11	448.00	440.07	498.06	456.89	411.22	426.28
23	745.02	727.36	588.64	535.40	524.64	493.72	507.11	448.00	440.07	498.06	456.89	411.22	426.28
24	745.02	727.36	588.64	535.40	524.64	493.72	507.11	448.00	440.07	498.06	456.89	411.22	426.28
25	748.00	730.27	591.00	537.54	526.74	495.70	509.14	449.79	441.83	500.05	458.72	412.87	427.99
26	762.90	744.82	602.77	548.25	537.24	505.57	519.28	458.75	450.63	510.01	467.86	421.09	436.51
27	780.78	762.27	616.90	561.10	549.83	517.42	531.45	469.50	461.19	521.96	478.82	430.96	446.74
28	809.83	790.64	639.85	581.98	570.29	536.68	551.23	486.98	478.36	541.39	496.64	447.00	463.37
29	833.67	813.92	658.69	599.11	587.08	552.48	567.45	501.31	492.44	557.33	511.26	460.16	477.01
30	845.59	825.55	668.11	607.67	595.47	560.37	575.57	508.48	499.48	565.30	518.57	466.74	483.83
31	863.47	843.01	682.24	620.52	608.06	572.22	587.74	519.23	510.04	577.25	529.54	476.61	494.06
32	881.35	860.47	696.36	633.37	620.65	584.07	599.91	529.98	520.60	589.20	540.51	486.48	504.29
33	892.53	871.38	705.19	641.40	628.52	591.48	607.51	536.70	527.20	596.67	547.36	492.65	510.69
34	904.45	883.02	714.61	649.97	636.92	599.38	615.63	543.87	534.25	604.64	554.67	499.23	517.51
35	910.41	888.83	719.32	654.25	641.12	603.33	619.69	547.46	537.77	608.63	558.32	502.51	520.92
36	916.37	894.65	724.03	658.54	645.31	607.28	623.74	551.04	541.29	612.61	561.98	505.80	524.33
37	922.33	900.47	728.74	662.82	649.51	611.23	627.80	554.62	544.81	616.60	565.63	509.09	527.74
38	928.29	906.29	733.45	667.10	653.71	615.18	631.86	558.21	548.33	620.58	569.29	512.38	531.15
39	940.21	917.93	742.87	675.67	662.10	623.08	639.97	565.38	555.37	628.55	576.60	518.96	537.97
40	952.13	929.57	752.28	684.24	670.50	630.98	648.08	572.54	562.41	636.52	583.91	525.54	544.79
41	970.01	947.02	766.41	697.09	683.09	642.83	660.25	583.30	572.97	648.47	594.88	535.41	555.02
42	987.15	963.75	779.95	709.40	695.15	654.18	671.92	593.60	583.09	659.93	605.38	544.87	564.82
43	1,010.99	987.03	798.79	726.53	711.94	669.98	688.14	607.94	597.18	675.86	620.00	558.03	578.46
44	1,040.79	1,016.12	822.33	747.95	732.93	689.73	708.43	625.86	614.78	695.79	638.28	574.48	595.52
45	1,075.80	1,050.31	850.00	773.11	757.59	712.93	732.26	646.91	635.46	719.19	659.75	593.81	615.55
46	1,117.52	1,091.04	882.96	803.09	786.97	740.58	760.66	672.00	660.11	747.09	685.34	616.84	639.42
47	1,164.46	1,136.86	920.05	836.82	820.02	771.69	792.61	700.22	687.83	778.46	714.13	642.74	666.28
48	1,218.10	1,189.23	962.43	875.37	857.79	807.24	829.12	732.48	719.51	814.32	747.02	672.35	696.97
49	1,271.00	1,240.88	1,004.22	913.39	895.04	842.29	865.13	764.29	750.76	849.69	779.46	701.55	727.24
50	1,330.60	1,299.07	1,051.32	956.22	937.02	881.79	905.69	800.13	785.97	889.53	816.01	734.44	761.34
51	1,389.46	1,356.53	1,097.82	998.51	978.46	920.79	945.76	835.52	820.73	928.88	852.11	766.93	795.02
52	1,454.27	1,419.81	1,149.03	1,045.09	1,024.11	963.75	989.87	874.50	859.02	972.21	891.86	802.71	832.10
53	1,519.83	1,483.82	1,200.83	1,092.21	1,070.27	1,007.19	1,034.50	913.92	897.74	1,016.04	932.06	838.90	869.62
54	1,590.61	1,552.91	1,256.75	1,143.07	1,120.12	1,054.10	1,082.67	956.48	939.55	1,063.35	975.47	877.96	910.11
55	1,661.39	1,622.01	1,312.67	1,193.93	1,169.96	1,101.00	1,130.85	999.04	981.36	1,110.67	1,018.87	917.03	950.61
56	1,738.12	1,696.93	1,373.30	1,249.08	1,224.00	1,151.85	1,183.08	1,045.18	1,026.68	1,161.97	1,065.93	959.38	994.52
57	1,815.60	1,772.58	1,434.52	1,304.76	1,278.56	1,203.20	1,235.82	1,091.77	1,072.45	1,213.77	1,113.45	1,002.15	1,038.85
58	1,898.30	1,853.31	1,499.86	1,364.19	1,336.79	1,258.00	1,292.11	1,141.50	1,121.30	1,269.05	1,164.17	1,047.80	1,086.17
59	1,939.28	1,893.32	1,532.24	1,393.64	1,365.65	1,285.16	1,320.00	1,166.14	1,145.50	1,296.44	1,189.29	1,070.41	1,109.61
60	2,021.97	1,974.06	1,597.58	1,453.07	1,423.89	1,339.96	1,376.29	1,215.87	1,194.35	1,351.73	1,240.01	1,116.06	1,156.93
61	2,093.50	2,043.88	1,654.09	1,504.46	1,474.25	1,387.36	1,424.97	1,258.88	1,236.60	1,399.54	1,283.87	1,155.54	1,197.85
62	2,140.43	2,089.71	1,691.17	1,538.19	1,507.30	1,418.46	1,456.92	1,287.10	1,264.32	1,430.92	1,312.66	1,181.44	1,224.71
63	2,199.29	2,147.17	1,737.67	1,580.49	1,548.75	1,457.47	1,496.98	1,322.49	1,299.09	1,470.27	1,348.75	1,213.93	1,258.38
64+	2,235.06	2,182.08	1,765.92	1,606.20	1,573.92	1,481.16	1,521.33	1,344.00	1,320.21	1,494.18	1,370.67	1,233.66	1,278.84

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

6

Alameda County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	568.23	554.76	448.96	408.35	400.15	376.56	386.77	341.69	335.64	379.87	348.47	313.64	325.13
15	618.73	604.07	488.87	444.65	435.72	410.04	421.15	372.06	365.48	413.64	379.45	341.52	354.03
16	638.05	622.93	504.13	458.52	449.32	422.83	434.30	383.68	376.88	426.55	391.29	352.18	365.08
17	657.36	641.78	519.38	472.40	462.92	435.63	447.44	395.29	388.29	439.46	403.14	362.84	376.13
18	678.16	662.09	535.82	487.35	477.56	449.41	461.60	407.80	400.58	453.36	415.89	374.32	388.03
19	698.95	682.39	552.25	502.29	492.21	463.20	475.75	420.30	412.86	467.26	428.65	385.80	399.93
20	720.50	703.42	569.27	517.77	507.38	477.47	490.42	433.25	425.59	481.66	441.86	397.69	412.25
21	742.78	725.18	586.87	533.79	523.07	492.24	505.58	446.65	438.75	496.56	455.52	409.99	425.00
22	742.78	725.18	586.87	533.79	523.07	492.24	505.58	446.65	438.75	496.56	455.52	409.99	425.00
23	742.78	725.18	586.87	533.79	523.07	492.24	505.58	446.65	438.75	496.56	455.52	409.99	425.00
24	742.78	725.18	586.87	533.79	523.07	492.24	505.58	446.65	438.75	496.56	455.52	409.99	425.00
25	745.75	728.08	589.22	535.92	525.16	494.21	507.61	448.44	440.50	498.55	457.34	411.63	426.70
26	760.61	742.58	600.96	546.60	535.62	504.05	517.72	457.37	449.28	508.48	466.45	419.83	435.20
27	778.43	759.98	615.04	559.41	548.18	515.87	529.85	468.09	459.81	520.40	477.39	429.67	445.40
28	807.40	788.27	637.93	580.23	568.58	535.06	549.57	485.51	476.92	539.76	495.15	445.66	461.98
29	831.17	811.47	656.71	597.31	585.31	550.82	565.75	499.81	490.96	555.65	509.73	458.78	475.58
30	843.05	823.07	666.10	605.85	593.68	558.69	573.84	506.95	497.98	563.60	517.02	465.34	482.38
31	860.88	840.48	680.19	618.66	606.24	570.51	585.97	517.67	508.51	575.51	527.95	475.18	492.58
32	878.71	857.88	694.27	631.47	618.79	582.32	598.11	528.39	519.04	587.43	538.88	485.02	502.78
33	889.85	868.76	703.08	639.48	626.64	589.70	605.69	535.09	525.62	594.88	545.71	491.17	509.15
34	901.73	880.36	712.47	648.02	635.01	597.58	613.78	542.24	532.64	602.83	553.00	497.73	515.95
35	907.68	886.16	717.16	652.29	639.19	601.52	617.82	545.81	536.15	606.80	556.65	501.01	519.35
36	913.62	891.97	721.86	656.56	643.37	605.45	621.87	549.38	539.66	610.77	560.29	504.29	522.75
37	919.56	897.77	726.55	660.83	647.56	609.39	625.91	552.96	543.17	614.74	563.94	507.57	526.15
38	925.50	903.57	731.25	665.10	651.74	613.33	629.96	556.53	546.68	618.72	567.58	510.85	529.55
39	937.39	915.17	740.64	673.64	660.11	621.21	638.05	563.68	553.70	626.66	574.87	517.41	536.35
40	949.27	926.77	750.03	682.18	668.48	629.08	646.14	570.82	560.72	634.61	582.16	523.97	543.15
41	967.10	944.18	764.11	694.99	681.04	640.90	658.27	581.54	571.25	646.52	593.09	533.80	553.35
42	984.18	960.86	777.61	707.27	693.07	652.22	669.90	591.82	581.34	657.94	603.57	543.23	563.13
43	1,007.95	984.06	796.39	724.35	709.80	667.97	686.08	606.11	595.38	673.83	618.14	556.35	576.73
44	1,037.66	1,013.07	819.86	745.70	730.73	687.66	706.30	623.98	612.93	693.70	636.36	572.75	593.73
45	1,072.57	1,047.15	847.45	770.79	755.31	710.79	730.06	644.97	633.55	717.03	657.77	592.02	613.70
46	1,114.17	1,087.76	880.31	800.68	784.60	738.36	758.38	669.98	658.12	744.84	683.28	614.98	637.50
47	1,160.96	1,133.45	917.28	834.31	817.56	769.37	790.23	698.12	685.76	776.13	711.98	640.81	664.28
48	1,214.44	1,185.66	959.54	872.74	855.22	804.81	826.63	730.28	717.35	811.88	744.78	670.33	694.88
49	1,267.18	1,237.15	1,001.21	910.64	892.36	839.76	862.53	761.99	748.50	847.13	777.12	699.44	725.05
50	1,326.60	1,295.16	1,048.16	953.35	934.20	879.14	902.97	797.72	783.60	886.86	813.56	732.24	759.05
51	1,385.28	1,352.45	1,094.52	995.51	975.52	918.03	942.91	833.01	818.27	926.09	849.55	764.63	792.63
52	1,449.90	1,415.54	1,145.58	1,041.95	1,021.03	960.85	986.90	871.87	856.44	969.29	889.18	800.30	829.60
53	1,515.27	1,479.36	1,197.22	1,088.93	1,067.06	1,004.17	1,031.39	911.17	895.05	1,012.99	929.26	836.38	867.00
54	1,585.83	1,548.25	1,252.98	1,139.64	1,116.75	1,050.93	1,079.42	953.61	936.73	1,060.16	972.54	875.32	907.38
55	1,656.40	1,617.14	1,308.73	1,190.35	1,166.44	1,097.69	1,127.45	996.04	978.41	1,107.33	1,015.81	914.27	947.75
56	1,732.90	1,691.84	1,369.18	1,245.33	1,220.32	1,148.39	1,179.53	1,042.04	1,023.60	1,158.48	1,062.73	956.50	991.53
57	1,810.15	1,767.25	1,430.21	1,300.84	1,274.72	1,199.59	1,232.11	1,088.50	1,069.23	1,210.12	1,110.11	999.14	1,035.73
58	1,892.60	1,847.75	1,495.36	1,360.09	1,332.78	1,254.23	1,288.23	1,138.07	1,117.93	1,265.24	1,160.67	1,044.65	1,082.90
59	1,933.45	1,887.63	1,527.63	1,389.45	1,361.55	1,281.30	1,316.04	1,162.64	1,142.06	1,292.55	1,185.72	1,067.20	1,106.28
60	2,015.90	1,968.13	1,592.78	1,448.70	1,419.61	1,335.94	1,372.16	1,212.22	1,190.76	1,347.67	1,236.29	1,112.71	1,153.45
61	2,087.21	2,037.74	1,649.12	1,499.94	1,469.82	1,383.19	1,420.69	1,255.10	1,232.88	1,395.34	1,280.02	1,152.07	1,194.25
62	2,134.00	2,083.43	1,686.09	1,533.57	1,502.78	1,414.20	1,452.54	1,283.24	1,260.52	1,426.62	1,308.71	1,177.90	1,221.03
63	2,192.68	2,140.72	1,732.45	1,575.74	1,544.10	1,453.09	1,492.49	1,318.52	1,295.18	1,465.85	1,344.70	1,210.29	1,254.60
64+	2,228.34	2,175.54	1,760.61	1,601.37	1,569.21	1,476.72	1,516.74	1,339.95	1,316.25	1,489.68	1,366.56	1,229.97	1,275.00

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

7

Santa Clara County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	581.18	567.41	459.20	417.66	409.27	385.15	395.59	349.48	343.30	388.53	356.42	320.79	332.54
15	632.84	617.84	500.01	454.78	445.65	419.38	430.75	380.55	373.81	423.07	388.10	349.31	362.10
16	652.59	637.13	515.62	468.98	459.56	432.47	444.20	392.42	385.48	436.27	400.21	360.21	373.40
17	672.35	656.41	531.23	483.17	473.47	445.56	457.64	404.30	397.15	449.48	412.33	371.11	384.70
18	693.62	677.18	548.03	498.46	488.45	459.66	472.12	417.09	409.71	463.70	425.37	382.85	396.87
19	714.89	697.95	564.84	513.75	503.43	473.76	486.60	429.88	422.28	477.92	438.42	394.60	409.04
20	736.92	719.46	582.25	529.58	518.94	488.36	501.60	443.13	435.29	492.65	451.93	406.76	421.65
21	759.71	741.71	600.26	545.96	534.99	503.46	517.11	456.84	448.75	507.88	465.91	419.34	434.69
22	759.71	741.71	600.26	545.96	534.99	503.46	517.11	456.84	448.75	507.88	465.91	419.34	434.69
23	759.71	741.71	600.26	545.96	534.99	503.46	517.11	456.84	448.75	507.88	465.91	419.34	434.69
24	759.71	741.71	600.26	545.96	534.99	503.46	517.11	456.84	448.75	507.88	465.91	419.34	434.69
25	762.75	744.68	602.66	548.14	537.13	505.48	519.18	458.67	450.55	509.91	467.77	421.01	436.43
26	777.95	759.51	614.66	559.06	547.83	515.55	529.52	467.80	459.52	520.07	477.09	429.40	445.12
27	796.18	777.31	629.07	572.16	560.67	527.63	541.93	478.77	470.29	532.26	488.27	439.46	455.56
28	825.81	806.24	652.48	593.46	581.54	547.26	562.10	496.58	487.79	552.07	506.44	455.82	472.51
29	850.12	829.97	671.69	610.93	598.66	563.37	578.65	511.20	502.15	568.32	521.35	469.24	486.42
30	862.28	841.84	681.29	619.66	607.22	571.43	586.92	518.51	509.33	576.45	528.80	475.95	493.38
31	880.51	859.64	695.70	632.77	620.06	583.51	599.33	529.47	520.10	588.64	539.99	486.01	503.81
32	898.74	877.44	710.10	645.87	632.90	595.60	611.74	540.44	530.87	600.83	551.17	496.07	514.24
33	910.14	888.57	719.11	654.06	640.92	603.15	619.50	547.29	537.60	608.44	558.16	502.36	520.76
34	922.29	900.44	728.71	662.79	649.48	611.20	627.77	554.60	544.78	616.57	565.61	509.07	527.72
35	928.37	906.37	733.51	667.16	653.76	615.23	631.91	558.26	548.37	620.63	569.34	512.43	531.19
36	934.45	912.30	738.31	671.53	658.04	619.26	636.05	561.91	551.96	624.70	573.07	515.78	534.67
37	940.53	918.24	743.12	675.90	662.32	623.29	640.18	565.57	555.55	628.76	576.79	519.14	538.15
38	946.60	924.17	747.92	680.26	666.60	627.31	644.32	569.22	559.14	632.82	580.52	522.49	541.63
39	958.76	936.04	757.52	689.00	675.16	635.37	652.60	576.53	566.32	640.95	587.98	529.20	548.58
40	970.91	947.91	767.13	697.74	683.72	643.42	660.87	583.84	573.50	649.07	595.43	535.91	555.54
41	989.15	965.71	781.53	710.84	696.56	655.51	673.28	594.80	584.27	661.26	606.61	545.98	565.97
42	1,006.62	982.77	795.34	723.40	708.87	667.09	685.17	605.31	594.60	672.95	617.33	555.62	575.97
43	1,030.93	1,006.50	814.55	740.87	725.99	683.20	701.72	619.93	608.96	689.20	632.24	569.04	589.88
44	1,061.32	1,036.17	838.56	762.70	747.39	703.34	722.41	638.20	626.91	709.51	650.87	585.81	607.26
45	1,097.03	1,071.03	866.77	788.36	772.53	727.00	746.71	659.67	648.00	733.38	672.77	605.52	627.69
46	1,139.57	1,112.56	900.38	818.94	802.49	755.19	775.67	685.26	673.13	761.82	698.86	629.00	652.04
47	1,187.43	1,159.29	938.20	853.33	836.20	786.91	808.25	714.04	701.40	793.82	728.21	655.42	679.42
48	1,242.13	1,212.70	981.42	892.64	874.72	823.16	845.48	746.93	733.71	830.39	761.76	685.61	710.72
49	1,296.07	1,265.36	1,024.04	931.41	912.70	858.91	882.19	779.37	765.57	866.45	794.84	715.39	741.58
50	1,356.85	1,324.69	1,072.06	975.08	955.50	899.18	923.56	815.91	801.47	907.08	832.11	748.93	776.36
51	1,416.87	1,383.29	1,119.48	1,018.21	997.77	938.96	964.41	852.00	836.92	947.20	868.92	782.06	810.70
52	1,482.96	1,447.82	1,171.70	1,065.71	1,044.31	982.76	1,009.40	891.75	875.96	991.39	909.45	818.54	848.52
53	1,549.82	1,513.09	1,224.52	1,113.76	1,091.39	1,027.06	1,054.91	931.95	915.45	1,036.08	950.45	855.45	886.77
54	1,621.99	1,583.55	1,281.54	1,165.62	1,142.21	1,074.89	1,104.03	975.35	958.09	1,084.33	994.71	895.28	928.07
55	1,694.16	1,654.01	1,338.57	1,217.49	1,193.04	1,122.72	1,153.16	1,018.75	1,000.72	1,132.58	1,038.97	935.12	969.36
56	1,772.41	1,730.41	1,400.40	1,273.72	1,248.14	1,174.58	1,206.42	1,065.80	1,046.94	1,184.89	1,086.96	978.31	1,014.14
57	1,851.42	1,807.55	1,462.82	1,330.50	1,303.78	1,226.94	1,260.20	1,113.31	1,093.61	1,237.71	1,135.42	1,021.92	1,059.34
58	1,935.75	1,889.88	1,529.45	1,391.10	1,363.17	1,282.82	1,317.60	1,164.02	1,143.42	1,294.09	1,187.13	1,068.47	1,107.59
59	1,977.54	1,930.67	1,562.46	1,421.13	1,392.59	1,310.51	1,346.04	1,189.15	1,168.10	1,322.02	1,212.76	1,091.53	1,131.50
60	2,061.86	2,013.00	1,629.09	1,481.73	1,451.98	1,366.40	1,403.44	1,239.86	1,217.91	1,378.39	1,264.47	1,138.08	1,179.75
61	2,134.80	2,084.20	1,686.72	1,534.14	1,503.34	1,414.73	1,453.08	1,283.71	1,260.99	1,427.15	1,309.20	1,178.33	1,221.48
62	2,182.66	2,130.93	1,724.53	1,568.54	1,537.04	1,446.45	1,485.66	1,312.49	1,289.26	1,459.15	1,338.55	1,204.75	1,248.87
63	2,242.68	2,189.53	1,771.95	1,611.67	1,579.30	1,486.22	1,526.51	1,348.58	1,324.72	1,499.27	1,375.36	1,237.88	1,283.21
64+	2,279.13	2,225.13	1,800.78	1,637.88	1,604.97	1,510.38	1,551.33	1,370.52	1,346.25	1,523.64	1,397.73	1,258.02	1,304.07

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

8

San Mateo County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	634.49	619.46	501.32	455.97	446.81	420.48	431.88	381.54	374.79	424.17	389.11	350.22	363.04
15	690.89	674.52	545.88	496.50	486.53	457.85	470.27	415.45	408.10	461.88	423.70	381.35	395.31
16	712.46	695.57	562.92	512.00	501.72	472.15	484.95	428.42	420.84	476.29	436.93	393.25	407.65
17	734.02	716.63	579.96	527.50	516.90	486.44	499.62	441.39	433.58	490.71	450.15	405.15	419.99
18	757.25	739.30	598.30	544.18	533.26	501.83	515.43	455.35	447.29	506.23	464.39	417.97	433.28
19	780.47	761.97	616.65	560.87	549.61	517.22	531.24	469.32	461.01	521.76	478.64	430.79	446.57
20	804.52	785.46	635.66	578.16	566.55	533.16	547.61	483.78	475.22	537.84	493.39	444.07	460.33
21	829.40	809.75	655.32	596.04	584.07	549.65	564.55	498.74	489.92	554.47	508.65	457.80	474.57
22	829.40	809.75	655.32	596.04	584.07	549.65	564.55	498.74	489.92	554.47	508.65	457.80	474.57
23	829.40	809.75	655.32	596.04	584.07	549.65	564.55	498.74	489.92	554.47	508.65	457.80	474.57
24	829.40	809.75	655.32	596.04	584.07	549.65	564.55	498.74	489.92	554.47	508.65	457.80	474.57
25	832.72	812.99	657.94	598.42	586.41	551.84	566.81	500.74	491.88	556.69	510.68	459.63	476.46
26	849.31	829.18	671.04	610.34	598.09	562.84	578.10	510.71	501.67	567.78	520.85	468.79	485.96
27	869.21	848.62	686.77	624.65	612.11	576.03	591.65	522.68	513.43	581.09	533.06	479.78	497.35
28	901.56	880.20	712.33	647.90	634.88	597.46	613.66	542.13	532.54	602.71	552.90	497.63	515.85
29	928.10	906.11	733.30	666.97	653.57	615.05	631.73	558.09	548.22	620.45	569.17	512.28	531.04
30	941.37	919.06	743.79	676.51	662.92	623.85	640.76	566.07	556.05	629.33	577.31	519.61	538.63
31	961.28	938.50	759.51	690.81	676.94	637.04	654.31	578.04	567.81	642.63	589.52	530.59	550.02
32	981.18	957.93	775.24	705.12	690.96	650.23	667.86	590.01	579.57	655.94	601.73	541.58	561.41
33	993.63	970.08	785.07	714.06	699.72	658.48	676.33	597.50	586.92	664.26	609.36	548.45	568.53
34	1,006.90	983.03	795.56	723.59	709.06	667.27	685.36	605.48	594.76	673.13	617.50	555.77	576.12
35	1,013.53	989.51	800.80	728.36	713.73	671.67	689.88	609.47	598.68	677.56	621.56	559.43	579.92
36	1,020.17	995.99	806.04	733.13	718.41	676.06	694.39	613.46	602.60	682.00	625.63	563.10	583.72
37	1,026.80	1,002.47	811.28	737.90	723.08	680.46	698.91	617.44	606.52	686.44	629.70	566.76	587.51
38	1,033.44	1,008.95	816.53	742.67	727.75	684.86	703.43	621.43	610.44	690.87	633.77	570.42	591.31
39	1,046.71	1,021.90	827.01	752.20	737.10	693.65	712.46	629.41	618.27	699.74	641.91	577.75	598.90
40	1,059.98	1,034.86	837.50	761.74	746.44	702.45	721.49	637.39	626.11	708.61	650.05	585.07	606.50
41	1,079.88	1,054.29	853.22	776.04	760.46	715.64	735.04	649.36	637.87	721.92	662.26	596.06	617.89
42	1,098.96	1,072.92	868.30	789.75	773.89	728.28	748.02	660.84	649.14	734.68	673.96	606.59	628.80
43	1,125.50	1,098.83	889.27	808.83	792.58	745.87	766.09	676.80	664.82	752.42	690.23	621.24	643.99
44	1,158.68	1,131.22	915.48	832.67	815.95	767.85	788.67	696.75	684.41	774.60	710.58	639.55	662.97
45	1,197.66	1,169.28	946.28	860.68	843.40	793.69	815.21	720.19	707.44	800.66	734.48	661.07	685.27
46	1,244.11	1,214.62	982.98	894.06	876.11	824.47	846.82	748.12	734.87	831.71	762.97	686.70	711.85
47	1,296.36	1,265.64	1,024.26	931.61	912.90	859.10	882.39	779.54	765.74	866.64	795.01	715.54	741.75
48	1,356.07	1,323.94	1,071.44	974.53	954.95	898.67	923.03	815.45	801.01	906.56	831.64	748.51	775.92
49	1,414.96	1,381.43	1,117.97	1,016.84	996.42	937.70	963.12	850.86	835.80	945.93	867.75	781.01	809.61
50	1,481.31	1,446.21	1,170.40	1,064.53	1,043.15	981.67	1,008.28	890.76	874.99	990.29	908.44	817.63	847.58
51	1,546.84	1,510.18	1,222.17	1,111.61	1,089.29	1,025.09	1,052.88	930.16	913.69	1,034.09	948.62	853.80	885.07
52	1,619.00	1,580.63	1,279.18	1,163.47	1,140.11	1,072.91	1,102.00	973.55	956.32	1,082.33	992.88	893.63	926.35
53	1,691.98	1,651.89	1,336.85	1,215.92	1,191.50	1,121.28	1,151.68	1,017.44	999.43	1,131.12	1,037.64	933.92	968.12
54	1,770.78	1,728.81	1,399.10	1,272.55	1,246.99	1,173.49	1,205.31	1,064.82	1,045.97	1,183.80	1,085.96	977.41	1,013.20
55	1,849.57	1,805.74	1,461.36	1,329.17	1,302.48	1,225.71	1,258.94	1,112.20	1,092.51	1,236.47	1,134.28	1,020.90	1,058.28
56	1,935.00	1,889.14	1,528.86	1,390.56	1,362.64	1,282.32	1,317.09	1,163.57	1,142.97	1,293.58	1,186.67	1,068.05	1,107.16
57	2,021.26	1,973.35	1,597.01	1,452.55	1,423.38	1,339.49	1,375.80	1,215.44	1,193.93	1,351.25	1,239.57	1,115.66	1,156.52
58	2,113.32	2,063.24	1,669.75	1,518.71	1,488.21	1,400.50	1,438.47	1,270.80	1,248.31	1,412.79	1,296.03	1,166.48	1,209.20
59	2,158.94	2,107.77	1,705.79	1,551.49	1,520.34	1,430.73	1,469.52	1,298.23	1,275.25	1,443.29	1,324.00	1,191.66	1,235.30
60	2,251.00	2,197.66	1,778.53	1,617.65	1,585.17	1,491.74	1,532.18	1,353.59	1,329.63	1,504.84	1,380.46	1,242.48	1,287.97
61	2,330.62	2,275.39	1,841.44	1,674.87	1,641.24	1,544.50	1,586.38	1,401.47	1,376.66	1,558.07	1,429.29	1,286.42	1,333.53
62	2,382.88	2,326.40	1,882.73	1,712.42	1,678.03	1,579.13	1,621.94	1,432.89	1,407.53	1,593.00	1,461.34	1,315.27	1,363.43
63	2,448.40	2,390.37	1,934.50	1,759.51	1,724.18	1,622.55	1,666.54	1,472.29	1,446.23	1,636.80	1,501.52	1,351.43	1,400.92
64+	2,488.20	2,429.25	1,965.96	1,788.12	1,752.21	1,648.95	1,693.65	1,496.22	1,469.76	1,663.41	1,525.95	1,373.40	1,423.71

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

9

Monterey, San Benito and Santa Cruz counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	642.61	627.38	507.73	461.80	452.53	425.86	437.40	386.42	379.58	429.59	394.09	354.70	367.69
15	699.73	683.14	552.86	502.85	492.75	463.71	476.28	420.77	413.32	467.78	429.12	386.23	400.37
16	721.57	704.47	570.12	518.55	508.13	478.18	491.15	433.90	426.22	482.38	442.51	398.28	412.87
17	743.41	725.79	587.37	534.24	523.51	492.66	506.01	447.03	439.12	496.98	455.91	410.34	425.36
18	766.93	748.75	605.96	551.14	540.07	508.24	522.02	461.18	453.01	512.71	470.33	423.32	438.82
19	790.45	771.72	624.54	568.05	556.64	523.83	538.03	475.32	466.91	528.43	484.76	436.30	452.28
20	814.81	795.50	643.79	585.55	573.79	539.97	554.61	489.97	481.30	544.71	499.70	449.75	466.22
21	840.01	820.10	663.70	603.66	591.54	556.67	571.77	505.12	496.18	561.56	515.15	463.66	480.63
22	840.01	820.10	663.70	603.66	591.54	556.67	571.77	505.12	496.18	561.56	515.15	463.66	480.63
23	840.01	820.10	663.70	603.66	591.54	556.67	571.77	505.12	496.18	561.56	515.15	463.66	480.63
24	840.01	820.10	663.70	603.66	591.54	556.67	571.77	505.12	496.18	561.56	515.15	463.66	480.63
25	843.37	823.38	666.35	606.08	593.90	558.90	574.05	507.14	498.17	563.81	517.21	465.51	482.56
26	860.17	839.78	679.63	618.15	605.74	570.03	585.49	517.24	508.09	575.04	527.51	474.78	492.17
27	880.33	859.47	695.55	632.64	619.93	583.39	599.21	529.37	520.00	588.52	539.88	485.91	503.71
28	913.09	891.45	721.44	656.18	643.00	605.10	621.51	549.07	539.35	610.42	559.97	503.99	522.45
29	939.97	917.69	742.68	675.50	661.93	622.92	639.81	565.23	555.23	628.39	576.45	518.83	537.83
30	953.41	930.82	753.30	685.16	671.40	631.82	648.95	573.31	563.17	637.37	584.69	526.25	545.52
31	973.57	950.50	769.22	699.64	685.59	645.18	662.68	585.44	575.07	650.85	597.06	537.38	557.06
32	993.73	970.18	785.15	714.13	699.79	658.55	676.40	597.56	586.98	664.33	609.42	548.51	568.59
33	1,006.33	982.48	795.11	723.19	708.66	666.90	684.98	605.14	594.42	672.75	617.15	555.46	575.80
34	1,019.77	995.60	805.73	732.84	718.13	675.80	694.12	613.22	602.36	681.74	625.39	562.88	583.49
35	1,026.49	1,002.16	811.04	737.67	722.86	680.26	698.70	617.26	606.33	686.23	629.51	566.59	587.34
36	1,033.21	1,008.73	816.35	742.50	727.59	684.71	703.27	621.30	610.30	690.72	633.63	570.30	591.18
37	1,039.93	1,015.29	821.66	747.33	732.33	689.16	707.85	625.34	614.27	695.21	637.76	574.01	595.03
38	1,046.65	1,021.85	826.97	752.16	737.06	693.62	712.42	629.38	618.24	699.71	641.88	577.72	598.87
39	1,060.09	1,034.97	837.59	761.82	746.52	702.52	721.57	637.46	626.18	708.69	650.12	585.13	606.56
40	1,073.53	1,048.09	848.20	771.48	755.99	711.43	730.72	645.55	634.12	717.68	658.36	592.55	614.25
41	1,093.69	1,067.77	864.13	785.97	770.18	724.79	744.44	657.67	646.03	731.15	670.72	603.68	625.79
42	1,113.01	1,086.63	879.40	799.85	783.79	737.59	757.59	669.29	657.44	744.07	682.57	614.34	636.84
43	1,139.89	1,112.88	900.64	819.17	802.72	755.41	775.89	685.45	673.32	762.04	699.06	629.18	652.22
44	1,173.49	1,145.68	927.18	843.32	826.38	777.67	798.76	705.65	693.16	784.50	719.66	647.73	671.45
45	1,212.97	1,184.23	958.38	871.69	854.18	803.84	825.63	729.40	716.49	810.90	743.88	669.52	694.04
46	1,260.01	1,230.15	995.55	905.49	887.31	835.01	857.65	757.68	744.27	842.34	772.72	695.48	720.95
47	1,312.93	1,281.82	1,037.36	943.52	924.58	870.08	893.67	789.50	775.53	877.72	805.18	724.69	751.23
48	1,373.41	1,340.87	1,085.14	986.99	967.17	910.16	934.84	825.87	811.26	918.15	842.27	758.08	785.84
49	1,433.06	1,399.09	1,132.27	1,029.85	1,009.17	949.69	975.43	861.74	846.48	958.02	878.85	791.00	819.96
50	1,500.26	1,464.70	1,185.36	1,078.14	1,056.49	994.22	1,021.17	902.15	886.18	1,002.95	920.06	828.09	858.41
51	1,566.62	1,529.49	1,237.79	1,125.83	1,103.22	1,038.20	1,066.34	942.05	925.38	1,047.31	960.75	864.72	896.38
52	1,639.70	1,600.84	1,295.54	1,178.35	1,154.68	1,086.63	1,116.09	986.00	968.54	1,096.17	1,005.57	905.06	938.20
53	1,713.62	1,673.01	1,353.94	1,231.47	1,206.74	1,135.61	1,166.40	1,030.45	1,012.21	1,145.59	1,050.91	945.86	980.49
54	1,793.42	1,750.92	1,416.99	1,288.82	1,262.94	1,188.50	1,220.72	1,078.43	1,059.35	1,198.93	1,099.84	989.91	1,026.15
55	1,873.22	1,828.83	1,480.04	1,346.17	1,319.13	1,241.38	1,275.04	1,126.42	1,106.48	1,252.28	1,148.78	1,033.95	1,071.82
56	1,959.74	1,913.30	1,548.40	1,408.34	1,380.06	1,298.72	1,333.93	1,178.45	1,157.59	1,310.12	1,201.84	1,081.71	1,121.32
57	2,047.10	1,998.59	1,617.43	1,471.12	1,441.58	1,356.61	1,393.39	1,230.98	1,209.19	1,368.53	1,255.42	1,129.93	1,171.31
58	2,140.34	2,089.62	1,691.10	1,538.13	1,507.24	1,418.40	1,456.86	1,287.05	1,264.27	1,430.86	1,312.60	1,181.40	1,224.66
59	2,186.54	2,134.73	1,727.60	1,571.33	1,539.78	1,449.02	1,488.31	1,314.83	1,291.56	1,461.75	1,340.93	1,206.90	1,251.09
60	2,279.78	2,225.76	1,801.27	1,638.34	1,605.44	1,510.81	1,551.77	1,370.90	1,346.63	1,524.08	1,398.12	1,258.36	1,304.44
61	2,360.43	2,304.49	1,864.99	1,696.29	1,662.22	1,564.25	1,606.66	1,419.39	1,394.27	1,577.99	1,447.57	1,302.87	1,350.58
62	2,413.35	2,356.15	1,906.80	1,734.32	1,699.49	1,599.32	1,642.68	1,451.21	1,425.53	1,613.37	1,480.03	1,332.08	1,380.86
63	2,479.71	2,420.94	1,959.23	1,782.01	1,746.22	1,643.30	1,687.85	1,491.12	1,464.73	1,657.73	1,520.72	1,368.71	1,418.83
64+	2,520.03	2,460.30	1,991.10	1,810.98	1,774.62	1,670.01	1,715.31	1,515.36	1,488.54	1,684.68	1,545.45	1,390.98	1,441.89

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 10

Mariposa, Merced, San Joaquin, Stanislaus, and Tulare counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	610.72	596.25	482.54	438.89	430.07	404.72	415.70	367.24	360.74	408.28	374.54	337.10	349.44
15	665.01	649.25	525.43	477.90	468.30	440.70	452.65	399.89	392.81	444.57	407.83	367.06	380.50
16	685.76	669.51	541.83	492.82	482.92	454.46	466.78	412.37	405.07	458.45	420.56	378.52	392.38
17	706.52	689.78	558.23	507.73	497.54	468.21	480.90	424.85	417.33	472.32	433.29	389.98	404.26
18	728.87	711.60	575.89	523.80	513.28	483.02	496.12	438.29	430.54	487.27	446.99	402.31	417.05
19	751.23	733.42	593.55	539.86	529.02	497.84	511.34	451.73	443.74	502.21	460.70	414.65	429.84
20	774.38	756.03	611.84	556.50	545.32	513.18	527.09	465.66	457.41	517.69	474.90	427.43	443.08
21	798.33	779.41	630.76	573.71	562.19	529.05	543.40	480.06	471.56	533.70	489.59	440.65	456.79
22	798.33	779.41	630.76	573.71	562.19	529.05	543.40	480.06	471.56	533.70	489.59	440.65	456.79
23	798.33	779.41	630.76	573.71	562.19	529.05	543.40	480.06	471.56	533.70	489.59	440.65	456.79
24	798.33	779.41	630.76	573.71	562.19	529.05	543.40	480.06	471.56	533.70	489.59	440.65	456.79
25	801.52	782.53	633.29	576.00	564.44	531.17	545.57	481.98	473.45	535.83	491.55	442.41	458.61
26	817.49	798.12	645.90	587.48	575.68	541.75	556.44	491.58	482.88	546.51	501.34	451.23	467.75
27	836.65	816.82	661.04	601.25	589.17	554.45	569.48	503.10	494.20	559.32	513.09	461.80	478.71
28	867.78	847.22	685.64	623.62	611.10	575.08	590.67	521.82	512.59	580.13	532.18	478.99	496.53
29	893.33	872.16	705.83	641.98	629.09	592.01	608.06	537.18	527.68	597.21	547.85	493.09	511.14
30	906.10	884.63	715.92	651.16	638.08	600.47	616.75	544.87	535.22	605.75	555.68	500.14	518.45
31	925.26	903.34	731.06	664.93	651.58	613.17	629.80	556.39	546.54	618.56	567.43	510.71	529.42
32	944.42	922.04	746.19	678.70	665.07	625.87	642.84	567.91	557.86	631.36	579.18	521.29	540.38
33	956.40	933.73	755.66	687.30	673.50	633.80	650.99	575.11	564.93	639.37	586.53	527.90	547.23
34	969.17	946.20	765.75	696.48	682.50	642.27	659.68	582.79	572.47	647.91	594.36	534.95	554.54
35	975.56	952.44	770.79	701.07	686.99	646.50	664.03	586.63	576.25	652.18	598.28	538.47	558.19
36	981.94	958.67	775.84	705.66	691.49	650.73	668.38	590.47	580.02	656.45	602.19	542.00	561.85
37	988.33	964.91	780.89	710.25	695.99	654.97	672.72	594.31	583.79	660.72	606.11	545.52	565.50
38	994.72	971.14	785.93	714.84	700.49	659.20	677.07	598.15	587.56	664.99	610.03	549.05	569.16
39	1,007.49	983.61	796.03	724.02	709.48	667.66	685.77	605.83	595.11	673.53	617.86	556.10	576.46
40	1,020.26	996.09	806.12	733.20	718.48	676.13	694.46	613.51	602.65	682.07	625.69	563.15	583.77
41	1,039.42	1,014.79	821.26	746.97	731.97	688.83	707.50	625.04	613.97	694.87	637.44	573.73	594.74
42	1,057.79	1,032.72	835.76	760.16	744.90	700.99	720.00	636.08	624.82	707.15	648.70	583.86	605.24
43	1,083.33	1,057.66	855.95	778.52	762.89	717.92	737.39	651.44	639.91	724.23	664.37	597.96	619.86
44	1,115.27	1,088.83	881.18	801.47	785.38	739.09	759.12	670.64	658.77	745.58	683.96	615.59	638.13
45	1,152.79	1,125.47	910.82	828.44	811.80	763.95	784.66	693.20	680.93	770.66	706.97	636.30	659.60
46	1,197.49	1,169.11	946.15	860.56	843.28	793.58	815.09	720.09	707.34	800.55	734.38	660.98	685.18
47	1,247.79	1,218.22	985.89	896.71	878.70	826.91	849.33	750.33	737.05	834.17	765.23	688.74	713.96
48	1,305.27	1,274.33	1,031.30	938.01	919.18	865.00	888.45	784.89	771.00	872.60	800.48	720.46	746.85
49	1,361.95	1,329.67	1,076.08	978.75	959.09	902.56	927.03	818.98	804.48	910.49	835.24	751.75	779.28
50	1,425.81	1,392.03	1,126.55	1,024.64	1,004.07	944.89	970.50	857.38	842.21	953.18	874.41	787.00	815.82
51	1,488.88	1,453.60	1,176.38	1,069.97	1,048.48	986.68	1,013.43	895.31	879.46	995.35	913.08	821.81	851.91
52	1,558.34	1,521.41	1,231.25	1,119.88	1,097.39	1,032.71	1,060.71	937.07	920.49	1,041.78	955.68	860.15	891.65
53	1,628.59	1,590.00	1,286.76	1,170.37	1,146.86	1,079.27	1,108.53	979.32	961.98	1,088.74	998.76	898.93	931.84
54	1,704.43	1,664.04	1,346.68	1,224.87	1,200.27	1,129.53	1,160.15	1,024.92	1,006.78	1,139.44	1,045.27	940.79	975.24
55	1,780.27	1,738.08	1,406.61	1,279.37	1,253.68	1,179.79	1,211.77	1,070.53	1,051.58	1,190.15	1,091.78	982.65	1,018.63
56	1,862.50	1,818.36	1,471.57	1,338.46	1,311.58	1,234.28	1,267.74	1,119.97	1,100.15	1,245.12	1,142.21	1,028.04	1,065.68
57	1,945.53	1,899.42	1,537.17	1,398.13	1,370.05	1,289.30	1,324.25	1,169.90	1,149.19	1,300.62	1,193.13	1,073.86	1,113.19
58	2,034.14	1,985.94	1,607.19	1,461.81	1,432.45	1,348.03	1,384.57	1,223.19	1,201.54	1,359.86	1,247.47	1,122.78	1,163.89
59	2,078.05	2,028.80	1,641.88	1,493.36	1,463.37	1,377.12	1,414.46	1,249.59	1,227.47	1,389.22	1,274.40	1,147.01	1,189.01
60	2,166.66	2,115.32	1,711.90	1,557.04	1,525.78	1,435.85	1,474.78	1,302.88	1,279.82	1,448.46	1,328.74	1,195.92	1,239.72
61	2,243.30	2,190.14	1,772.45	1,612.12	1,579.75	1,486.64	1,526.94	1,348.96	1,325.09	1,499.69	1,375.74	1,238.23	1,283.57
62	2,293.60	2,239.24	1,812.19	1,648.26	1,615.16	1,519.97	1,561.18	1,379.21	1,354.79	1,533.31	1,406.59	1,265.99	1,312.35
63	2,356.67	2,300.82	1,862.02	1,693.59	1,659.58	1,561.76	1,604.10	1,417.13	1,392.05	1,575.48	1,445.27	1,300.80	1,348.43
64+	2,394.99	2,338.23	1,892.28	1,721.13	1,686.57	1,587.15	1,630.20	1,440.18	1,414.68	1,601.10	1,468.77	1,321.95	1,370.37

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 11

Fresno, Kings and Madera counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	459.83	448.93	363.31	330.45	323.81	304.73	312.99	276.51	271.61	307.40	282.00	253.81	263.10
15	500.70	488.83	395.61	359.82	352.60	331.81	340.81	301.09	295.76	334.73	307.06	276.37	286.49
16	516.33	504.09	407.95	371.05	363.60	342.17	351.45	310.48	304.99	345.18	316.65	285.00	295.43
17	531.96	519.35	420.30	382.28	374.61	352.53	362.09	319.88	314.22	355.62	326.23	293.62	304.37
18	548.79	535.78	433.60	394.38	386.46	363.68	373.54	330.00	324.16	366.87	336.55	302.91	314.00
19	565.62	552.21	446.90	406.47	398.31	374.83	385.00	340.12	334.10	378.13	346.87	312.20	323.63
20	583.05	569.23	460.67	419.00	410.59	386.39	396.86	350.60	344.40	389.78	357.56	321.82	333.61
21	601.08	586.84	474.92	431.96	423.28	398.34	409.14	361.45	355.05	401.83	368.62	331.78	343.93
22	601.08	586.84	474.92	431.96	423.28	398.34	409.14	361.45	355.05	401.83	368.62	331.78	343.93
23	601.08	586.84	474.92	431.96	423.28	398.34	409.14	361.45	355.05	401.83	368.62	331.78	343.93
24	601.08	586.84	474.92	431.96	423.28	398.34	409.14	361.45	355.05	401.83	368.62	331.78	343.93
25	603.49	589.18	476.82	433.69	424.98	399.93	410.77	362.89	356.47	403.44	370.10	333.10	345.30
26	615.51	600.92	486.32	442.33	433.44	407.90	418.95	370.12	363.57	411.48	377.47	339.74	352.18
27	629.93	615.00	497.71	452.69	443.60	417.46	428.77	378.80	372.09	421.12	386.32	347.70	360.43
28	653.38	637.89	516.24	469.54	460.11	432.99	444.73	392.89	385.94	436.79	400.69	360.64	373.85
29	672.61	656.67	531.43	483.36	473.66	445.74	457.82	404.46	397.30	449.65	412.49	371.26	384.85
30	682.23	666.06	539.03	490.27	480.43	452.11	464.37	410.24	402.98	456.08	418.39	376.57	390.36
31	696.65	680.14	550.43	500.64	490.59	461.67	474.19	418.92	411.50	465.73	427.23	384.53	398.61
32	711.08	694.23	561.83	511.01	500.75	471.23	484.01	427.59	420.02	475.37	436.08	392.49	406.86
33	720.10	703.03	568.95	517.49	507.09	477.21	490.14	433.01	425.35	481.40	441.61	397.47	412.02
34	729.71	712.42	576.55	524.40	513.87	483.58	496.69	438.80	431.03	487.83	447.51	402.78	417.53
35	734.52	717.11	580.35	527.85	517.25	486.77	499.96	441.69	433.87	491.04	450.46	405.43	420.28
36	739.33	721.81	584.15	531.31	520.64	489.95	503.24	444.58	436.71	494.26	453.41	408.08	423.03
37	744.14	726.50	587.95	534.77	524.03	493.14	506.51	447.47	439.55	497.47	456.36	410.74	425.78
38	748.95	731.20	591.75	538.22	527.41	496.33	509.78	450.36	442.39	500.69	459.30	413.39	428.53
39	758.56	740.59	599.35	545.13	534.19	502.70	516.33	456.15	448.07	507.11	465.20	418.70	434.03
40	768.18	749.98	606.95	552.04	540.96	509.07	522.88	461.93	453.75	513.54	471.10	424.01	439.54
41	782.61	764.06	618.34	562.41	551.12	518.63	532.69	470.60	462.27	523.19	479.95	431.97	447.79
42	796.43	777.56	629.27	572.35	560.85	527.80	542.10	478.92	470.44	532.43	488.43	439.60	455.70
43	815.67	796.34	644.46	586.17	574.40	540.54	555.20	490.48	481.80	545.29	500.22	450.22	466.71
44	839.71	819.81	663.46	603.45	591.33	556.48	571.56	504.94	496.00	561.36	514.97	463.49	480.46
45	867.96	847.39	685.78	623.75	611.22	575.20	590.79	521.93	512.69	580.25	532.29	479.08	496.63
46	901.62	880.25	712.38	647.94	634.93	597.50	613.70	542.17	532.57	602.75	552.93	497.66	515.89
47	939.49	917.23	742.30	675.15	661.59	622.60	639.48	564.94	554.94	628.07	576.16	518.57	537.56
48	982.77	959.48	776.49	706.25	692.07	651.28	668.94	590.97	580.51	657.00	602.70	542.45	562.32
49	1,025.44	1,001.14	810.21	736.92	722.12	679.56	697.99	616.63	605.71	685.53	628.87	566.01	586.74
50	1,073.53	1,048.09	848.20	771.48	755.99	711.43	730.72	645.54	634.12	717.68	658.36	592.55	614.25
51	1,121.02	1,094.45	885.72	805.60	789.43	742.90	763.04	674.10	662.17	749.42	687.48	618.76	641.42
52	1,173.31	1,145.50	927.04	843.18	826.25	777.55	798.63	705.55	693.06	784.38	719.55	647.63	671.34
53	1,226.21	1,197.15	968.83	881.20	863.50	812.61	834.64	737.35	724.30	819.74	751.99	676.82	701.61
54	1,283.31	1,252.90	1,013.95	922.23	903.71	850.45	873.50	771.69	758.03	857.92	787.01	708.34	734.28
55	1,340.41	1,308.65	1,059.07	963.27	943.92	888.29	912.37	806.03	791.76	896.09	822.03	739.86	766.95
56	1,402.32	1,369.09	1,107.98	1,007.76	987.52	929.32	954.51	843.26	828.33	937.48	860.00	774.03	802.38
57	1,464.83	1,430.12	1,157.38	1,052.68	1,031.54	970.75	997.06	880.85	865.26	979.27	898.33	808.54	838.15
58	1,531.55	1,495.26	1,210.09	1,100.63	1,078.53	1,014.96	1,042.48	920.97	904.67	1,023.87	939.25	845.37	876.32
59	1,564.61	1,527.53	1,236.21	1,124.39	1,101.81	1,036.87	1,064.98	940.85	924.19	1,045.97	959.53	863.61	895.24
60	1,631.33	1,592.67	1,288.93	1,172.34	1,148.79	1,081.08	1,110.39	980.97	963.60	1,090.58	1,000.44	900.44	933.41
61	1,689.04	1,649.01	1,334.52	1,213.81	1,189.43	1,119.33	1,149.67	1,015.67	997.69	1,129.15	1,035.83	932.29	966.43
62	1,726.91	1,685.98	1,364.44	1,241.02	1,216.10	1,144.42	1,175.45	1,038.44	1,020.06	1,154.47	1,059.05	953.19	988.10
63	1,774.39	1,732.34	1,401.96	1,275.14	1,249.54	1,175.89	1,207.77	1,066.99	1,048.11	1,186.21	1,088.18	979.40	1,015.27
64+	1,803.24	1,760.52	1,424.76	1,295.88	1,269.84	1,195.02	1,227.42	1,084.35	1,065.15	1,205.49	1,105.86	995.34	1,031.79

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 12

San Luis Obispo, Santa Barbara and Ventura counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	502.17	490.27	396.77	360.88	353.63	332.79	341.81	301.97	296.62	335.71	307.96	277.18	287.33
15	546.80	533.85	432.03	392.95	385.06	362.37	372.19	328.81	322.99	365.55	335.34	301.82	312.87
16	563.87	550.51	445.52	405.22	397.08	373.68	383.81	339.07	333.07	376.96	345.80	311.24	322.63
17	580.94	567.17	459.00	417.48	409.10	384.99	395.43	349.33	343.15	388.37	356.27	320.66	332.40
18	599.32	585.12	473.53	430.69	422.04	397.17	407.94	360.39	354.01	400.66	367.54	330.80	342.92
19	617.70	603.06	488.05	443.90	434.99	409.35	420.45	371.44	364.87	412.94	378.81	340.95	353.43
20	636.73	621.64	503.09	457.58	448.39	421.96	433.40	382.89	376.11	425.67	390.49	351.46	364.33
21	656.43	640.87	518.65	471.73	462.26	435.01	446.81	394.73	387.74	438.83	402.57	362.33	375.59
22	656.43	640.87	518.65	471.73	462.26	435.01	446.81	394.73	387.74	438.83	402.57	362.33	375.59
23	656.43	640.87	518.65	471.73	462.26	435.01	446.81	394.73	387.74	438.83	402.57	362.33	375.59
24	656.43	640.87	518.65	471.73	462.26	435.01	446.81	394.73	387.74	438.83	402.57	362.33	375.59
25	659.05	643.43	520.72	473.62	464.11	436.75	448.60	396.31	389.29	440.59	404.18	363.77	377.10
26	672.18	656.25	531.10	483.05	473.35	445.45	457.53	404.20	397.05	449.37	412.23	371.02	384.61
27	687.94	671.63	543.54	494.38	484.45	455.90	468.25	413.68	406.35	459.90	421.89	379.72	393.62
28	713.54	696.63	563.77	512.77	502.48	472.86	485.68	429.07	421.48	477.01	437.59	393.85	408.27
29	734.54	717.13	580.37	527.87	517.27	486.78	499.98	441.70	433.88	491.06	450.47	405.44	420.29
30	745.05	727.39	588.67	535.42	524.66	493.74	507.13	448.02	440.09	498.08	456.91	411.24	426.30
31	760.80	742.77	601.11	546.74	535.76	504.18	517.85	457.49	449.39	508.61	466.57	419.94	435.31
32	776.55	758.15	613.56	558.06	546.85	514.62	528.57	466.96	458.70	519.14	476.23	428.63	444.33
33	786.40	767.76	621.34	565.14	553.79	521.15	535.28	472.88	464.51	525.72	482.27	434.07	449.96
34	796.90	778.02	629.64	572.68	561.18	528.11	542.43	479.20	470.72	532.74	488.71	439.86	455.97
35	802.15	783.14	633.79	576.46	564.88	531.59	546.00	482.36	473.82	536.26	491.93	442.76	458.98
36	807.41	788.27	637.94	580.23	568.58	535.07	549.57	485.52	476.92	539.77	495.16	445.66	461.98
37	812.66	793.40	642.09	584.01	572.28	538.55	553.15	488.67	480.02	543.28	498.38	448.56	464.98
38	817.91	798.53	646.24	587.78	575.98	542.03	556.72	491.83	483.13	546.79	501.60	451.46	467.99
39	828.41	808.78	654.53	595.33	583.37	548.99	563.87	498.15	489.33	553.81	508.04	457.25	474.00
40	838.91	819.03	662.83	602.87	590.77	555.95	571.02	504.46	495.53	560.83	514.48	463.05	480.01
41	854.67	834.41	675.28	614.20	601.86	566.39	581.74	513.94	504.84	571.36	524.14	471.75	489.02
42	869.77	849.15	687.21	625.05	612.49	576.39	592.02	523.02	513.76	581.46	533.40	480.08	497.66
43	890.77	869.66	703.81	640.14	627.29	590.31	606.32	535.65	526.17	595.50	546.28	491.68	509.68
44	917.03	895.30	724.55	659.01	645.78	607.72	624.19	551.44	541.68	613.05	562.38	506.17	524.70
45	947.88	925.42	748.93	681.18	667.50	628.16	645.19	569.99	559.90	633.68	581.30	523.20	542.36
46	984.64	961.31	777.97	707.60	693.39	652.52	670.21	592.09	581.61	658.25	603.85	543.49	563.39
47	1,026.00	1,001.68	810.65	737.32	722.51	679.93	698.36	616.96	606.04	685.90	629.21	566.31	587.05
48	1,073.26	1,047.82	847.99	771.28	755.79	711.25	730.53	645.38	633.96	717.49	658.19	592.40	614.10
49	1,119.87	1,093.33	884.81	804.78	788.62	742.13	762.25	673.41	661.49	748.65	686.78	618.13	640.76
50	1,172.38	1,144.60	926.31	842.52	825.60	776.94	798.00	704.99	692.51	783.76	718.98	647.11	670.81
51	1,224.24	1,195.22	967.28	879.78	862.11	811.30	833.30	736.17	723.14	818.43	750.78	675.74	700.48
52	1,281.35	1,250.98	1,012.40	920.82	902.33	849.15	872.17	770.51	756.87	856.60	785.81	707.26	733.16
53	1,339.11	1,307.38	1,058.04	962.34	943.01	887.43	911.49	805.25	790.99	895.22	821.23	739.14	766.21
54	1,401.47	1,368.26	1,107.31	1,007.15	986.92	928.76	953.94	842.75	827.83	936.91	859.48	773.56	801.89
55	1,463.83	1,429.14	1,156.58	1,051.96	1,030.84	970.08	996.38	880.24	864.66	978.60	897.72	807.99	837.57
56	1,531.45	1,495.15	1,210.01	1,100.55	1,078.45	1,014.89	1,042.40	920.90	904.60	1,023.80	939.18	845.31	876.26
57	1,599.71	1,561.80	1,263.94	1,149.61	1,126.53	1,060.13	1,088.87	961.95	944.93	1,069.44	981.05	882.99	915.32
58	1,672.58	1,632.94	1,321.51	1,201.98	1,177.84	1,108.42	1,138.47	1,005.77	987.97	1,118.15	1,025.74	923.21	957.01
59	1,708.68	1,668.19	1,350.04	1,227.92	1,203.26	1,132.34	1,163.04	1,027.48	1,009.29	1,142.29	1,047.88	943.13	977.67
60	1,781.54	1,739.32	1,407.61	1,280.28	1,254.57	1,180.63	1,212.64	1,071.29	1,052.33	1,191.00	1,092.56	983.35	1,019.36
61	1,844.56	1,800.85	1,457.40	1,325.57	1,298.95	1,222.39	1,255.53	1,109.19	1,089.56	1,233.12	1,131.21	1,018.13	1,055.42
62	1,885.92	1,841.22	1,490.08	1,355.29	1,328.07	1,249.80	1,283.68	1,134.06	1,113.98	1,260.77	1,156.57	1,040.96	1,079.08
63	1,937.77	1,891.85	1,531.05	1,392.56	1,364.59	1,284.16	1,318.98	1,165.24	1,144.61	1,295.44	1,188.37	1,069.58	1,108.75
64+	1,969.29	1,922.61	1,555.95	1,415.19	1,386.78	1,305.03	1,340.43	1,184.19	1,163.22	1,316.49	1,207.71	1,086.99	1,126.77

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 13

Imperial, Inyo and Mono counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	631.49	616.53	498.95	453.82	444.70	418.49	429.84	379.74	373.01	422.17	387.27	348.56	361.33
15	687.63	671.33	543.30	494.15	484.23	455.69	468.04	413.49	406.17	459.69	421.70	379.55	393.45
16	709.09	692.29	560.26	509.58	499.34	469.91	482.65	426.40	418.85	474.04	434.86	391.39	405.73
17	730.55	713.24	577.21	525.00	514.46	484.14	497.26	439.30	431.53	488.39	448.02	403.24	418.01
18	753.67	735.80	595.48	541.61	530.74	499.45	512.99	453.20	445.18	503.84	462.20	416.00	431.23
19	776.78	758.37	613.74	558.22	547.01	514.77	528.73	467.10	458.83	519.29	476.37	428.76	444.46
20	800.72	781.74	632.65	575.43	563.87	530.64	545.02	481.49	472.97	535.30	491.05	441.97	458.15
21	825.48	805.92	652.22	593.22	581.31	547.05	561.88	496.39	487.60	551.85	506.24	455.64	472.32
22	825.48	805.92	652.22	593.22	581.31	547.05	561.88	496.39	487.60	551.85	506.24	455.64	472.32
23	825.48	805.92	652.22	593.22	581.31	547.05	561.88	496.39	487.60	551.85	506.24	455.64	472.32
24	825.48	805.92	652.22	593.22	581.31	547.05	561.88	496.39	487.60	551.85	506.24	455.64	472.32
25	828.78	809.14	654.83	595.60	583.63	549.24	564.13	498.37	489.55	554.06	508.27	457.46	474.21
26	845.29	825.26	667.87	607.46	595.26	560.18	575.36	508.30	499.30	565.10	518.39	466.57	483.66
27	865.11	844.60	683.53	621.70	609.21	573.31	588.85	520.21	511.01	578.34	530.54	477.51	494.99
28	897.30	876.03	708.96	644.83	631.88	594.64	610.76	539.57	530.02	599.86	550.28	495.28	513.42
29	923.72	901.82	729.83	663.82	650.49	612.15	628.74	555.46	545.62	617.52	566.48	509.86	528.53
30	936.92	914.72	740.27	673.31	659.79	620.90	637.73	563.40	553.43	626.35	574.58	517.15	536.09
31	956.73	934.06	755.92	687.54	673.74	634.03	651.22	575.31	565.13	639.60	586.73	528.08	547.42
32	976.55	953.40	771.58	701.78	687.69	647.16	664.70	587.22	576.83	652.84	598.88	539.02	558.76
33	988.93	965.49	781.36	710.68	696.41	655.36	673.13	594.67	584.15	661.12	606.48	545.85	565.84
34	1,002.14	978.39	791.79	720.17	705.71	664.12	682.12	602.61	591.95	669.95	614.58	553.14	573.40
35	1,008.74	984.83	797.01	724.92	710.36	668.49	686.62	606.58	595.85	674.36	618.63	556.79	577.18
36	1,015.34	991.28	802.23	729.66	715.01	672.87	691.11	610.56	599.75	678.78	622.68	560.43	580.96
37	1,021.95	997.73	807.45	734.41	719.66	677.24	695.61	614.53	603.65	683.19	626.73	564.08	584.74
38	1,028.55	1,004.18	812.67	739.16	724.31	681.62	700.10	618.50	607.55	687.61	630.78	567.73	588.51
39	1,041.76	1,017.07	823.10	748.65	733.61	690.37	709.09	626.44	615.35	696.44	638.88	575.02	596.07
40	1,054.97	1,029.97	833.54	758.14	742.91	699.13	718.08	634.38	623.15	705.27	646.98	582.31	603.63
41	1,074.78	1,049.31	849.19	772.38	756.86	712.26	731.57	646.29	634.86	718.51	659.13	593.24	614.96
42	1,093.76	1,067.84	864.19	786.02	770.23	724.84	744.49	657.71	646.07	731.20	670.77	603.72	625.83
43	1,120.18	1,093.63	885.06	805.00	788.84	742.34	762.47	673.60	661.67	748.86	686.97	618.30	640.94
44	1,153.20	1,125.87	911.15	828.73	812.09	764.22	784.94	693.45	681.18	770.94	707.22	636.53	659.84
45	1,192.00	1,163.75	941.80	856.61	839.41	789.94	811.35	716.78	704.09	796.87	731.01	657.94	682.03
46	1,238.22	1,208.88	978.33	889.83	871.96	820.57	842.82	744.58	731.40	827.78	759.36	683.46	708.48
47	1,290.23	1,259.65	1,019.42	927.21	908.59	855.03	878.22	775.85	762.12	862.54	791.26	712.16	738.24
48	1,349.66	1,317.68	1,066.38	969.92	950.44	894.42	918.67	811.59	797.23	902.28	827.70	744.97	772.25
49	1,408.27	1,374.90	1,112.69	1,012.04	991.71	933.26	958.56	846.83	831.85	941.46	863.65	777.32	805.78
50	1,474.31	1,439.37	1,164.86	1,059.50	1,038.22	977.03	1,003.51	886.55	870.85	985.61	904.15	813.77	843.57
51	1,539.53	1,503.04	1,216.39	1,106.36	1,084.14	1,020.24	1,047.90	925.76	909.37	1,029.20	944.14	849.77	880.88
52	1,611.34	1,573.16	1,273.13	1,157.97	1,134.72	1,067.84	1,096.79	968.95	951.80	1,077.21	988.18	889.41	921.97
53	1,683.98	1,644.08	1,330.53	1,210.17	1,185.87	1,115.98	1,146.23	1,012.63	994.70	1,125.78	1,032.73	929.50	963.54
54	1,762.41	1,720.64	1,392.49	1,266.53	1,241.10	1,167.95	1,199.61	1,059.78	1,041.03	1,178.20	1,080.82	972.79	1,008.41
55	1,840.83	1,797.20	1,454.45	1,322.89	1,296.32	1,219.92	1,252.99	1,106.94	1,087.35	1,230.63	1,128.92	1,016.07	1,053.28
56	1,925.85	1,880.21	1,521.63	1,383.99	1,356.19	1,276.26	1,310.86	1,158.07	1,137.57	1,287.47	1,181.06	1,063.00	1,101.93
57	2,011.70	1,964.03	1,589.46	1,445.68	1,416.65	1,333.15	1,369.30	1,209.69	1,188.28	1,344.86	1,233.71	1,110.39	1,151.05
58	2,103.33	2,053.48	1,661.86	1,511.53	1,481.18	1,393.88	1,431.67	1,264.79	1,242.41	1,406.12	1,289.90	1,160.97	1,203.48
59	2,148.73	2,097.81	1,697.73	1,544.16	1,513.15	1,423.96	1,462.57	1,292.09	1,269.22	1,436.47	1,317.75	1,186.03	1,229.46
60	2,240.36	2,187.27	1,770.12	1,610.01	1,577.67	1,484.69	1,524.94	1,347.19	1,323.35	1,497.72	1,373.94	1,236.60	1,281.88
61	2,319.61	2,264.63	1,832.74	1,666.95	1,633.48	1,537.20	1,578.88	1,394.85	1,370.16	1,550.70	1,422.54	1,280.34	1,327.23
62	2,371.61	2,315.41	1,873.83	1,704.33	1,670.10	1,571.67	1,614.28	1,426.12	1,400.88	1,585.47	1,454.43	1,309.05	1,356.98
63	2,436.82	2,379.08	1,925.35	1,751.19	1,716.03	1,614.88	1,658.66	1,465.33	1,439.40	1,629.06	1,494.42	1,345.04	1,394.30
64+	2,476.44	2,417.76	1,956.66	1,779.66	1,743.93	1,641.15	1,685.64	1,489.17	1,462.80	1,655.55	1,518.72	1,366.92	1,416.96

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

14

Kern County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	457.75	446.90	361.67	328.95	322.35	303.35	311.57	275.26	270.38	306.01	280.72	252.66	261.91
15	498.43	486.62	393.82	358.19	351.00	330.31	339.27	299.72	294.42	333.21	305.67	275.12	285.19
16	513.99	501.81	406.11	369.37	361.96	340.62	349.86	309.08	303.61	343.61	315.21	283.71	294.09
17	529.55	517.00	418.40	380.55	372.91	350.93	360.45	318.43	312.80	354.01	324.76	292.29	303.00
18	546.30	533.36	431.64	392.59	384.71	362.04	371.85	328.51	322.69	365.21	335.03	301.54	312.58
19	563.06	549.71	444.88	404.63	396.51	373.14	383.25	338.58	332.59	376.41	345.30	310.79	322.17
20	580.41	566.66	458.59	417.10	408.73	384.64	395.07	349.02	342.84	388.02	355.95	320.37	332.10
21	598.36	584.18	472.77	430.00	421.37	396.53	407.28	359.81	353.44	400.02	366.95	330.27	342.37
22	598.36	584.18	472.77	430.00	421.37	396.53	407.28	359.81	353.44	400.02	366.95	330.27	342.37
23	598.36	584.18	472.77	430.00	421.37	396.53	407.28	359.81	353.44	400.02	366.95	330.27	342.37
24	598.36	584.18	472.77	430.00	421.37	396.53	407.28	359.81	353.44	400.02	366.95	330.27	342.37
25	600.75	586.52	474.66	431.72	423.05	398.12	408.91	361.25	354.86	401.62	368.42	331.60	343.74
26	612.72	598.20	484.12	440.32	431.48	406.05	417.06	368.45	361.93	409.62	375.76	338.20	350.59
27	627.08	612.22	495.46	450.64	441.59	415.57	426.83	377.08	370.41	419.22	384.57	346.13	358.80
28	650.42	635.00	513.90	467.41	458.03	431.03	442.72	391.12	384.19	434.82	398.88	359.01	372.16
29	669.57	653.70	529.03	481.17	471.51	443.72	455.75	402.63	395.50	447.62	410.62	369.58	383.11
30	679.14	663.04	536.59	488.05	478.25	450.07	462.27	408.39	401.16	454.02	416.49	374.86	388.59
31	693.50	677.07	547.94	498.37	488.37	459.58	472.04	417.02	409.64	463.62	425.30	382.79	396.81
32	707.86	691.09	559.29	508.70	498.48	469.10	481.82	425.66	418.12	473.22	434.11	390.71	405.02
33	716.84	699.85	566.38	515.15	504.80	475.05	487.93	431.05	423.42	479.22	439.61	395.67	410.16
34	726.41	709.20	573.94	522.03	511.54	481.39	494.44	436.81	429.08	485.62	445.48	400.95	415.64
35	731.20	713.87	577.72	525.47	514.91	484.56	497.70	439.69	431.91	488.82	448.42	403.60	418.37
36	735.98	718.54	581.51	528.91	518.28	487.74	500.96	442.57	434.73	492.02	451.35	406.24	421.11
37	740.77	723.22	585.29	532.35	521.65	490.91	504.22	445.45	437.56	495.22	454.29	408.88	423.85
38	745.56	727.89	589.07	535.79	525.03	494.08	507.48	448.33	440.39	498.42	457.23	411.52	426.59
39	755.13	737.24	596.63	542.67	531.77	500.43	513.99	454.08	446.04	504.82	463.10	416.81	432.07
40	764.71	746.58	604.20	549.55	538.51	506.77	520.51	459.84	451.70	511.22	468.97	422.09	437.55
41	779.07	760.60	615.55	559.87	548.62	516.29	530.28	468.47	460.18	520.82	477.78	430.02	445.76
42	792.83	774.04	626.42	569.76	558.31	525.41	539.65	476.75	468.31	530.02	486.22	437.61	453.64
43	811.98	792.73	641.55	583.52	571.80	538.10	552.68	488.26	479.62	542.82	497.96	448.18	464.59
44	835.91	816.10	660.46	600.72	588.65	553.96	568.98	502.66	493.76	558.82	512.64	461.39	478.29
45	864.03	843.56	682.68	620.93	608.46	572.59	588.12	519.57	510.37	577.62	529.88	476.92	494.38
46	897.54	876.27	709.15	645.01	632.05	594.80	610.93	539.72	530.16	600.02	550.43	495.41	513.55
47	935.24	913.07	738.94	672.10	658.60	619.78	636.59	562.39	552.43	625.22	573.55	516.22	535.12
48	978.32	955.14	772.98	703.06	688.94	648.33	665.91	588.29	577.88	654.03	599.97	540.00	559.77
49	1,020.80	996.61	806.54	733.59	718.86	676.49	694.83	613.84	602.97	682.43	626.03	563.45	584.08
50	1,068.67	1,043.35	844.37	767.99	752.56	708.21	727.41	642.62	631.25	714.43	655.38	589.87	611.47
51	1,115.94	1,089.50	881.71	801.96	785.85	739.54	759.58	671.05	659.17	746.03	684.37	615.96	638.52
52	1,168.00	1,140.32	922.85	839.37	822.51	774.03	795.02	702.35	689.92	780.83	716.30	644.70	668.30
53	1,220.66	1,191.73	964.45	877.21	859.59	808.93	830.86	734.02	721.02	816.03	748.59	673.76	698.43
54	1,277.50	1,247.23	1,009.36	918.06	899.62	846.60	869.55	768.20	754.60	854.03	783.45	705.14	730.96
55	1,334.34	1,302.72	1,054.27	958.91	939.65	884.27	908.24	802.38	788.18	892.03	818.31	736.51	763.48
56	1,395.98	1,362.89	1,102.97	1,003.20	983.05	925.11	950.19	839.44	824.58	933.24	856.11	770.53	798.75
57	1,458.21	1,423.65	1,152.14	1,047.92	1,026.88	966.35	992.55	876.86	861.34	974.84	894.27	804.88	834.35
58	1,524.62	1,488.49	1,204.62	1,095.65	1,073.65	1,010.37	1,037.76	916.80	900.57	1,019.24	935.00	841.54	872.36
59	1,557.53	1,520.62	1,230.62	1,119.30	1,096.82	1,032.18	1,060.16	936.59	920.01	1,041.24	955.18	859.70	891.19
60	1,623.95	1,585.47	1,283.10	1,167.03	1,143.60	1,076.19	1,105.37	976.53	959.24	1,085.64	995.92	896.37	929.19
61	1,681.39	1,641.55	1,328.48	1,208.31	1,184.05	1,114.26	1,144.47	1,011.07	993.17	1,124.04	1,031.14	928.07	962.06
62	1,719.09	1,678.35	1,358.27	1,235.40	1,210.59	1,139.24	1,170.13	1,033.74	1,015.44	1,149.24	1,054.26	948.88	983.63
63	1,766.36	1,724.50	1,395.61	1,269.37	1,243.88	1,170.57	1,202.30	1,062.16	1,043.36	1,180.85	1,083.25	974.97	1,010.67
64+	1,795.08	1,752.54	1,418.31	1,290.00	1,264.11	1,189.59	1,221.84	1,079.43	1,060.32	1,200.06	1,100.85	990.81	1,027.11

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0–14	426.28	416.18	336.81	306.34	300.19	282.50	290.16	256.34	251.80	284.98	261.43	235.29	243.91
15	464.18	453.18	366.75	333.57	326.88	307.61	315.95	279.12	274.18	310.31	284.66	256.21	265.59
16	478.66	467.32	378.20	343.99	337.08	317.21	325.81	287.83	282.74	320.00	293.55	264.21	273.88
17	493.15	481.46	389.64	354.40	347.28	326.81	335.67	296.55	291.30	329.68	302.43	272.20	282.17
18	508.75	496.70	401.97	365.61	358.27	337.15	346.29	305.93	300.51	340.11	312.00	280.81	291.10
19	524.36	511.93	414.30	376.82	369.26	347.49	356.91	315.31	309.73	350.54	321.57	289.43	300.03
20	540.52	527.71	427.07	388.44	380.63	358.20	367.91	325.03	319.28	361.35	331.48	298.35	309.27
21	557.23	544.03	440.27	400.45	392.41	369.28	379.29	335.08	329.15	372.52	341.73	307.57	318.84
22	557.23	544.03	440.27	400.45	392.41	369.28	379.29	335.08	329.15	372.52	341.73	307.57	318.84
23	557.23	544.03	440.27	400.45	392.41	369.28	379.29	335.08	329.15	372.52	341.73	307.57	318.84
24	557.23	544.03	440.27	400.45	392.41	369.28	379.29	335.08	329.15	372.52	341.73	307.57	318.84
25	559.46	546.20	442.04	402.05	393.98	370.76	380.81	336.42	330.47	374.01	343.10	308.80	320.11
26	570.61	557.08	450.84	410.06	401.82	378.14	388.39	343.12	337.05	381.46	349.93	314.96	326.49
27	583.98	570.14	461.41	419.67	411.24	387.00	397.50	351.16	344.95	390.40	358.14	322.34	334.14
28	605.71	591.36	478.58	435.29	426.55	401.41	412.29	364.23	357.79	404.93	371.46	334.33	346.58
29	623.54	608.77	492.67	448.10	439.10	413.22	424.43	374.96	368.32	416.85	382.40	344.18	356.78
30	632.46	617.47	499.71	454.51	445.38	419.13	430.49	380.32	373.58	422.81	387.87	349.10	361.88
31	645.83	630.53	510.28	464.12	454.80	427.99	439.60	388.36	381.48	431.75	396.07	356.48	369.53
32	659.21	643.59	520.84	473.73	464.22	436.86	448.70	396.40	389.38	440.69	404.27	363.86	377.18
33	667.57	651.75	527.45	479.74	470.10	442.40	454.39	401.43	394.32	446.28	409.40	368.47	381.97
34	676.48	660.45	534.49	486.14	476.38	448.30	460.46	406.79	399.59	452.24	414.86	373.39	387.07
35	680.94	664.80	538.02	489.35	479.52	451.26	463.49	409.47	402.22	455.22	417.60	375.86	389.62
36	685.40	669.15	541.54	492.55	482.66	454.21	466.53	412.15	404.85	458.20	420.33	378.32	392.17
37	689.86	673.51	545.06	495.76	485.80	457.17	469.56	414.83	407.49	461.18	423.07	380.78	394.72
38	694.31	677.86	548.58	498.96	488.94	460.12	472.60	417.51	410.12	464.16	425.80	383.24	397.27
39	703.23	686.56	555.63	505.37	495.22	466.03	478.66	422.87	415.39	470.12	431.27	388.16	402.37
40	712.14	695.27	562.67	511.77	501.50	471.94	484.73	428.23	420.65	476.08	436.73	393.08	407.47
41	725.52	708.32	573.24	521.38	510.91	480.80	493.84	436.27	428.55	485.02	444.94	400.46	415.13
42	738.33	720.84	583.36	530.59	519.94	489.29	502.56	443.98	436.12	493.59	452.80	407.54	422.46
43	756.17	738.25	597.45	543.41	532.50	501.11	514.70	454.70	446.66	505.51	463.73	417.38	432.66
44	778.46	760.01	615.06	559.43	548.19	515.88	529.87	468.11	459.82	520.41	477.40	429.68	445.42
45	804.65	785.58	635.76	578.25	566.64	533.24	547.70	483.86	475.29	537.92	493.46	444.14	460.40
46	835.85	816.04	660.41	600.67	588.61	553.92	568.94	502.62	493.72	558.78	512.60	461.36	478.26
47	870.96	850.32	688.15	625.90	613.33	577.18	592.83	523.73	514.46	582.25	534.13	480.74	498.34
48	911.08	889.49	719.85	654.73	641.59	603.77	620.14	547.86	538.16	609.07	558.73	502.88	521.30
49	950.64	928.11	751.11	683.17	669.45	629.99	647.07	571.65	561.53	635.52	583.00	524.72	543.94
50	995.22	971.63	786.33	715.20	700.84	659.53	677.41	598.45	587.86	665.32	610.34	549.33	569.44
51	1,039.24	1,014.61	821.11	746.84	731.84	688.70	707.38	624.93	613.86	694.75	637.33	573.63	594.63
52	1,087.72	1,061.94	859.42	781.68	765.98	720.83	740.37	654.08	642.50	727.16	667.06	600.38	622.37
53	1,136.76	1,109.82	898.16	816.92	800.51	753.33	773.75	683.56	671.47	759.94	697.14	627.45	650.43
54	1,189.69	1,161.50	939.99	854.96	837.79	788.41	809.78	715.40	702.73	795.33	729.60	656.67	680.72
55	1,242.63	1,213.18	981.81	893.00	875.07	823.49	845.82	747.23	734.00	830.72	762.06	685.89	711.01
56	1,300.03	1,269.22	1,027.16	934.25	915.49	861.53	884.88	781.74	767.91	869.09	797.26	717.57	743.85
57	1,357.98	1,325.80	1,072.95	975.89	956.30	899.93	924.33	816.59	802.14	907.83	832.80	749.56	777.01
58	1,419.83	1,386.18	1,121.82	1,020.34	999.85	940.92	966.43	853.79	838.67	949.18	870.74	783.70	812.40
59	1,450.48	1,416.11	1,146.03	1,042.37	1,021.44	961.23	987.29	872.21	856.78	969.67	889.53	800.61	829.93
60	1,512.33	1,476.49	1,194.90	1,086.82	1,064.99	1,002.22	1,029.39	909.41	893.31	1,011.02	927.46	834.76	865.32
61	1,565.83	1,528.72	1,237.17	1,125.26	1,102.66	1,037.67	1,065.81	941.58	924.91	1,046.78	960.27	864.28	895.93
62	1,600.93	1,562.99	1,264.91	1,150.49	1,127.39	1,060.94	1,089.70	962.69	945.65	1,070.25	981.80	883.66	916.02
63	1,644.95	1,605.97	1,299.69	1,182.12	1,158.39	1,090.11	1,119.66	989.16	971.65	1,099.68	1,008.80	907.96	941.21
64+	1,671.69	1,632.09	1,320.81	1,201.35	1,177.23	1,107.84	1,137.87	1,005.24	987.45	1,117.56	1,025.19	922.71	956.52

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

EnhancedCare PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (continued)

Age	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 0/30 + Child Dental Alt	EnhancedCare Gold 80 PPO 500/20 + Child Dental Alt	EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt	EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt	EnhancedCare Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	313.79	230.98	226.34	213.00	218.77	193.27	189.85	197.11	183.90
15	341.69	251.51	246.46	231.93	238.22	210.45	206.73	214.63	200.25
16	352.35	259.36	254.15	239.17	245.66	217.02	213.18	221.33	206.50
17	363.02	267.21	261.84	246.41	253.09	223.59	219.63	228.03	212.75
18	374.50	275.66	270.13	254.21	261.10	230.67	226.58	235.25	219.48
19	385.99	284.12	278.41	262.00	269.11	237.74	233.53	242.46	226.21
20	397.88	292.87	286.99	270.08	277.40	245.07	240.73	249.93	233.19
21	410.19	301.93	295.87	278.43	285.98	252.65	248.17	257.66	240.40
22	410.19	301.93	295.87	278.43	285.98	252.65	248.17	257.66	240.40
23	410.19	301.93	295.87	278.43	285.98	252.65	248.17	257.66	240.40
24	410.19	301.93	295.87	278.43	285.98	252.65	248.17	257.66	240.40
25	411.83	303.14	297.05	279.54	287.12	253.66	249.17	258.69	241.36
26	420.03	309.18	302.97	285.11	292.84	258.71	254.13	263.85	246.17
27	429.88	316.43	310.07	291.80	299.71	264.77	260.09	270.03	251.94
28	445.88	328.20	321.61	302.65	310.86	274.63	269.77	280.08	261.31
29	459.00	337.86	331.08	311.56	320.01	282.71	277.71	288.32	269.01
30	465.56	342.69	335.81	316.02	324.59	286.75	281.68	292.45	272.85
31	475.41	349.94	342.91	322.70	331.45	292.82	287.63	298.63	278.62
32	485.25	357.19	350.01	329.38	338.31	298.88	293.59	304.81	284.39
33	491.41	361.72	354.45	333.56	342.60	302.67	297.31	308.68	288.00
34	497.97	366.55	359.19	338.01	347.18	306.71	301.28	312.80	291.84
35	501.25	368.96	361.55	340.24	349.47	308.73	303.27	314.86	293.77
36	504.53	371.38	363.92	342.47	351.75	310.75	305.25	316.92	295.69
37	507.81	373.79	366.29	344.70	354.04	312.78	307.24	318.99	297.61
38	511.10	376.21	368.65	346.92	356.33	314.80	309.22	321.05	299.54
39	517.66	381.04	373.39	351.38	360.91	318.84	313.20	325.17	303.38
40	524.22	385.87	378.12	355.83	365.48	322.88	317.17	329.29	307.23
41	534.07	393.12	385.22	362.52	372.35	328.94	323.12	335.48	313.00
42	543.50	400.06	392.03	368.92	378.92	334.76	328.83	341.40	318.53
43	556.63	409.72	401.49	377.83	388.07	342.84	336.77	349.65	326.22
44	573.03	421.80	413.33	388.97	399.51	352.95	346.70	359.95	335.84
45	592.31	435.99	427.24	402.05	412.95	364.82	358.36	372.06	347.14
46	615.28	452.90	443.80	417.65	428.97	378.97	372.26	386.49	360.60
47	641.13	471.92	462.44	435.19	446.99	394.89	387.90	402.73	375.74
48	670.66	493.66	483.75	455.23	467.58	413.08	405.76	421.28	393.05
49	699.78	515.10	504.75	475.00	487.88	431.01	423.39	439.57	410.12
50	732.60	539.25	528.42	497.28	510.76	451.23	443.24	460.18	429.35
51	765.00	563.10	551.80	519.27	533.35	471.18	462.84	480.54	448.34
52	800.69	589.37	577.54	543.50	558.23	493.16	484.44	502.96	469.26
53	836.79	615.94	603.57	568.00	583.40	515.40	506.28	525.63	490.41
54	875.75	644.63	631.68	594.45	610.57	539.40	529.85	550.11	513.25
55	914.72	673.31	659.79	620.90	637.73	563.40	553.43	574.59	536.09
56	956.97	704.41	690.26	649.58	667.19	589.42	578.99	601.12	560.85
57	999.63	735.81	721.03	678.54	696.93	615.70	604.80	627.92	585.85
58	1,045.16	769.32	753.87	709.44	728.68	643.74	632.35	656.52	612.54
59	1,067.72	785.93	770.15	724.76	744.40	657.64	646.00	670.69	625.76
60	1,113.25	819.44	802.99	755.66	776.15	685.68	673.54	699.29	652.44
61	1,152.63	848.43	831.39	782.39	803.60	709.93	697.37	724.03	675.52
62	1,178.47	867.45	850.03	799.93	821.62	725.85	713.00	740.26	690.66
63	1,210.88	891.30	873.41	821.93	844.21	745.81	732.61	760.62	709.66
64+	1,230.57	905.79	887.61	835.29	857.94	757.95	744.51	772.98	721.20

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 16

Los Angeles County. ZIP codes not included in region 15

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	491.24	479.60	388.13	353.02	345.93	325.55	334.37	295.40	290.17	328.40	301.26	271.15	281.08
15	534.91	522.23	422.63	384.40	376.68	354.48	364.09	321.66	315.96	357.60	328.04	295.25	306.06
16	551.60	538.53	435.83	396.40	388.44	365.55	375.46	331.69	325.82	368.76	338.28	304.47	315.62
17	568.30	554.83	449.02	408.40	400.20	376.61	386.82	341.73	335.69	379.92	348.52	313.68	325.17
18	586.28	572.38	463.22	421.32	412.86	388.53	399.06	352.55	346.31	391.94	359.55	323.61	335.46
19	604.26	589.94	477.43	434.24	425.52	400.44	411.30	363.36	356.93	403.96	370.57	333.53	345.74
20	622.88	608.12	492.14	447.63	438.64	412.78	423.97	374.56	367.93	416.41	381.99	343.81	356.40
21	642.15	626.93	507.36	461.47	452.20	425.55	437.09	386.14	379.31	429.29	393.81	354.44	367.42
22	642.15	626.93	507.36	461.47	452.20	425.55	437.09	386.14	379.31	429.29	393.81	354.44	367.42
23	642.15	626.93	507.36	461.47	452.20	425.55	437.09	386.14	379.31	429.29	393.81	354.44	367.42
24	642.15	626.93	507.36	461.47	452.20	425.55	437.09	386.14	379.31	429.29	393.81	354.44	367.42
25	644.71	629.44	509.39	463.32	454.01	427.25	438.84	387.69	380.82	431.00	395.38	355.86	368.89
26	657.56	641.97	519.54	472.54	463.06	435.76	447.58	395.41	388.41	439.59	403.26	362.95	376.24
27	672.97	657.02	531.72	483.62	473.91	445.98	458.07	404.68	397.51	449.89	412.71	371.46	385.06
28	698.01	681.47	551.50	501.62	491.54	462.57	475.11	419.73	412.31	466.63	428.07	385.28	399.39
29	718.56	701.53	567.74	516.38	506.01	476.19	489.10	432.09	424.44	480.37	440.67	396.62	411.14
30	728.84	711.56	575.86	523.77	513.25	483.00	496.09	438.27	430.51	487.24	446.97	402.29	417.02
31	744.25	726.61	588.03	534.84	524.10	493.21	506.58	447.54	439.62	497.54	456.42	410.80	425.84
32	759.66	741.66	600.21	545.92	534.96	503.43	517.07	456.80	448.72	507.85	465.87	419.31	434.66
33	769.29	751.06	607.82	552.84	541.74	509.81	523.63	462.60	454.41	514.29	471.78	424.62	440.17
34	779.56	761.09	615.94	560.22	548.97	516.62	530.62	468.77	460.48	521.15	478.08	430.29	446.05
35	784.70	766.11	620.00	563.92	552.59	520.02	534.12	471.86	463.51	524.59	481.23	433.13	448.99
36	789.84	771.12	624.06	567.61	556.21	523.43	537.62	474.95	466.55	528.02	484.38	435.96	451.93
37	794.98	776.14	628.12	571.30	559.83	526.83	541.11	478.04	469.58	531.46	487.53	438.80	454.87
38	800.11	781.15	632.18	574.99	563.44	530.24	544.61	481.13	472.62	534.89	490.68	441.64	457.81
39	810.39	791.18	640.29	582.37	570.68	537.04	551.60	487.31	478.68	541.76	496.98	447.31	463.69
40	820.66	801.21	648.41	589.76	577.91	543.85	558.60	493.49	484.75	548.63	503.28	452.98	469.56
41	836.07	816.26	660.59	600.83	588.77	554.07	569.09	502.75	493.86	558.93	512.74	461.48	478.38
42	850.84	830.68	672.26	611.45	599.17	563.85	579.14	511.64	502.58	568.80	521.79	469.64	486.83
43	871.39	850.74	688.49	626.21	613.64	577.47	593.13	523.99	514.72	582.54	534.40	480.98	498.59
44	897.08	875.82	708.79	644.67	631.73	594.49	610.61	539.44	529.89	599.71	550.15	495.16	513.29
45	927.26	905.28	732.63	666.36	652.98	614.49	631.15	557.59	547.72	619.89	568.66	511.81	530.56
46	963.22	940.39	761.05	692.20	678.30	638.32	655.63	579.21	568.96	643.93	590.71	531.66	551.13
47	1,003.67	979.89	793.01	721.28	706.79	665.13	683.17	603.54	592.86	670.97	615.52	553.99	574.28
48	1,049.91	1,025.03	829.54	754.50	739.35	695.77	714.64	631.34	620.17	701.88	643.87	579.51	600.73
49	1,095.50	1,069.54	865.56	787.27	771.46	725.99	745.67	658.76	647.10	732.36	671.83	604.68	626.82
50	1,146.87	1,119.69	906.15	824.18	807.63	760.03	780.64	689.65	677.44	766.71	703.34	633.03	656.21
51	1,197.60	1,169.22	946.23	860.64	843.36	793.65	815.17	720.15	707.41	800.62	734.45	661.03	685.24
52	1,253.47	1,223.76	990.37	900.79	882.70	830.67	853.19	753.75	740.41	837.97	768.71	691.87	717.21
53	1,309.98	1,278.93	1,035.02	941.40	922.49	868.12	891.66	787.73	773.78	875.74	803.37	723.06	749.54
54	1,370.98	1,338.49	1,083.22	985.24	965.45	908.55	933.18	824.41	809.82	916.53	840.78	756.73	784.45
55	1,431.98	1,398.05	1,131.42	1,029.08	1,008.41	948.98	974.70	861.09	845.85	957.31	878.19	790.41	819.35
56	1,498.13	1,462.62	1,183.68	1,076.61	1,054.99	992.81	1,019.72	900.87	884.92	1,001.53	918.75	826.91	857.19
57	1,564.91	1,527.82	1,236.45	1,124.60	1,102.02	1,037.06	1,065.18	941.02	924.37	1,046.17	959.71	863.78	895.41
58	1,636.19	1,597.41	1,292.76	1,175.82	1,152.21	1,084.30	1,113.70	983.89	966.47	1,093.82	1,003.42	903.12	936.19
59	1,671.51	1,631.89	1,320.67	1,201.21	1,177.08	1,107.71	1,137.74	1,005.12	987.33	1,117.43	1,025.08	922.61	956.40
60	1,742.78	1,701.48	1,376.98	1,252.43	1,227.28	1,154.94	1,186.25	1,047.99	1,029.44	1,165.08	1,068.79	961.96	997.18
61	1,804.43	1,761.67	1,425.69	1,296.73	1,270.69	1,195.79	1,228.21	1,085.05	1,065.85	1,206.29	1,106.60	995.98	1,032.45
62	1,844.88	1,801.16	1,457.66	1,325.80	1,299.18	1,222.60	1,255.75	1,109.38	1,089.75	1,233.34	1,131.41	1,018.31	1,055.60
63	1,895.61	1,850.69	1,497.74	1,362.26	1,334.90	1,256.22	1,290.28	1,139.89	1,119.71	1,267.25	1,162.52	1,046.31	1,084.63
64+	1,926.45	1,880.79	1,522.08	1,384.41	1,356.60	1,276.65	1,311.27	1,158.42	1,137.93	1,287.87	1,181.43	1,063.32	1,102.26

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

EnhancedCare PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 16

Los Angeles County. ZIP codes not included in region 15 (continued)

Age	EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 0/30 + Child Dental Alt	EnhancedCare Gold 80 PPO 500/20 + Child Dental Alt	EnhancedCare Gold 80 Value PPO 750/15 + Child Dental Alt	EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt	EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt	EnhancedCare Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	393.09	289.34	283.53	266.82	274.06	242.11	237.83	246.92	230.38
15	428.03	315.06	308.74	290.54	298.42	263.63	258.97	268.87	250.85
16	441.39	324.90	318.37	299.61	307.73	271.86	267.05	277.26	258.68
17	454.75	334.73	328.01	308.68	317.05	280.09	275.13	285.65	266.51
18	469.14	345.32	338.39	318.44	327.08	288.95	283.84	294.69	274.94
19	483.52	355.91	348.76	328.21	337.11	297.81	292.54	303.73	283.38
20	498.42	366.88	359.51	338.32	347.50	306.99	301.56	313.09	292.11
21	513.84	378.23	370.63	348.79	358.24	316.49	310.88	322.77	301.14
22	513.84	378.23	370.63	348.79	358.24	316.49	310.88	322.77	301.14
23	513.84	378.23	370.63	348.79	358.24	316.49	310.88	322.77	301.14
24	513.84	378.23	370.63	348.79	358.24	316.49	310.88	322.77	301.14
25	515.89	379.74	372.11	350.18	359.68	317.75	312.13	324.06	302.35
26	526.17	387.30	379.53	357.16	366.84	324.08	318.35	330.52	308.37
27	538.50	396.38	388.42	365.53	375.44	331.68	325.81	338.26	315.60
28	558.54	411.13	402.88	379.13	389.41	344.02	337.93	350.85	327.34
29	574.99	423.24	414.74	390.29	400.87	354.15	347.88	361.18	336.98
30	583.21	429.29	420.67	395.87	406.61	359.21	352.85	366.34	341.80
31	595.54	438.37	429.56	404.24	415.20	366.81	360.32	374.09	349.03
32	607.87	447.44	438.46	412.62	423.80	374.40	367.78	381.84	356.25
33	615.58	453.12	444.02	417.85	429.18	379.15	372.44	386.68	360.77
34	623.80	459.17	449.95	423.43	434.91	384.21	377.41	391.84	365.59
35	627.91	462.19	452.91	426.22	437.77	386.75	379.90	394.42	368.00
36	632.02	465.22	455.88	429.01	440.64	389.28	382.39	397.01	370.41
37	636.13	468.25	458.84	431.80	443.50	391.81	384.88	399.59	372.82
38	640.24	471.27	461.81	434.59	446.37	394.34	387.36	402.17	375.23
39	648.47	477.32	467.74	440.17	452.10	399.41	392.34	407.34	380.04
40	656.69	483.37	473.67	445.75	457.83	404.47	397.31	412.50	384.86
41	669.02	492.45	482.56	454.12	466.43	412.07	404.77	420.25	392.09
42	680.84	501.15	491.09	462.14	474.67	419.34	411.92	427.67	399.02
43	697.28	513.25	502.95	473.30	486.14	429.47	421.87	438.00	408.65
44	717.83	528.38	517.77	487.26	500.47	442.13	434.31	450.91	420.70
45	741.98	546.16	535.19	503.65	517.30	457.01	448.92	466.08	434.85
46	770.76	567.34	555.95	523.18	537.36	474.73	466.33	484.15	451.72
47	803.13	591.17	579.30	545.15	559.93	494.67	485.91	504.49	470.69
48	840.13	618.40	605.98	570.27	585.73	517.46	508.30	527.73	492.37
49	876.61	645.26	632.30	595.03	611.16	539.93	530.37	550.65	513.75
50	917.72	675.51	661.95	622.93	639.82	565.25	555.24	576.47	537.84
51	958.31	705.39	691.23	650.49	668.12	590.25	579.80	601.97	561.63
52	1,003.01	738.30	723.47	680.83	699.29	617.78	606.85	630.05	587.83
53	1,048.23	771.58	756.09	711.53	730.82	645.63	634.21	658.45	614.33
54	1,097.05	807.52	791.30	744.66	764.85	675.70	663.74	689.11	642.94
55	1,145.86	843.45	826.51	777.80	798.88	705.77	693.27	719.78	671.55
56	1,198.79	882.40	864.68	813.72	835.78	738.36	725.29	753.02	702.57
57	1,252.23	921.74	903.23	849.99	873.04	771.28	757.63	786.59	733.89
58	1,309.26	963.72	944.37	888.71	912.80	806.41	792.13	822.42	767.32
59	1,337.52	984.53	964.76	907.89	932.51	823.81	809.23	840.17	783.88
60	1,394.56	1,026.51	1,005.90	946.61	972.27	858.94	843.74	876.00	817.31
61	1,443.89	1,062.82	1,041.48	980.09	1,006.66	889.33	873.59	906.98	846.22
62	1,476.26	1,086.65	1,064.83	1,002.07	1,029.23	909.27	893.17	927.32	865.19
63	1,516.85	1,116.53	1,094.11	1,029.62	1,057.53	934.27	917.73	952.82	888.98
64+	1,541.52	1,134.69	1,111.89	1,046.37	1,074.72	949.47	932.64	968.31	903.42

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 17

Riverside and San Bernardino counties

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	430.34	420.15	340.02	309.26	303.05	285.19	292.92	258.78	254.20	287.69	263.92	237.53	246.23
15	468.60	457.49	370.24	336.75	329.99	310.54	318.96	281.78	276.79	313.27	287.37	258.65	268.12
16	483.22	471.77	381.80	347.26	340.29	320.23	328.91	290.58	285.43	323.04	296.34	266.72	276.49
17	497.85	486.05	393.35	357.77	350.59	329.92	338.87	299.37	294.07	332.82	305.31	274.80	284.86
18	513.60	501.43	405.80	369.09	361.68	340.36	349.59	308.84	303.38	343.35	314.97	283.49	293.87
19	529.35	516.81	418.24	380.41	372.77	350.80	360.31	318.31	312.68	353.88	324.63	292.18	302.88
20	545.66	532.73	431.13	392.13	384.26	361.61	371.42	328.12	322.32	364.79	334.64	301.19	312.22
21	562.54	549.21	444.47	404.26	396.14	372.80	382.90	338.27	332.28	376.07	344.99	310.50	321.87
22	562.54	549.21	444.47	404.26	396.14	372.80	382.90	338.27	332.28	376.07	344.99	310.50	321.87
23	562.54	549.21	444.47	404.26	396.14	372.80	382.90	338.27	332.28	376.07	344.99	310.50	321.87
24	562.54	549.21	444.47	404.26	396.14	372.80	382.90	338.27	332.28	376.07	344.99	310.50	321.87
25	564.79	551.41	446.25	405.88	397.73	374.29	384.43	339.62	333.61	377.57	346.37	311.75	323.16
26	576.04	562.39	455.13	413.96	405.65	381.74	392.09	346.39	340.26	385.09	353.27	317.96	329.60
27	589.54	575.57	465.80	423.67	415.16	390.69	401.28	354.51	348.23	394.12	361.55	325.41	337.32
28	611.48	596.99	483.14	439.43	430.61	405.23	416.22	367.70	361.19	408.79	375.00	337.52	349.88
29	629.48	614.57	497.36	452.37	443.29	417.16	428.47	378.53	371.83	420.82	386.04	347.45	360.18
30	638.48	623.35	504.47	458.84	449.62	423.12	434.59	383.94	377.14	426.84	391.56	352.42	365.33
31	651.98	636.53	515.14	468.54	459.13	432.07	443.78	392.06	385.12	435.86	399.84	359.87	373.05
32	665.49	649.71	525.80	478.24	468.64	441.02	452.97	400.18	393.09	444.89	408.12	367.33	380.78
33	673.92	657.95	532.47	484.31	474.58	446.61	458.72	405.25	398.08	450.53	413.30	371.98	385.60
34	682.92	666.74	539.58	490.77	480.92	452.57	464.84	410.66	403.39	456.55	418.82	376.95	390.75
35	687.42	671.13	543.14	494.01	484.09	455.56	467.91	413.37	406.05	459.56	421.57	379.43	393.33
36	691.93	675.53	546.69	497.24	487.26	458.54	470.97	416.07	408.71	462.57	424.33	381.92	395.90
37	696.43	679.92	550.25	500.48	490.43	461.52	474.03	418.78	411.37	465.57	427.09	384.40	398.48
38	700.93	684.31	553.81	503.71	493.60	464.50	477.10	421.49	414.03	468.58	429.85	386.89	401.05
39	709.93	693.10	560.92	510.18	499.93	470.47	483.22	426.90	419.34	474.60	435.37	391.86	406.20
40	718.93	701.89	568.03	516.65	506.27	476.43	489.35	432.31	424.66	480.62	440.89	396.82	411.35
41	732.43	715.07	578.70	526.35	515.78	485.38	498.54	440.43	432.63	489.64	449.17	404.28	419.08
42	745.37	727.70	588.92	535.65	524.89	493.95	507.35	448.21	440.28	498.29	457.11	411.42	426.48
43	763.37	745.28	603.14	548.58	537.57	505.88	519.60	459.03	450.91	510.33	468.15	421.35	436.78
44	785.87	767.25	620.92	564.75	553.41	520.80	534.91	472.57	464.20	525.37	481.95	433.77	449.66
45	812.31	793.06	641.81	583.76	572.03	538.32	552.91	488.46	479.82	543.04	498.16	448.37	464.79
46	843.81	823.81	666.70	606.39	594.22	559.19	574.35	507.41	498.43	564.10	517.48	465.75	482.81
47	879.25	858.41	694.70	631.86	619.17	582.68	598.48	528.72	519.36	587.80	539.22	485.32	503.09
48	919.75	897.96	726.70	660.97	647.70	609.52	626.05	553.07	543.29	614.87	564.05	507.67	526.26
49	959.69	936.95	758.26	689.67	675.82	635.99	653.23	577.09	566.88	641.57	588.55	529.72	549.12
50	1,004.70	980.89	793.82	722.01	707.51	665.81	683.86	604.15	593.46	671.66	616.15	554.56	574.87
51	1,049.14	1,024.28	828.93	753.95	738.81	695.26	714.11	630.88	619.71	701.37	643.40	579.09	600.29
52	1,098.08	1,072.06	867.60	789.12	773.27	727.70	747.43	660.31	648.62	734.09	673.42	606.10	628.30
53	1,147.58	1,120.39	906.71	824.70	808.13	760.50	781.12	690.07	677.86	767.18	703.77	633.43	656.62
54	1,201.02	1,172.56	948.94	863.10	845.77	795.92	817.50	722.21	709.43	802.91	736.55	662.92	687.20
55	1,254.47	1,224.74	991.16	901.51	883.40	831.33	853.87	754.35	740.99	838.63	769.32	692.42	717.78
56	1,312.41	1,281.31	1,036.94	943.14	924.20	869.73	893.31	789.19	775.22	877.37	804.86	724.40	750.93
57	1,370.91	1,338.42	1,083.17	985.19	965.40	908.50	933.13	824.37	809.78	916.48	840.73	756.70	784.41
58	1,433.35	1,399.39	1,132.50	1,030.06	1,009.38	949.88	975.64	861.92	846.66	958.22	879.03	791.16	820.13
59	1,464.29	1,429.59	1,156.95	1,052.30	1,031.16	970.39	996.70	880.52	864.94	978.91	898.00	808.24	837.84
60	1,526.74	1,490.55	1,206.28	1,097.17	1,075.14	1,011.77	1,039.20	918.07	901.82	1,020.65	936.30	842.71	873.56
61	1,580.74	1,543.28	1,248.95	1,135.98	1,113.17	1,047.56	1,075.96	950.54	933.72	1,056.75	969.42	872.51	904.46
62	1,616.18	1,577.88	1,276.95	1,161.45	1,138.12	1,071.04	1,100.08	971.85	954.65	1,080.45	991.15	892.08	924.74
63	1,660.62	1,621.27	1,312.07	1,193.38	1,169.42	1,100.49	1,130.33	998.58	980.90	1,110.16	1,018.40	916.61	950.17
64+	1,687.62	1,647.63	1,333.41	1,212.78	1,188.42	1,118.40	1,148.70	1,014.81	996.84	1,128.21	1,034.97	931.50	965.61

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

18

Orange County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	432.37	422.13	341.62	310.72	304.48	286.53	294.30	260.00	255.40	289.05	265.16	238.66	247.39
15	470.81	459.65	371.99	338.34	331.54	312.00	320.46	283.11	278.10	314.74	288.73	259.87	269.39
16	485.50	474.00	383.60	348.90	341.89	321.74	330.46	291.95	286.78	324.57	297.74	267.98	277.79
17	500.20	488.34	395.21	359.46	352.24	331.48	340.47	300.78	295.46	334.39	306.75	276.09	286.20
18	516.02	503.79	407.71	370.83	363.39	341.97	351.24	310.30	304.81	344.97	316.46	284.83	295.26
19	531.85	519.24	420.22	382.21	374.53	352.46	362.01	319.82	314.15	355.55	326.16	293.56	304.31
20	548.24	535.25	433.17	393.98	386.07	363.32	373.17	329.67	323.84	366.51	336.22	302.61	313.69
21	565.19	551.80	446.56	406.17	398.01	374.55	384.71	339.87	333.85	377.84	346.61	311.97	323.39
22	565.19	551.80	446.56	406.17	398.01	374.55	384.71	339.87	333.85	377.84	346.61	311.97	323.39
23	565.19	551.80	446.56	406.17	398.01	374.55	384.71	339.87	333.85	377.84	346.61	311.97	323.39
24	565.19	551.80	446.56	406.17	398.01	374.55	384.71	339.87	333.85	377.84	346.61	311.97	323.39
25	567.46	554.01	448.35	407.79	399.60	376.05	386.25	341.23	335.19	379.35	348.00	313.22	324.69
26	578.76	565.04	457.28	415.92	407.57	383.54	393.94	348.02	341.86	386.91	354.93	319.46	331.15
27	592.32	578.29	468.00	425.67	417.12	392.53	403.17	356.18	349.88	395.98	363.25	326.94	338.91
28	614.37	599.81	485.41	441.51	432.64	407.14	418.18	369.44	362.90	410.72	376.77	339.11	351.53
29	632.45	617.46	499.70	454.50	445.38	419.13	430.49	380.31	373.58	422.81	387.86	349.09	361.88
30	641.50	626.29	506.85	461.00	451.74	425.12	436.64	385.75	378.92	428.85	393.41	354.08	367.05
31	655.06	639.54	517.57	470.75	461.30	434.11	445.88	393.91	386.93	437.92	401.73	361.57	374.81
32	668.62	652.78	528.29	480.50	470.85	443.10	455.11	402.06	394.95	446.99	410.05	369.06	382.57
33	677.10	661.06	534.98	486.59	476.82	448.72	460.88	407.16	399.95	452.66	415.24	373.74	387.42
34	686.15	669.89	542.13	493.09	483.19	454.71	467.04	412.60	405.30	458.70	420.79	378.73	392.60
35	690.67	674.30	545.70	496.34	486.37	457.71	470.11	415.32	407.97	461.72	423.56	381.22	395.18
36	695.19	678.71	549.27	499.59	489.56	460.70	473.19	418.04	410.64	464.75	426.34	383.72	397.77
37	699.71	683.13	552.85	502.84	492.74	463.70	476.27	420.76	413.31	467.77	429.11	386.22	400.36
38	704.23	687.54	556.42	506.09	495.92	466.69	479.35	423.47	415.98	470.79	431.88	388.71	402.95
39	713.28	696.37	563.56	512.59	502.29	472.69	485.50	428.91	421.32	476.84	437.43	393.70	408.12
40	722.32	705.20	570.71	519.08	508.66	478.68	491.66	434.35	426.66	482.88	442.97	398.69	413.29
41	735.88	718.44	581.43	528.83	518.21	487.67	500.89	442.51	434.68	491.95	451.29	406.18	421.06
42	748.88	731.13	591.70	538.17	527.37	496.28	509.74	450.32	442.35	500.64	459.26	413.36	428.49
43	766.97	748.79	605.99	551.17	540.10	508.27	522.05	461.20	453.04	512.73	470.36	423.34	438.84
44	789.58	770.86	623.85	567.42	556.02	523.25	537.44	474.79	466.39	527.85	484.22	435.82	451.78
45	816.14	796.80	644.84	586.51	574.73	540.86	555.52	490.77	482.08	545.61	500.51	450.48	466.98
46	847.79	827.70	669.85	609.25	597.02	561.83	577.06	509.80	500.78	566.76	519.92	467.95	485.09
47	883.40	862.46	697.98	634.84	622.09	585.43	601.30	531.21	521.81	590.57	541.76	487.61	505.46
48	924.09	902.19	730.13	664.09	650.75	612.40	629.00	555.68	545.85	617.77	566.72	510.07	528.75
49	964.22	941.37	761.84	692.93	679.01	638.99	656.31	579.81	569.55	644.60	591.33	532.22	551.71
50	1,009.44	985.51	797.56	725.42	710.85	668.95	687.09	607.00	596.26	674.83	619.05	557.17	577.58
51	1,054.09	1,029.11	832.84	757.51	742.29	698.54	717.48	633.85	622.63	704.68	646.44	581.82	603.13
52	1,103.26	1,077.11	871.69	792.84	776.92	731.13	750.95	663.42	651.68	737.55	676.59	608.96	631.26
53	1,153.00	1,125.67	910.99	828.59	811.95	764.09	784.81	693.33	681.06	770.80	707.09	636.41	659.72
54	1,206.69	1,178.09	953.41	867.17	849.76	799.67	821.35	725.62	712.77	806.69	740.02	666.05	690.44
55	1,260.38	1,230.51	995.84	905.76	887.57	835.26	857.90	757.90	744.49	842.59	772.95	695.69	721.16
56	1,318.60	1,287.35	1,041.83	947.59	928.56	873.83	897.53	792.91	778.88	881.51	808.65	727.82	754.47
57	1,377.38	1,344.74	1,088.28	989.84	969.96	912.79	937.54	828.26	813.60	920.80	844.70	760.27	788.11
58	1,440.12	1,405.99	1,137.84	1,034.92	1,014.14	954.36	980.24	865.98	850.65	962.74	883.17	794.89	824.00
59	1,471.20	1,436.34	1,162.41	1,057.26	1,036.03	974.96	1,001.40	884.67	869.02	983.53	902.24	812.05	841.79
60	1,533.94	1,497.59	1,211.97	1,102.34	1,080.21	1,016.54	1,044.10	922.40	906.07	1,025.47	940.71	846.68	877.69
61	1,588.20	1,550.56	1,254.84	1,141.34	1,118.42	1,052.50	1,081.03	955.03	938.12	1,061.74	973.99	876.63	908.73
62	1,623.80	1,585.32	1,282.98	1,166.92	1,143.49	1,076.09	1,105.27	976.44	959.16	1,085.54	995.82	896.28	929.10
63	1,668.45	1,628.91	1,318.26	1,199.01	1,174.93	1,105.68	1,135.66	1,003.29	985.53	1,115.39	1,023.21	920.93	954.65
64+	1,695.57	1,655.40	1,339.68	1,218.51	1,194.03	1,123.65	1,154.13	1,019.61	1,001.55	1,133.52	1,039.83	935.91	970.17

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PPO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 19

San Diego County

Age	Platinum 90 PPO 0/15 + Child Dental	Platinum 90 PPO 250/15 + Child Dental Alt	Gold 80 PPO 250/25 + Child Dental	Gold 80 PPO 0/30 + Child Dental Alt	Gold 80 PPO 500/20 + Child Dental Alt	Gold 80 Value PPO 750/15 + Child Dental Alt	Gold 80 PPO 1000/30 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt	Silver 70 PPO 2250/50 + Child Dental	Silver 70 PPO 2250/55 + Child Dental Alt	Bronze 60 PPO 6300/65 + Child Dental	Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
0-14	473.16	461.94	373.84	340.03	333.20	313.56	322.06	284.52	279.49	316.31	290.17	261.17	270.73
15	515.22	503.01	407.07	370.25	362.82	341.43	350.69	309.81	304.33	344.43	315.96	284.38	294.79
16	531.30	518.71	419.78	381.81	374.14	352.09	361.64	319.48	313.83	355.18	325.83	293.26	304.00
17	547.38	534.41	432.49	393.37	385.47	362.75	372.58	329.15	323.33	365.93	335.69	302.13	313.20
18	564.70	551.31	446.17	405.81	397.66	374.22	384.37	339.57	333.56	377.51	346.31	311.69	323.11
19	582.01	568.22	459.85	418.26	409.86	385.70	396.16	349.98	343.79	389.09	356.93	321.25	333.02
20	599.95	585.73	474.02	431.15	422.49	397.59	408.37	360.77	354.38	401.08	367.93	331.15	343.28
21	618.51	603.85	488.69	444.48	435.55	409.88	421.00	371.92	365.34	413.48	379.31	341.39	353.90
22	618.51	603.85	488.69	444.48	435.55	409.88	421.00	371.92	365.34	413.48	379.31	341.39	353.90
23	618.51	603.85	488.69	444.48	435.55	409.88	421.00	371.92	365.34	413.48	379.31	341.39	353.90
24	618.51	603.85	488.69	444.48	435.55	409.88	421.00	371.92	365.34	413.48	379.31	341.39	353.90
25	620.98	606.26	490.64	446.26	437.30	411.52	422.68	373.41	366.80	415.14	380.83	342.76	355.31
26	633.35	618.34	500.41	455.15	446.01	419.72	431.10	380.85	374.11	423.41	388.41	349.59	362.39
27	648.19	632.83	512.14	465.82	456.46	429.56	441.20	389.78	382.88	433.33	397.52	357.78	370.88
28	672.32	656.38	531.20	483.15	473.45	445.54	457.62	404.28	397.13	449.46	412.31	371.10	384.68
29	692.11	675.71	546.84	497.37	487.39	458.66	471.09	416.18	408.82	462.69	424.45	382.02	396.01
30	702.00	685.37	554.66	504.49	494.35	465.22	477.83	422.13	414.66	469.30	430.52	387.48	401.67
31	716.85	699.86	566.39	515.15	504.81	475.05	487.93	431.06	423.43	479.23	439.62	395.68	410.16
32	731.69	714.35	578.11	525.82	515.26	484.89	498.04	439.99	432.20	489.15	448.72	403.87	418.66
33	740.97	723.41	585.45	532.49	521.79	491.04	504.35	445.57	437.68	495.35	454.41	408.99	423.97
34	750.87	733.07	593.26	539.60	528.76	497.60	511.09	451.52	443.53	501.97	460.48	414.45	429.63
35	755.81	737.90	597.17	543.16	532.25	500.88	514.46	454.49	446.45	505.28	463.52	417.18	432.46
36	760.76	742.73	601.08	546.71	535.73	504.16	517.82	457.47	449.37	508.58	466.55	419.91	435.29
37	765.71	747.56	604.99	550.27	539.22	507.44	521.19	460.44	452.29	511.89	469.58	422.65	438.12
38	770.66	752.39	608.90	553.82	542.70	510.71	524.56	463.42	455.22	515.20	472.62	425.38	440.95
39	780.55	762.06	616.72	560.93	549.67	517.27	531.30	469.37	461.06	521.82	478.69	430.84	446.62
40	790.45	771.72	624.54	568.05	556.64	523.83	538.03	475.32	466.91	528.43	484.76	436.30	452.28
41	805.29	786.21	636.27	578.71	567.09	533.67	548.14	484.25	475.68	538.35	493.86	444.49	460.77
42	819.52	800.10	647.51	588.94	577.11	543.10	557.82	492.80	484.08	547.86	502.58	452.35	468.91
43	839.31	819.42	663.15	603.16	591.05	556.21	571.29	504.70	495.77	561.10	514.72	463.27	480.24
44	864.05	843.58	682.69	620.94	608.47	572.61	588.13	519.58	510.38	577.64	529.89	476.93	494.39
45	893.12	871.96	705.66	641.83	628.94	591.87	607.92	537.06	527.55	597.07	547.72	492.97	511.02
46	927.76	905.77	733.03	666.72	653.33	614.83	631.49	557.89	548.01	620.22	568.96	512.09	530.84
47	966.72	943.81	763.82	694.72	680.77	640.65	658.02	581.32	571.03	646.27	592.86	533.60	553.14
48	1,011.26	987.29	799.00	726.73	712.13	670.16	688.33	608.10	597.33	676.04	620.17	558.18	578.62
49	1,055.17	1,030.16	833.70	758.28	743.06	699.26	718.22	634.50	623.27	705.40	647.10	582.42	603.75
50	1,104.65	1,078.47	872.79	793.84	777.90	732.05	751.90	664.26	652.50	738.48	677.45	609.73	632.06
51	1,153.51	1,126.18	911.40	828.96	812.31	764.43	785.16	693.64	681.36	771.15	707.41	636.70	660.01
52	1,207.32	1,178.71	953.91	867.63	850.20	800.09	821.78	726.00	713.15	807.12	740.41	666.40	690.80
53	1,261.75	1,231.85	996.92	906.74	888.53	836.16	858.83	758.73	745.30	843.50	773.79	696.44	721.95
54	1,320.51	1,289.21	1,043.34	948.97	929.91	875.10	898.83	794.06	780.01	882.79	809.82	728.88	755.57
55	1,379.27	1,346.58	1,089.77	991.19	971.29	914.04	938.82	829.39	814.71	922.07	845.86	761.31	789.19
56	1,442.97	1,408.78	1,140.10	1,036.97	1,016.15	956.26	982.18	867.70	852.34	964.65	884.93	796.47	825.64
57	1,507.30	1,471.58	1,190.93	1,083.20	1,061.45	998.89	1,025.97	906.38	890.34	1,007.66	924.38	831.98	862.44
58	1,575.95	1,538.60	1,245.17	1,132.54	1,109.79	1,044.38	1,072.70	947.66	930.89	1,053.55	966.48	869.87	901.73
59	1,609.97	1,571.82	1,272.05	1,156.98	1,133.75	1,066.93	1,095.85	968.12	950.99	1,076.30	987.34	888.65	921.19
60	1,678.62	1,638.84	1,326.29	1,206.32	1,182.10	1,112.42	1,142.58	1,009.40	991.54	1,122.19	1,029.44	926.54	960.47
61	1,738.00	1,696.81	1,373.21	1,248.99	1,223.91	1,151.77	1,183.00	1,045.11	1,026.61	1,161.89	1,065.86	959.32	994.45
62	1,776.97	1,734.85	1,403.99	1,276.99	1,251.35	1,177.60	1,209.52	1,068.54	1,049.63	1,187.94	1,089.75	980.82	1,016.74
63	1,825.83	1,782.56	1,442.60	1,312.11	1,285.76	1,209.98	1,242.78	1,097.92	1,078.49	1,220.60	1,119.72	1,007.79	1,044.70
64+	1,855.53	1,811.55	1,466.07	1,333.44	1,306.65	1,229.64	1,263.00	1,115.76	1,096.02	1,240.44	1,137.93	1,024.17	1,061.70

Employer can choose the optional infertility benefit to be added to Health Net Life Insurance Company Small Business PPO plans at an additional premium of \$3.83 per member. If the employer chooses the infertility benefit, all PPO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2020, TO DECEMBER 30, 2020

Plan Rates

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

1

Nevada County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	433.64	413.83	405.58	400.90	391.65	385.79	379.84	354.79
15	472.19	450.61	441.63	436.54	426.47	420.09	413.61	386.32
16	486.93	464.68	455.41	450.16	439.78	433.20	426.51	398.38
17	501.66	478.74	469.20	463.79	453.09	446.31	439.42	410.44
18	517.54	493.89	484.04	478.46	467.43	460.43	453.33	423.42
19	533.41	509.03	498.89	493.14	481.76	474.55	467.23	436.41
20	549.85	524.72	514.26	508.33	496.61	489.18	481.63	449.86
21	566.85	540.95	530.16	524.05	511.97	504.31	496.52	463.77
22	566.85	540.95	530.16	524.05	511.97	504.31	496.52	463.77
23	566.85	540.95	530.16	524.05	511.97	504.31	496.52	463.77
24	566.85	540.95	530.16	524.05	511.97	504.31	496.52	463.77
25	569.12	543.11	532.29	526.15	514.02	506.32	498.51	465.63
26	580.46	553.93	542.89	536.63	524.25	516.41	508.44	474.90
27	594.06	566.92	555.61	549.21	536.54	528.51	520.36	486.03
28	616.17	588.01	576.29	569.65	556.51	548.18	539.72	504.12
29	634.31	605.32	593.25	586.42	572.89	564.32	555.61	518.96
30	643.38	613.98	601.74	594.80	581.08	572.39	563.56	526.38
31	656.98	626.96	614.46	607.38	593.37	584.49	575.47	537.51
32	670.59	639.94	627.18	619.96	605.66	596.60	587.39	548.64
33	679.09	648.06	635.14	627.82	613.34	604.16	594.84	555.60
34	688.16	656.71	643.62	636.20	621.53	612.23	602.78	563.02
35	692.69	661.04	647.86	640.39	625.62	616.26	606.75	566.73
36	697.23	665.37	652.10	644.59	629.72	620.30	610.73	570.44
37	701.76	669.70	656.34	648.78	633.82	624.33	614.70	574.15
38	706.30	674.02	660.59	652.97	637.91	628.37	618.67	577.86
39	715.37	682.68	669.07	661.36	646.10	636.44	626.61	585.28
40	724.44	691.33	677.55	669.74	654.29	644.50	634.56	592.70
41	738.04	704.32	690.27	682.32	666.58	656.61	646.48	603.83
42	751.08	716.76	702.47	694.37	678.36	668.21	657.90	614.50
43	769.22	734.07	719.43	711.14	694.74	684.34	673.78	629.34
44	791.89	755.71	740.64	732.10	715.22	704.52	693.65	647.89
45	818.54	781.13	765.56	756.73	739.28	728.22	716.98	669.69
46	850.28	811.43	795.25	786.08	767.95	756.46	744.79	695.66
47	885.99	845.51	828.65	819.10	800.20	788.23	776.07	724.88
48	926.80	884.45	866.82	856.83	837.07	824.54	811.82	758.27
49	967.05	922.86	904.46	894.04	873.42	860.35	847.07	791.20
50	1,012.40	966.14	946.87	935.96	914.37	900.69	886.79	828.30
51	1,057.18	1,008.87	988.76	977.36	954.82	940.53	926.02	864.94
52	1,106.50	1,055.93	1,034.88	1,022.95	999.36	984.41	969.22	905.29
53	1,156.38	1,103.54	1,081.54	1,069.07	1,044.41	1,028.79	1,012.91	946.10
54	1,210.23	1,154.93	1,131.90	1,118.86	1,093.05	1,076.70	1,060.08	990.16
55	1,264.08	1,206.32	1,182.27	1,168.64	1,141.69	1,124.60	1,107.25	1,034.21
56	1,322.47	1,262.04	1,236.87	1,222.62	1,194.42	1,176.55	1,158.39	1,081.98
57	1,381.42	1,318.30	1,292.01	1,277.12	1,247.66	1,229.00	1,210.03	1,130.22
58	1,444.34	1,378.34	1,350.86	1,335.29	1,304.49	1,284.97	1,265.15	1,181.69
59	1,475.52	1,408.09	1,380.02	1,364.11	1,332.65	1,312.71	1,292.45	1,207.20
60	1,538.44	1,468.14	1,438.87	1,422.28	1,389.48	1,368.69	1,347.57	1,258.68
61	1,592.86	1,520.07	1,489.76	1,472.59	1,438.63	1,417.10	1,395.23	1,303.20
62	1,628.57	1,554.15	1,523.16	1,505.61	1,470.88	1,448.87	1,426.52	1,332.42
63	1,673.35	1,596.89	1,565.05	1,547.01	1,511.33	1,488.71	1,465.74	1,369.06
64+	1,700.55	1,622.85	1,590.48	1,572.15	1,535.91	1,512.93	1,489.56	1,391.31

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

1

Nevada County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	435.73	415.82	407.53	402.83	393.54	387.65	381.67	356.49
15	474.46	452.78	443.75	438.64	428.52	422.11	415.59	388.18
16	489.27	466.91	457.60	452.33	441.89	435.28	428.56	400.30
17	504.08	481.04	471.45	466.02	455.27	448.46	441.54	412.41
18	520.02	496.26	486.37	480.76	469.67	462.64	455.51	425.46
19	535.97	511.48	501.28	495.50	484.08	476.83	469.48	438.51
20	552.49	527.24	516.73	510.78	498.99	491.53	483.94	452.02
21	569.58	543.55	532.71	526.57	514.43	506.73	498.91	466.00
22	569.58	543.55	532.71	526.57	514.43	506.73	498.91	466.00
23	569.58	543.55	532.71	526.57	514.43	506.73	498.91	466.00
24	569.58	543.55	532.71	526.57	514.43	506.73	498.91	466.00
25	571.85	545.72	534.84	528.68	516.49	508.76	500.91	467.87
26	583.25	556.59	545.50	539.21	526.77	518.89	510.88	477.19
27	596.92	569.64	558.28	551.85	539.12	531.05	522.86	488.37
28	619.13	590.84	579.06	572.38	559.18	550.82	542.32	506.54
29	637.36	608.23	596.11	589.23	575.64	567.03	558.28	521.46
30	646.47	616.93	604.63	597.66	583.88	575.14	566.26	528.91
31	660.14	629.97	617.41	610.30	596.22	587.30	578.24	540.10
32	673.81	643.02	630.20	622.94	608.57	599.46	590.21	551.28
33	682.35	651.17	638.19	630.83	616.28	607.06	597.70	558.27
34	691.47	659.87	646.71	639.26	624.51	615.17	605.68	565.73
35	696.02	664.22	650.97	643.47	628.63	619.22	609.67	569.45
36	700.58	668.57	655.24	647.68	632.75	623.28	613.66	573.18
37	705.14	672.91	659.50	651.90	636.86	627.33	617.65	576.91
38	709.69	677.26	663.76	656.11	640.98	631.39	621.64	580.64
39	718.81	685.96	672.28	664.53	649.21	639.49	629.63	588.09
40	727.92	694.66	680.81	672.96	657.44	647.60	637.61	595.55
41	741.59	707.70	693.59	685.60	669.78	659.76	649.58	606.73
42	754.69	720.20	705.84	697.71	681.62	671.42	661.06	617.45
43	772.92	737.60	722.89	714.56	698.08	687.63	677.02	632.36
44	795.70	759.34	744.20	735.62	718.66	707.90	696.98	651.00
45	822.47	784.89	769.24	760.37	742.83	731.72	720.43	672.91
46	854.36	815.32	799.07	789.86	771.64	760.10	748.37	699.00
47	890.25	849.57	832.63	823.03	804.05	792.02	779.80	728.36
48	931.26	888.70	870.98	860.95	841.09	828.50	815.72	761.91
49	971.70	927.30	908.81	898.33	877.61	864.48	851.14	795.00
50	1,017.26	970.78	951.42	940.46	918.77	905.02	891.05	832.28
51	1,062.26	1,013.72	993.51	982.06	959.41	945.05	930.47	869.09
52	1,111.81	1,061.01	1,039.85	1,027.87	1,004.16	989.14	973.87	909.64
53	1,161.94	1,108.84	1,086.73	1,074.21	1,049.43	1,033.73	1,017.78	950.64
54	1,216.05	1,160.48	1,137.34	1,124.23	1,098.30	1,081.87	1,065.17	994.91
55	1,270.16	1,212.12	1,187.95	1,174.26	1,147.17	1,130.01	1,112.57	1,039.18
56	1,328.82	1,268.10	1,242.82	1,228.49	1,200.16	1,182.20	1,163.96	1,087.18
57	1,388.06	1,324.63	1,298.22	1,283.26	1,253.66	1,234.90	1,215.85	1,135.65
58	1,451.28	1,384.96	1,357.35	1,341.71	1,310.76	1,291.15	1,271.22	1,187.37
59	1,482.61	1,414.86	1,386.65	1,370.67	1,339.05	1,319.02	1,298.66	1,213.00
60	1,545.83	1,475.19	1,445.78	1,429.12	1,396.16	1,375.27	1,354.04	1,264.73
61	1,600.51	1,527.37	1,496.92	1,479.67	1,445.54	1,423.91	1,401.94	1,309.47
62	1,636.39	1,561.62	1,530.48	1,512.84	1,477.95	1,455.84	1,433.37	1,338.82
63	1,681.39	1,604.56	1,572.57	1,554.44	1,518.59	1,495.87	1,472.78	1,375.64
64+	1,708.74	1,630.65	1,598.13	1,579.71	1,543.29	1,520.19	1,496.73	1,398.00

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

2

Marin, Napa, Solano, and Sonoma counties

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	520.57	496.78	486.87	481.26	470.16	463.13	455.98	425.90
15	566.84	540.94	530.15	524.04	511.95	504.29	496.51	463.76
16	584.53	557.82	546.70	540.40	527.93	520.04	512.01	478.24
17	602.22	574.71	563.25	556.76	543.91	535.78	527.51	492.71
18	621.28	592.89	581.07	574.37	561.12	552.73	544.20	508.30
19	640.33	611.07	598.89	591.98	578.33	569.68	560.89	523.89
20	660.06	629.90	617.34	610.23	596.15	587.23	578.17	540.04
21	680.48	649.38	636.44	629.10	614.59	605.40	596.05	556.74
22	680.48	649.38	636.44	629.10	614.59	605.40	596.05	556.74
23	680.48	649.38	636.44	629.10	614.59	605.40	596.05	556.74
24	680.48	649.38	636.44	629.10	614.59	605.40	596.05	556.74
25	683.20	651.98	638.98	631.62	617.05	607.82	598.44	558.96
26	696.81	664.97	651.71	644.20	629.34	619.93	610.36	570.10
27	713.14	680.55	666.99	659.30	644.09	634.46	624.66	583.46
28	739.68	705.88	691.81	683.83	668.06	658.07	647.91	605.17
29	761.46	726.66	712.17	703.96	687.73	677.44	666.98	622.99
30	772.34	737.05	722.36	714.03	697.56	687.12	676.52	631.90
31	788.68	752.64	737.63	729.13	712.31	701.65	690.83	645.26
32	805.01	768.22	752.90	744.23	727.06	716.18	705.13	658.62
33	815.21	777.96	762.45	753.66	736.28	725.26	714.07	666.97
34	826.10	788.35	772.63	763.73	746.11	734.95	723.61	675.88
35	831.55	793.55	777.73	768.76	751.03	739.79	728.38	680.33
36	836.99	798.74	782.82	773.80	755.95	744.64	733.15	684.79
37	842.43	803.94	787.91	778.83	760.86	749.48	737.91	689.24
38	847.88	809.13	793.00	783.86	765.78	754.32	742.68	693.69
39	858.76	819.52	803.18	793.93	775.61	764.01	752.22	702.60
40	869.65	829.91	813.37	803.99	785.45	773.70	761.76	711.51
41	885.98	845.50	828.64	819.09	800.20	788.23	776.06	724.87
42	901.63	860.43	843.28	833.56	814.33	802.15	789.77	737.68
43	923.41	881.21	863.64	853.69	834.00	821.52	808.84	755.49
44	950.63	907.19	889.10	878.86	858.58	845.74	832.69	777.76
45	982.61	937.71	919.02	908.42	887.47	874.19	860.70	803.93
46	1,020.72	974.08	954.66	943.65	921.89	908.09	894.08	835.11
47	1,063.59	1,014.99	994.75	983.29	960.61	946.23	931.63	870.18
48	1,112.58	1,061.74	1,040.57	1,028.58	1,004.86	989.82	974.55	910.27
49	1,160.90	1,107.85	1,085.76	1,073.25	1,048.49	1,032.81	1,016.87	949.79
50	1,215.34	1,159.80	1,136.68	1,123.58	1,097.66	1,081.24	1,064.55	994.33
51	1,269.09	1,211.10	1,186.95	1,173.27	1,146.21	1,129.06	1,111.64	1,038.31
52	1,328.30	1,267.60	1,242.32	1,228.01	1,199.68	1,181.73	1,163.50	1,086.75
53	1,388.18	1,324.74	1,298.33	1,283.37	1,253.77	1,235.01	1,215.95	1,135.74
54	1,452.82	1,386.44	1,358.79	1,343.13	1,312.15	1,292.52	1,272.57	1,188.63
55	1,517.47	1,448.13	1,419.25	1,402.90	1,370.54	1,350.03	1,329.20	1,241.52
56	1,587.56	1,515.01	1,484.81	1,467.69	1,433.84	1,412.39	1,390.59	1,298.87
57	1,658.33	1,582.55	1,551.00	1,533.12	1,497.76	1,475.35	1,452.58	1,356.77
58	1,733.86	1,654.63	1,621.64	1,602.95	1,565.98	1,542.55	1,518.75	1,418.57
59	1,771.29	1,690.35	1,656.65	1,637.55	1,599.78	1,575.85	1,551.53	1,449.19
60	1,846.82	1,762.43	1,727.29	1,707.38	1,668.00	1,643.05	1,617.69	1,510.98
61	1,912.15	1,824.77	1,788.39	1,767.78	1,727.00	1,701.16	1,674.91	1,564.43
62	1,955.02	1,865.68	1,828.48	1,807.41	1,765.72	1,739.30	1,712.46	1,599.51
63	2,008.77	1,916.98	1,878.76	1,857.11	1,814.27	1,787.13	1,759.55	1,643.49
64+	2,041.44	1,948.14	1,909.32	1,887.30	1,843.77	1,816.20	1,788.15	1,670.22

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

2

Marin, Napa, Solano, and Sonoma counties (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	523.07	499.17	489.21	483.58	472.42	465.35	458.17	427.95
15	569.56	543.54	532.70	526.56	514.42	506.72	498.90	465.99
16	587.34	560.50	549.33	543.00	530.47	522.53	514.47	480.54
17	605.12	577.47	565.95	559.43	546.53	538.35	530.04	495.08
18	624.26	595.74	583.86	577.13	563.82	555.38	546.81	510.74
19	643.41	614.01	601.77	594.83	581.11	572.42	563.58	526.41
20	663.24	632.93	620.31	613.16	599.02	590.06	580.95	542.63
21	683.75	652.50	639.50	632.12	617.55	608.31	598.92	559.41
22	683.75	652.50	639.50	632.12	617.55	608.31	598.92	559.41
23	683.75	652.50	639.50	632.12	617.55	608.31	598.92	559.41
24	683.75	652.50	639.50	632.12	617.55	608.31	598.92	559.41
25	686.48	655.11	642.05	634.65	620.02	610.74	601.31	561.65
26	700.16	668.17	654.84	647.30	632.37	622.90	613.29	572.84
27	716.57	683.83	670.19	662.47	647.19	637.50	627.67	586.26
28	743.24	709.27	695.13	687.12	671.27	661.23	651.02	608.08
29	765.12	730.15	715.60	707.35	691.03	680.69	670.19	625.98
30	776.06	740.59	725.83	717.46	700.91	690.43	679.77	634.93
31	792.47	756.25	741.18	732.63	715.73	705.03	694.15	648.36
32	808.87	771.91	756.52	747.80	730.56	719.63	708.52	661.78
33	819.13	781.70	766.12	757.29	739.82	728.75	717.50	670.18
34	830.07	792.14	776.35	767.40	749.70	738.48	727.09	679.13
35	835.54	797.36	781.46	772.46	754.64	743.35	731.88	683.60
36	841.01	802.58	786.58	777.51	759.58	748.22	736.67	688.08
37	846.48	807.80	791.70	782.57	764.52	753.08	741.46	692.55
38	851.95	813.02	796.81	787.63	769.46	757.95	746.25	697.03
39	862.89	823.46	807.04	797.74	779.34	767.68	755.83	705.98
40	873.83	833.90	817.27	807.86	789.22	777.41	765.42	714.93
41	890.24	849.56	832.62	823.03	804.04	792.01	779.79	728.35
42	905.97	864.57	847.33	837.57	818.25	806.00	793.57	741.22
43	927.85	885.45	867.80	857.79	838.01	825.47	812.73	759.12
44	955.20	911.55	893.37	883.08	862.71	849.80	836.69	781.50
45	987.33	942.22	923.43	912.79	891.74	878.39	864.84	807.79
46	1,025.62	978.76	959.24	948.19	926.32	912.46	898.38	839.12
47	1,068.70	1,019.87	999.53	988.01	965.22	950.78	936.11	874.36
48	1,117.93	1,066.85	1,045.57	1,033.52	1,009.69	994.58	979.23	914.64
49	1,166.48	1,113.17	1,090.98	1,078.40	1,053.53	1,037.77	1,021.75	954.36
50	1,221.18	1,165.37	1,142.14	1,128.97	1,102.94	1,086.43	1,069.67	999.11
51	1,275.19	1,216.92	1,192.66	1,178.91	1,151.72	1,134.49	1,116.98	1,043.30
52	1,334.68	1,273.69	1,248.29	1,233.91	1,205.45	1,187.41	1,169.09	1,091.97
53	1,394.85	1,331.11	1,304.57	1,289.53	1,259.79	1,240.94	1,221.79	1,141.20
54	1,459.80	1,393.10	1,365.32	1,349.59	1,318.46	1,298.73	1,278.69	1,194.35
55	1,524.76	1,455.09	1,426.07	1,409.64	1,377.13	1,356.52	1,335.59	1,247.49
56	1,595.19	1,522.29	1,491.94	1,474.75	1,440.73	1,419.18	1,397.28	1,305.11
57	1,666.30	1,590.15	1,558.45	1,540.49	1,504.96	1,482.44	1,459.56	1,363.29
58	1,742.19	1,662.58	1,629.43	1,610.65	1,573.50	1,549.96	1,526.04	1,425.38
59	1,779.80	1,698.47	1,664.61	1,645.42	1,607.47	1,583.42	1,558.98	1,456.15
60	1,855.69	1,770.90	1,735.59	1,715.59	1,676.02	1,650.94	1,625.46	1,518.25
61	1,921.33	1,833.54	1,796.98	1,776.27	1,735.30	1,709.34	1,682.96	1,571.95
62	1,964.41	1,874.65	1,837.27	1,816.09	1,774.21	1,747.66	1,720.69	1,607.19
63	2,018.43	1,926.19	1,887.79	1,866.03	1,822.99	1,795.72	1,768.01	1,651.39
64+	2,051.25	1,957.50	1,918.50	1,896.36	1,852.65	1,824.93	1,796.76	1,678.23

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 3

El Dorado, Placer, Sacramento, and Yolo counties

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	434.15	414.31	406.05	401.37	392.11	386.24	380.28	355.20
15	472.74	451.14	442.14	437.05	426.97	420.58	414.09	386.77
16	487.49	465.22	455.94	450.69	440.29	433.70	427.01	398.84
17	502.25	479.30	469.74	464.33	453.62	446.83	439.94	410.92
18	518.14	494.46	484.60	479.02	467.97	460.97	453.85	423.92
19	534.03	509.63	499.47	493.71	482.32	475.11	467.77	436.92
20	550.49	525.33	514.86	508.92	497.19	489.75	482.19	450.38
21	567.51	541.58	530.78	524.66	512.56	504.89	497.10	464.31
22	567.51	541.58	530.78	524.66	512.56	504.89	497.10	464.31
23	567.51	541.58	530.78	524.66	512.56	504.89	497.10	464.31
24	567.51	541.58	530.78	524.66	512.56	504.89	497.10	464.31
25	569.78	543.75	532.91	526.76	514.61	506.91	499.09	466.17
26	581.13	554.58	543.52	537.26	524.86	517.01	509.03	475.46
27	594.75	567.58	556.26	549.85	537.17	529.13	520.96	486.60
28	616.89	588.70	576.96	570.31	557.16	548.82	540.35	504.71
29	635.05	606.03	593.94	587.10	573.56	564.98	556.26	519.57
30	644.13	614.69	602.44	595.49	581.76	573.05	564.21	527.00
31	657.75	627.69	615.18	608.09	594.06	585.17	576.14	538.14
32	671.37	640.69	627.91	620.68	606.36	597.29	588.07	549.28
33	679.88	648.81	635.88	628.55	614.05	604.86	595.53	556.25
34	688.96	657.48	644.37	636.94	622.25	612.94	603.48	563.68
35	693.50	661.81	648.62	641.14	626.35	616.98	607.46	567.39
36	698.04	666.14	652.86	645.34	630.45	621.02	611.44	571.11
37	702.58	670.48	657.11	649.53	634.55	625.06	615.41	574.82
38	707.12	674.81	661.35	653.73	638.65	629.10	619.39	578.53
39	716.20	683.47	669.85	662.13	646.85	637.18	627.34	585.96
40	725.28	692.14	678.34	670.52	655.06	645.25	635.30	593.39
41	738.90	705.14	691.08	683.11	667.36	657.37	647.23	604.54
42	751.95	717.59	703.29	695.18	679.15	668.98	658.66	615.21
43	770.11	734.92	720.27	711.97	695.55	685.14	674.57	630.07
44	792.81	756.59	741.50	732.96	716.05	705.34	694.45	648.65
45	819.49	782.04	766.45	757.62	740.14	729.07	717.82	670.47
46	851.27	812.37	796.17	787.00	768.84	757.34	745.65	696.47
47	887.02	846.49	829.61	820.05	801.14	789.15	776.97	725.72
48	927.88	885.48	867.83	857.83	838.04	825.50	812.76	759.15
49	968.18	923.94	905.51	895.08	874.43	861.35	848.06	792.12
50	1,013.58	967.26	947.98	937.05	915.44	901.74	887.83	829.26
51	1,058.41	1,010.05	989.91	978.50	955.93	941.63	927.10	865.94
52	1,107.78	1,057.16	1,036.09	1,024.14	1,000.52	985.55	970.34	906.34
53	1,157.73	1,104.82	1,082.80	1,070.32	1,045.63	1,029.98	1,014.09	947.20
54	1,211.64	1,156.27	1,133.22	1,120.16	1,094.32	1,077.95	1,061.31	991.31
55	1,265.55	1,207.72	1,183.64	1,170.00	1,143.02	1,125.91	1,108.54	1,035.42
56	1,324.01	1,263.51	1,238.31	1,224.04	1,195.81	1,177.92	1,159.74	1,083.24
57	1,383.03	1,319.83	1,293.52	1,278.61	1,249.12	1,230.43	1,211.44	1,131.53
58	1,446.02	1,379.95	1,352.43	1,336.84	1,306.01	1,286.47	1,266.62	1,183.07
59	1,477.24	1,409.73	1,381.63	1,365.70	1,334.20	1,314.24	1,293.96	1,208.61
60	1,540.23	1,469.85	1,440.54	1,423.94	1,391.10	1,370.28	1,349.14	1,260.15
61	1,594.71	1,521.84	1,491.50	1,474.31	1,440.30	1,418.75	1,396.86	1,304.72
62	1,630.46	1,555.96	1,524.94	1,507.36	1,472.59	1,450.56	1,428.18	1,333.97
63	1,675.30	1,598.74	1,566.87	1,548.81	1,513.09	1,490.45	1,467.45	1,370.65
64+	1,702.53	1,624.74	1,592.34	1,573.98	1,537.68	1,514.67	1,491.30	1,392.93

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 3

El Dorado, Placer, Sacramento, and Yolo counties (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	436.23	416.30	408.00	403.30	394.00	388.10	382.11	356.91
15	475.01	453.30	444.27	439.15	429.02	422.60	416.08	388.63
16	489.84	467.45	458.13	452.85	442.41	435.79	429.06	400.76
17	504.66	481.60	472.00	466.56	455.80	448.98	442.05	412.89
18	520.63	496.84	486.93	481.32	470.22	463.18	456.04	425.95
19	536.60	512.08	501.87	496.08	484.64	477.39	470.02	439.02
20	553.13	527.86	517.33	511.37	499.58	492.10	484.51	452.55
21	570.24	544.18	533.33	527.19	515.03	507.32	499.49	466.54
22	570.24	544.18	533.33	527.19	515.03	507.32	499.49	466.54
23	570.24	544.18	533.33	527.19	515.03	507.32	499.49	466.54
24	570.24	544.18	533.33	527.19	515.03	507.32	499.49	466.54
25	572.52	546.36	535.47	529.29	517.09	509.35	501.49	468.41
26	583.93	557.24	546.13	539.84	527.39	519.50	511.48	477.74
27	597.61	570.30	558.93	552.49	539.75	531.67	523.47	488.94
28	619.85	591.53	579.73	573.05	559.83	551.46	542.95	507.13
29	638.10	608.94	596.80	589.92	576.31	567.69	558.93	522.06
30	647.22	617.65	605.33	598.36	584.55	575.81	566.92	529.53
31	660.91	630.71	618.13	611.01	596.92	587.98	578.91	540.72
32	674.59	643.77	630.93	623.66	609.28	600.16	590.90	551.92
33	683.15	651.93	638.93	631.57	617.00	607.77	598.39	558.92
34	692.27	660.64	647.47	640.00	625.24	615.89	606.38	566.38
35	696.83	664.99	651.73	644.22	629.36	619.95	610.38	570.12
36	701.39	669.34	656.00	648.44	633.48	624.00	614.37	573.85
37	705.96	673.70	660.27	652.66	637.60	628.06	618.37	577.58
38	710.52	678.05	664.53	656.87	641.72	632.12	622.37	581.31
39	719.64	686.76	673.07	665.31	649.96	640.24	630.36	588.78
40	728.77	695.47	681.60	673.74	658.20	648.36	638.35	596.24
41	742.45	708.53	694.40	686.40	670.56	660.53	650.34	607.44
42	755.57	721.04	706.67	698.52	682.41	672.20	661.83	618.17
43	773.82	738.46	723.73	715.39	698.89	688.43	677.81	633.10
44	796.62	760.22	745.07	736.48	719.49	708.73	697.79	651.76
45	823.43	785.80	770.13	761.26	743.70	732.57	721.27	673.69
46	855.36	816.27	800.00	790.78	772.54	760.98	749.24	699.82
47	891.28	850.56	833.60	823.99	804.99	792.94	780.71	729.21
48	932.34	889.74	872.00	861.95	842.07	829.47	816.67	762.80
49	972.83	928.38	909.87	899.38	878.63	865.49	852.13	795.92
50	1,018.45	971.91	952.53	941.55	919.84	906.07	892.09	833.25
51	1,063.50	1,014.90	994.67	983.20	960.52	946.15	931.55	870.10
52	1,113.11	1,062.24	1,041.07	1,029.07	1,005.33	990.29	975.01	910.69
53	1,163.29	1,110.13	1,088.00	1,075.46	1,050.65	1,034.93	1,018.96	951.75
54	1,217.46	1,161.83	1,138.66	1,125.54	1,099.58	1,083.13	1,066.41	996.07
55	1,271.63	1,213.53	1,189.33	1,175.62	1,148.51	1,131.32	1,113.87	1,040.39
56	1,330.37	1,269.58	1,244.26	1,229.92	1,201.56	1,183.58	1,165.31	1,088.45
57	1,389.67	1,326.17	1,299.73	1,284.75	1,255.12	1,236.34	1,217.26	1,136.97
58	1,452.97	1,386.58	1,358.93	1,343.27	1,312.29	1,292.65	1,272.70	1,188.75
59	1,484.33	1,416.51	1,388.26	1,372.26	1,340.61	1,320.55	1,300.18	1,214.41
60	1,547.63	1,476.91	1,447.46	1,430.78	1,397.78	1,376.87	1,355.62	1,266.20
61	1,602.37	1,529.15	1,498.66	1,481.39	1,447.22	1,425.57	1,403.57	1,310.99
62	1,638.30	1,563.44	1,532.26	1,514.60	1,479.67	1,457.53	1,435.04	1,340.38
63	1,683.35	1,606.43	1,574.40	1,556.25	1,520.36	1,497.61	1,474.50	1,377.24
64+	1,710.72	1,632.54	1,599.99	1,581.57	1,545.09	1,521.96	1,498.47	1,399.62

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

4

San Francisco County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	455.09	434.29	425.63	420.73	411.02	404.87	398.63	372.33
15	495.54	472.90	463.47	458.13	447.56	440.86	434.06	405.43
16	511.01	487.66	477.93	472.42	461.53	454.62	447.61	418.08
17	526.47	502.42	492.40	486.72	475.50	468.38	461.16	430.74
18	543.13	518.31	507.98	502.12	490.54	483.20	475.75	444.36
19	559.79	534.21	523.56	517.52	505.59	498.02	490.34	457.99
20	577.04	550.67	539.69	533.47	521.17	513.37	505.45	472.11
21	594.88	567.70	556.38	549.97	537.29	529.25	521.08	486.71
22	594.88	567.70	556.38	549.97	537.29	529.25	521.08	486.71
23	594.88	567.70	556.38	549.97	537.29	529.25	521.08	486.71
24	594.88	567.70	556.38	549.97	537.29	529.25	521.08	486.71
25	597.26	569.97	558.61	552.17	539.43	531.36	523.16	488.65
26	609.16	581.33	569.74	563.17	550.18	541.95	533.59	498.39
27	623.44	594.95	583.09	576.37	563.07	554.65	546.09	510.07
28	646.64	617.09	604.79	597.82	584.03	575.29	566.41	529.05
29	665.68	635.26	622.59	615.42	601.22	592.23	583.09	544.63
30	675.19	644.34	631.49	624.22	609.82	600.69	591.42	552.41
31	689.47	657.97	644.85	637.42	622.71	613.40	603.93	564.09
32	703.75	671.59	658.20	650.61	635.61	626.10	616.44	575.78
33	712.67	680.11	666.55	658.86	643.67	634.04	624.25	583.08
34	722.19	689.19	675.45	667.66	652.26	642.51	632.59	590.86
35	726.95	693.73	679.90	672.06	656.56	646.74	636.76	594.76
36	731.71	698.27	684.35	676.46	660.86	650.97	640.93	598.65
37	736.47	702.81	688.80	680.86	665.16	655.21	645.10	602.54
38	741.23	707.36	693.25	685.26	669.46	659.44	649.26	606.44
39	750.74	716.44	702.15	694.06	678.05	667.91	657.60	614.23
40	760.26	725.52	711.06	702.86	686.65	676.38	665.94	622.01
41	774.54	739.15	724.41	716.06	699.55	689.08	678.45	633.69
42	788.22	752.20	737.21	728.71	711.90	701.25	690.43	644.89
43	807.26	770.37	755.01	746.31	729.10	718.19	707.10	660.46
44	831.05	793.08	777.27	768.31	750.59	739.36	727.95	679.93
45	859.01	819.76	803.42	794.16	775.84	764.23	752.44	702.81
46	892.33	851.55	834.57	824.96	805.93	793.87	781.62	730.06
47	929.81	887.32	869.63	859.60	839.78	827.21	814.45	760.72
48	972.64	928.19	909.69	899.20	878.46	865.32	851.96	795.77
49	1,014.87	968.50	949.19	938.25	916.61	902.89	888.96	830.32
50	1,062.46	1,013.91	993.70	982.25	959.59	945.23	930.65	869.26
51	1,109.46	1,058.76	1,037.65	1,025.69	1,002.04	987.04	971.81	907.71
52	1,161.22	1,108.15	1,086.06	1,073.54	1,048.78	1,033.09	1,017.15	950.05
53	1,213.57	1,158.11	1,135.02	1,121.94	1,096.06	1,079.66	1,063.00	992.88
54	1,270.08	1,212.04	1,187.88	1,174.19	1,147.10	1,129.94	1,112.50	1,039.12
55	1,326.59	1,265.97	1,240.73	1,226.43	1,198.15	1,180.22	1,162.01	1,085.36
56	1,387.87	1,324.45	1,298.04	1,283.08	1,253.49	1,234.73	1,215.68	1,135.49
57	1,449.73	1,383.49	1,355.90	1,340.28	1,309.36	1,289.77	1,269.87	1,186.11
58	1,515.77	1,446.50	1,417.66	1,401.32	1,369.00	1,348.52	1,327.71	1,240.13
59	1,548.49	1,477.73	1,448.26	1,431.57	1,398.55	1,377.63	1,356.37	1,266.90
60	1,614.52	1,540.74	1,510.02	1,492.62	1,458.19	1,436.37	1,414.21	1,320.93
61	1,671.63	1,595.24	1,563.44	1,545.42	1,509.77	1,487.18	1,464.23	1,367.65
62	1,709.10	1,631.01	1,598.49	1,580.06	1,543.62	1,520.52	1,497.06	1,398.31
63	1,756.10	1,675.85	1,642.44	1,623.51	1,586.07	1,562.34	1,538.23	1,436.76
64+	1,784.64	1,703.10	1,669.14	1,649.91	1,611.87	1,587.75	1,563.24	1,460.13

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

4

San Francisco County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	457.27	436.38	427.68	422.75	413.00	406.82	400.54	374.12
15	497.92	475.17	465.69	460.33	449.71	442.98	436.14	407.38
16	513.46	490.00	480.23	474.69	463.75	456.81	449.76	420.09
17	529.00	504.83	494.76	489.06	477.78	470.63	463.37	432.81
18	545.74	520.80	510.42	504.54	492.90	485.52	478.03	446.50
19	562.48	536.77	526.07	520.01	508.01	500.41	492.69	460.19
20	579.81	553.32	542.28	536.03	523.67	515.84	507.88	474.38
21	597.74	570.43	559.06	552.61	539.87	531.79	523.58	489.05
22	597.74	570.43	559.06	552.61	539.87	531.79	523.58	489.05
23	597.74	570.43	559.06	552.61	539.87	531.79	523.58	489.05
24	597.74	570.43	559.06	552.61	539.87	531.79	523.58	489.05
25	600.13	572.71	561.29	554.82	542.03	533.92	525.68	491.00
26	612.09	584.12	572.47	565.88	552.82	544.55	536.15	500.78
27	626.44	597.81	585.89	579.14	565.78	557.32	548.72	512.52
28	649.75	620.06	607.69	600.69	586.84	578.06	569.13	531.59
29	668.88	638.31	625.58	618.37	604.11	595.07	585.89	547.24
30	678.44	647.44	634.53	627.22	612.75	603.58	594.27	555.07
31	692.78	661.13	647.95	640.48	625.71	616.34	606.83	566.81
32	707.13	674.82	661.36	653.74	638.66	629.11	619.40	578.54
33	716.10	683.37	669.75	662.03	646.76	637.08	627.25	585.88
34	725.66	692.50	678.69	670.87	655.40	645.59	635.63	593.70
35	730.44	697.06	683.17	675.29	659.72	649.85	639.82	597.62
36	735.22	701.63	687.64	679.71	664.04	654.10	644.01	601.53
37	740.01	706.19	692.11	684.13	668.36	658.36	648.20	605.44
38	744.79	710.76	696.58	688.56	672.67	662.61	652.38	609.35
39	754.35	719.88	705.53	697.40	681.31	671.12	660.76	617.18
40	763.92	729.01	714.47	706.24	689.95	679.63	669.14	625.00
41	778.26	742.70	727.89	719.50	702.91	692.39	681.71	636.74
42	792.01	755.82	740.75	732.21	715.32	704.62	693.75	647.99
43	811.14	774.07	758.64	749.90	732.60	721.64	710.50	663.64
44	835.05	796.89	781.00	772.00	754.19	742.91	731.45	683.20
45	863.14	823.70	807.28	797.97	779.57	767.90	756.05	706.18
46	896.62	855.64	838.58	828.92	809.80	797.68	785.37	733.57
47	934.27	891.58	873.81	863.73	843.81	831.19	818.36	764.38
48	977.31	932.65	914.06	903.52	882.68	869.48	856.06	799.59
49	1,019.75	973.15	953.75	942.76	921.01	907.23	893.23	834.31
50	1,067.57	1,018.79	998.47	986.97	964.20	949.78	935.12	873.44
51	1,114.79	1,063.85	1,042.64	1,030.62	1,006.85	991.79	976.48	912.07
52	1,166.80	1,113.48	1,091.28	1,078.70	1,053.82	1,038.05	1,022.03	954.62
53	1,219.40	1,163.68	1,140.47	1,127.33	1,101.33	1,084.85	1,068.11	997.66
54	1,276.18	1,217.87	1,193.59	1,179.83	1,152.62	1,135.37	1,117.85	1,044.11
55	1,332.97	1,272.06	1,246.70	1,232.33	1,203.90	1,185.89	1,167.59	1,090.57
56	1,394.54	1,330.81	1,304.28	1,289.25	1,259.51	1,240.66	1,221.52	1,140.95
57	1,456.70	1,390.14	1,362.42	1,346.72	1,315.66	1,295.97	1,275.97	1,191.81
58	1,523.05	1,453.45	1,424.48	1,408.06	1,375.58	1,355.00	1,334.09	1,246.09
59	1,555.93	1,484.83	1,455.22	1,438.45	1,405.27	1,384.25	1,362.89	1,272.99
60	1,622.28	1,548.15	1,517.28	1,499.79	1,465.20	1,443.28	1,421.00	1,327.27
61	1,679.66	1,602.91	1,570.95	1,552.84	1,517.03	1,494.33	1,471.27	1,374.22
62	1,717.32	1,638.84	1,606.17	1,587.66	1,551.04	1,527.83	1,504.25	1,405.03
63	1,764.54	1,683.91	1,650.33	1,631.31	1,593.69	1,569.84	1,545.62	1,443.67
64+	1,793.22	1,711.29	1,677.18	1,657.83	1,619.61	1,595.37	1,570.74	1,467.15

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 5

Contra Costa County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	466.74	445.41	436.53	431.50	421.55	415.24	408.83	381.87
15	508.23	485.01	475.34	469.86	459.02	452.15	445.17	415.81
16	524.09	500.14	490.17	484.52	473.35	466.26	459.07	428.79
17	539.96	515.28	505.01	499.19	487.67	480.38	472.96	441.77
18	557.04	531.58	520.99	514.98	503.10	495.58	487.93	455.74
19	574.12	547.89	536.96	530.77	518.53	510.77	502.89	469.72
20	591.82	564.77	553.51	547.13	534.51	526.52	518.39	484.20
21	610.12	582.24	570.63	564.05	551.04	542.80	534.42	499.17
22	610.12	582.24	570.63	564.05	551.04	542.80	534.42	499.17
23	610.12	582.24	570.63	564.05	551.04	542.80	534.42	499.17
24	610.12	582.24	570.63	564.05	551.04	542.80	534.42	499.17
25	612.56	584.57	572.91	566.31	553.25	544.97	536.56	501.17
26	624.76	596.21	584.33	577.59	564.27	555.83	547.25	511.15
27	639.40	610.19	598.02	591.13	577.49	568.85	560.08	523.13
28	663.20	632.89	620.28	613.13	598.99	590.02	580.92	542.60
29	682.72	651.53	638.54	631.18	616.62	607.39	598.02	558.57
30	692.49	660.84	647.67	640.20	625.44	616.08	606.57	566.56
31	707.13	674.82	661.36	653.74	638.66	629.10	619.40	578.54
32	721.77	688.79	675.06	667.28	651.89	642.13	632.22	590.52
33	730.92	697.52	683.62	675.74	660.15	650.27	640.24	598.01
34	740.68	706.84	692.75	684.76	668.97	658.96	648.79	605.99
35	745.57	711.50	697.31	689.27	673.38	663.30	653.07	609.99
36	750.45	716.15	701.88	693.79	677.78	667.64	657.34	613.98
37	755.33	720.81	706.44	698.30	682.19	671.99	661.62	617.97
38	760.21	725.47	711.01	702.81	686.60	676.33	665.89	621.97
39	769.97	734.79	720.14	711.84	695.42	685.01	674.44	629.95
40	779.73	744.10	729.27	720.86	704.23	693.70	682.99	637.94
41	794.38	758.08	742.96	734.40	717.46	706.73	695.82	649.92
42	808.41	771.47	756.09	747.37	730.13	719.21	708.11	661.40
43	827.93	790.10	774.35	765.42	747.77	736.58	725.21	677.38
44	852.34	813.39	797.17	787.98	769.81	758.29	746.59	697.34
45	881.01	840.75	823.99	814.49	795.71	783.80	771.71	720.80
46	915.18	873.36	855.95	846.08	826.57	814.20	801.63	748.76
47	953.62	910.04	891.90	881.62	861.28	848.40	835.30	780.21
48	997.54	951.96	932.98	922.23	900.96	887.48	873.78	816.15
49	1,040.86	993.30	973.50	962.28	940.08	926.02	911.73	851.59
50	1,089.67	1,039.88	1,019.15	1,007.40	984.17	969.44	954.48	891.52
51	1,137.87	1,085.88	1,064.23	1,051.96	1,027.70	1,012.32	996.70	930.96
52	1,190.95	1,136.53	1,113.87	1,101.03	1,075.64	1,059.54	1,043.19	974.38
53	1,244.64	1,187.77	1,164.09	1,150.67	1,124.13	1,107.31	1,090.22	1,018.31
54	1,302.60	1,243.08	1,218.30	1,204.26	1,176.48	1,158.88	1,140.99	1,065.73
55	1,360.57	1,298.39	1,272.51	1,257.84	1,228.83	1,210.44	1,191.76	1,113.15
56	1,423.41	1,358.37	1,331.28	1,315.94	1,285.59	1,266.35	1,246.81	1,164.57
57	1,486.86	1,418.92	1,390.63	1,374.60	1,342.90	1,322.80	1,302.39	1,216.48
58	1,554.58	1,483.55	1,453.97	1,437.21	1,404.06	1,383.05	1,361.71	1,271.89
59	1,588.14	1,515.57	1,485.35	1,468.23	1,434.37	1,412.91	1,391.10	1,299.34
60	1,655.86	1,580.20	1,548.69	1,530.84	1,495.53	1,473.16	1,450.42	1,354.75
61	1,714.43	1,636.09	1,603.47	1,584.99	1,548.43	1,525.27	1,501.73	1,402.67
62	1,752.87	1,672.77	1,639.42	1,620.53	1,583.15	1,559.46	1,535.40	1,434.12
63	1,801.07	1,718.77	1,684.50	1,665.09	1,626.68	1,602.34	1,577.62	1,473.56
64+	1,830.36	1,746.72	1,711.89	1,692.15	1,653.12	1,628.40	1,603.26	1,497.51

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 5

Contra Costa County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	468.98	447.55	438.63	433.57	423.57	417.24	410.80	383.70
15	510.67	487.34	477.62	472.11	461.23	454.32	447.31	417.81
16	526.61	502.55	492.53	486.85	475.62	468.51	461.28	430.85
17	542.55	517.76	507.44	501.59	490.02	482.69	475.24	443.89
18	559.72	534.14	523.49	517.46	505.52	497.96	490.27	457.93
19	576.88	550.52	539.54	533.33	521.02	513.23	505.31	471.98
20	594.66	567.49	556.17	549.76	537.08	529.05	520.88	486.52
21	613.05	585.04	573.37	566.76	553.69	545.41	536.99	501.57
22	613.05	585.04	573.37	566.76	553.69	545.41	536.99	501.57
23	613.05	585.04	573.37	566.76	553.69	545.41	536.99	501.57
24	613.05	585.04	573.37	566.76	553.69	545.41	536.99	501.57
25	615.50	587.38	575.67	569.03	555.91	547.59	539.14	503.58
26	627.76	599.08	587.13	580.37	566.98	558.50	549.88	513.61
27	642.48	613.12	600.89	593.97	580.27	571.59	562.77	525.65
28	666.39	635.94	623.26	616.07	601.86	592.86	583.71	545.21
29	686.00	654.66	641.60	634.21	619.58	610.31	600.89	561.26
30	695.81	664.02	650.78	643.28	628.44	619.04	609.49	569.28
31	710.53	678.06	664.54	656.88	641.73	632.13	622.37	581.32
32	725.24	692.10	678.30	670.48	655.02	645.22	635.26	593.36
33	734.44	700.87	686.90	678.98	663.32	653.40	643.32	600.88
34	744.24	710.24	696.07	688.05	672.18	662.13	651.91	608.91
35	749.15	714.92	700.66	692.59	676.61	666.49	656.20	612.92
36	754.05	719.60	705.25	697.12	681.04	670.85	660.50	616.93
37	758.96	724.28	709.84	701.65	685.47	675.22	664.80	620.94
38	763.86	728.96	714.42	706.19	689.90	679.58	669.09	624.96
39	773.67	738.32	723.60	715.26	698.76	688.30	677.68	632.98
40	783.48	747.68	732.77	724.33	707.62	697.03	686.27	641.01
41	798.19	761.72	746.53	737.93	720.91	710.12	699.16	653.04
42	812.29	775.17	759.72	750.96	733.64	722.67	711.51	664.58
43	831.91	793.90	778.07	769.10	751.36	740.12	728.70	680.63
44	856.43	817.30	801.00	791.77	773.51	761.93	750.18	700.69
45	885.25	844.79	827.95	818.41	799.53	787.57	775.42	724.27
46	919.58	877.56	860.06	850.15	830.54	818.11	805.49	752.36
47	958.20	914.41	896.18	885.85	865.42	852.47	839.32	783.95
48	1,002.34	956.54	937.46	926.66	905.29	891.74	877.98	820.07
49	1,045.86	998.07	978.17	966.90	944.60	930.47	916.11	855.68
50	1,094.91	1,044.88	1,024.04	1,012.24	988.89	974.10	959.07	895.80
51	1,143.34	1,091.09	1,069.34	1,057.02	1,032.64	1,017.19	1,001.49	935.43
52	1,196.68	1,141.99	1,119.22	1,106.32	1,080.81	1,064.64	1,048.21	979.07
53	1,250.62	1,193.48	1,169.68	1,156.20	1,129.53	1,112.63	1,095.46	1,023.20
54	1,308.86	1,249.06	1,224.15	1,210.04	1,182.13	1,164.45	1,146.48	1,070.85
55	1,367.10	1,304.63	1,278.62	1,263.89	1,234.73	1,216.26	1,197.49	1,118.50
56	1,430.25	1,364.89	1,337.68	1,322.26	1,291.76	1,272.44	1,252.80	1,170.16
57	1,494.01	1,425.74	1,397.31	1,381.21	1,349.35	1,329.16	1,308.65	1,222.33
58	1,562.05	1,490.68	1,460.95	1,444.12	1,410.81	1,389.70	1,368.25	1,278.00
59	1,595.77	1,522.85	1,492.49	1,475.29	1,441.26	1,419.70	1,397.79	1,305.59
60	1,663.82	1,587.79	1,556.13	1,538.20	1,502.72	1,480.24	1,457.39	1,361.26
61	1,722.67	1,643.96	1,611.18	1,592.61	1,555.88	1,532.60	1,508.95	1,409.41
62	1,761.30	1,680.81	1,647.30	1,628.31	1,590.76	1,566.96	1,542.78	1,441.01
63	1,809.73	1,727.03	1,692.60	1,673.09	1,634.50	1,610.04	1,585.20	1,480.64
64+	1,839.15	1,755.12	1,720.11	1,700.28	1,661.07	1,636.23	1,610.97	1,504.71

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

6

Alameda County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	484.94	462.78	453.55	448.32	437.98	431.43	424.77	396.75
15	528.04	503.91	493.87	488.18	476.92	469.78	462.53	432.02
16	544.52	519.64	509.28	503.41	491.80	484.44	476.97	445.51
17	561.01	535.37	524.70	518.65	506.69	499.11	491.40	458.99
18	578.76	552.31	541.30	535.06	522.72	514.90	506.95	473.51
19	596.51	569.25	557.90	551.47	538.75	530.69	522.50	488.03
20	614.89	586.79	575.09	568.46	555.35	547.04	538.60	503.07
21	633.91	604.94	592.88	586.04	572.53	563.96	555.26	518.63
22	633.91	604.94	592.88	586.04	572.53	563.96	555.26	518.63
23	633.91	604.94	592.88	586.04	572.53	563.96	555.26	518.63
24	633.91	604.94	592.88	586.04	572.53	563.96	555.26	518.63
25	636.44	607.36	595.25	588.39	574.82	566.22	557.48	520.71
26	649.12	619.46	607.11	600.11	586.27	577.50	568.58	531.08
27	664.33	633.98	621.34	614.17	600.01	591.03	581.91	543.53
28	689.06	657.57	644.46	637.03	622.34	613.03	603.57	563.75
29	709.34	676.93	663.43	655.78	640.66	631.07	621.33	580.35
30	719.48	686.61	672.92	665.16	649.82	640.10	630.22	588.65
31	734.70	701.12	687.15	679.23	663.56	653.63	643.54	601.10
32	749.91	715.64	701.37	693.29	677.30	667.17	656.87	613.54
33	759.42	724.72	710.27	702.08	685.89	675.63	665.20	621.32
34	769.56	734.40	719.75	711.46	695.05	684.65	674.08	629.62
35	774.63	739.24	724.50	716.15	699.63	689.16	678.53	633.77
36	779.70	744.08	729.24	720.83	704.21	693.67	682.97	637.92
37	784.78	748.91	733.98	725.52	708.79	698.18	687.41	642.07
38	789.85	753.75	738.73	730.21	713.37	702.70	691.85	646.22
39	799.99	763.43	748.21	739.59	722.53	711.72	700.74	654.51
40	810.13	773.11	757.70	748.97	731.69	720.74	709.62	662.81
41	825.35	787.63	771.93	763.03	745.43	734.28	722.95	675.26
42	839.92	801.54	785.56	776.51	758.60	747.25	735.72	687.19
43	860.21	820.90	804.54	795.26	776.92	765.30	753.49	703.78
44	885.57	845.10	828.25	818.70	799.82	787.85	775.70	724.53
45	915.36	873.53	856.12	846.25	826.73	814.36	801.79	748.91
46	950.86	907.41	889.32	879.07	858.79	845.94	832.89	777.95
47	990.79	945.52	926.67	915.99	894.86	881.47	867.87	810.62
48	1,036.44	989.08	969.36	958.18	936.08	922.08	907.85	847.96
49	1,081.44	1,032.03	1,011.45	999.79	976.73	962.12	947.27	884.79
50	1,132.16	1,080.42	1,058.88	1,046.68	1,022.53	1,007.24	991.69	926.28
51	1,182.23	1,128.21	1,105.72	1,092.97	1,067.76	1,051.79	1,035.56	967.25
52	1,237.38	1,180.84	1,157.30	1,143.96	1,117.57	1,100.85	1,083.86	1,012.37
53	1,293.17	1,234.08	1,209.47	1,195.53	1,167.96	1,150.48	1,132.73	1,058.01
54	1,353.39	1,291.55	1,265.79	1,251.21	1,222.35	1,204.06	1,185.48	1,107.28
55	1,413.61	1,349.01	1,322.12	1,306.88	1,276.74	1,257.63	1,238.23	1,156.55
56	1,478.90	1,411.32	1,383.18	1,367.24	1,335.71	1,315.72	1,295.42	1,209.97
57	1,544.83	1,474.24	1,444.84	1,428.19	1,395.25	1,374.37	1,353.17	1,263.91
58	1,615.19	1,541.38	1,510.65	1,493.24	1,458.80	1,436.97	1,414.80	1,321.48
59	1,650.06	1,574.66	1,543.26	1,525.47	1,490.29	1,467.99	1,445.34	1,350.00
60	1,720.42	1,641.80	1,609.07	1,590.53	1,553.84	1,530.59	1,506.97	1,407.57
61	1,781.27	1,699.88	1,665.99	1,646.79	1,608.80	1,584.73	1,560.28	1,457.36
62	1,821.21	1,737.99	1,703.34	1,683.71	1,644.87	1,620.26	1,595.26	1,490.03
63	1,871.29	1,785.78	1,750.18	1,730.00	1,690.10	1,664.81	1,639.12	1,531.00
64+	1,901.73	1,814.82	1,778.64	1,758.12	1,717.59	1,691.88	1,665.78	1,555.89

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

6

Alameda County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	487.27	465.00	455.73	450.48	440.09	433.50	426.81	398.66
15	530.58	506.34	496.24	490.52	479.21	472.04	464.75	434.10
16	547.14	522.14	511.73	505.83	494.16	486.77	479.26	447.65
17	563.70	537.94	527.22	521.14	509.12	501.50	493.77	461.20
18	581.54	554.96	543.90	537.63	525.23	517.37	509.39	475.79
19	599.37	571.98	560.58	554.12	541.34	533.24	525.01	490.38
20	617.84	589.61	577.86	571.19	558.02	549.67	541.19	505.49
21	636.95	607.85	595.73	588.86	575.28	566.67	557.93	521.13
22	636.95	607.85	595.73	588.86	575.28	566.67	557.93	521.13
23	636.95	607.85	595.73	588.86	575.28	566.67	557.93	521.13
24	636.95	607.85	595.73	588.86	575.28	566.67	557.93	521.13
25	639.50	610.28	598.11	591.22	577.58	568.94	560.16	523.21
26	652.24	622.43	610.02	602.99	589.09	580.27	571.32	533.63
27	667.53	637.02	624.32	617.13	602.89	593.87	584.71	546.14
28	692.37	660.73	647.56	640.09	625.33	615.97	606.47	566.46
29	712.75	680.18	666.62	658.94	643.74	634.11	624.32	583.14
30	722.94	689.91	676.15	668.36	652.94	643.17	633.25	591.48
31	738.23	704.49	690.45	682.49	666.75	656.77	646.64	603.98
32	753.51	719.08	704.74	696.62	680.55	670.37	660.03	616.49
33	763.07	728.20	713.68	705.46	689.18	678.87	668.40	624.31
34	773.26	737.93	723.21	714.88	698.39	687.94	677.32	632.65
35	778.35	742.79	727.98	719.59	702.99	692.47	681.79	636.81
36	783.45	747.65	732.74	724.30	707.59	697.01	686.25	640.98
37	788.55	752.51	737.51	729.01	712.20	701.54	690.71	645.15
38	793.64	757.38	742.28	733.72	716.80	706.07	695.18	649.32
39	803.83	767.10	751.81	743.14	726.00	715.14	704.10	657.66
40	814.02	776.83	761.34	752.56	735.21	724.21	713.03	666.00
41	829.31	791.42	775.64	766.70	749.01	737.81	726.42	678.50
42	843.96	805.40	789.34	780.24	762.24	750.84	739.25	690.49
43	864.34	824.85	808.40	799.08	780.65	768.97	757.11	707.17
44	889.82	849.16	832.23	822.64	803.66	791.64	779.42	728.01
45	919.76	877.73	860.23	850.31	830.70	818.27	805.65	752.50
46	955.43	911.77	893.59	883.29	862.92	850.01	836.89	781.69
47	995.56	950.06	931.12	920.39	899.16	885.71	872.04	814.52
48	1,041.42	993.83	974.01	962.79	940.58	926.51	912.21	852.04
49	1,086.64	1,036.99	1,016.31	1,004.60	981.43	966.74	951.82	889.04
50	1,137.60	1,085.61	1,063.97	1,051.71	1,027.45	1,012.08	996.46	930.73
51	1,187.91	1,133.63	1,111.03	1,098.23	1,072.90	1,056.84	1,040.53	971.90
52	1,243.33	1,186.52	1,162.86	1,149.46	1,122.94	1,106.14	1,089.07	1,017.24
53	1,299.38	1,240.01	1,215.28	1,201.28	1,173.57	1,156.01	1,138.17	1,063.10
54	1,359.89	1,297.75	1,271.88	1,257.22	1,228.22	1,209.84	1,191.17	1,112.60
55	1,420.40	1,355.50	1,328.47	1,313.16	1,282.87	1,263.68	1,244.18	1,162.11
56	1,486.01	1,418.10	1,389.83	1,373.81	1,342.13	1,322.04	1,301.64	1,215.78
57	1,552.25	1,481.32	1,451.79	1,435.05	1,401.95	1,380.98	1,359.67	1,269.98
58	1,622.95	1,548.79	1,517.91	1,500.42	1,465.81	1,443.88	1,421.60	1,327.83
59	1,657.99	1,582.22	1,550.68	1,532.80	1,497.45	1,475.05	1,452.28	1,356.49
60	1,728.69	1,649.69	1,616.80	1,598.17	1,561.31	1,537.95	1,514.21	1,414.33
61	1,789.83	1,708.05	1,673.99	1,654.70	1,616.53	1,592.35	1,567.77	1,464.36
62	1,829.96	1,746.34	1,711.52	1,691.80	1,652.78	1,628.05	1,602.92	1,497.19
63	1,880.28	1,794.36	1,758.59	1,738.32	1,698.22	1,672.81	1,647.00	1,538.36
64+	1,910.85	1,823.55	1,787.19	1,766.58	1,725.84	1,700.01	1,673.79	1,563.39

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

7

Santa Clara County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	430.55	410.88	402.69	398.05	388.86	383.05	377.13	352.26
15	468.82	447.40	438.48	433.43	423.43	417.09	410.66	383.57
16	483.46	461.37	452.17	446.96	436.65	430.11	423.48	395.54
17	498.09	475.33	465.85	460.48	449.86	443.13	436.29	407.51
18	513.85	490.37	480.59	475.05	464.10	457.15	450.10	420.41
19	529.61	505.41	495.33	489.62	478.33	471.17	463.90	433.30
20	545.93	520.98	510.60	504.71	493.07	485.69	478.20	446.65
21	562.81	537.10	526.39	520.32	508.32	500.71	492.99	460.47
22	562.81	537.10	526.39	520.32	508.32	500.71	492.99	460.47
23	562.81	537.10	526.39	520.32	508.32	500.71	492.99	460.47
24	562.81	537.10	526.39	520.32	508.32	500.71	492.99	460.47
25	565.06	539.24	528.49	522.40	510.35	502.72	494.96	462.31
26	576.32	549.99	539.02	532.81	520.52	512.73	504.82	471.52
27	589.83	562.88	551.65	545.30	532.72	524.75	516.65	482.57
28	611.78	583.82	572.18	565.59	552.54	544.28	535.88	500.53
29	629.79	601.01	589.03	582.24	568.81	560.30	551.65	515.26
30	638.79	609.60	597.45	590.56	576.94	568.31	559.54	522.63
31	652.30	622.49	610.08	603.05	589.14	580.33	571.37	533.68
32	665.81	635.38	622.72	615.54	601.34	592.34	583.20	544.73
33	674.25	643.44	630.61	623.34	608.97	599.86	590.60	551.64
34	683.26	652.03	639.03	631.67	617.10	607.87	598.49	559.01
35	687.76	656.33	643.25	635.83	621.17	611.87	602.43	562.69
36	692.26	660.63	647.46	639.99	625.23	615.88	606.37	566.38
37	696.76	664.92	651.67	644.16	629.30	619.88	610.32	570.06
38	701.27	669.22	655.88	648.32	633.37	623.89	614.26	573.74
39	710.27	677.81	664.30	656.64	641.50	631.90	622.15	581.11
40	719.28	686.41	672.72	664.97	649.63	639.91	630.04	588.48
41	732.78	699.30	685.36	677.46	661.83	651.93	641.87	599.53
42	745.73	711.65	697.46	689.42	673.52	663.45	653.21	610.12
43	763.74	728.84	714.31	706.07	689.79	679.47	668.98	624.86
44	786.25	750.32	735.36	726.89	710.12	699.50	688.70	643.27
45	812.70	775.57	760.10	751.34	734.01	723.03	711.87	664.92
46	844.22	805.64	789.58	780.48	762.48	751.07	739.48	690.70
47	879.68	839.48	822.74	813.26	794.50	782.62	770.54	719.71
48	920.20	878.15	860.64	850.72	831.10	818.67	806.03	752.87
49	960.16	916.29	898.02	887.67	867.19	854.22	841.04	785.56
50	1,005.19	959.25	940.13	929.29	907.86	894.27	880.47	822.40
51	1,049.65	1,001.68	981.71	970.40	948.02	933.83	919.42	858.77
52	1,098.61	1,048.41	1,027.51	1,015.67	992.24	977.39	962.31	898.83
53	1,148.14	1,095.68	1,073.83	1,061.45	1,036.97	1,021.46	1,005.69	939.36
54	1,201.61	1,146.70	1,123.84	1,110.88	1,085.26	1,069.02	1,052.53	983.10
55	1,255.07	1,197.72	1,173.84	1,160.31	1,133.55	1,116.59	1,099.36	1,026.85
56	1,313.04	1,253.04	1,228.06	1,213.91	1,185.91	1,168.17	1,150.14	1,074.27
57	1,371.58	1,308.90	1,282.81	1,268.02	1,238.77	1,220.24	1,201.41	1,122.16
58	1,434.05	1,368.52	1,341.23	1,325.78	1,295.20	1,275.82	1,256.13	1,173.27
59	1,465.00	1,398.06	1,370.19	1,354.39	1,323.16	1,303.36	1,283.24	1,198.60
60	1,527.48	1,457.68	1,428.61	1,412.15	1,379.58	1,358.94	1,337.97	1,249.71
61	1,581.51	1,509.24	1,479.15	1,462.10	1,428.38	1,407.01	1,385.29	1,293.92
62	1,616.96	1,543.08	1,512.31	1,494.88	1,460.40	1,438.55	1,416.35	1,322.93
63	1,661.43	1,585.51	1,553.90	1,535.99	1,500.56	1,478.11	1,455.30	1,359.30
64+	1,688.43	1,611.30	1,579.17	1,560.96	1,524.96	1,502.13	1,478.97	1,381.41

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 7

Santa Clara County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	432.62	412.85	404.62	399.96	390.73	384.89	378.95	353.95
15	471.08	449.55	440.59	435.51	425.46	419.10	412.63	385.41
16	485.78	463.58	454.34	449.10	438.74	432.18	425.51	397.44
17	500.48	477.61	468.09	462.70	452.02	445.26	438.39	409.47
18	516.32	492.72	482.90	477.34	466.33	459.35	452.26	422.43
19	532.15	507.84	497.71	491.97	480.63	473.44	466.13	435.38
20	548.55	523.49	513.05	507.14	495.44	488.03	480.50	448.80
21	565.52	539.68	528.92	522.82	510.76	503.12	495.36	462.68
22	565.52	539.68	528.92	522.82	510.76	503.12	495.36	462.68
23	565.52	539.68	528.92	522.82	510.76	503.12	495.36	462.68
24	565.52	539.68	528.92	522.82	510.76	503.12	495.36	462.68
25	567.78	541.84	531.03	524.91	512.81	505.13	497.34	464.53
26	579.09	552.63	541.61	535.37	523.02	515.19	507.24	473.79
27	592.66	565.58	554.30	547.92	535.28	527.27	519.13	484.89
28	614.72	586.63	574.93	568.31	555.20	546.89	538.45	502.93
29	632.81	603.90	591.86	585.04	571.54	562.99	554.30	517.74
30	641.86	612.53	600.32	593.40	579.71	571.04	562.23	525.14
31	655.44	625.49	613.01	605.95	591.97	583.12	574.12	536.25
32	669.01	638.44	625.71	618.50	604.23	595.19	586.01	547.35
33	677.49	646.53	633.64	626.34	611.89	602.74	593.44	554.29
34	686.54	655.17	642.10	634.70	620.07	610.79	601.36	561.70
35	691.06	659.49	646.34	638.89	624.15	614.81	605.32	565.40
36	695.59	663.80	650.57	643.07	628.24	618.84	609.29	569.10
37	700.11	668.12	654.80	647.25	632.32	622.86	613.25	572.80
38	704.64	672.44	659.03	651.43	636.41	626.89	617.21	576.50
39	713.68	681.07	667.49	659.80	644.58	634.94	625.14	583.90
40	722.73	689.71	675.96	668.16	652.75	642.99	633.06	591.31
41	736.30	702.66	688.65	680.71	665.01	655.06	644.95	602.41
42	749.31	715.07	700.81	692.74	676.76	666.63	656.35	613.05
43	767.41	732.34	717.74	709.47	693.10	682.73	672.20	627.86
44	790.03	753.93	738.90	730.38	713.53	702.86	692.01	646.37
45	816.61	779.29	763.76	754.95	737.54	726.51	715.29	668.11
46	848.28	809.52	793.38	784.23	766.14	754.68	743.03	694.02
47	883.90	843.51	826.70	817.17	798.32	786.38	774.24	723.17
48	924.62	882.37	864.78	854.81	835.10	822.60	809.91	756.48
49	964.77	920.69	902.33	891.93	871.36	858.32	845.08	789.33
50	1,010.02	963.86	944.65	933.76	912.22	898.57	884.71	826.35
51	1,054.69	1,006.50	986.43	975.06	952.57	938.32	923.84	862.90
52	1,103.89	1,053.45	1,032.45	1,020.55	997.01	982.09	966.93	903.15
53	1,153.66	1,100.94	1,078.99	1,066.55	1,041.95	1,026.36	1,010.53	943.87
54	1,207.38	1,152.21	1,129.24	1,116.22	1,090.48	1,074.16	1,057.58	987.82
55	1,261.11	1,203.48	1,179.48	1,165.89	1,139.00	1,121.96	1,104.64	1,031.78
56	1,319.35	1,259.07	1,233.96	1,219.74	1,191.61	1,173.78	1,155.67	1,079.44
57	1,378.17	1,315.19	1,288.97	1,274.11	1,244.73	1,226.10	1,207.18	1,127.55
58	1,440.94	1,375.10	1,347.68	1,332.15	1,301.42	1,281.95	1,262.17	1,178.91
59	1,472.04	1,404.78	1,376.77	1,360.90	1,329.51	1,309.62	1,289.41	1,204.36
60	1,534.82	1,464.68	1,435.48	1,418.94	1,386.21	1,365.47	1,344.40	1,255.72
61	1,589.11	1,516.49	1,486.26	1,469.13	1,435.24	1,413.77	1,391.95	1,300.13
62	1,624.73	1,550.49	1,519.58	1,502.06	1,467.42	1,445.46	1,423.16	1,329.28
63	1,669.41	1,593.13	1,561.36	1,543.37	1,507.77	1,485.21	1,462.29	1,365.84
64+	1,696.56	1,619.04	1,586.76	1,568.46	1,532.28	1,509.36	1,486.08	1,388.04

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 7

Santa Clara County (continued)

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Gold \$50	SmartCare HMO Silver \$50
0-14	322.91	308.16	302.01	298.53	291.65	287.28	282.85	275.56
15	351.62	335.55	328.86	325.07	317.57	312.82	307.99	300.05
16	362.59	346.02	339.12	335.22	327.48	322.58	317.61	309.42
17	373.57	356.50	349.39	345.36	337.40	332.35	327.22	318.78
18	385.39	367.78	360.44	356.29	348.07	342.86	337.57	328.87
19	397.21	379.06	371.50	367.22	358.75	353.38	347.93	338.95
20	409.45	390.74	382.95	378.53	369.80	364.27	358.65	349.40
21	422.11	402.82	394.79	390.24	381.24	375.54	369.74	360.21
22	422.11	402.82	394.79	390.24	381.24	375.54	369.74	360.21
23	422.11	402.82	394.79	390.24	381.24	375.54	369.74	360.21
24	422.11	402.82	394.79	390.24	381.24	375.54	369.74	360.21
25	423.80	404.43	396.37	391.80	382.76	377.04	371.22	361.65
26	432.24	412.49	404.27	399.61	390.39	384.55	378.61	368.85
27	442.37	422.16	413.74	408.97	399.54	393.56	387.49	377.50
28	458.83	437.87	429.14	424.19	414.41	408.21	401.91	391.54
29	472.34	450.76	441.77	436.68	426.61	420.22	413.74	403.07
30	479.10	457.20	448.09	442.92	432.71	426.23	419.66	408.83
31	489.23	466.87	457.56	452.29	441.86	435.25	428.53	417.48
32	499.36	476.54	467.04	461.65	451.01	444.26	437.40	426.12
33	505.69	482.58	472.96	467.51	456.72	449.89	442.95	431.53
34	512.44	489.03	479.28	473.75	462.82	455.90	448.86	437.29
35	515.82	492.25	482.43	476.87	465.87	458.90	451.82	440.17
36	519.20	495.47	485.59	480.00	468.92	461.91	454.78	443.05
37	522.57	498.69	488.75	483.12	471.97	464.91	457.74	445.94
38	525.95	501.92	491.91	486.24	475.02	467.92	460.70	448.82
39	532.70	508.36	498.23	492.48	481.12	473.93	466.61	454.58
40	539.46	514.81	504.54	498.73	487.22	479.93	472.53	460.34
41	549.59	524.47	514.02	508.09	496.37	488.95	481.40	468.99
42	559.30	533.74	523.10	517.07	505.14	497.58	489.91	477.27
43	572.80	546.63	535.73	529.56	517.34	509.60	501.74	488.80
44	589.69	562.74	551.52	545.17	532.59	524.62	516.53	503.21
45	609.53	581.67	570.08	563.51	550.51	542.27	533.90	520.14
46	633.17	604.23	592.19	585.36	571.86	563.30	554.61	540.31
47	659.76	629.61	617.06	609.95	595.88	586.96	577.90	563.00
48	690.15	658.61	645.48	638.04	623.33	614.00	604.53	588.94
49	720.12	687.21	673.51	665.75	650.39	640.66	630.78	614.51
50	753.89	719.44	705.10	696.97	680.89	670.71	660.36	643.33
51	787.24	751.26	736.28	727.80	711.01	700.37	689.57	671.79
52	823.96	786.31	770.63	761.75	744.18	733.05	721.73	703.12
53	861.10	821.76	805.37	796.09	777.73	766.09	754.27	734.82
54	901.21	860.02	842.88	833.16	813.95	801.77	789.40	769.04
55	941.31	898.29	880.38	870.24	850.16	837.44	824.52	803.26
56	984.78	939.78	921.05	910.43	889.43	876.12	862.60	840.36
57	1,028.68	981.68	962.10	951.02	929.08	915.18	901.06	877.82
58	1,075.54	1,026.39	1,005.93	994.33	971.40	956.86	942.10	917.81
59	1,098.75	1,048.55	1,027.64	1,015.80	992.37	977.52	962.43	937.62
60	1,145.61	1,093.26	1,071.46	1,059.11	1,034.68	1,019.20	1,003.47	977.60
61	1,186.13	1,131.93	1,109.36	1,096.58	1,071.28	1,055.25	1,038.97	1,012.18
62	1,212.72	1,157.31	1,134.23	1,121.16	1,095.30	1,078.91	1,062.26	1,034.87
63	1,246.07	1,189.13	1,165.42	1,151.99	1,125.42	1,108.58	1,091.47	1,063.33
64+	1,266.33	1,208.46	1,184.37	1,170.72	1,143.72	1,126.62	1,109.22	1,080.63

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

8

Santa Mateo County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	451.77	431.13	422.53	417.66	408.03	401.93	395.72	369.62
15	491.93	469.45	460.09	454.79	444.30	437.65	430.90	402.48
16	507.29	484.11	474.45	468.99	458.17	451.31	444.35	415.04
17	522.64	498.76	488.81	483.18	472.04	464.97	457.80	427.60
18	539.18	514.54	504.28	498.47	486.97	479.68	472.28	441.13
19	555.71	530.32	519.74	513.75	501.90	494.40	486.77	454.66
20	572.84	546.66	535.76	529.59	517.37	509.63	501.77	468.67
21	590.55	563.57	552.33	545.97	533.37	525.39	517.29	483.16
22	590.55	563.57	552.33	545.97	533.37	525.39	517.29	483.16
23	590.55	563.57	552.33	545.97	533.37	525.39	517.29	483.16
24	590.55	563.57	552.33	545.97	533.37	525.39	517.29	483.16
25	592.92	565.82	554.54	548.15	535.51	527.50	519.35	485.10
26	604.73	577.09	565.59	559.07	546.17	538.00	529.70	494.76
27	618.90	590.62	578.84	572.17	558.98	550.61	542.12	506.36
28	641.93	612.60	600.39	593.47	579.78	571.10	562.29	525.20
29	660.83	630.63	618.06	610.94	596.85	587.92	578.84	540.66
30	670.28	639.65	626.90	619.67	605.38	596.32	587.12	548.39
31	684.45	653.18	640.15	632.78	618.18	608.93	599.53	559.99
32	698.63	666.70	653.41	645.88	630.98	621.54	611.95	571.58
33	707.48	675.16	661.69	654.07	638.98	629.42	619.71	578.83
34	716.93	684.17	670.53	662.80	647.52	637.83	627.98	586.56
35	721.66	688.68	674.95	667.17	651.78	642.03	632.12	590.43
36	726.38	693.19	679.37	671.54	656.05	646.23	636.26	594.29
37	731.11	697.70	683.79	675.91	660.32	650.44	640.40	598.16
38	735.83	702.21	688.21	680.27	664.58	654.64	644.54	602.02
39	745.28	711.22	697.04	689.01	673.12	663.05	652.81	609.75
40	754.73	720.24	705.88	697.75	681.65	671.45	661.09	617.48
41	768.90	733.77	719.14	710.85	694.45	684.06	673.51	629.08
42	782.48	746.73	731.84	723.41	706.72	696.15	685.40	640.19
43	801.38	764.76	749.51	740.88	723.79	712.96	701.96	655.65
44	825.00	787.31	771.61	762.72	745.12	733.97	722.65	674.98
45	852.76	813.79	797.57	788.38	770.19	758.67	746.96	697.69
46	885.83	845.35	828.50	818.95	800.06	788.09	775.93	724.75
47	923.04	880.86	863.30	853.35	833.66	821.19	808.52	755.19
48	965.56	921.43	903.06	892.66	872.07	859.02	845.76	789.97
49	1,007.49	961.45	942.28	931.42	909.94	896.32	882.49	824.28
50	1,054.73	1,006.53	986.47	975.10	952.61	938.35	923.87	862.93
51	1,101.38	1,051.06	1,030.10	1,018.23	994.74	979.86	964.74	901.10
52	1,152.76	1,100.09	1,078.15	1,065.73	1,041.15	1,025.57	1,009.74	943.14
53	1,204.73	1,149.68	1,126.76	1,113.77	1,088.08	1,071.80	1,055.26	985.66
54	1,260.83	1,203.22	1,179.23	1,165.64	1,138.75	1,121.72	1,104.40	1,031.56
55	1,316.94	1,256.76	1,231.70	1,217.51	1,189.42	1,171.63	1,153.55	1,077.46
56	1,377.76	1,314.81	1,288.59	1,273.74	1,244.36	1,225.74	1,206.83	1,127.22
57	1,439.18	1,373.42	1,346.03	1,330.52	1,299.83	1,280.38	1,260.63	1,177.47
58	1,504.73	1,435.97	1,407.34	1,391.12	1,359.04	1,338.70	1,318.04	1,231.10
59	1,537.21	1,466.97	1,437.72	1,421.15	1,388.37	1,367.60	1,346.49	1,257.68
60	1,602.76	1,529.53	1,499.03	1,481.75	1,447.58	1,425.92	1,403.91	1,311.31
61	1,659.46	1,583.63	1,552.05	1,534.17	1,498.78	1,476.36	1,453.57	1,357.69
62	1,696.66	1,619.13	1,586.85	1,568.56	1,532.38	1,509.46	1,486.16	1,388.13
63	1,743.32	1,663.65	1,630.48	1,611.69	1,574.52	1,550.96	1,527.03	1,426.30
64+	1,771.65	1,690.71	1,656.99	1,637.91	1,600.11	1,576.17	1,551.87	1,449.48

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

8

Santa Mateo County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	453.94	433.20	424.56	419.67	409.99	403.86	397.63	371.40
15	494.30	471.71	462.30	456.98	446.44	439.76	432.97	404.41
16	509.72	486.43	476.73	471.24	460.37	453.48	446.48	417.03
17	525.15	501.15	491.16	485.50	474.30	467.21	460.00	429.66
18	541.77	517.01	506.70	500.86	489.31	481.99	474.55	443.25
19	558.38	532.87	522.24	516.22	504.32	496.77	489.10	456.84
20	575.59	549.29	538.34	532.13	519.86	512.08	504.18	470.92
21	593.39	566.28	554.99	548.59	535.94	527.92	519.77	485.49
22	593.39	566.28	554.99	548.59	535.94	527.92	519.77	485.49
23	593.39	566.28	554.99	548.59	535.94	527.92	519.77	485.49
24	593.39	566.28	554.99	548.59	535.94	527.92	519.77	485.49
25	595.77	568.54	557.21	550.78	538.08	530.03	521.85	487.43
26	607.63	579.87	568.31	561.76	548.80	540.59	532.25	497.14
27	621.87	593.46	581.63	574.92	561.66	553.26	544.72	508.79
28	645.02	615.54	603.27	596.32	582.56	573.85	564.99	527.72
29	664.01	633.66	621.03	613.87	599.71	590.74	581.62	543.26
30	673.50	642.72	629.91	622.65	608.29	599.19	589.94	551.03
31	687.74	656.31	643.23	635.82	621.15	611.86	602.42	562.68
32	701.98	669.91	656.55	648.98	634.01	624.53	614.89	574.33
33	710.88	678.40	664.87	657.21	642.05	632.45	622.69	581.61
34	720.38	687.46	673.75	665.99	650.63	640.89	631.00	589.38
35	725.12	691.99	678.19	670.38	654.91	645.12	635.16	593.26
36	729.87	696.52	682.63	674.77	659.20	649.34	639.32	597.15
37	734.62	701.05	687.07	679.15	663.49	653.56	643.48	601.03
38	739.37	705.58	691.51	683.54	667.78	657.79	647.64	604.92
39	748.86	714.64	700.39	692.32	676.35	666.23	655.95	612.68
40	758.35	723.70	709.27	701.10	684.93	674.68	664.27	620.45
41	772.60	737.29	722.59	714.26	697.79	687.35	676.74	632.10
42	786.24	750.32	735.36	726.88	710.12	699.49	688.70	643.27
43	805.23	768.44	753.12	744.44	727.27	716.38	705.33	658.81
44	828.97	791.09	775.32	766.38	748.70	737.50	726.12	678.22
45	856.86	817.70	801.40	792.16	773.89	762.31	750.55	701.04
46	890.09	849.42	832.48	822.88	803.91	791.88	779.66	728.23
47	927.47	885.09	867.44	857.45	837.67	825.14	812.40	758.82
48	970.20	925.86	907.40	896.94	876.26	863.15	849.83	793.77
49	1,012.33	966.07	946.81	935.89	914.31	900.63	886.73	828.24
50	1,059.80	1,011.37	991.21	979.78	957.18	942.86	928.31	867.08
51	1,106.68	1,056.11	1,035.05	1,023.12	999.52	984.57	969.37	905.43
52	1,158.30	1,105.37	1,083.33	1,070.85	1,046.15	1,030.50	1,014.59	947.67
53	1,210.52	1,155.20	1,132.17	1,119.12	1,093.31	1,076.95	1,060.33	990.39
54	1,266.89	1,209.00	1,184.90	1,171.24	1,144.23	1,127.11	1,109.71	1,036.51
55	1,323.26	1,262.80	1,237.62	1,223.36	1,195.14	1,177.26	1,159.09	1,083.63
56	1,384.38	1,321.12	1,294.78	1,279.86	1,250.34	1,231.63	1,212.63	1,132.64
57	1,446.10	1,380.02	1,352.50	1,336.91	1,306.08	1,286.54	1,266.68	1,183.13
58	1,511.96	1,442.87	1,414.11	1,397.81	1,365.57	1,345.14	1,324.38	1,237.02
59	1,544.60	1,474.02	1,444.63	1,427.98	1,395.04	1,374.17	1,352.96	1,263.72
60	1,610.47	1,536.88	1,506.23	1,488.87	1,454.53	1,432.77	1,410.66	1,317.61
61	1,667.43	1,591.24	1,559.51	1,541.54	1,505.98	1,483.45	1,460.56	1,364.22
62	1,704.82	1,626.91	1,594.48	1,576.10	1,539.75	1,516.71	1,493.30	1,394.80
63	1,751.69	1,671.65	1,638.32	1,619.44	1,582.09	1,558.41	1,534.37	1,433.16
64+	1,780.17	1,698.84	1,664.97	1,645.77	1,607.82	1,583.76	1,559.31	1,456.47

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

9

Santa Cruz County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	457.15	436.26	427.56	422.63	412.89	406.71	400.43	374.02
15	497.78	475.04	465.57	460.20	449.59	442.86	436.03	407.26
16	513.32	489.87	480.10	474.57	463.62	456.68	449.64	419.98
17	528.86	504.69	494.63	488.93	477.65	470.51	463.24	432.69
18	545.59	520.66	510.28	504.40	492.76	485.39	477.90	446.38
19	562.32	536.63	525.93	519.87	507.88	500.28	492.56	460.07
20	579.65	553.17	542.14	535.89	523.53	515.70	507.74	474.25
21	597.58	570.27	558.90	552.46	539.72	531.64	523.44	488.91
22	597.58	570.27	558.90	552.46	539.72	531.64	523.44	488.91
23	597.58	570.27	558.90	552.46	539.72	531.64	523.44	488.91
24	597.58	570.27	558.90	552.46	539.72	531.64	523.44	488.91
25	599.97	572.56	561.14	554.67	541.88	533.77	525.53	490.87
26	611.92	583.96	572.32	565.72	552.67	544.40	536.00	500.65
27	626.26	597.65	585.73	578.98	565.63	557.16	548.57	512.38
28	649.57	619.89	607.53	600.53	586.68	577.90	568.98	531.45
29	668.69	638.14	625.41	618.21	603.95	594.91	585.73	547.09
30	678.25	647.26	634.36	627.04	612.58	603.42	594.10	554.92
31	692.60	660.95	647.77	640.30	625.54	616.18	606.67	566.65
32	706.94	674.63	661.18	653.56	638.49	628.94	619.23	578.38
33	715.90	683.19	669.57	661.85	646.58	636.91	627.08	585.72
34	725.46	692.31	678.51	670.69	655.22	645.42	635.46	593.54
35	730.24	696.87	682.98	675.11	659.54	649.67	639.64	597.45
36	735.02	701.44	687.45	679.53	663.86	653.92	643.83	601.36
37	739.80	706.00	691.92	683.95	668.17	658.18	648.02	605.27
38	744.59	710.56	696.39	688.37	672.49	662.43	652.21	609.19
39	754.15	719.69	705.34	697.21	681.13	670.94	660.58	617.01
40	763.71	728.81	714.28	706.05	689.76	679.44	668.96	624.83
41	778.05	742.50	727.69	719.31	702.72	692.20	681.52	636.57
42	791.79	755.61	740.55	732.01	715.13	704.43	693.56	647.81
43	810.92	773.86	758.43	749.69	732.40	721.44	710.31	663.46
44	834.82	796.67	780.79	771.79	753.99	742.71	731.25	683.01
45	862.91	823.48	807.06	797.76	779.36	767.69	755.85	705.99
46	896.37	855.41	838.36	828.69	809.58	797.47	785.16	733.37
47	934.02	891.34	873.57	863.50	843.58	830.96	818.14	764.17
48	977.04	932.40	913.81	903.28	882.44	869.24	855.82	799.37
49	1,019.47	972.89	953.49	942.50	920.76	906.99	892.99	834.09
50	1,067.28	1,018.51	998.20	986.70	963.94	949.52	934.86	873.20
51	1,114.49	1,063.56	1,042.36	1,030.34	1,006.58	991.52	976.22	911.82
52	1,166.48	1,113.17	1,090.98	1,078.41	1,053.53	1,037.77	1,021.76	954.36
53	1,219.06	1,163.36	1,140.16	1,127.02	1,101.03	1,084.55	1,067.82	997.38
54	1,275.83	1,217.54	1,193.26	1,179.51	1,152.30	1,135.06	1,117.55	1,043.83
55	1,332.60	1,271.71	1,246.36	1,231.99	1,203.58	1,185.57	1,167.27	1,090.28
56	1,394.16	1,330.45	1,303.92	1,288.89	1,259.17	1,240.33	1,221.19	1,140.63
57	1,456.30	1,389.76	1,362.05	1,346.35	1,315.30	1,295.62	1,275.62	1,191.48
58	1,522.64	1,453.06	1,424.09	1,407.67	1,375.21	1,354.63	1,333.73	1,245.75
59	1,555.50	1,484.42	1,454.83	1,438.06	1,404.89	1,383.87	1,362.52	1,272.64
60	1,621.83	1,547.72	1,516.87	1,499.38	1,464.80	1,442.88	1,420.62	1,326.91
61	1,679.20	1,602.47	1,570.52	1,552.42	1,516.61	1,493.92	1,470.87	1,373.85
62	1,716.85	1,638.40	1,605.73	1,587.22	1,550.62	1,527.41	1,503.84	1,404.65
63	1,764.06	1,683.45	1,649.88	1,630.87	1,593.25	1,569.41	1,545.20	1,443.27
64+	1,792.74	1,710.81	1,676.70	1,657.38	1,619.16	1,594.92	1,570.32	1,466.73

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

9

Santa Cruz County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	459.35	438.36	429.62	424.66	414.87	408.66	402.36	375.82
15	500.18	477.32	467.80	462.41	451.75	444.99	438.12	409.22
16	515.79	492.22	482.41	476.85	465.85	458.88	451.80	421.99
17	531.40	507.12	497.01	491.28	479.95	472.77	465.47	434.77
18	548.21	523.16	512.73	506.82	495.13	487.72	480.20	448.52
19	565.03	539.21	528.46	522.37	510.32	502.68	494.92	462.28
20	582.44	555.82	544.74	538.46	526.04	518.17	510.18	476.52
21	600.45	573.01	561.59	555.12	542.31	534.20	525.96	491.26
22	600.45	573.01	561.59	555.12	542.31	534.20	525.96	491.26
23	600.45	573.01	561.59	555.12	542.31	534.20	525.96	491.26
24	600.45	573.01	561.59	555.12	542.31	534.20	525.96	491.26
25	602.85	575.31	563.84	557.34	544.48	536.34	528.06	493.23
26	614.86	586.77	575.07	568.44	555.33	547.02	538.58	503.05
27	629.27	600.52	588.55	581.76	568.34	559.84	551.20	514.84
28	652.69	622.87	610.45	603.41	589.49	580.67	571.71	534.00
29	671.91	641.20	628.42	621.18	606.85	597.77	588.54	549.72
30	681.51	650.37	637.40	630.06	615.53	606.32	596.96	557.58
31	695.92	664.12	650.88	643.38	628.54	619.14	609.58	569.37
32	710.33	677.88	664.36	656.70	641.56	631.96	622.21	581.16
33	719.34	686.47	672.78	665.03	649.69	639.97	630.09	588.53
34	728.95	695.64	681.77	673.91	658.37	648.52	638.51	596.39
35	733.75	700.22	686.26	678.35	662.71	652.79	642.72	600.32
36	738.56	704.81	690.76	682.79	667.05	657.07	646.93	604.25
37	743.36	709.39	695.25	687.23	671.38	661.34	651.13	608.18
38	748.16	713.98	699.74	691.68	675.72	665.61	655.34	612.11
39	757.77	723.14	708.73	700.56	684.40	674.16	663.76	619.97
40	767.38	732.31	717.71	709.44	693.08	682.71	672.17	627.83
41	781.79	746.06	731.19	722.76	706.09	695.53	684.79	639.62
42	795.60	759.24	744.11	735.53	718.57	707.81	696.89	650.92
43	814.81	777.58	762.08	753.29	735.92	724.91	713.72	666.64
44	838.83	800.50	784.54	775.50	757.61	746.28	734.76	686.29
45	867.05	827.43	810.94	801.59	783.10	771.38	759.48	709.38
46	900.68	859.52	842.38	832.68	813.47	801.30	788.93	736.89
47	938.51	895.62	877.76	867.65	847.64	834.95	822.07	767.84
48	981.74	936.88	918.20	907.62	886.68	873.42	859.94	803.21
49	1,024.37	977.56	958.07	947.03	925.19	911.34	897.28	838.09
50	1,072.41	1,023.40	1,003.00	991.44	968.57	954.08	939.36	877.40
51	1,119.84	1,068.67	1,047.36	1,035.29	1,011.41	996.28	980.91	916.21
52	1,172.08	1,118.52	1,096.22	1,083.59	1,058.60	1,042.76	1,026.67	958.94
53	1,224.92	1,168.95	1,145.64	1,132.44	1,106.32	1,089.77	1,072.95	1,002.18
54	1,281.97	1,223.39	1,198.99	1,185.17	1,157.84	1,140.52	1,122.92	1,048.85
55	1,339.01	1,277.82	1,252.34	1,237.91	1,209.36	1,191.26	1,172.88	1,095.52
56	1,400.85	1,336.84	1,310.19	1,295.09	1,265.22	1,246.29	1,227.05	1,146.12
57	1,463.30	1,396.44	1,368.59	1,352.82	1,321.62	1,301.84	1,281.75	1,197.21
58	1,529.95	1,460.04	1,430.93	1,414.44	1,381.81	1,361.14	1,340.13	1,251.74
59	1,562.98	1,491.56	1,461.82	1,444.97	1,411.64	1,390.52	1,369.06	1,278.76
60	1,629.63	1,555.16	1,524.15	1,506.59	1,471.84	1,449.82	1,427.44	1,333.29
61	1,687.27	1,610.17	1,578.07	1,559.88	1,523.90	1,501.10	1,477.94	1,380.45
62	1,725.10	1,646.27	1,613.45	1,594.85	1,558.07	1,534.75	1,511.07	1,411.40
63	1,772.53	1,691.54	1,657.81	1,638.71	1,600.91	1,576.96	1,552.62	1,450.21
64+	1,801.35	1,719.03	1,684.77	1,665.36	1,626.93	1,602.60	1,577.88	1,473.78

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

9

Santa Cruz County (continued)

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Gold \$50	SmartCare HMO Silver \$50
0-14	434.29	414.45	406.18	401.50	392.24	386.37	380.41	370.60
15	472.90	451.29	442.29	437.19	427.11	420.72	414.22	403.54
16	487.66	465.37	456.09	450.84	440.44	433.85	427.15	416.14
17	502.42	479.46	469.90	464.48	453.77	446.98	440.08	428.73
18	518.31	494.63	484.77	479.18	468.13	461.12	454.01	442.30
19	534.21	509.80	499.63	493.87	482.48	475.26	467.93	455.86
20	550.67	525.51	515.03	509.09	497.35	489.91	482.35	469.91
21	567.70	541.76	530.96	524.84	512.73	505.06	497.27	484.45
22	567.70	541.76	530.96	524.84	512.73	505.06	497.27	484.45
23	567.70	541.76	530.96	524.84	512.73	505.06	497.27	484.45
24	567.70	541.76	530.96	524.84	512.73	505.06	497.27	484.45
25	569.97	543.93	533.08	526.94	514.78	507.08	499.26	486.38
26	581.33	554.76	543.70	537.44	525.04	517.18	509.20	496.07
27	594.95	567.76	556.44	550.03	537.35	529.31	521.14	507.70
28	617.09	588.89	577.15	570.50	557.34	549.00	540.53	526.59
29	635.26	606.23	594.14	587.30	573.75	565.16	556.44	542.10
30	644.34	614.90	602.64	595.69	581.95	573.25	564.40	549.85
31	657.97	627.90	615.38	608.29	594.26	585.37	576.33	561.47
32	671.59	640.90	628.12	620.88	606.56	597.49	588.27	573.10
33	680.11	649.03	636.09	628.76	614.26	605.06	595.73	580.37
34	689.19	657.70	644.58	637.15	622.46	613.15	603.68	588.12
35	693.73	662.03	648.83	641.35	626.56	617.19	607.66	591.99
36	698.27	666.37	653.08	645.55	630.66	621.23	611.64	595.87
37	702.81	670.70	657.33	649.75	634.76	625.27	615.62	599.74
38	707.36	675.03	661.57	653.95	638.87	629.31	619.60	603.62
39	716.44	683.70	670.07	662.35	647.07	637.39	627.55	611.37
40	725.52	692.37	678.57	670.74	655.27	645.47	635.51	619.12
41	739.15	705.37	691.31	683.34	667.58	657.59	647.44	630.75
42	752.20	717.83	703.52	695.41	679.37	669.21	658.88	641.89
43	770.37	735.17	720.51	712.21	695.78	685.37	674.79	657.39
44	793.08	756.84	741.75	733.20	716.29	705.57	694.68	676.77
45	819.76	782.30	766.70	757.87	740.39	729.31	718.06	699.54
46	851.55	812.64	796.44	787.26	769.10	757.59	745.90	726.67
47	887.32	846.77	829.89	820.32	801.40	789.41	777.23	757.19
48	928.19	885.78	868.12	858.11	838.32	825.78	813.03	792.07
49	968.50	924.24	905.82	895.38	874.72	861.64	848.34	826.47
50	1,013.91	967.58	948.29	937.36	915.74	902.04	888.12	865.22
51	1,058.76	1,010.38	990.24	978.83	956.25	941.94	927.41	903.49
52	1,108.15	1,057.52	1,036.43	1,024.49	1,000.86	985.88	970.67	945.64
53	1,158.11	1,105.19	1,083.16	1,070.67	1,045.98	1,030.33	1,014.43	988.27
54	1,212.04	1,156.66	1,133.60	1,120.53	1,094.69	1,078.31	1,061.67	1,034.29
55	1,265.97	1,208.13	1,184.04	1,170.39	1,143.40	1,126.29	1,108.91	1,080.32
56	1,324.45	1,263.93	1,238.73	1,224.45	1,196.21	1,178.31	1,160.13	1,130.21
57	1,383.49	1,320.27	1,293.95	1,279.03	1,249.53	1,230.84	1,211.84	1,180.60
58	1,446.50	1,380.41	1,352.88	1,337.29	1,306.45	1,286.90	1,267.04	1,234.37
59	1,477.73	1,410.20	1,382.09	1,366.16	1,334.65	1,314.68	1,294.39	1,261.01
60	1,540.74	1,470.34	1,441.02	1,424.41	1,391.56	1,370.74	1,349.59	1,314.79
61	1,595.24	1,522.35	1,491.99	1,474.80	1,440.78	1,419.23	1,397.32	1,361.29
62	1,631.01	1,556.48	1,525.44	1,507.86	1,473.08	1,451.04	1,428.65	1,391.81
63	1,675.85	1,599.28	1,567.39	1,549.33	1,513.59	1,490.94	1,467.94	1,430.09
64+	1,703.10	1,625.28	1,592.88	1,574.52	1,538.19	1,515.18	1,491.81	1,453.35

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 10

Merced, San Joaquin, Stanislaus, and Tulare counties

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	490.29	467.88	458.55	453.27	442.81	436.19	429.46	401.13
15	533.87	509.47	499.31	493.56	482.18	474.96	467.63	436.79
16	550.53	525.37	514.90	508.96	497.23	489.79	482.23	450.42
17	567.19	541.28	530.48	524.37	512.28	504.61	496.82	464.05
18	585.14	558.40	547.27	540.96	528.48	520.58	512.54	478.73
19	603.08	575.53	564.05	557.55	544.69	536.54	528.26	493.42
20	621.67	593.26	581.43	574.73	561.48	553.08	544.54	508.62
21	640.90	611.61	599.42	592.51	578.84	570.18	561.38	524.35
22	640.90	611.61	599.42	592.51	578.84	570.18	561.38	524.35
23	640.90	611.61	599.42	592.51	578.84	570.18	561.38	524.35
24	640.90	611.61	599.42	592.51	578.84	570.18	561.38	524.35
25	643.46	614.06	601.81	594.88	581.16	572.46	563.63	526.45
26	656.28	626.29	613.80	606.73	592.73	583.87	574.86	536.94
27	671.66	640.97	628.19	620.95	606.63	597.55	588.33	549.52
28	696.66	664.82	651.57	644.06	629.20	619.79	610.22	569.97
29	717.16	684.39	670.75	663.02	647.72	638.03	628.19	586.75
30	727.42	694.18	680.34	672.50	656.99	647.16	637.17	595.14
31	742.80	708.86	694.72	686.72	670.88	660.84	650.64	607.73
32	758.18	723.54	709.11	700.94	684.77	674.53	664.12	620.31
33	767.80	732.71	718.10	709.83	693.45	683.08	672.54	628.18
34	778.05	742.50	727.69	719.31	702.71	692.20	681.52	636.56
35	783.18	747.39	732.49	724.05	707.35	696.76	686.01	640.76
36	788.30	752.28	737.28	728.79	711.98	701.32	690.50	644.95
37	793.43	757.18	742.08	733.53	716.61	705.89	694.99	649.15
38	798.56	762.07	746.87	738.27	721.24	710.45	699.48	653.34
39	808.81	771.85	756.46	747.75	730.50	719.57	708.47	661.73
40	819.07	781.64	766.06	757.23	739.76	728.69	717.45	670.12
41	834.45	796.32	780.44	771.45	753.65	742.38	730.92	682.71
42	849.19	810.39	794.23	785.07	766.97	755.49	743.83	694.77
43	869.70	829.96	813.41	804.03	785.49	773.74	761.80	711.55
44	895.33	854.42	837.39	827.73	808.64	796.54	784.25	732.52
45	925.46	883.17	865.56	855.58	835.85	823.34	810.64	757.17
46	961.35	917.42	899.13	888.76	868.26	855.27	842.07	786.53
47	1,001.72	955.95	936.89	926.09	904.73	891.19	877.44	819.56
48	1,047.87	999.98	980.05	968.75	946.41	932.25	917.86	857.32
49	1,093.37	1,043.41	1,022.61	1,010.82	987.51	972.73	957.72	894.55
50	1,144.64	1,092.34	1,070.56	1,058.22	1,033.81	1,018.34	1,002.63	936.49
51	1,195.27	1,140.66	1,117.91	1,105.03	1,079.54	1,063.39	1,046.98	977.92
52	1,251.03	1,193.87	1,170.06	1,156.58	1,129.90	1,113.00	1,095.82	1,023.54
53	1,307.43	1,247.69	1,222.81	1,208.72	1,180.84	1,163.17	1,145.22	1,069.68
54	1,368.32	1,305.79	1,279.76	1,265.01	1,235.83	1,217.34	1,198.55	1,119.49
55	1,429.20	1,363.89	1,336.70	1,321.29	1,290.82	1,271.51	1,251.88	1,169.31
56	1,495.21	1,426.89	1,398.44	1,382.32	1,350.44	1,330.23	1,309.71	1,223.32
57	1,561.87	1,490.50	1,460.78	1,443.94	1,410.64	1,389.53	1,368.09	1,277.85
58	1,633.01	1,558.39	1,527.32	1,509.71	1,474.89	1,452.82	1,430.40	1,336.05
59	1,668.26	1,592.02	1,560.28	1,542.30	1,506.73	1,484.18	1,461.28	1,364.89
60	1,739.40	1,659.91	1,626.82	1,608.07	1,570.98	1,547.47	1,523.59	1,423.09
61	1,800.92	1,718.63	1,684.36	1,664.95	1,626.55	1,602.21	1,577.49	1,473.43
62	1,841.30	1,757.16	1,722.13	1,702.28	1,663.01	1,638.13	1,612.85	1,506.47
63	1,891.93	1,805.48	1,769.48	1,749.09	1,708.74	1,683.18	1,657.20	1,547.89
64+	1,922.70	1,834.83	1,798.26	1,777.53	1,736.52	1,710.54	1,684.14	1,573.05

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 10

Merced, San Joaquin, Stanislaus, and Tulare counties (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	492.64	470.13	460.76	455.45	444.94	438.29	431.52	403.06
15	536.43	511.92	501.71	495.93	484.49	477.24	469.88	438.89
16	553.18	527.90	517.37	511.41	499.62	492.14	484.55	452.58
17	569.92	543.88	533.03	526.89	514.74	507.04	499.21	466.28
18	587.95	561.08	549.90	543.56	531.02	523.08	515.01	481.04
19	605.98	578.29	566.76	560.23	547.31	539.12	530.80	495.79
20	624.66	596.11	584.23	577.50	564.18	555.73	547.16	511.07
21	643.98	614.55	602.30	595.36	581.62	572.92	564.08	526.87
22	643.98	614.55	602.30	595.36	581.62	572.92	564.08	526.87
23	643.98	614.55	602.30	595.36	581.62	572.92	564.08	526.87
24	643.98	614.55	602.30	595.36	581.62	572.92	564.08	526.87
25	646.55	617.01	604.71	597.74	583.95	575.21	566.34	528.98
26	659.43	629.30	616.75	609.64	595.58	586.67	577.62	539.52
27	674.89	644.05	631.21	623.93	609.54	600.42	591.16	552.16
28	700.00	668.02	654.70	647.15	632.23	622.77	613.16	572.71
29	720.61	687.68	673.97	666.20	650.84	641.10	631.21	589.57
30	730.91	697.51	683.61	675.73	660.14	650.27	640.23	598.00
31	746.37	712.26	698.06	690.02	674.10	664.02	653.77	610.65
32	761.82	727.01	712.52	704.31	688.06	677.77	667.31	623.29
33	771.48	736.23	721.55	713.24	696.79	686.36	675.77	631.19
34	781.79	746.06	731.19	722.76	706.09	695.53	684.79	639.62
35	786.94	750.98	736.01	727.52	710.74	700.11	689.31	643.84
36	792.09	755.90	740.83	732.29	715.40	704.69	693.82	648.05
37	797.24	760.81	745.64	737.05	720.05	709.28	698.33	652.27
38	802.40	765.73	750.46	741.81	724.70	713.86	702.84	656.48
39	812.70	775.56	760.10	751.34	734.01	723.03	711.87	664.91
40	823.00	785.40	769.74	760.86	743.32	732.19	720.90	673.34
41	838.46	800.14	784.19	775.15	757.27	745.94	734.43	685.99
42	853.27	814.28	798.04	788.85	770.65	759.12	747.41	698.11
43	873.88	833.95	817.32	807.90	789.26	777.45	765.46	714.97
44	899.64	858.53	841.41	831.71	812.53	800.37	788.02	736.04
45	929.90	887.41	869.72	859.69	839.87	827.30	814.53	760.80
46	965.97	921.83	903.45	893.03	872.44	859.38	846.12	790.31
47	1,006.54	960.54	941.39	930.54	909.08	895.48	881.66	823.50
48	1,052.90	1,004.79	984.76	973.41	950.96	936.73	922.27	861.44
49	1,098.63	1,048.42	1,027.52	1,015.68	992.25	977.40	962.32	898.85
50	1,150.14	1,097.59	1,075.70	1,063.31	1,038.78	1,023.24	1,007.45	941.00
51	1,201.02	1,146.14	1,123.29	1,110.34	1,084.73	1,068.50	1,052.01	982.62
52	1,257.04	1,199.60	1,175.68	1,162.13	1,135.33	1,118.34	1,101.09	1,028.46
53	1,313.71	1,253.68	1,228.69	1,214.53	1,186.51	1,168.76	1,150.72	1,074.82
54	1,374.89	1,312.07	1,285.91	1,271.08	1,241.77	1,223.19	1,204.31	1,124.87
55	1,436.07	1,370.45	1,343.12	1,327.64	1,297.02	1,277.62	1,257.90	1,174.93
56	1,502.40	1,433.75	1,405.16	1,388.97	1,356.93	1,336.63	1,316.00	1,229.19
57	1,569.37	1,497.66	1,467.80	1,450.88	1,417.42	1,396.21	1,374.66	1,283.99
58	1,640.85	1,565.87	1,534.65	1,516.97	1,481.98	1,459.80	1,437.28	1,342.47
59	1,676.27	1,599.68	1,567.78	1,549.71	1,513.97	1,491.32	1,468.30	1,371.45
60	1,747.75	1,667.89	1,634.64	1,615.80	1,578.53	1,554.91	1,530.91	1,429.93
61	1,809.58	1,726.89	1,692.46	1,672.95	1,634.36	1,609.91	1,585.07	1,480.51
62	1,850.15	1,765.60	1,730.40	1,710.46	1,671.01	1,646.00	1,620.60	1,513.71
63	1,901.02	1,814.15	1,777.98	1,757.49	1,716.95	1,691.27	1,665.17	1,555.33
64+	1,931.94	1,843.65	1,806.90	1,786.08	1,744.86	1,718.76	1,692.24	1,580.61

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 11

Fresno, Kings and Madera counties

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	384.06	366.51	359.20	355.06	346.87	341.68	336.41	314.22
15	418.20	399.09	391.13	386.62	377.70	372.05	366.31	342.15
16	431.25	411.54	403.34	398.69	389.49	383.67	377.74	352.83
17	444.30	424.00	415.55	410.76	401.28	395.28	389.18	363.51
18	458.36	437.41	428.69	423.75	413.98	407.78	401.49	375.01
19	472.42	450.83	441.84	436.75	426.67	420.29	413.80	386.51
20	486.97	464.72	455.46	450.21	439.82	433.24	426.56	398.42
21	502.04	479.10	469.54	464.13	453.43	446.64	439.75	410.74
22	502.04	479.10	469.54	464.13	453.43	446.64	439.75	410.74
23	502.04	479.10	469.54	464.13	453.43	446.64	439.75	410.74
24	502.04	479.10	469.54	464.13	453.43	446.64	439.75	410.74
25	504.04	481.01	471.42	465.99	455.24	448.43	441.51	412.39
26	514.08	490.59	480.81	475.27	464.31	457.36	450.30	420.60
27	526.13	502.09	492.08	486.41	475.19	468.08	460.86	430.46
28	545.71	520.78	510.39	504.51	492.87	485.50	478.01	446.48
29	561.78	536.11	525.42	519.36	507.38	499.79	492.08	459.62
30	569.81	543.77	532.93	526.79	514.64	506.94	499.12	466.19
31	581.86	555.27	544.20	537.93	525.52	517.66	509.67	476.05
32	593.91	566.77	555.47	549.07	536.40	528.38	520.22	485.91
33	601.44	573.96	562.51	556.03	543.20	535.08	526.82	492.07
34	609.47	581.62	570.02	563.46	550.46	542.22	533.86	498.64
35	613.49	585.45	573.78	567.17	554.09	545.80	537.37	501.93
36	617.50	589.29	577.54	570.88	557.71	549.37	540.89	505.21
37	621.52	593.12	581.29	574.59	561.34	552.94	544.41	508.50
38	625.54	596.95	585.05	578.31	564.97	556.52	547.93	511.79
39	633.57	604.62	592.56	585.73	572.22	563.66	554.96	518.36
40	641.60	612.28	600.08	593.16	579.48	570.81	562.00	524.93
41	653.65	623.78	611.34	604.30	590.36	581.53	572.55	534.79
42	665.20	634.80	622.14	614.97	600.79	591.80	582.67	544.23
43	681.26	650.13	637.17	629.83	615.30	606.09	596.74	557.38
44	701.34	669.30	655.95	648.39	633.44	623.96	614.33	573.81
45	724.94	691.81	678.02	670.21	654.75	644.95	635.00	593.11
46	753.05	718.64	704.31	696.20	680.14	669.96	659.62	616.11
47	784.68	748.83	733.90	725.44	708.70	698.10	687.33	641.99
48	820.83	783.32	767.70	758.85	741.35	730.26	718.99	671.56
49	856.47	817.34	801.04	791.81	773.54	761.97	750.21	700.73
50	896.64	855.66	838.60	828.94	809.82	797.70	785.39	733.59
51	936.30	893.51	875.70	865.60	845.64	832.99	820.13	766.04
52	979.97	935.19	916.55	905.98	885.09	871.84	858.39	801.77
53	1,024.15	977.35	957.87	946.83	924.99	911.15	897.09	837.92
54	1,071.85	1,022.87	1,002.47	990.92	968.06	953.58	938.86	876.94
55	1,119.54	1,068.38	1,047.08	1,035.01	1,011.14	996.01	980.64	915.96
56	1,171.25	1,117.73	1,095.44	1,082.82	1,057.84	1,042.02	1,025.94	958.26
57	1,223.46	1,167.55	1,144.28	1,131.09	1,105.00	1,088.47	1,071.67	1,000.98
58	1,279.19	1,220.73	1,196.40	1,182.61	1,155.33	1,138.04	1,120.48	1,046.57
59	1,306.80	1,247.08	1,222.22	1,208.13	1,180.27	1,162.61	1,144.67	1,069.16
60	1,362.52	1,300.26	1,274.34	1,259.65	1,230.60	1,212.19	1,193.48	1,114.76
61	1,410.72	1,346.26	1,319.42	1,304.21	1,274.13	1,255.06	1,235.70	1,154.19
62	1,442.35	1,376.44	1,349.00	1,333.45	1,302.69	1,283.20	1,263.40	1,180.06
63	1,482.01	1,414.29	1,386.09	1,370.12	1,338.51	1,318.49	1,298.14	1,212.51
64+	1,506.12	1,437.30	1,408.62	1,392.39	1,360.29	1,339.92	1,319.25	1,232.22

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 11

Fresno, Kings and Madera counties (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	385.90	368.27	360.93	356.77	348.54	343.32	338.02	315.73
15	420.21	401.00	393.01	388.48	379.52	373.84	368.07	343.79
16	433.32	413.52	405.28	400.60	391.36	385.51	379.56	354.52
17	446.44	426.04	417.54	412.73	403.21	397.18	391.05	365.25
18	460.56	439.52	430.75	425.79	415.97	409.74	403.42	376.81
19	474.69	452.99	443.96	438.85	428.72	422.31	415.79	388.37
20	489.31	466.96	457.65	452.37	441.94	435.32	428.61	400.34
21	504.45	481.40	471.80	466.36	455.60	448.79	441.86	412.72
22	504.45	481.40	471.80	466.36	455.60	448.79	441.86	412.72
23	504.45	481.40	471.80	466.36	455.60	448.79	441.86	412.72
24	504.45	481.40	471.80	466.36	455.60	448.79	441.86	412.72
25	506.47	483.32	473.69	468.23	457.43	450.58	443.63	414.37
26	516.55	492.95	483.12	477.55	466.54	459.56	452.47	422.62
27	528.66	504.50	494.45	488.75	477.47	470.33	463.07	432.53
28	548.34	523.28	512.85	506.93	495.24	487.83	480.30	448.62
29	564.48	538.68	527.94	521.86	509.82	502.19	494.44	461.83
30	572.55	546.39	535.49	529.32	517.11	509.37	501.51	468.43
31	584.66	557.94	546.82	540.51	528.05	520.15	512.12	478.34
32	596.76	569.49	558.14	551.71	538.98	530.92	522.72	488.24
33	604.33	576.71	565.22	558.70	545.81	537.65	529.35	494.43
34	612.40	584.42	572.76	566.16	553.10	544.83	536.42	501.04
35	616.44	588.27	576.54	569.89	556.75	548.42	539.96	504.34
36	620.47	592.12	580.31	573.62	560.39	552.01	543.49	507.64
37	624.51	595.97	584.09	577.36	564.04	555.60	547.03	510.94
38	628.54	599.82	587.86	581.09	567.68	559.19	550.56	514.24
39	636.61	607.52	595.41	588.55	574.97	566.37	557.63	520.85
40	644.68	615.23	602.96	596.01	582.26	573.55	564.70	527.45
41	656.79	626.78	614.28	607.20	593.20	584.32	575.31	537.36
42	668.39	637.85	625.13	617.93	603.68	594.64	585.47	546.85
43	684.54	653.26	640.23	632.85	618.26	609.01	599.61	560.06
44	704.71	672.51	659.10	651.51	636.48	626.96	617.28	576.57
45	728.42	695.14	681.28	673.43	657.89	648.05	638.05	595.96
46	756.67	722.10	707.70	699.54	683.41	673.18	662.79	619.07
47	788.45	752.42	737.42	728.92	712.11	701.46	690.63	645.08
48	824.77	787.08	771.39	762.50	744.91	733.77	722.45	674.79
49	860.59	821.26	804.89	795.61	777.26	765.63	753.82	704.09
50	900.94	859.78	842.63	832.92	813.71	801.54	789.17	737.11
51	940.80	897.81	879.91	869.76	849.70	836.99	824.07	769.72
52	984.68	939.69	920.95	910.34	889.34	876.03	862.52	805.62
53	1,029.07	982.05	962.47	951.38	929.43	915.53	901.40	841.94
54	1,077.00	1,027.78	1,007.29	995.68	972.72	958.16	943.38	881.15
55	1,124.92	1,073.52	1,052.11	1,039.99	1,016.00	1,000.80	985.35	920.36
56	1,176.88	1,123.10	1,100.71	1,088.02	1,062.93	1,047.02	1,030.87	962.87
57	1,229.34	1,173.17	1,149.77	1,136.52	1,110.31	1,093.70	1,076.82	1,005.79
58	1,285.33	1,226.60	1,202.14	1,188.29	1,160.88	1,143.51	1,125.87	1,051.60
59	1,313.08	1,253.08	1,228.09	1,213.94	1,185.94	1,168.20	1,150.17	1,074.30
60	1,369.07	1,306.51	1,280.46	1,265.70	1,236.51	1,218.01	1,199.21	1,120.11
61	1,417.50	1,352.73	1,325.76	1,310.48	1,280.25	1,261.09	1,241.63	1,159.73
62	1,449.28	1,383.05	1,355.48	1,339.86	1,308.95	1,289.37	1,269.47	1,185.73
63	1,489.13	1,421.08	1,392.75	1,376.70	1,344.95	1,324.82	1,304.38	1,218.34
64+	1,513.35	1,444.20	1,415.40	1,399.08	1,366.80	1,346.37	1,325.58	1,238.16

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 12

Santa Barbara and Ventura counties

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	408.22	389.56	381.80	377.40	368.69	363.18	357.57	333.99
15	444.50	424.19	415.73	410.94	401.46	395.46	389.36	363.67
16	458.38	437.43	428.71	423.77	414.00	407.80	401.51	375.02
17	472.25	450.67	441.69	436.60	426.53	420.14	413.66	386.37
18	487.19	464.93	455.66	450.41	440.02	433.44	426.75	398.60
19	502.13	479.19	469.63	464.22	453.52	446.73	439.84	410.82
20	517.61	493.96	484.11	478.53	467.49	460.50	453.39	423.48
21	533.62	509.23	499.08	493.33	481.95	474.74	467.41	436.58
22	533.62	509.23	499.08	493.33	481.95	474.74	467.41	436.58
23	533.62	509.23	499.08	493.33	481.95	474.74	467.41	436.58
24	533.62	509.23	499.08	493.33	481.95	474.74	467.41	436.58
25	535.75	511.27	501.08	495.30	483.88	476.64	469.28	438.33
26	546.42	521.46	511.06	505.17	493.52	486.13	478.63	447.06
27	559.23	533.68	523.04	517.01	505.08	497.53	489.85	457.54
28	580.04	553.54	542.50	536.25	523.88	516.04	508.08	474.56
29	597.12	569.83	558.47	552.03	539.30	531.23	523.04	488.53
30	605.66	577.98	566.46	559.93	547.01	538.83	530.51	495.52
31	618.46	590.20	578.43	571.77	558.58	550.22	541.73	506.00
32	631.27	602.42	590.41	583.61	570.15	561.62	552.95	516.48
33	639.27	610.06	597.90	591.01	577.38	568.74	559.96	523.02
34	647.81	618.21	605.88	598.90	585.09	576.33	567.44	530.01
35	652.08	622.28	609.88	602.85	588.94	580.13	571.18	533.50
36	656.35	626.36	613.87	606.79	592.80	583.93	574.92	537.00
37	660.62	630.43	617.86	610.74	596.65	587.73	578.66	540.49
38	664.89	634.51	621.85	614.69	600.51	591.52	582.40	543.98
39	673.43	642.65	629.84	622.58	608.22	599.12	589.88	550.97
40	681.96	650.80	637.83	630.47	615.93	606.72	597.35	557.95
41	694.77	663.02	649.80	642.31	627.50	618.11	608.57	568.43
42	707.04	674.73	661.28	653.66	638.58	629.03	619.32	578.47
43	724.12	691.03	677.25	669.45	654.01	644.22	634.28	592.44
44	745.46	711.40	697.22	689.18	673.28	663.21	652.98	609.90
45	770.54	735.33	720.67	712.37	695.94	685.52	674.94	630.42
46	800.43	763.85	748.62	739.99	722.93	712.11	701.12	654.87
47	834.04	795.93	780.06	771.07	753.29	742.02	730.57	682.38
48	872.46	832.60	816.00	806.59	787.99	776.20	764.22	713.81
49	910.35	868.75	851.43	841.62	822.21	809.90	797.41	744.81
50	953.04	909.49	891.36	881.08	860.76	847.88	834.80	779.74
51	995.20	949.72	930.79	920.06	898.84	885.39	871.73	814.22
52	1,041.62	994.02	974.21	962.98	940.77	926.69	912.39	852.21
53	1,088.58	1,038.84	1,018.12	1,006.39	983.18	968.47	953.52	890.63
54	1,139.27	1,087.21	1,065.54	1,053.26	1,028.96	1,013.57	997.93	932.10
55	1,189.97	1,135.59	1,112.95	1,100.12	1,074.75	1,058.67	1,042.33	973.58
56	1,244.93	1,188.04	1,164.36	1,150.94	1,124.39	1,107.57	1,090.47	1,018.55
57	1,300.43	1,241.00	1,216.26	1,202.24	1,174.51	1,156.94	1,139.09	1,063.95
58	1,359.66	1,297.53	1,271.66	1,257.00	1,228.01	1,209.64	1,190.97	1,112.41
59	1,389.01	1,325.54	1,299.11	1,284.13	1,254.52	1,235.75	1,216.68	1,136.42
60	1,448.24	1,382.06	1,354.51	1,338.89	1,308.01	1,288.44	1,268.56	1,184.88
61	1,499.47	1,430.95	1,402.42	1,386.25	1,354.28	1,334.02	1,313.43	1,226.79
62	1,533.08	1,463.03	1,433.86	1,417.33	1,384.64	1,363.93	1,342.88	1,254.30
63	1,575.24	1,503.26	1,473.29	1,456.31	1,422.72	1,401.43	1,379.80	1,288.79
64+	1,600.86	1,527.69	1,497.24	1,479.99	1,445.85	1,424.22	1,402.23	1,309.74

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 12

Santa Barbara and Ventura counties (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	410.18	391.44	383.63	379.21	370.46	364.92	359.29	335.59
15	446.64	426.23	417.73	412.92	403.39	397.36	391.23	365.42
16	460.58	439.53	430.77	425.81	415.98	409.76	403.44	376.83
17	474.52	452.84	443.81	438.69	428.58	422.16	415.65	388.23
18	489.53	467.16	457.85	452.57	442.13	435.52	428.80	400.51
19	504.55	481.49	471.89	466.45	455.69	448.88	441.95	412.80
20	520.10	496.33	486.43	480.83	469.74	462.71	455.57	425.52
21	536.18	511.68	501.48	495.70	484.27	477.02	469.66	438.68
22	536.18	511.68	501.48	495.70	484.27	477.02	469.66	438.68
23	536.18	511.68	501.48	495.70	484.27	477.02	469.66	438.68
24	536.18	511.68	501.48	495.70	484.27	477.02	469.66	438.68
25	538.33	513.73	503.48	497.68	486.20	478.93	471.54	440.43
26	549.05	523.96	513.51	507.60	495.89	488.47	480.93	449.21
27	561.92	536.24	525.55	519.49	507.51	499.92	492.20	459.74
28	582.83	556.20	545.11	538.83	526.40	518.52	510.52	476.84
29	599.99	572.57	561.15	554.69	541.89	533.79	525.55	490.88
30	608.57	580.76	569.18	562.62	549.64	541.42	533.06	497.90
31	621.43	593.04	581.21	574.52	561.26	552.87	544.33	508.43
32	634.30	605.32	593.25	586.41	572.89	564.32	555.61	518.96
33	642.35	612.99	600.77	593.85	580.15	571.47	562.65	525.54
34	650.92	621.18	608.80	601.78	587.90	579.10	570.17	532.56
35	655.21	625.27	612.81	605.74	591.77	582.92	573.92	536.07
36	659.50	629.37	616.82	609.71	595.65	586.74	577.68	539.58
37	663.79	633.46	620.83	613.68	599.52	590.55	581.44	543.09
38	668.08	637.55	624.84	617.64	603.40	594.37	585.20	546.59
39	676.66	645.74	632.87	625.57	611.14	602.00	592.71	553.61
40	685.24	653.93	640.89	633.50	618.89	609.63	600.22	560.63
41	698.11	666.21	652.93	645.40	630.51	621.08	611.50	571.16
42	710.44	677.98	664.46	656.80	641.65	632.05	622.30	581.25
43	727.60	694.35	680.51	672.66	657.15	647.32	637.33	595.29
44	749.05	714.82	700.57	692.49	676.52	666.40	656.11	612.84
45	774.25	738.87	724.14	715.79	699.28	688.82	678.19	633.45
46	804.27	767.52	752.22	743.55	726.40	715.53	704.49	658.02
47	838.05	799.76	783.81	774.78	756.91	745.58	734.08	685.66
48	876.66	836.60	819.92	810.47	791.78	779.93	767.89	717.24
49	914.73	872.93	855.52	845.66	826.16	813.80	801.24	748.39
50	957.62	913.86	895.64	885.32	864.90	851.96	838.81	783.48
51	999.98	954.28	935.26	924.48	903.16	889.64	875.91	818.14
52	1,046.63	998.80	978.89	967.60	945.29	931.14	916.77	856.30
53	1,093.81	1,043.83	1,023.02	1,011.23	987.90	973.12	958.10	894.91
54	1,144.75	1,092.44	1,070.66	1,058.32	1,033.91	1,018.44	1,002.72	936.58
55	1,195.69	1,141.05	1,118.30	1,105.41	1,079.91	1,063.76	1,047.34	978.26
56	1,250.91	1,193.75	1,169.95	1,156.47	1,129.79	1,112.89	1,095.71	1,023.44
57	1,306.68	1,246.97	1,222.10	1,208.02	1,180.16	1,162.50	1,144.56	1,069.06
58	1,366.19	1,303.76	1,277.77	1,263.04	1,233.91	1,215.45	1,196.69	1,117.76
59	1,395.68	1,331.91	1,305.35	1,290.30	1,260.54	1,241.68	1,222.52	1,141.88
60	1,455.20	1,388.70	1,361.01	1,345.33	1,314.30	1,294.63	1,274.65	1,190.58
61	1,506.67	1,437.82	1,409.16	1,392.91	1,360.79	1,340.43	1,319.74	1,232.69
62	1,540.45	1,470.06	1,440.75	1,424.14	1,391.30	1,370.48	1,349.33	1,260.33
63	1,582.81	1,510.48	1,480.37	1,463.30	1,429.55	1,408.16	1,386.43	1,294.98
64+	1,608.54	1,535.04	1,504.44	1,487.10	1,452.81	1,431.06	1,408.98	1,316.04

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region
14 Kern County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	336.66	321.27	314.87	311.24	304.06	299.51	294.89	275.44
15	366.58	349.83	342.86	338.91	331.09	326.13	321.10	299.92
16	378.02	360.75	353.56	349.48	341.42	336.31	331.12	309.28
17	389.47	371.67	364.26	360.06	351.76	346.49	341.15	318.64
18	401.79	383.43	375.78	371.45	362.89	357.46	351.94	328.73
19	414.11	395.19	387.31	382.85	374.01	368.42	362.73	338.81
20	426.87	407.37	399.25	394.64	385.54	379.77	373.91	349.25
21	440.08	419.97	411.59	406.85	397.47	391.52	385.48	360.05
22	440.08	419.97	411.59	406.85	397.47	391.52	385.48	360.05
23	440.08	419.97	411.59	406.85	397.47	391.52	385.48	360.05
24	440.08	419.97	411.59	406.85	397.47	391.52	385.48	360.05
25	441.84	421.65	413.24	408.48	399.06	393.08	387.02	361.49
26	450.64	430.05	421.47	416.61	407.00	400.91	394.73	368.69
27	461.20	440.12	431.35	426.38	416.54	410.31	403.98	377.33
28	478.36	456.50	447.40	442.25	432.04	425.58	419.01	391.37
29	492.44	469.94	460.57	455.26	444.76	438.11	431.35	402.90
30	499.49	476.66	467.16	461.77	451.12	444.37	437.52	408.66
31	510.05	486.74	477.04	471.54	460.66	453.77	446.77	417.30
32	520.61	496.82	486.91	481.30	470.20	463.17	456.02	425.94
33	527.21	503.12	493.09	487.41	476.16	469.04	461.80	431.34
34	534.25	509.84	499.67	493.91	482.52	475.30	467.97	437.10
35	537.77	513.20	502.97	497.17	485.70	478.44	471.05	439.98
36	541.29	516.56	506.26	500.42	488.88	481.57	474.14	442.86
37	544.81	519.92	509.55	503.68	492.06	484.70	477.22	445.74
38	548.33	523.28	512.84	506.93	495.24	487.83	480.30	448.62
39	555.38	530.00	519.43	513.44	501.60	494.10	486.47	454.38
40	562.42	536.72	526.02	519.95	507.96	500.36	492.64	460.14
41	572.98	546.80	535.89	529.72	517.50	509.76	501.89	468.79
42	583.10	556.46	545.36	539.08	526.64	518.76	510.76	477.07
43	597.18	569.89	558.53	552.09	539.36	531.29	523.09	488.59
44	614.79	586.69	575.00	568.37	555.26	546.95	538.51	502.99
45	635.47	606.43	594.34	587.49	573.94	565.35	556.63	519.91
46	660.11	629.95	617.39	610.27	596.20	587.28	578.21	540.07
47	687.84	656.41	643.32	635.91	621.24	611.94	602.50	562.76
48	719.52	686.64	672.95	665.20	649.86	640.13	630.25	588.68
49	750.77	716.46	702.18	694.08	678.08	667.93	657.62	614.25
50	785.98	750.06	735.11	726.63	709.87	699.25	688.46	643.05
51	820.74	783.24	767.62	758.77	741.27	730.18	718.91	671.49
52	859.03	819.77	803.43	794.17	775.85	764.24	752.45	702.82
53	897.75	856.73	839.65	829.97	810.83	798.70	786.37	734.50
54	939.56	896.63	878.75	868.62	848.59	835.89	822.99	768.71
55	981.37	936.52	917.85	907.27	886.35	873.09	859.61	802.91
56	1,026.70	979.78	960.25	949.18	927.29	913.41	899.32	840.00
57	1,072.46	1,023.46	1,003.05	991.49	968.62	954.13	939.41	877.44
58	1,121.31	1,070.07	1,048.74	1,036.65	1,012.74	997.59	982.19	917.41
59	1,145.52	1,093.17	1,071.38	1,059.03	1,034.60	1,019.12	1,003.40	937.21
60	1,194.37	1,139.79	1,117.06	1,104.19	1,078.72	1,062.58	1,046.18	977.18
61	1,236.61	1,180.11	1,156.58	1,143.25	1,116.88	1,100.17	1,083.19	1,011.74
62	1,264.34	1,206.56	1,182.51	1,168.88	1,141.92	1,124.83	1,107.47	1,034.42
63	1,299.10	1,239.74	1,215.02	1,201.02	1,173.32	1,155.76	1,137.93	1,062.87
64+	1,320.24	1,259.91	1,234.77	1,220.55	1,192.41	1,174.56	1,156.44	1,080.15

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

14

Kern County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	338.28	322.82	316.38	312.74	305.52	300.95	296.31	276.76
15	368.34	351.51	344.50	340.53	332.68	327.70	322.65	301.36
16	379.84	362.48	355.26	351.16	343.06	337.93	332.72	310.77
17	391.34	373.46	366.01	361.79	353.45	348.16	342.79	320.18
18	403.72	385.27	377.59	373.24	364.63	359.17	353.63	330.31
19	416.10	397.09	389.17	384.68	375.81	370.19	364.48	340.44
20	428.92	409.32	401.16	396.54	387.39	381.60	375.71	350.93
21	442.19	421.98	413.57	408.80	399.38	393.40	387.33	361.78
22	442.19	421.98	413.57	408.80	399.38	393.40	387.33	361.78
23	442.19	421.98	413.57	408.80	399.38	393.40	387.33	361.78
24	442.19	421.98	413.57	408.80	399.38	393.40	387.33	361.78
25	443.96	423.67	415.23	410.44	400.97	394.97	388.88	363.23
26	452.80	432.11	423.50	418.62	408.96	402.84	396.62	370.46
27	463.42	442.24	433.42	428.43	418.55	412.28	405.92	379.15
28	480.66	458.70	449.55	444.37	434.12	427.63	421.03	393.26
29	494.81	472.20	462.79	457.45	446.90	440.21	433.42	404.83
30	501.89	478.95	469.40	463.99	453.29	446.51	439.62	410.62
31	512.50	489.08	479.33	473.80	462.88	455.95	448.91	419.30
32	523.11	499.21	489.25	483.62	472.46	465.39	458.21	427.99
33	529.74	505.54	495.46	489.75	478.45	471.29	464.02	433.41
34	536.82	512.29	502.08	496.29	484.84	477.59	470.22	439.20
35	540.36	515.66	505.38	499.56	488.04	480.73	473.32	442.10
36	543.89	519.04	508.69	502.83	491.23	483.88	476.41	444.99
37	547.43	522.42	512.00	506.10	494.43	487.03	479.51	447.88
38	550.97	525.79	515.31	509.37	497.62	490.18	482.61	450.78
39	558.04	532.54	521.93	515.91	504.01	496.47	488.81	456.57
40	565.12	539.30	528.54	522.45	510.40	502.77	495.01	462.36
41	575.73	549.42	538.47	532.26	519.99	512.21	504.30	471.04
42	585.90	559.13	547.98	541.67	529.17	521.25	513.21	479.36
43	600.05	572.63	561.22	554.75	541.95	533.84	525.61	490.94
44	617.74	589.51	577.76	571.10	557.93	549.58	541.10	505.41
45	638.52	609.35	597.20	590.31	576.70	568.07	559.30	522.41
46	663.29	632.98	620.36	613.21	599.06	590.10	580.99	542.67
47	691.14	659.56	646.41	638.96	624.22	614.88	605.40	565.46
48	722.98	689.94	676.19	668.39	652.98	643.21	633.28	591.51
49	754.38	719.91	705.55	697.42	681.33	671.14	660.78	617.20
50	789.75	753.66	738.64	730.12	713.28	702.61	691.77	646.14
51	824.69	787.00	771.31	762.42	744.84	733.69	722.37	674.72
52	863.16	823.71	807.29	797.99	779.58	767.92	756.07	706.19
53	902.07	860.85	843.68	833.96	814.73	802.54	790.15	738.03
54	944.08	900.94	882.97	872.80	852.67	839.91	826.95	772.40
55	986.08	941.03	922.26	911.63	890.61	877.28	863.74	806.77
56	1,031.63	984.49	964.86	953.74	931.74	917.80	903.64	844.03
57	1,077.62	1,028.38	1,007.87	996.26	973.28	958.72	943.92	881.66
58	1,126.70	1,075.22	1,053.78	1,041.63	1,017.61	1,002.38	986.91	921.82
59	1,151.02	1,098.43	1,076.53	1,064.12	1,039.57	1,024.02	1,008.22	941.71
60	1,200.10	1,145.27	1,122.43	1,109.49	1,083.90	1,067.69	1,051.21	981.87
61	1,242.55	1,185.78	1,162.13	1,148.74	1,122.24	1,105.45	1,088.39	1,016.60
62	1,270.41	1,212.36	1,188.19	1,174.49	1,147.41	1,130.24	1,112.80	1,039.39
63	1,305.35	1,245.70	1,220.86	1,206.79	1,178.96	1,161.32	1,143.40	1,067.97
64+	1,326.57	1,265.94	1,240.71	1,226.40	1,198.14	1,180.20	1,161.99	1,085.34

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	238.96	228.04	223.49	220.92	215.82	212.59	209.31	195.51
15	260.20	248.31	243.36	240.55	235.01	231.49	227.92	212.88
16	268.32	256.06	250.95	248.06	242.34	238.71	235.03	219.53
17	276.44	263.81	258.55	255.57	249.68	245.94	242.14	226.17
18	285.19	272.16	266.73	263.66	257.58	253.72	249.81	233.33
19	293.93	280.50	274.91	271.74	265.47	261.50	257.47	240.48
20	302.99	289.15	283.38	280.12	273.66	269.56	265.40	247.90
21	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
22	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
23	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
24	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
25	313.61	299.28	293.32	289.94	283.25	279.01	274.70	256.58
26	319.86	305.24	299.16	295.71	288.89	284.57	280.18	261.70
27	327.36	312.40	306.17	302.64	295.66	291.24	286.74	267.83
28	339.54	324.02	317.56	313.90	306.66	302.08	297.41	277.80
29	349.54	333.56	326.91	323.15	315.69	310.97	306.17	285.97
30	354.53	338.33	331.59	327.77	320.21	315.41	310.55	290.06
31	362.03	345.49	338.60	334.70	326.98	322.08	317.11	296.20
32	369.53	352.64	345.61	341.63	333.75	328.75	323.68	302.33
33	374.21	357.11	349.99	345.96	337.98	332.92	327.78	306.16
34	379.21	361.88	354.67	350.58	342.49	337.37	332.16	310.25
35	381.71	364.27	357.00	352.89	344.75	339.59	334.35	312.30
36	384.21	366.65	359.34	355.20	347.01	341.82	336.54	314.34
37	386.71	369.04	361.68	357.51	349.26	344.04	338.73	316.39
38	389.21	371.42	364.02	359.82	351.52	346.26	340.92	318.43
39	394.20	376.19	368.69	364.44	356.04	350.71	345.30	322.52
40	399.20	380.96	373.36	369.06	360.55	355.15	349.67	326.61
41	406.70	388.11	380.38	375.99	367.32	361.82	356.24	332.74
42	413.88	394.97	387.10	382.63	373.81	368.22	362.53	338.62
43	423.88	404.51	396.44	391.87	382.84	377.11	371.29	346.80
44	436.37	416.43	408.13	403.43	394.12	388.22	382.23	357.02
45	451.05	430.44	421.86	417.00	407.38	401.29	395.09	369.03
46	468.55	447.14	438.22	433.17	423.18	416.85	410.42	383.34
47	488.23	465.92	456.63	451.36	440.95	434.36	427.65	399.44
48	510.72	487.38	477.66	472.16	461.27	454.36	447.35	417.84
49	532.89	508.54	498.40	492.66	481.30	474.10	466.78	435.99
50	557.88	532.39	521.78	515.76	503.87	496.33	488.67	456.43
51	582.56	555.94	544.86	538.58	526.15	518.28	510.28	476.62
52	609.74	581.87	570.27	563.70	550.70	542.46	534.09	498.86
53	637.22	608.11	595.98	589.11	575.52	566.91	558.16	521.35
54	666.90	636.42	623.73	616.55	602.33	593.31	584.16	545.63
55	696.57	664.74	651.49	643.98	629.13	619.71	610.15	569.90
56	728.75	695.45	681.58	673.72	658.19	648.34	638.33	596.23
57	761.23	726.45	711.96	703.76	687.53	677.24	666.79	622.81
58	795.90	759.54	744.39	735.81	718.84	708.09	697.16	651.17
59	813.08	775.93	760.46	751.70	734.36	723.37	712.21	665.23
60	847.76	809.02	792.89	783.75	765.67	754.22	742.58	693.60
61	877.74	837.64	820.93	811.47	792.76	780.90	768.84	718.13
62	897.42	856.41	839.34	829.67	810.53	798.40	786.08	734.23
63	922.10	879.96	862.42	852.48	832.82	820.36	807.70	754.42
64+	937.08	894.27	876.45	866.34	846.36	833.70	820.83	766.68

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	274.80	262.25	257.02	254.05	248.19	244.48	240.71	224.83
15	299.23	285.56	279.86	276.64	270.26	266.21	262.10	244.82
16	308.57	294.47	288.60	285.27	278.69	274.52	270.29	252.46
17	317.91	303.38	297.33	293.91	287.13	282.83	278.47	260.10
18	327.97	312.98	306.74	303.20	296.21	291.78	287.28	268.33
19	338.03	322.58	316.15	312.50	305.30	300.73	296.09	276.56
20	348.44	332.52	325.89	322.13	314.70	310.00	305.21	285.08
21	359.22	342.80	335.97	332.10	324.44	319.58	314.65	293.90
22	359.22	342.80	335.97	332.10	324.44	319.58	314.65	293.90
23	359.22	342.80	335.97	332.10	324.44	319.58	314.65	293.90
24	359.22	342.80	335.97	332.10	324.44	319.58	314.65	293.90
25	360.66	344.18	337.31	333.43	325.74	320.86	315.91	295.07
26	367.84	351.03	344.03	340.07	332.22	327.25	322.20	300.95
27	376.46	359.26	352.10	348.04	340.01	334.92	329.75	308.00
28	390.47	372.63	365.20	360.99	352.66	347.39	342.03	319.47
29	401.97	383.60	375.95	371.62	363.05	357.61	352.10	328.87
30	407.71	389.08	381.33	376.93	368.24	362.73	357.13	333.57
31	416.33	397.31	389.39	384.90	376.02	370.40	364.68	340.63
32	424.96	405.54	397.45	392.87	383.81	378.07	372.23	347.68
33	430.34	410.68	402.49	397.85	388.68	382.86	376.95	352.09
34	436.09	416.16	407.87	403.17	393.87	387.97	381.99	356.79
35	438.97	418.91	410.55	405.82	396.46	390.53	384.50	359.14
36	441.84	421.65	413.24	408.48	399.06	393.09	387.02	361.49
37	444.71	424.39	415.93	411.14	401.65	395.64	389.54	363.84
38	447.59	427.13	418.62	413.79	404.25	398.20	392.06	366.20
39	453.33	432.62	423.99	419.11	409.44	403.31	397.09	370.90
40	459.08	438.10	429.37	424.42	414.63	408.43	402.12	375.60
41	467.70	446.33	437.43	432.39	422.42	416.10	409.68	382.65
42	475.97	454.22	445.16	440.03	429.88	423.45	416.91	389.41
43	487.46	465.19	455.91	450.66	440.26	433.67	426.98	398.82
44	501.83	478.90	469.35	463.94	453.24	446.46	439.57	410.57
45	518.71	495.01	485.14	479.55	468.49	461.48	454.36	424.39
46	538.83	514.21	503.95	498.15	486.66	479.38	471.98	440.85
47	561.46	535.80	525.12	519.07	507.10	499.51	491.80	459.36
48	587.32	560.49	549.31	542.98	530.46	522.52	514.46	480.52
49	612.83	584.82	573.16	566.56	553.49	545.21	536.80	501.39
50	641.57	612.25	600.04	593.13	579.45	570.78	561.97	524.90
51	669.94	639.33	626.58	619.36	605.08	596.02	586.83	548.12
52	701.20	669.15	655.81	648.25	633.30	623.83	614.20	573.69
53	732.81	699.32	685.38	677.48	661.85	651.95	641.89	599.55
54	766.93	731.89	717.30	709.03	692.67	682.31	671.78	627.47
55	801.06	764.45	749.21	740.58	723.50	712.67	701.67	655.39
56	838.06	799.76	783.82	774.78	756.91	745.59	734.08	685.66
57	875.42	835.41	818.76	809.32	790.65	778.82	766.81	716.23
58	915.29	873.47	856.05	846.18	826.67	814.30	801.73	748.85
59	935.05	892.32	874.53	864.45	844.51	831.88	819.04	765.01
60	974.92	930.37	911.82	901.31	880.52	867.35	853.96	797.64
61	1,009.41	963.28	944.07	933.19	911.67	898.03	884.17	825.85
62	1,032.04	984.88	965.24	954.12	932.11	918.16	903.99	844.37
63	1,060.41	1,011.96	991.78	980.35	957.74	943.41	928.85	867.58
64+	1,077.66	1,028.40	1,007.91	996.30	973.32	958.74	943.95	881.70

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (continued)

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Gold \$50	SmartCare HMO Silver \$50
0-14	244.57	233.40	228.74	226.11	220.89	217.59	214.23	208.71
15	266.31	254.14	249.08	246.21	240.53	236.93	233.27	227.26
16	274.63	262.08	256.85	253.89	248.03	244.32	240.55	234.35
17	282.94	270.01	264.63	261.58	255.54	251.72	247.83	241.44
18	291.89	278.55	273.00	269.85	263.63	259.68	255.68	249.08
19	300.84	287.09	281.37	278.13	271.71	267.65	263.52	256.72
20	310.11	295.94	290.04	286.70	280.09	275.90	271.64	264.63
21	319.70	305.09	299.01	295.57	288.75	284.43	280.04	272.82
22	319.70	305.09	299.01	295.57	288.75	284.43	280.04	272.82
23	319.70	305.09	299.01	295.57	288.75	284.43	280.04	272.82
24	319.70	305.09	299.01	295.57	288.75	284.43	280.04	272.82
25	320.98	306.32	300.21	296.75	289.90	285.57	281.16	273.91
26	327.38	312.42	306.19	302.66	295.68	291.25	286.76	279.37
27	335.05	319.74	313.36	309.75	302.61	298.08	293.48	285.91
28	347.52	331.64	325.03	321.28	313.87	309.17	304.40	296.55
29	357.75	341.40	334.59	330.74	323.11	318.27	313.36	305.28
30	362.86	346.28	339.38	335.47	327.73	322.83	317.84	309.65
31	370.54	353.60	346.55	342.56	334.66	329.65	324.56	316.20
32	378.21	360.93	353.73	349.65	341.59	336.48	331.29	322.74
33	383.00	365.50	358.22	354.09	345.92	340.74	335.49	326.84
34	388.12	370.38	363.00	358.82	350.54	345.30	339.97	331.20
35	390.68	372.83	365.39	361.18	352.85	347.57	342.21	333.38
36	393.24	375.27	367.78	363.55	355.16	349.85	344.45	335.57
37	395.79	377.71	370.18	365.91	357.47	352.12	346.69	337.75
38	398.35	380.15	372.57	368.27	359.78	354.40	348.93	339.93
39	403.47	385.03	377.35	373.00	364.40	358.95	353.41	344.30
40	408.58	389.91	382.14	377.73	369.02	363.50	357.89	348.66
41	416.25	397.23	389.31	384.83	375.95	370.33	364.61	355.21
42	423.61	404.25	396.19	391.62	382.59	376.87	371.05	361.48
43	433.84	414.01	405.76	401.08	391.83	385.97	380.01	370.21
44	446.63	426.22	417.72	412.90	403.38	397.35	391.21	381.13
45	461.65	440.56	431.77	426.80	416.95	410.71	404.38	393.95
46	479.56	457.64	448.52	443.35	433.12	426.64	420.06	409.23
47	499.70	476.86	467.36	461.97	451.31	444.56	437.70	426.41
48	522.72	498.83	488.88	483.25	472.10	465.04	457.86	446.06
49	545.41	520.49	510.11	504.23	492.60	485.23	477.75	465.43
50	570.99	544.90	534.03	527.88	515.70	507.99	500.15	487.25
51	596.25	569.00	557.66	551.23	538.52	530.46	522.27	508.81
52	624.06	595.54	583.67	576.94	563.64	555.20	546.64	532.54
53	652.20	622.39	609.98	602.95	589.05	580.23	571.28	556.55
54	682.57	651.38	638.39	631.03	616.48	607.25	597.88	582.47
55	712.94	680.36	666.80	659.11	643.91	634.27	624.49	608.38
56	745.87	711.79	697.59	689.55	673.65	663.57	653.33	636.48
57	779.12	743.52	728.69	720.29	703.68	693.15	682.45	664.86
58	814.60	777.38	761.88	753.10	735.73	724.72	713.54	695.14
59	832.19	794.16	778.33	769.36	751.61	740.37	728.94	710.15
60	867.68	828.03	811.52	802.16	783.66	771.94	760.03	740.43
61	898.37	857.32	840.22	830.54	811.38	799.24	786.91	766.62
62	918.51	876.54	859.06	849.16	829.57	817.16	804.55	783.81
63	943.76	900.64	882.68	872.51	852.38	839.63	826.67	805.36
64+	959.10	915.27	897.03	886.71	866.25	853.29	840.12	818.46

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935 (continued)

Age	CommunityCare HMO Silver \$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	194.69	172.63
15	211.99	187.98
16	218.61	193.84
17	225.23	199.71
18	232.35	206.03
19	239.48	212.35
20	246.86	218.89
21	254.50	225.66
22	254.50	225.66
23	254.50	225.66
24	254.50	225.66
25	255.51	226.57
26	260.60	231.08
27	266.71	236.49
28	276.64	245.30
29	284.78	252.52
30	288.85	256.13
31	294.96	261.54
32	301.07	266.96
33	304.89	270.34
34	308.96	273.95
35	310.99	275.76
36	313.03	277.56
37	315.06	279.37
38	317.10	281.18
39	321.17	284.79
40	325.24	288.40
41	331.35	293.81
42	337.21	299.00
43	345.35	306.22
44	355.53	315.25
45	367.49	325.86
46	381.74	338.49
47	397.78	352.71
48	416.10	368.96
49	434.17	384.98
50	454.53	403.03
51	474.63	420.86
52	496.77	440.49
53	519.17	460.35
54	543.35	481.79
55	567.52	503.23
56	593.74	526.47
57	620.20	549.94
58	648.45	574.99
59	662.45	587.40
60	690.70	612.45
61	715.13	634.11
62	731.16	648.33
63	751.27	666.16
64+	763.50	676.98

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 16

Los Angeles County. ZIP codes not included in region 15

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	238.96	228.04	223.49	220.92	215.82	212.59	209.31	195.51
15	260.20	248.31	243.36	240.55	235.01	231.49	227.92	212.88
16	268.32	256.06	250.95	248.06	242.34	238.71	235.03	219.53
17	276.44	263.81	258.55	255.57	249.68	245.94	242.14	226.17
18	285.19	272.16	266.73	263.66	257.58	253.72	249.81	233.33
19	293.93	280.50	274.91	271.74	265.47	261.50	257.47	240.48
20	302.99	289.15	283.38	280.12	273.66	269.56	265.40	247.90
21	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
22	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
23	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
24	312.36	298.09	292.15	288.78	282.12	277.90	273.61	255.56
25	313.61	299.28	293.32	289.94	283.25	279.01	274.70	256.58
26	319.86	305.24	299.16	295.71	288.89	284.57	280.18	261.70
27	327.36	312.40	306.17	302.64	295.66	291.24	286.74	267.83
28	339.54	324.02	317.56	313.90	306.66	302.08	297.41	277.80
29	349.54	333.56	326.91	323.15	315.69	310.97	306.17	285.97
30	354.53	338.33	331.59	327.77	320.21	315.41	310.55	290.06
31	362.03	345.49	338.60	334.70	326.98	322.08	317.11	296.20
32	369.53	352.64	345.61	341.63	333.75	328.75	323.68	302.33
33	374.21	357.11	349.99	345.96	337.98	332.92	327.78	306.16
34	379.21	361.88	354.67	350.58	342.49	337.37	332.16	310.25
35	381.71	364.27	357.00	352.89	344.75	339.59	334.35	312.30
36	384.21	366.65	359.34	355.20	347.01	341.82	336.54	314.34
37	386.71	369.04	361.68	357.51	349.26	344.04	338.73	316.39
38	389.21	371.42	364.02	359.82	351.52	346.26	340.92	318.43
39	394.20	376.19	368.69	364.44	356.04	350.71	345.30	322.52
40	399.20	380.96	373.36	369.06	360.55	355.15	349.67	326.61
41	406.70	388.11	380.38	375.99	367.32	361.82	356.24	332.74
42	413.88	394.97	387.10	382.63	373.81	368.22	362.53	338.62
43	423.88	404.51	396.44	391.87	382.84	377.11	371.29	346.80
44	436.37	416.43	408.13	403.43	394.12	388.22	382.23	357.02
45	451.05	430.44	421.86	417.00	407.38	401.29	395.09	369.03
46	468.55	447.14	438.22	433.17	423.18	416.85	410.42	383.34
47	488.23	465.92	456.63	451.36	440.95	434.36	427.65	399.44
48	510.72	487.38	477.66	472.16	461.27	454.36	447.35	417.84
49	532.89	508.54	498.40	492.66	481.30	474.10	466.78	435.99
50	557.88	532.39	521.78	515.76	503.87	496.33	488.67	456.43
51	582.56	555.94	544.86	538.58	526.15	518.28	510.28	476.62
52	609.74	581.87	570.27	563.70	550.70	542.46	534.09	498.86
53	637.22	608.11	595.98	589.11	575.52	566.91	558.16	521.35
54	666.90	636.42	623.73	616.55	602.33	593.31	584.16	545.63
55	696.57	664.74	651.49	643.98	629.13	619.71	610.15	569.90
56	728.75	695.45	681.58	673.72	658.19	648.34	638.33	596.23
57	761.23	726.45	711.96	703.76	687.53	677.24	666.79	622.81
58	795.90	759.54	744.39	735.81	718.84	708.09	697.16	651.17
59	813.08	775.93	760.46	751.70	734.36	723.37	712.21	665.23
60	847.76	809.02	792.89	783.75	765.67	754.22	742.58	693.60
61	877.74	837.64	820.93	811.47	792.76	780.90	768.84	718.13
62	897.42	856.41	839.34	829.67	810.53	798.40	786.08	734.23
63	922.10	879.96	862.42	852.48	832.82	820.36	807.70	754.42
64+	937.08	894.27	876.45	866.34	846.36	833.70	820.83	766.68

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 16

Los Angeles County. ZIP codes not included in region 15 (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	286.75	273.65	268.19	265.10	258.99	255.11	251.17	234.61
15	312.24	297.97	292.03	288.66	282.01	277.79	273.50	255.46
16	321.99	307.27	301.15	297.67	290.81	286.46	282.04	263.43
17	331.73	316.57	310.26	306.68	299.61	295.13	290.57	271.41
18	342.23	326.59	320.08	316.39	309.09	304.47	299.77	279.99
19	352.72	336.60	329.89	326.09	318.57	313.80	308.96	288.58
20	363.59	346.98	340.06	336.14	328.39	323.47	318.48	297.47
21	374.84	357.71	350.58	346.54	338.54	333.48	328.33	306.67
22	374.84	357.71	350.58	346.54	338.54	333.48	328.33	306.67
23	374.84	357.71	350.58	346.54	338.54	333.48	328.33	306.67
24	374.84	357.71	350.58	346.54	338.54	333.48	328.33	306.67
25	376.34	359.14	351.98	347.92	339.90	334.81	329.65	307.90
26	383.83	366.29	358.99	354.85	346.67	341.48	336.21	314.04
27	392.83	374.88	367.40	363.17	354.79	349.49	344.09	321.40
28	407.45	388.83	381.08	376.69	368.00	362.49	356.90	333.36
29	419.44	400.28	392.30	387.77	378.83	373.16	367.40	343.17
30	425.44	406.00	397.90	393.32	384.25	378.50	372.66	348.08
31	434.44	414.58	406.32	401.64	392.37	386.50	380.54	355.44
32	443.43	423.17	414.73	409.95	400.50	394.50	388.42	362.80
33	449.05	428.54	419.99	415.15	405.58	399.51	393.34	367.40
34	455.05	434.26	425.60	420.70	410.99	404.84	398.60	372.30
35	458.05	437.12	428.41	423.47	413.70	407.51	401.22	374.76
36	461.05	439.98	431.21	426.24	416.41	410.18	403.85	377.21
37	464.05	442.84	434.01	429.01	419.12	412.85	406.48	379.66
38	467.05	445.71	436.82	431.78	421.83	415.51	409.10	382.12
39	473.04	451.43	442.43	437.33	427.24	420.85	414.36	387.02
40	479.04	457.15	448.04	442.87	432.66	426.19	419.61	391.93
41	488.04	465.74	456.45	451.19	440.78	434.19	427.49	399.29
42	496.66	473.96	464.51	459.16	448.57	441.86	435.04	406.34
43	508.65	485.41	475.73	470.25	459.40	452.53	445.55	416.16
44	523.65	499.72	489.76	484.11	472.95	465.87	458.68	428.42
45	541.26	516.53	506.23	500.40	488.86	481.54	474.11	442.84
46	562.26	536.56	525.87	519.80	507.82	500.22	492.50	460.01
47	585.87	559.10	547.95	541.64	529.14	521.23	513.18	479.33
48	612.86	584.85	573.19	566.59	553.52	545.24	536.82	501.41
49	639.47	610.25	598.08	591.19	577.56	568.91	560.13	523.19
50	669.46	638.87	626.13	618.91	604.64	595.59	586.40	547.72
51	699.07	667.13	653.83	646.29	631.38	621.94	612.34	571.95
52	731.68	698.25	684.33	676.44	660.84	650.95	640.90	598.63
53	764.67	729.73	715.18	706.93	690.63	680.30	669.80	625.62
54	800.28	763.71	748.48	739.86	722.79	711.98	700.99	654.75
55	835.89	797.69	781.79	772.78	754.95	743.66	732.18	683.88
56	874.50	834.53	817.90	808.47	789.82	778.00	766.00	715.47
57	913.48	871.74	854.36	844.51	825.03	812.69	800.15	747.37
58	955.09	911.44	893.27	882.97	862.61	849.70	836.59	781.41
59	975.70	931.12	912.55	902.03	881.23	868.04	854.65	798.27
60	1,017.31	970.82	951.47	940.50	918.81	905.06	891.09	832.32
61	1,053.29	1,005.16	985.12	973.77	951.31	937.07	922.61	861.76
62	1,076.91	1,027.70	1,007.21	995.60	972.64	958.08	943.30	881.08
63	1,106.52	1,055.96	1,034.90	1,022.98	999.38	984.43	969.24	905.30
64+	1,124.52	1,073.13	1,051.74	1,039.62	1,015.62	1,000.44	984.99	920.01

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 16

Los Angeles County. ZIP codes not included in region 15 (continued)

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Gold \$50	SmartCare HMO Silver \$50
0-14	251.16	239.68	234.90	232.19	226.84	223.44	220.00	214.32
15	273.48	260.99	255.78	252.83	247.00	243.31	239.55	233.37
16	282.02	269.13	263.77	260.73	254.71	250.90	247.03	240.66
17	290.55	277.28	271.75	268.62	262.42	258.49	254.51	247.94
18	299.75	286.05	280.35	277.12	270.72	266.67	262.56	255.79
19	308.94	294.82	288.94	285.61	279.03	274.85	270.61	263.63
20	318.46	303.91	297.85	294.42	287.63	283.32	278.95	271.76
21	328.31	313.31	307.06	303.52	296.52	292.08	287.58	280.16
22	328.31	313.31	307.06	303.52	296.52	292.08	287.58	280.16
23	328.31	313.31	307.06	303.52	296.52	292.08	287.58	280.16
24	328.31	313.31	307.06	303.52	296.52	292.08	287.58	280.16
25	329.62	314.56	308.29	304.74	297.71	293.25	288.73	281.28
26	336.19	320.83	314.43	310.81	303.64	299.09	294.48	286.89
27	344.07	328.35	321.80	318.09	310.75	306.10	301.38	293.61
28	356.87	340.57	333.78	329.93	322.32	317.50	312.60	304.54
29	367.38	350.59	343.60	339.64	331.81	326.84	321.80	313.50
30	372.63	355.60	348.51	344.50	336.55	331.52	326.40	317.98
31	380.51	363.12	355.88	351.78	343.67	338.53	333.30	324.71
32	388.39	370.64	363.25	359.07	350.78	345.54	340.20	331.43
33	393.32	375.34	367.86	363.62	355.23	349.92	344.52	335.63
34	398.57	380.36	372.77	368.48	359.98	354.59	349.12	340.12
35	401.19	382.86	375.23	370.90	362.35	356.93	351.42	342.36
36	403.82	385.37	377.68	373.33	364.72	359.26	353.72	344.60
37	406.45	387.87	380.14	375.76	367.09	361.60	356.02	346.84
38	409.07	390.38	382.60	378.19	369.47	363.94	358.32	349.08
39	414.33	395.39	387.51	383.04	374.21	368.61	362.92	353.56
40	419.58	400.41	392.42	387.90	378.95	373.28	367.52	358.05
41	427.46	407.93	399.79	395.19	386.07	380.29	374.43	364.77
42	435.01	415.13	406.86	402.17	392.89	387.01	381.04	371.21
43	445.52	425.16	416.68	411.88	402.38	396.36	390.24	380.18
44	458.65	437.69	428.96	424.02	414.24	408.04	401.75	391.39
45	474.08	452.42	443.40	438.29	428.18	421.77	415.26	404.55
46	492.46	469.96	460.59	455.28	444.78	438.13	431.37	420.24
47	513.15	489.70	479.94	474.40	463.46	456.53	449.48	437.89
48	536.79	512.26	502.04	496.26	484.81	477.56	470.19	458.06
49	560.10	534.50	523.85	517.81	505.87	498.30	490.61	477.96
50	586.36	559.57	548.41	542.09	529.59	521.66	513.61	500.37
51	612.30	584.32	572.67	566.07	553.01	544.74	536.33	522.50
52	640.86	611.58	599.38	592.47	578.81	570.15	561.35	546.88
53	669.75	639.15	626.40	619.18	604.90	595.85	586.66	571.53
54	700.94	668.91	655.57	648.02	633.07	623.60	613.98	598.15
55	732.13	698.68	684.75	676.85	661.24	651.35	641.30	624.76
56	765.95	730.95	716.37	708.12	691.78	681.43	670.92	653.62
57	800.09	763.53	748.31	739.68	722.62	711.81	700.83	682.75
58	836.53	798.31	782.39	773.37	755.54	744.23	732.75	713.85
59	854.59	815.54	799.28	790.07	771.84	760.30	748.56	729.26
60	891.03	850.32	833.36	823.76	804.76	792.72	780.48	760.36
61	922.55	880.39	862.84	852.90	833.22	820.76	808.09	787.26
62	943.23	900.13	882.19	872.02	851.91	839.16	826.21	804.91
63	969.17	924.88	906.44	896.00	875.33	862.23	848.93	827.04
64+	984.93	939.93	921.18	910.56	889.56	876.24	862.74	840.48

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

16

Los Angeles County. ZIP codes not included in region 15 (continued)

Age	CommunityCare HMO Silver \$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	215.80	191.35
15	234.98	208.36
16	242.32	214.86
17	249.65	221.37
18	257.55	228.37
19	265.45	235.37
20	273.63	242.63
21	282.09	250.13
22	282.09	250.13
23	282.09	250.13
24	282.09	250.13
25	283.22	251.13
26	288.86	256.13
27	295.63	262.14
28	306.63	271.89
29	315.66	279.90
30	320.17	283.90
31	326.94	289.90
32	333.71	295.91
33	337.94	299.66
34	342.46	303.66
35	344.71	305.66
36	346.97	307.66
37	349.23	309.66
38	351.48	311.66
39	356.00	315.67
40	360.51	319.67
41	367.28	325.67
42	373.77	331.42
43	382.80	339.43
44	394.08	349.43
45	407.34	361.19
46	423.14	375.20
47	440.91	390.96
48	461.22	408.96
49	481.25	426.72
50	503.81	446.73
51	526.10	466.50
52	550.64	488.26
53	575.46	510.27
54	602.26	534.03
55	629.06	557.79
56	658.12	583.56
57	687.45	609.57
58	718.77	637.34
59	734.28	651.09
60	765.59	678.86
61	792.67	702.87
62	810.45	718.63
63	832.73	738.39
64+	846.27	750.39

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 17

Riverside and San Bernardino counties

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	260.12	248.24	243.29	240.48	234.94	231.42	227.85	212.82
15	283.25	270.30	264.91	261.86	255.82	251.99	248.10	231.74
16	292.09	278.74	273.18	270.03	263.81	259.86	255.85	238.97
17	300.93	287.18	281.45	278.21	271.79	267.72	263.59	246.21
18	310.45	296.26	290.36	287.01	280.39	276.19	271.93	253.99
19	319.97	305.35	299.26	295.81	288.99	284.66	280.27	261.78
20	329.83	314.76	308.48	304.93	297.89	293.44	288.91	269.85
21	340.03	324.49	318.02	314.36	307.11	302.51	297.84	278.20
22	340.03	324.49	318.02	314.36	307.11	302.51	297.84	278.20
23	340.03	324.49	318.02	314.36	307.11	302.51	297.84	278.20
24	340.03	324.49	318.02	314.36	307.11	302.51	297.84	278.20
25	341.39	325.79	319.30	315.62	308.34	303.72	299.04	279.31
26	348.19	332.28	325.66	321.90	314.48	309.77	304.99	284.87
27	356.35	340.07	333.29	329.45	321.85	317.03	312.14	291.55
28	369.61	352.72	345.69	341.71	333.83	328.83	323.76	302.40
29	380.49	363.11	355.87	351.77	343.65	338.51	333.29	311.30
30	385.94	368.30	360.96	356.80	348.57	343.35	338.05	315.75
31	394.10	376.09	368.59	364.34	355.94	350.61	345.20	322.43
32	402.26	383.88	376.22	371.89	363.31	357.87	352.35	329.11
33	407.36	388.74	380.99	376.60	367.91	362.41	356.82	333.28
34	412.80	393.93	386.08	381.63	372.83	367.25	361.58	337.73
35	415.52	396.53	388.62	384.15	375.29	369.67	363.97	339.96
36	418.24	399.13	391.17	386.66	377.74	372.09	366.35	342.18
37	420.96	401.72	393.71	389.18	380.20	374.51	368.73	344.41
38	423.68	404.32	396.26	391.69	382.66	376.93	371.11	346.63
39	429.12	409.51	401.35	396.72	387.57	381.77	375.88	351.09
40	434.56	414.70	406.43	401.75	392.48	386.61	380.64	355.54
41	442.72	422.49	414.07	409.29	399.85	393.87	387.79	362.21
42	450.54	429.95	421.38	416.52	406.92	400.83	394.64	368.61
43	461.42	440.34	431.56	426.58	416.74	410.51	404.17	377.51
44	475.02	453.32	444.28	439.16	429.03	422.61	416.09	388.64
45	491.00	468.57	459.23	453.93	443.46	436.83	430.09	401.72
46	510.05	486.74	477.04	471.54	460.66	453.77	446.77	417.30
47	531.47	507.18	497.07	491.34	480.01	472.83	465.53	434.82
48	555.95	530.55	519.97	513.98	502.12	494.61	486.98	454.85
49	580.09	553.59	542.55	536.29	523.93	516.09	508.12	474.61
50	607.30	579.54	567.99	561.44	548.49	540.29	531.95	496.86
51	634.16	605.18	593.11	586.28	572.76	564.19	555.48	518.84
52	663.74	633.41	620.78	613.63	599.47	590.50	581.39	543.04
53	693.66	661.97	648.77	641.29	626.50	617.13	607.60	567.52
54	725.97	692.79	678.98	671.15	655.67	645.86	635.90	593.95
55	758.27	723.62	709.19	701.02	684.85	674.60	664.19	620.38
56	793.29	757.04	741.95	733.40	716.48	705.76	694.87	649.04
57	828.66	790.79	775.02	766.09	748.42	737.22	725.85	677.97
58	866.40	826.81	810.32	800.98	782.51	770.80	758.91	708.85
59	885.10	844.66	827.81	818.27	799.40	787.44	775.29	724.15
60	922.84	880.67	863.12	853.17	833.49	821.02	808.35	755.03
61	955.49	911.83	893.65	883.35	862.97	850.06	836.94	781.74
62	976.91	932.27	913.68	903.15	882.32	869.12	855.71	799.26
63	1,003.77	957.90	938.81	927.98	906.58	893.02	879.24	821.24
64+	1,020.09	973.47	954.06	943.08	921.33	907.53	893.52	834.60

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 17

Riverside and San Bernardino counties (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	286.14	273.06	267.62	264.53	258.43	254.56	250.64	234.10
15	311.57	297.33	291.40	288.05	281.40	277.19	272.91	254.91
16	321.30	306.61	300.50	297.04	290.19	285.84	281.43	262.87
17	331.02	315.89	309.60	306.03	298.97	294.50	289.95	270.83
18	341.49	325.89	319.39	315.71	308.43	303.81	299.12	279.39
19	351.97	335.88	329.19	325.39	317.89	313.13	308.30	287.96
20	362.81	346.23	339.33	335.42	327.68	322.78	317.80	296.84
21	374.03	356.94	349.83	345.79	337.82	332.76	327.63	306.02
22	374.03	356.94	349.83	345.79	337.82	332.76	327.63	306.02
23	374.03	356.94	349.83	345.79	337.82	332.76	327.63	306.02
24	374.03	356.94	349.83	345.79	337.82	332.76	327.63	306.02
25	375.53	358.37	351.23	347.18	339.17	334.09	328.94	307.24
26	383.01	365.51	358.22	354.09	345.93	340.75	335.49	313.36
27	391.99	374.08	366.62	362.39	354.03	348.74	343.35	320.71
28	406.57	388.00	380.26	375.88	367.21	361.71	356.13	332.64
29	418.54	399.42	391.45	386.94	378.02	372.36	366.62	342.43
30	424.53	405.13	397.05	392.48	383.42	377.69	371.86	347.33
31	433.51	413.70	405.45	400.78	391.53	385.67	379.72	354.67
32	442.48	422.26	413.84	409.07	399.64	393.66	387.58	362.02
33	448.09	427.62	419.09	414.26	404.71	398.65	392.50	366.61
34	454.08	433.33	424.69	419.79	410.11	403.98	397.74	371.51
35	457.07	436.18	427.49	422.56	412.81	406.64	400.36	373.95
36	460.06	439.04	430.29	425.33	415.52	409.30	402.98	376.40
37	463.05	441.89	433.08	428.09	418.22	411.96	405.60	378.85
38	466.05	444.75	435.88	430.86	420.92	414.62	408.23	381.30
39	472.03	450.46	441.48	436.39	426.33	419.95	413.47	386.19
40	478.02	456.17	447.08	441.92	431.73	425.27	418.71	391.09
41	486.99	464.74	455.47	450.22	439.84	433.26	426.57	398.44
42	495.60	472.95	463.52	458.18	447.61	440.91	434.11	405.47
43	507.56	484.37	474.71	469.24	458.42	451.56	444.59	415.27
44	522.53	498.65	488.71	483.07	471.93	464.87	457.70	427.51
45	540.11	515.42	505.15	499.33	487.81	480.51	473.10	441.89
46	561.05	535.41	524.74	518.69	506.73	499.15	491.44	459.03
47	584.62	557.90	546.78	540.48	528.01	520.11	512.08	478.31
48	611.55	583.60	571.97	565.37	552.33	544.07	535.67	500.34
49	638.10	608.94	596.80	589.92	576.32	567.69	558.93	522.07
50	668.02	637.50	624.79	617.59	603.34	594.32	585.14	546.55
51	697.57	665.70	652.42	644.91	630.03	620.60	611.03	570.72
52	730.11	696.75	682.86	674.99	659.42	649.55	639.53	597.35
53	763.03	728.16	713.64	705.42	689.15	678.84	668.36	624.28
54	798.56	762.07	746.88	738.27	721.24	710.45	699.49	653.35
55	834.10	795.98	780.11	771.12	753.33	742.06	730.61	682.42
56	872.62	832.75	816.14	806.74	788.13	776.34	764.36	713.94
57	911.52	869.87	852.53	842.70	823.26	810.95	798.43	745.77
58	953.04	909.49	891.36	881.08	860.76	847.88	834.80	779.73
59	973.61	929.12	910.60	900.10	879.34	866.18	852.82	796.56
60	1,015.13	968.74	949.43	938.48	916.84	903.12	889.18	830.53
61	1,051.04	1,003.01	983.01	971.68	949.27	935.07	920.64	859.91
62	1,074.60	1,025.50	1,005.05	993.47	970.55	956.03	941.28	879.19
63	1,104.15	1,053.69	1,032.69	1,020.78	997.24	982.32	967.16	903.36
64+	1,122.09	1,070.82	1,049.49	1,037.37	1,013.46	998.28	982.89	918.06

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 17

Riverside and San Bernardino counties (continued)

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Gold \$50	SmartCare HMO Silver \$50
0-14	267.56	255.34	250.25	247.36	241.66	238.04	234.37	228.32
15	291.35	278.03	272.49	269.35	263.14	259.20	255.20	248.62
16	300.44	286.71	280.99	277.76	271.35	267.29	263.16	256.38
17	309.53	295.39	289.50	286.16	279.56	275.38	271.13	264.14
18	319.33	304.73	298.66	295.22	288.41	284.09	279.71	272.50
19	329.12	314.08	307.82	304.27	297.25	292.81	288.29	280.85
20	339.26	323.76	317.30	313.65	306.41	301.83	297.17	289.51
21	349.76	333.77	327.12	323.35	315.89	311.16	306.36	298.46
22	349.76	333.77	327.12	323.35	315.89	311.16	306.36	298.46
23	349.76	333.77	327.12	323.35	315.89	311.16	306.36	298.46
24	349.76	333.77	327.12	323.35	315.89	311.16	306.36	298.46
25	351.15	335.11	328.43	324.64	317.15	312.41	307.59	299.66
26	358.15	341.78	334.97	331.11	323.47	318.63	313.71	305.63
27	366.54	349.79	342.82	338.87	331.05	326.10	321.07	312.79
28	380.18	362.81	355.58	351.48	343.37	338.23	333.02	324.43
29	391.38	373.49	366.05	361.83	353.48	348.19	342.82	333.98
30	396.97	378.83	371.28	367.00	358.54	353.17	347.72	338.75
31	405.37	386.84	379.13	374.76	366.12	360.64	355.07	345.92
32	413.76	394.85	386.98	382.52	373.70	368.11	362.43	353.08
33	419.01	399.86	391.89	387.37	378.44	372.77	367.02	357.56
34	424.60	405.20	397.12	392.54	383.49	377.75	371.92	362.33
35	427.40	407.87	399.74	395.13	386.02	380.24	374.37	364.72
36	430.20	410.54	402.36	397.72	388.54	382.73	376.83	367.11
37	433.00	413.21	404.97	400.30	391.07	385.22	379.28	369.50
38	435.79	415.88	407.59	402.89	393.60	387.71	381.73	371.88
39	441.39	421.22	412.82	408.07	398.65	392.69	386.63	376.66
40	446.99	426.56	418.06	413.24	403.71	397.67	391.53	381.43
41	455.38	434.57	425.91	421.00	411.29	405.14	398.88	388.60
42	463.43	442.25	433.43	428.44	418.55	412.29	405.93	395.46
43	474.62	452.93	443.90	438.78	428.66	422.25	415.73	405.01
44	488.61	466.28	456.98	451.72	441.30	434.70	427.99	416.95
45	505.05	481.97	472.36	466.91	456.15	449.32	442.39	430.98
46	524.63	500.66	490.68	485.02	473.84	466.75	459.54	447.69
47	546.67	521.69	511.29	505.39	493.74	486.35	478.84	466.50
48	571.85	545.72	534.84	528.67	516.48	508.75	500.90	487.99
49	596.68	569.42	558.06	551.63	538.91	530.85	522.65	509.18
50	624.66	596.12	584.23	577.50	564.18	555.74	547.16	533.05
51	652.29	622.49	610.08	603.04	589.13	580.32	571.36	556.63
52	682.72	651.52	638.53	631.18	616.62	607.39	598.02	582.60
53	713.50	680.90	667.32	659.63	644.42	634.77	624.98	608.86
54	746.73	712.61	698.40	690.35	674.43	664.33	654.08	637.22
55	779.95	744.31	729.47	721.07	704.43	693.90	683.19	665.57
56	815.98	778.69	763.17	754.37	736.97	725.94	714.74	696.31
57	852.35	813.40	797.19	788.00	769.82	758.31	746.60	727.35
58	891.18	850.45	833.50	823.89	804.89	792.85	780.61	760.48
59	910.41	868.81	851.49	841.67	822.26	809.96	797.46	776.90
60	949.24	905.86	887.80	877.57	857.33	844.50	831.47	810.03
61	982.81	937.90	919.20	908.61	887.65	874.37	860.88	838.68
62	1,004.85	958.93	939.81	928.98	907.55	893.97	880.18	857.48
63	1,032.48	985.30	965.65	954.52	932.51	918.56	904.38	881.06
64+	1,049.28	1,001.31	981.36	970.05	947.67	933.48	919.08	895.38

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region
18
Orange County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	308.60	294.50	288.62	285.30	278.72	274.55	270.31	252.48
15	336.03	320.67	314.28	310.66	303.49	298.95	294.34	274.92
16	346.52	330.68	324.09	320.35	312.97	308.28	303.53	283.50
17	357.01	340.69	333.90	330.05	322.44	317.61	312.71	292.09
18	368.30	351.47	344.46	340.49	332.64	327.66	322.61	301.33
19	379.60	362.25	355.03	350.94	342.84	337.71	332.50	310.57
20	391.29	373.41	365.97	361.75	353.41	348.12	342.75	320.14
21	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
22	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
23	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
24	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
25	405.01	386.50	378.80	374.43	365.79	360.32	354.76	331.36
26	413.08	394.20	386.34	381.89	373.08	367.50	361.83	337.96
27	422.76	403.44	395.40	390.84	381.83	376.11	370.31	345.88
28	438.49	418.45	410.11	405.38	396.03	390.11	384.09	358.75
29	451.40	430.77	422.18	417.32	407.69	401.59	395.40	369.32
30	457.85	436.93	428.22	423.29	413.52	407.34	401.05	374.60
31	467.54	446.17	437.28	432.24	422.27	415.95	409.53	382.52
32	477.22	455.41	446.33	441.19	431.01	424.56	418.01	390.44
33	483.27	461.19	451.99	446.78	436.48	429.95	423.31	395.39
34	489.72	467.35	458.03	452.75	442.31	435.69	428.96	400.67
35	492.95	470.42	461.05	455.73	445.22	438.56	431.79	403.31
36	496.18	473.50	464.06	458.72	448.14	441.43	434.62	405.95
37	499.40	476.58	467.08	461.70	451.05	444.30	437.44	408.59
38	502.63	479.66	470.10	464.68	453.96	447.17	440.27	411.23
39	509.09	485.82	476.14	470.65	459.79	452.91	445.93	416.51
40	515.54	491.98	482.17	476.62	465.62	458.66	451.58	421.79
41	525.22	501.22	491.23	485.57	474.37	467.27	460.06	429.71
42	534.50	510.08	499.91	494.14	482.75	475.52	468.19	437.30
43	547.41	522.39	511.98	506.08	494.41	487.01	479.49	447.87
44	563.54	537.79	527.07	521.00	508.98	501.36	493.63	461.07
45	582.50	555.89	544.80	538.52	526.10	518.23	510.23	476.58
46	605.09	577.44	565.93	559.41	546.51	538.33	530.02	495.06
47	630.51	601.70	589.70	582.90	569.46	560.94	552.28	515.85
48	659.55	629.41	616.87	609.76	595.69	586.78	577.72	539.62
49	688.19	656.75	643.65	636.23	621.56	612.26	602.81	563.05
50	720.47	687.54	673.84	666.07	650.71	640.97	631.08	589.45
51	752.33	717.96	703.64	695.53	679.49	669.32	658.99	615.53
52	787.43	751.45	736.47	727.98	711.19	700.55	689.74	644.24
53	822.93	785.32	769.67	760.80	743.25	732.13	720.83	673.28
54	861.25	821.90	805.51	796.23	777.86	766.22	754.40	704.64
55	899.57	858.47	841.35	831.65	812.47	800.32	787.97	735.99
56	941.12	898.12	880.21	870.07	850.00	837.28	824.36	769.98
57	983.08	938.15	919.45	908.85	887.89	874.61	861.11	804.31
58	1,027.85	980.89	961.33	950.25	928.33	914.44	900.33	840.94
59	1,050.04	1,002.06	982.08	970.76	948.37	934.18	919.76	859.10
60	1,094.82	1,044.79	1,023.96	1,012.16	988.81	974.02	958.99	895.73
61	1,133.54	1,081.75	1,060.18	1,047.96	1,023.79	1,008.47	992.91	927.41
62	1,158.96	1,106.00	1,083.95	1,071.45	1,046.74	1,031.08	1,015.17	948.21
63	1,190.83	1,136.41	1,113.75	1,100.92	1,075.52	1,059.43	1,043.08	974.28
64+	1,210.20	1,154.88	1,131.87	1,118.82	1,093.02	1,076.67	1,060.05	990.12

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

18

Orange County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	308.60	294.50	288.62	285.30	278.72	274.55	270.31	252.48
15	336.03	320.67	314.28	310.66	303.49	298.95	294.34	274.92
16	346.52	330.68	324.09	320.35	312.97	308.28	303.53	283.50
17	357.01	340.69	333.90	330.05	322.44	317.61	312.71	292.09
18	368.30	351.47	344.46	340.49	332.64	327.66	322.61	301.33
19	379.60	362.25	355.03	350.94	342.84	337.71	332.50	310.57
20	391.29	373.41	365.97	361.75	353.41	348.12	342.75	320.14
21	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
22	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
23	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
24	403.40	384.96	377.29	372.94	364.34	358.89	353.35	330.04
25	405.01	386.50	378.80	374.43	365.79	360.32	354.76	331.36
26	413.08	394.20	386.34	381.89	373.08	367.50	361.83	337.96
27	422.76	403.44	395.40	390.84	381.83	376.11	370.31	345.88
28	438.49	418.45	410.11	405.38	396.03	390.11	384.09	358.75
29	451.40	430.77	422.18	417.32	407.69	401.59	395.40	369.32
30	457.85	436.93	428.22	423.29	413.52	407.34	401.05	374.60
31	467.54	446.17	437.28	432.24	422.27	415.95	409.53	382.52
32	477.22	455.41	446.33	441.19	431.01	424.56	418.01	390.44
33	483.27	461.19	451.99	446.78	436.48	429.95	423.31	395.39
34	489.72	467.35	458.03	452.75	442.31	435.69	428.96	400.67
35	492.95	470.42	461.05	455.73	445.22	438.56	431.79	403.31
36	496.18	473.50	464.06	458.72	448.14	441.43	434.62	405.95
37	499.40	476.58	467.08	461.70	451.05	444.30	437.44	408.59
38	502.63	479.66	470.10	464.68	453.96	447.17	440.27	411.23
39	509.09	485.82	476.14	470.65	459.79	452.91	445.93	416.51
40	515.54	491.98	482.17	476.62	465.62	458.66	451.58	421.79
41	525.22	501.22	491.23	485.57	474.37	467.27	460.06	429.71
42	534.50	510.08	499.91	494.14	482.75	475.52	468.19	437.30
43	547.41	522.39	511.98	506.08	494.41	487.01	479.49	447.87
44	563.54	537.79	527.07	521.00	508.98	501.36	493.63	461.07
45	582.50	555.89	544.80	538.52	526.10	518.23	510.23	476.58
46	605.09	577.44	565.93	559.41	546.51	538.33	530.02	495.06
47	630.51	601.70	589.70	582.90	569.46	560.94	552.28	515.85
48	659.55	629.41	616.87	609.76	595.69	586.78	577.72	539.62
49	688.19	656.75	643.65	636.23	621.56	612.26	602.81	563.05
50	720.47	687.54	673.84	666.07	650.71	640.97	631.08	589.45
51	752.33	717.96	703.64	695.53	679.49	669.32	658.99	615.53
52	787.43	751.45	736.47	727.98	711.19	700.55	689.74	644.24
53	822.93	785.32	769.67	760.80	743.25	732.13	720.83	673.28
54	861.25	821.90	805.51	796.23	777.86	766.22	754.40	704.64
55	899.57	858.47	841.35	831.65	812.47	800.32	787.97	735.99
56	941.12	898.12	880.21	870.07	850.00	837.28	824.36	769.98
57	983.08	938.15	919.45	908.85	887.89	874.61	861.11	804.31
58	1,027.85	980.89	961.33	950.25	928.33	914.44	900.33	840.94
59	1,050.04	1,002.06	982.08	970.76	948.37	934.18	919.76	859.10
60	1,094.82	1,044.79	1,023.96	1,012.16	988.81	974.02	958.99	895.73
61	1,133.54	1,081.75	1,060.18	1,047.96	1,023.79	1,008.47	992.91	927.41
62	1,158.96	1,106.00	1,083.95	1,071.45	1,046.74	1,031.08	1,015.17	948.21
63	1,190.83	1,136.41	1,113.75	1,100.92	1,075.52	1,059.43	1,043.08	974.28
64+	1,210.20	1,154.88	1,131.87	1,118.82	1,093.02	1,076.67	1,060.05	990.12

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 18

Orange County (continued)

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Gold \$50	SmartCare HMO Silver \$50
0-14	255.83	244.14	239.27	236.51	231.06	227.60	224.09	218.31
15	278.57	265.84	260.54	257.54	251.60	247.83	244.01	237.72
16	287.26	274.14	268.67	265.58	259.45	255.57	251.62	245.14
17	295.96	282.44	276.80	273.61	267.30	263.30	259.24	252.56
18	305.32	291.37	285.56	282.27	275.76	271.63	267.44	260.55
19	314.69	300.31	294.32	290.93	284.22	279.96	275.64	268.54
20	324.38	309.56	303.39	299.89	292.98	288.59	284.14	276.81
21	334.42	319.14	312.77	309.17	302.04	297.52	292.93	285.37
22	334.42	319.14	312.77	309.17	302.04	297.52	292.93	285.37
23	334.42	319.14	312.77	309.17	302.04	297.52	292.93	285.37
24	334.42	319.14	312.77	309.17	302.04	297.52	292.93	285.37
25	335.75	320.41	314.02	310.40	303.25	298.71	294.10	286.52
26	342.44	326.80	320.28	316.59	309.29	304.66	299.96	292.22
27	350.47	334.45	327.79	324.01	316.54	311.80	306.99	299.07
28	363.51	346.90	339.98	336.07	328.31	323.40	318.41	310.20
29	374.21	357.11	349.99	345.96	337.98	332.92	327.79	319.33
30	379.56	362.22	355.00	350.91	342.81	337.68	332.47	323.90
31	387.59	369.88	362.50	358.33	350.06	344.82	339.50	330.75
32	395.62	377.54	370.01	365.75	357.31	351.96	346.53	337.60
33	400.63	382.32	374.70	370.38	361.84	356.43	350.93	341.88
34	405.98	387.43	379.71	375.33	366.67	361.19	355.61	346.44
35	408.66	389.98	382.21	377.80	369.09	363.57	357.96	348.73
36	411.33	392.54	384.71	380.28	371.51	365.95	360.30	351.01
37	414.01	395.09	387.21	382.75	373.92	368.33	362.64	353.29
38	416.68	397.64	389.72	385.22	376.34	370.71	364.99	355.58
39	422.03	402.75	394.72	390.17	381.17	375.47	369.67	360.14
40	427.39	407.86	399.72	395.12	386.00	380.23	374.36	364.71
41	435.41	415.52	407.23	402.54	393.25	387.37	381.39	371.56
42	443.10	422.86	414.42	409.65	400.20	394.21	388.13	378.12
43	453.80	433.07	424.43	419.54	409.86	403.73	397.50	387.25
44	467.18	445.83	436.94	431.91	421.95	415.63	409.22	398.67
45	482.90	460.83	451.64	446.44	436.14	429.62	422.99	412.08
46	501.63	478.70	469.16	463.75	453.06	446.28	439.39	428.06
47	522.69	498.81	488.86	483.23	472.08	465.02	457.84	446.04
48	546.77	521.79	511.38	505.49	493.83	486.44	478.94	466.59
49	570.52	544.45	533.59	527.44	515.28	507.57	499.73	486.85
50	597.27	569.98	558.61	552.17	539.44	531.37	523.17	509.68
51	623.69	595.19	583.32	576.60	563.30	554.87	546.31	532.22
52	652.78	622.95	610.53	603.50	589.58	580.76	571.79	557.05
53	682.21	651.04	638.06	630.70	616.16	606.94	597.57	582.16
54	713.98	681.36	667.77	660.07	644.85	635.20	625.40	609.27
55	745.75	711.67	697.48	689.45	673.54	663.47	653.23	636.38
56	780.20	744.54	729.70	721.29	704.65	694.11	683.40	665.78
57	814.97	777.73	762.23	753.44	736.07	725.05	713.86	695.46
58	852.10	813.16	796.95	787.76	769.59	758.08	746.38	727.13
59	870.49	830.71	814.15	804.76	786.20	774.44	762.49	742.83
60	907.61	866.14	848.87	839.08	819.73	807.46	795.00	774.50
61	939.71	896.77	878.89	868.76	848.72	836.03	823.12	801.90
62	960.78	916.88	898.60	888.24	867.75	854.77	841.58	819.88
63	987.20	942.09	923.31	912.66	891.61	878.27	864.72	842.42
64+	1,003.26	957.42	938.31	927.51	906.12	892.56	878.79	856.11

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

18

Orange County (continued)

Age	CommunityCare HMO Silver \$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	224.71	199.25
15	244.68	216.96
16	252.32	223.73
17	259.96	230.50
18	268.18	237.80
19	276.40	245.09
20	284.92	252.64
21	293.73	260.46
22	293.73	260.46
23	293.73	260.46
24	293.73	260.46
25	294.91	261.50
26	300.78	266.71
27	307.83	272.96
28	319.29	283.12
29	328.69	291.45
30	333.39	295.62
31	340.44	301.87
32	347.49	308.12
33	351.89	312.03
34	356.59	316.19
35	358.94	318.28
36	361.29	320.36
37	363.64	322.45
38	365.99	324.53
39	370.69	328.70
40	375.39	332.86
41	382.44	339.11
42	389.20	345.11
43	398.60	353.44
44	410.35	363.86
45	424.15	376.10
46	440.60	390.69
47	459.11	407.09
48	480.26	425.85
49	501.11	444.34
50	524.61	465.18
51	547.82	485.75
52	573.37	508.41
53	599.22	531.33
54	627.12	556.08
55	655.03	580.82
56	685.28	607.65
57	715.83	634.73
58	748.44	663.64
59	764.59	677.97
60	797.20	706.88
61	825.40	731.88
62	843.90	748.29
63	867.11	768.87
64+	881.19	781.38

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 19

San Diego County

Age	WholeCare HMO Platinum \$10	WholeCare HMO Platinum \$20	WholeCare HMO Platinum \$30	WholeCare HMO Gold \$30	WholeCare HMO Gold \$35	WholeCare HMO Gold \$40	WholeCare HMO Gold \$50	WholeCare HMO Silver \$50
0-14	288.12	274.95	269.47	266.36	260.22	256.33	252.37	235.72
15	313.73	299.39	293.42	290.04	283.35	279.11	274.80	256.68
16	323.52	308.74	302.58	299.09	292.19	287.82	283.38	264.69
17	333.31	318.08	311.74	308.15	301.04	296.53	291.96	272.70
18	343.86	328.14	321.60	317.89	310.56	305.92	301.19	281.33
19	354.40	338.21	331.46	327.64	320.09	315.30	310.43	289.96
20	365.32	348.63	341.68	337.74	329.95	325.01	320.00	298.89
21	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
22	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
23	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
24	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
25	378.13	360.85	353.66	349.58	341.52	336.41	331.22	309.37
26	385.66	368.04	360.70	356.54	348.32	343.11	337.81	315.53
27	394.70	376.66	369.15	364.90	356.48	351.15	345.73	322.93
28	409.39	390.68	382.89	378.48	369.75	364.22	358.60	334.94
29	421.44	402.18	394.16	389.62	380.63	374.94	369.15	344.80
30	427.47	407.93	399.80	395.19	386.08	380.30	374.43	349.73
31	436.51	416.56	408.25	403.55	394.24	388.34	382.35	357.13
32	445.54	425.18	416.71	411.90	402.40	396.38	390.27	364.52
33	451.19	430.58	421.99	417.13	407.51	401.41	395.21	369.15
34	457.22	436.33	427.63	422.70	412.95	406.77	400.49	374.08
35	460.23	439.20	430.45	425.48	415.67	409.45	403.13	376.54
36	463.25	442.08	433.26	428.27	418.39	412.13	405.77	379.01
37	466.26	444.95	436.08	431.05	421.11	414.81	408.41	381.47
38	469.27	447.83	438.90	433.84	423.83	417.49	411.05	383.94
39	475.30	453.58	444.53	439.41	429.28	422.85	416.33	388.87
40	481.32	459.33	450.17	444.98	434.72	428.21	421.61	393.80
41	490.36	467.95	458.62	453.34	442.88	436.26	429.52	401.19
42	499.02	476.22	466.73	461.35	450.71	443.96	437.11	408.28
43	511.08	487.72	478.00	472.49	461.59	454.68	447.67	418.14
44	526.14	502.10	492.09	486.42	475.20	468.09	460.86	430.46
45	543.84	518.99	508.64	502.78	491.18	483.84	476.37	444.95
46	564.93	539.12	528.37	522.28	510.23	502.60	494.84	462.20
47	588.66	561.76	550.56	544.22	531.66	523.71	515.63	481.62
48	615.78	587.64	575.92	569.29	556.15	547.83	539.38	503.80
49	642.52	613.16	600.93	594.01	580.31	571.62	562.80	525.68
50	672.65	641.91	629.11	621.86	607.52	598.43	589.19	550.33
51	702.40	670.30	656.94	649.37	634.39	624.90	615.26	574.67
52	735.17	701.57	687.58	679.66	663.98	654.05	643.96	601.48
53	768.31	733.20	718.58	710.30	693.92	683.54	672.99	628.60
54	804.09	767.35	752.05	743.38	726.23	715.37	704.33	657.87
55	839.87	801.49	785.51	776.46	758.55	747.20	735.67	687.14
56	878.66	838.51	821.79	812.32	793.58	781.71	769.65	718.88
57	917.83	875.89	858.42	848.53	828.96	816.56	803.96	750.93
58	959.63	915.78	897.52	887.18	866.72	853.75	840.57	785.13
59	980.35	935.55	916.90	906.33	885.43	872.18	858.72	802.08
60	1,022.15	975.45	956.00	944.98	923.18	909.37	895.34	836.28
61	1,058.31	1,009.95	989.81	978.40	955.84	941.54	927.01	865.86
62	1,082.04	1,032.59	1,012.00	1,000.34	977.27	962.65	947.79	885.27
63	1,111.79	1,060.99	1,039.83	1,027.85	1,004.14	989.12	973.85	909.62
64+	1,129.86	1,078.23	1,056.75	1,044.57	1,020.48	1,005.21	989.70	924.42

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 19

San Diego County (continued)

Age	Full Network HMO Platinum \$10	Full Network HMO Platinum \$20	Full Network HMO Platinum \$30	Full Network HMO Gold \$30	Full Network HMO Gold \$35	Full Network HMO Gold \$40	Full Network HMO Gold \$50	Full Network HMO Silver \$50
0-14	288.12	274.95	269.47	266.36	260.22	256.33	252.37	235.72
15	313.73	299.39	293.42	290.04	283.35	279.11	274.80	256.68
16	323.52	308.74	302.58	299.09	292.19	287.82	283.38	264.69
17	333.31	318.08	311.74	308.15	301.04	296.53	291.96	272.70
18	343.86	328.14	321.60	317.89	310.56	305.92	301.19	281.33
19	354.40	338.21	331.46	327.64	320.09	315.30	310.43	289.96
20	365.32	348.63	341.68	337.74	329.95	325.01	320.00	298.89
21	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
22	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
23	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
24	376.62	359.41	352.25	348.19	340.16	335.07	329.90	308.14
25	378.13	360.85	353.66	349.58	341.52	336.41	331.22	309.37
26	385.66	368.04	360.70	356.54	348.32	343.11	337.81	315.53
27	394.70	376.66	369.15	364.90	356.48	351.15	345.73	322.93
28	409.39	390.68	382.89	378.48	369.75	364.22	358.60	334.94
29	421.44	402.18	394.16	389.62	380.63	374.94	369.15	344.80
30	427.47	407.93	399.80	395.19	386.08	380.30	374.43	349.73
31	436.51	416.56	408.25	403.55	394.24	388.34	382.35	357.13
32	445.54	425.18	416.71	411.90	402.40	396.38	390.27	364.52
33	451.19	430.58	421.99	417.13	407.51	401.41	395.21	369.15
34	457.22	436.33	427.63	422.70	412.95	406.77	400.49	374.08
35	460.23	439.20	430.45	425.48	415.67	409.45	403.13	376.54
36	463.25	442.08	433.26	428.27	418.39	412.13	405.77	379.01
37	466.26	444.95	436.08	431.05	421.11	414.81	408.41	381.47
38	469.27	447.83	438.90	433.84	423.83	417.49	411.05	383.94
39	475.30	453.58	444.53	439.41	429.28	422.85	416.33	388.87
40	481.32	459.33	450.17	444.98	434.72	428.21	421.61	393.80
41	490.36	467.95	458.62	453.34	442.88	436.26	429.52	401.19
42	499.02	476.22	466.73	461.35	450.71	443.96	437.11	408.28
43	511.08	487.72	478.00	472.49	461.59	454.68	447.67	418.14
44	526.14	502.10	492.09	486.42	475.20	468.09	460.86	430.46
45	543.84	518.99	508.64	502.78	491.18	483.84	476.37	444.95
46	564.93	539.12	528.37	522.28	510.23	502.60	494.84	462.20
47	588.66	561.76	550.56	544.22	531.66	523.71	515.63	481.62
48	615.78	587.64	575.92	569.29	556.15	547.83	539.38	503.80
49	642.52	613.16	600.93	594.01	580.31	571.62	562.80	525.68
50	672.65	641.91	629.11	621.86	607.52	598.43	589.19	550.33
51	702.40	670.30	656.94	649.37	634.39	624.90	615.26	574.67
52	735.17	701.57	687.58	679.66	663.98	654.05	643.96	601.48
53	768.31	733.20	718.58	710.30	693.92	683.54	672.99	628.60
54	804.09	767.35	752.05	743.38	726.23	715.37	704.33	657.87
55	839.87	801.49	785.51	776.46	758.55	747.20	735.67	687.14
56	878.66	838.51	821.79	812.32	793.58	781.71	769.65	718.88
57	917.83	875.89	858.42	848.53	828.96	816.56	803.96	750.93
58	959.63	915.78	897.52	887.18	866.72	853.75	840.57	785.13
59	980.35	935.55	916.90	906.33	885.43	872.18	858.72	802.08
60	1,022.15	975.45	956.00	944.98	923.18	909.37	895.34	836.28
61	1,058.31	1,009.95	989.81	978.40	955.84	941.54	927.01	865.86
62	1,082.04	1,032.59	1,012.00	1,000.34	977.27	962.65	947.79	885.27
63	1,111.79	1,060.99	1,039.83	1,027.85	1,004.14	989.12	973.85	909.62
64+	1,129.86	1,078.23	1,056.75	1,044.57	1,020.48	1,005.21	989.70	924.42

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 19

San Diego County (continued)

Age	SmartCare HMO Platinum \$10	SmartCare HMO Platinum \$20	SmartCare HMO Platinum \$30	SmartCare HMO Gold \$30	SmartCare HMO Gold \$35	SmartCare HMO Gold \$40	SmartCare HMO Gold \$50	SmartCare HMO Silver \$50
0-14	305.76	291.79	285.97	282.68	276.16	272.03	267.83	260.92
15	332.94	317.73	311.39	307.80	300.71	296.21	291.64	284.12
16	343.33	327.65	321.11	317.41	310.09	305.45	300.74	292.98
17	353.73	337.56	330.83	327.02	319.48	314.70	309.84	301.85
18	364.92	348.24	341.30	337.37	329.58	324.65	319.64	311.40
19	376.11	358.92	351.77	347.71	339.69	334.61	329.45	320.95
20	387.70	369.98	362.61	358.43	350.16	344.92	339.60	330.84
21	399.69	381.43	373.82	369.51	360.99	355.59	350.10	341.07
22	399.69	381.43	373.82	369.51	360.99	355.59	350.10	341.07
23	399.69	381.43	373.82	369.51	360.99	355.59	350.10	341.07
24	399.69	381.43	373.82	369.51	360.99	355.59	350.10	341.07
25	401.29	382.95	375.32	370.99	362.43	357.01	351.50	342.44
26	409.28	390.58	382.79	378.38	369.65	364.12	358.50	349.26
27	418.88	399.74	391.77	387.25	378.32	372.66	366.91	357.45
28	434.46	414.61	406.34	401.66	392.40	386.53	380.56	370.75
29	447.25	426.82	418.31	413.49	403.95	397.90	391.76	381.66
30	453.65	432.92	424.29	419.40	409.72	403.59	397.37	387.12
31	463.24	442.07	433.26	428.27	418.39	412.13	405.77	395.31
32	472.83	451.23	442.23	437.13	427.05	420.66	414.17	403.49
33	478.83	456.95	447.84	442.68	432.47	426.00	419.42	408.61
34	485.22	463.05	453.82	448.59	438.24	431.69	425.02	414.06
35	488.42	466.10	456.81	451.55	441.13	434.53	427.83	416.79
36	491.62	469.16	459.80	454.50	444.02	437.38	430.63	419.52
37	494.82	472.21	462.79	457.46	446.91	440.22	433.43	422.25
38	498.01	475.26	465.78	460.41	449.79	443.06	436.23	424.98
39	504.41	481.36	471.76	466.33	455.57	448.75	441.83	430.44
40	510.80	487.46	477.74	472.24	461.35	454.44	447.43	435.89
41	520.40	496.62	486.72	481.11	470.01	462.98	455.83	444.08
42	529.59	505.39	495.31	489.61	478.31	471.16	463.89	451.92
43	542.38	517.60	507.28	501.43	489.86	482.54	475.09	462.84
44	558.37	532.85	522.23	516.21	504.30	496.76	489.09	476.48
45	577.15	550.78	539.80	533.58	521.27	513.47	505.55	492.51
46	599.54	572.14	560.73	554.27	541.49	533.38	525.15	511.61
47	624.72	596.17	584.28	577.55	564.23	555.79	547.21	533.10
48	653.49	623.63	611.20	604.15	590.22	581.39	572.42	557.66
49	681.87	650.71	637.74	630.39	615.85	606.64	597.27	581.87
50	713.85	681.23	667.65	659.95	644.73	635.08	625.28	609.16
51	745.42	711.36	697.18	689.14	673.25	663.17	652.94	636.10
52	780.20	744.55	729.70	721.29	704.65	694.11	683.40	665.78
53	815.37	778.11	762.60	753.81	736.42	725.40	714.21	695.79
54	853.34	814.35	798.11	788.91	770.72	759.18	747.47	728.20
55	891.31	850.58	833.62	824.02	805.01	792.97	780.73	760.60
56	932.48	889.87	872.13	862.08	842.19	829.59	816.79	795.73
57	974.05	929.54	911.00	900.50	879.73	866.57	853.20	831.20
58	1,018.41	971.88	952.50	941.52	919.80	906.04	892.06	869.06
59	1,040.40	992.85	973.06	961.84	939.66	925.60	911.32	887.82
60	1,084.76	1,035.19	1,014.55	1,002.86	979.73	965.07	950.18	925.68
61	1,123.13	1,071.81	1,050.44	1,038.33	1,014.38	999.21	983.79	958.42
62	1,148.31	1,095.84	1,073.99	1,061.61	1,037.13	1,021.61	1,005.84	979.91
63	1,179.89	1,125.97	1,103.52	1,090.80	1,065.65	1,049.70	1,033.50	1,006.85
64+	1,199.07	1,144.29	1,121.46	1,108.53	1,082.97	1,066.77	1,050.30	1,023.21

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

HMO Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 19

San Diego County (continued)

Age	CommunityCare HMO Silver \$50	CommunityCare Bronze 60 HMO 6300/65 + Child Dental
0-14	234.88	208.27
15	255.76	226.78
16	263.74	233.86
17	271.72	240.94
18	280.32	248.56
19	288.92	256.18
20	297.82	264.08
21	307.03	272.25
22	307.03	272.25
23	307.03	272.25
24	307.03	272.25
25	308.26	273.34
26	314.40	278.78
27	321.77	285.32
28	333.74	295.93
29	343.57	304.64
30	348.48	309.00
31	355.85	315.53
32	363.22	322.07
33	367.82	326.15
34	372.74	330.51
35	375.19	332.69
36	377.65	334.86
37	380.11	337.04
38	382.56	339.22
39	387.47	343.58
40	392.39	347.93
41	399.76	354.47
42	406.82	360.73
43	416.64	369.44
44	428.92	380.33
45	443.35	393.13
46	460.55	408.37
47	479.89	425.52
48	502.00	445.12
49	523.80	464.45
50	548.36	486.23
51	572.61	507.74
52	599.33	531.43
53	626.34	555.38
54	655.51	581.25
55	684.68	607.11
56	716.31	635.15
57	748.24	663.47
58	782.32	693.69
59	799.20	708.66
60	833.28	738.88
61	862.76	765.01
62	882.10	782.17
63	906.36	803.67
64+	921.09	816.75

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HMO plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2020, TO DECEMBER 30, 2020

Plan Rates

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 1 Nevada County				Region 2 Marin, Napa, Solano, and Sonoma counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	404.12	379.09	302.35	236.13	441.55	414.20	330.36	258.00
15	440.04	412.79	329.23	257.12	480.80	451.02	359.72	280.94
16	453.78	425.67	339.50	265.15	495.81	465.10	370.95	289.71
17	467.51	438.55	349.78	273.17	510.82	479.18	382.18	298.48
18	482.30	452.43	360.84	281.81	526.98	494.34	394.27	307.92
19	497.09	466.30	371.91	290.46	543.14	509.50	406.36	317.36
20	512.41	480.67	383.37	299.41	559.88	525.20	418.88	327.14
21	528.26	495.54	395.23	308.67	577.19	541.44	431.84	337.26
22	528.26	495.54	395.23	308.67	577.19	541.44	431.84	337.26
23	528.26	495.54	395.23	308.67	577.19	541.44	431.84	337.26
24	528.26	495.54	395.23	308.67	577.19	541.44	431.84	337.26
25	530.37	497.52	396.81	309.90	579.50	543.61	433.57	338.61
26	540.94	507.43	404.71	316.08	591.05	554.44	442.20	345.36
27	553.62	519.33	414.20	323.49	604.90	567.43	452.57	353.45
28	574.22	538.65	429.61	335.52	627.41	588.55	469.41	366.60
29	591.13	554.51	442.26	345.40	645.88	605.87	483.23	377.40
30	599.58	562.44	448.58	350.34	655.12	614.54	490.14	382.79
31	612.26	574.33	458.07	357.75	668.97	627.53	500.50	390.89
32	624.93	586.22	467.56	365.16	682.82	640.53	510.86	398.98
33	632.86	593.66	473.48	369.79	691.48	648.65	517.34	404.04
34	641.31	601.59	479.81	374.72	700.71	657.31	524.25	409.43
35	645.54	605.55	482.97	377.19	705.33	661.64	527.71	412.13
36	649.76	609.51	486.13	379.66	709.95	665.97	531.16	414.83
37	653.99	613.48	489.29	382.13	714.57	670.30	534.62	417.53
38	658.21	617.44	492.45	384.60	719.18	674.64	538.07	420.23
39	666.67	625.37	498.78	389.54	728.42	683.30	544.98	425.62
40	675.12	633.30	505.10	394.48	737.65	691.96	551.89	431.02
41	687.80	645.19	514.59	401.89	751.51	704.96	562.25	439.11
42	699.95	656.59	523.68	408.99	764.78	717.41	572.19	446.87
43	716.85	672.45	536.32	418.86	783.25	734.74	586.00	457.66
44	737.98	692.27	552.13	431.21	806.34	756.39	603.28	471.15
45	762.81	715.56	570.71	445.72	833.47	781.84	623.57	487.00
46	792.39	743.31	592.84	463.00	865.79	812.16	647.76	505.89
47	825.67	774.53	617.74	482.45	902.15	846.27	674.96	527.14
48	863.71	810.21	646.20	504.67	943.71	885.26	706.06	551.42
49	901.21	845.39	674.26	526.59	984.69	923.70	736.72	575.37
50	943.48	885.04	705.88	551.28	1,030.87	967.02	771.26	602.35
51	985.21	924.18	737.10	575.67	1,076.47	1,009.79	805.38	628.99
52	1,031.17	967.29	771.49	602.52	1,126.68	1,056.89	842.95	658.33
53	1,077.65	1,010.90	806.27	629.69	1,177.48	1,104.54	880.95	688.01
54	1,127.84	1,057.98	843.81	659.01	1,232.31	1,155.98	921.97	720.05
55	1,178.02	1,105.05	881.36	688.33	1,287.14	1,207.42	963.00	752.09
56	1,232.44	1,156.10	922.07	720.13	1,346.59	1,263.18	1,007.48	786.83
57	1,287.37	1,207.63	963.17	752.23	1,406.62	1,319.49	1,052.39	821.90
58	1,346.01	1,262.64	1,007.04	786.49	1,470.69	1,379.59	1,100.32	859.34
59	1,375.07	1,289.89	1,028.78	803.47	1,502.44	1,409.37	1,124.07	877.89
60	1,433.70	1,344.90	1,072.65	837.73	1,566.51	1,469.47	1,172.01	915.33
61	1,484.42	1,392.47	1,110.59	867.36	1,621.92	1,521.45	1,213.46	947.70
62	1,517.70	1,423.69	1,135.49	886.81	1,658.28	1,555.56	1,240.67	968.95
63	1,559.43	1,462.84	1,166.71	911.19	1,703.88	1,598.34	1,274.79	995.59
64+	1,584.78	1,486.62	1,185.69	926.01	1,731.57	1,624.32	1,295.52	1,011.78

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 3 El Dorado, Placer, Sacramento, and Yolo counties				Region 4 San Francisco County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	417.36	391.51	312.25	243.87	441.55	414.20	330.36	258.00
15	454.46	426.31	340.01	265.54	480.80	451.02	359.72	280.94
16	468.64	439.61	350.62	273.83	495.81	465.10	370.95	289.71
17	482.83	452.92	361.24	282.12	510.82	479.18	382.18	298.48
18	498.10	467.25	372.66	291.05	526.98	494.34	394.27	307.92
19	513.38	481.58	384.09	299.97	543.14	509.50	406.36	317.36
20	529.20	496.42	395.93	309.22	559.88	525.20	418.88	327.14
21	545.57	511.77	408.18	318.78	577.19	541.44	431.84	337.26
22	545.57	511.77	408.18	318.78	577.19	541.44	431.84	337.26
23	545.57	511.77	408.18	318.78	577.19	541.44	431.84	337.26
24	545.57	511.77	408.18	318.78	577.19	541.44	431.84	337.26
25	547.75	513.82	409.81	320.06	579.50	543.61	433.57	338.61
26	558.66	524.06	417.97	326.43	591.05	554.44	442.20	345.36
27	571.75	536.34	427.77	334.08	604.90	567.43	452.57	353.45
28	593.03	556.30	443.69	346.51	627.41	588.55	469.41	366.60
29	610.49	572.67	456.75	356.72	645.88	605.87	483.23	377.40
30	619.22	580.86	463.28	361.82	655.12	614.54	490.14	382.79
31	632.31	593.15	473.08	369.47	668.97	627.53	500.50	390.89
32	645.41	605.43	482.87	377.12	682.82	640.53	510.86	398.98
33	653.59	613.10	488.99	381.90	691.48	648.65	517.34	404.04
34	662.32	621.29	495.53	387.00	700.71	657.31	524.25	409.43
35	666.68	625.39	498.79	389.55	705.33	661.64	527.71	412.13
36	671.05	629.48	502.06	392.10	709.95	665.97	531.16	414.83
37	675.41	633.58	505.32	394.65	714.57	670.30	534.62	417.53
38	679.78	637.67	508.59	397.20	719.18	674.64	538.07	420.23
39	688.51	645.86	515.12	402.30	728.42	683.30	544.98	425.62
40	697.23	654.05	521.65	407.40	737.65	691.96	551.89	431.02
41	710.33	666.33	531.44	415.05	751.51	704.96	562.25	439.11
42	722.88	678.10	540.83	422.38	764.78	717.41	572.19	446.87
43	740.33	694.48	553.89	432.59	783.25	734.74	586.00	457.66
44	762.16	714.95	570.22	445.34	806.34	756.39	603.28	471.15
45	787.80	739.00	589.41	460.32	833.47	781.84	623.57	487.00
46	818.35	767.66	612.26	478.17	865.79	812.16	647.76	505.89
47	852.72	799.90	637.98	498.25	902.15	846.27	674.96	527.14
48	892.00	836.75	667.37	521.21	943.71	885.26	706.06	551.42
49	930.74	873.09	696.35	543.84	984.69	923.70	736.72	575.37
50	974.38	914.03	729.00	569.34	1,030.87	967.02	771.26	602.35
51	1,017.48	954.46	761.25	594.53	1,076.47	1,009.79	805.38	628.99
52	1,064.95	998.98	796.76	622.26	1,126.68	1,056.89	842.95	658.33
53	1,112.96	1,044.02	832.68	650.31	1,177.48	1,104.54	880.95	688.01
54	1,164.79	1,092.64	871.45	680.60	1,232.31	1,155.98	921.97	720.05
55	1,216.61	1,141.25	910.23	710.88	1,287.14	1,207.42	963.00	752.09
56	1,272.81	1,193.97	952.27	743.72	1,346.59	1,263.18	1,007.48	786.83
57	1,329.55	1,247.19	994.72	776.87	1,406.62	1,319.49	1,052.39	821.90
58	1,390.10	1,304.00	1,040.03	812.25	1,470.69	1,379.59	1,100.32	859.34
59	1,420.11	1,332.15	1,062.48	829.79	1,502.44	1,409.37	1,124.07	877.89
60	1,480.67	1,388.95	1,107.79	865.17	1,566.51	1,469.47	1,172.01	915.33
61	1,533.04	1,438.08	1,146.97	895.77	1,621.92	1,521.45	1,213.46	947.70
62	1,567.41	1,470.33	1,172.69	915.86	1,658.28	1,555.56	1,240.67	968.95
63	1,610.51	1,510.76	1,204.93	941.04	1,703.88	1,598.34	1,274.79	995.59
64+	1,636.71	1,535.31	1,224.54	956.34	1,731.57	1,624.32	1,295.52	1,011.78

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 5 Contra Costa County				Region 6 Alameda County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	426.37	399.96	319.00	249.13	426.37	399.96	319.00	249.13
15	464.27	435.52	347.35	271.28	464.27	435.52	347.35	271.28
16	478.76	449.11	358.20	279.75	478.76	449.11	358.20	279.75
17	493.26	462.70	369.04	288.21	493.26	462.70	369.04	288.21
18	508.86	477.34	380.71	297.33	508.86	477.34	380.71	297.33
19	524.47	491.98	392.39	306.45	524.47	491.98	392.39	306.45
20	540.63	507.14	404.48	315.90	540.63	507.14	404.48	315.90
21	557.35	522.83	416.99	325.67	557.35	522.83	416.99	325.67
22	557.35	522.83	416.99	325.67	557.35	522.83	416.99	325.67
23	557.35	522.83	416.99	325.67	557.35	522.83	416.99	325.67
24	557.35	522.83	416.99	325.67	557.35	522.83	416.99	325.67
25	559.58	524.92	418.66	326.97	559.58	524.92	418.66	326.97
26	570.73	535.38	427.00	333.48	570.73	535.38	427.00	333.48
27	584.10	547.92	437.01	341.30	584.10	547.92	437.01	341.30
28	605.84	568.31	453.27	354.00	605.84	568.31	453.27	354.00
29	623.68	585.04	466.61	364.42	623.68	585.04	466.61	364.42
30	632.59	593.41	473.29	369.63	632.59	593.41	473.29	369.63
31	645.97	605.96	483.29	377.45	645.97	605.96	483.29	377.45
32	659.35	618.51	493.30	385.26	659.35	618.51	493.30	385.26
33	667.71	626.35	499.56	390.15	667.71	626.35	499.56	390.15
34	676.62	634.71	506.23	395.36	676.62	634.71	506.23	395.36
35	681.08	638.90	509.56	397.96	681.08	638.90	509.56	397.96
36	685.54	643.08	512.90	400.57	685.54	643.08	512.90	400.57
37	690.00	647.26	516.24	403.17	690.00	647.26	516.24	403.17
38	694.46	651.44	519.57	405.78	694.46	651.44	519.57	405.78
39	703.38	659.81	526.24	410.99	703.38	659.81	526.24	410.99
40	712.29	668.17	532.92	416.20	712.29	668.17	532.92	416.20
41	725.67	680.72	542.92	424.02	725.67	680.72	542.92	424.02
42	738.49	692.75	552.51	431.51	738.49	692.75	552.51	431.51
43	756.33	709.48	565.86	441.93	756.33	709.48	565.86	441.93
44	778.62	730.39	582.54	454.96	778.62	730.39	582.54	454.96
45	804.81	754.96	602.14	470.26	804.81	754.96	602.14	470.26
46	836.03	784.24	625.49	488.50	836.03	784.24	625.49	488.50
47	871.14	817.18	651.76	509.02	871.14	817.18	651.76	509.02
48	911.27	854.82	681.78	532.46	911.27	854.82	681.78	532.46
49	950.84	891.94	711.39	555.59	950.84	891.94	711.39	555.59
50	995.43	933.77	744.75	581.64	995.43	933.77	744.75	581.64
51	1,039.46	975.07	777.69	607.37	1,039.46	975.07	777.69	607.37
52	1,087.95	1,020.56	813.97	635.70	1,087.95	1,020.56	813.97	635.70
53	1,137.00	1,066.57	850.66	664.36	1,137.00	1,066.57	850.66	664.36
54	1,189.94	1,116.24	890.28	695.30	1,189.94	1,116.24	890.28	695.30
55	1,242.89	1,165.91	929.89	726.24	1,242.89	1,165.91	929.89	726.24
56	1,300.30	1,219.76	972.84	759.78	1,300.30	1,219.76	972.84	759.78
57	1,358.26	1,274.13	1,016.21	793.65	1,358.26	1,274.13	1,016.21	793.65
58	1,420.13	1,332.16	1,062.50	829.80	1,420.13	1,332.16	1,062.50	829.80
59	1,450.78	1,360.92	1,085.43	847.71	1,450.78	1,360.92	1,085.43	847.71
60	1,512.65	1,418.95	1,131.72	883.86	1,512.65	1,418.95	1,131.72	883.86
61	1,566.16	1,469.15	1,171.75	915.12	1,566.16	1,469.15	1,171.75	915.12
62	1,601.27	1,502.08	1,198.02	935.64	1,601.27	1,502.08	1,198.02	935.64
63	1,645.30	1,543.39	1,230.96	961.37	1,645.30	1,543.39	1,230.96	961.37
64+	1,672.05	1,568.49	1,250.97	977.01	1,672.05	1,568.49	1,250.97	977.01

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 7 Santa Clara County				Region 8 San Mateo County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	426.23	399.83	318.89	249.05	441.55	414.20	330.36	258.00
15	464.12	435.37	347.24	271.19	480.80	451.02	359.72	280.94
16	478.61	448.96	358.08	279.65	495.81	465.10	370.95	289.71
17	493.09	462.55	368.92	288.12	510.82	479.18	382.18	298.48
18	508.69	477.18	380.59	297.23	526.98	494.34	394.27	307.92
19	524.29	491.82	392.26	306.35	543.14	509.50	406.36	317.36
20	540.45	506.98	404.35	315.79	559.88	525.20	418.88	327.14
21	557.17	522.65	416.85	325.56	577.19	541.44	431.84	337.26
22	557.17	522.65	416.85	325.56	577.19	541.44	431.84	337.26
23	557.17	522.65	416.85	325.56	577.19	541.44	431.84	337.26
24	557.17	522.65	416.85	325.56	577.19	541.44	431.84	337.26
25	559.40	524.75	418.52	326.86	579.50	543.61	433.57	338.61
26	570.54	535.20	426.86	333.37	591.05	554.44	442.20	345.36
27	583.91	547.74	436.86	341.19	604.90	567.43	452.57	353.45
28	605.64	568.13	453.12	353.88	627.41	588.55	469.41	366.60
29	623.47	584.85	466.46	364.30	645.88	605.87	483.23	377.40
30	632.38	593.21	473.13	369.51	655.12	614.54	490.14	382.79
31	645.76	605.76	483.13	377.32	668.97	627.53	500.50	390.89
32	659.13	618.30	493.14	385.14	682.82	640.53	510.86	398.98
33	667.49	626.14	499.39	390.02	691.48	648.65	517.34	404.04
34	676.40	634.50	506.06	395.23	700.71	657.31	524.25	409.43
35	680.86	638.68	509.40	397.83	705.33	661.64	527.71	412.13
36	685.32	642.87	512.73	400.44	709.95	665.97	531.16	414.83
37	689.77	647.05	516.07	403.04	714.57	670.30	534.62	417.53
38	694.23	651.23	519.40	405.65	719.18	674.64	538.07	420.23
39	703.14	659.59	526.07	410.85	728.42	683.30	544.98	425.62
40	712.06	667.95	532.74	416.06	737.65	691.96	551.89	431.02
41	725.43	680.50	542.74	423.88	751.51	704.96	562.25	439.11
42	738.25	692.52	552.33	431.37	764.78	717.41	572.19	446.87
43	756.08	709.24	565.67	441.78	783.25	734.74	586.00	457.66
44	778.36	730.15	582.35	454.81	806.34	756.39	603.28	471.15
45	804.55	754.71	601.94	470.11	833.47	781.84	623.57	487.00
46	835.75	783.98	625.28	488.34	865.79	812.16	647.76	505.89
47	870.85	816.91	651.54	508.85	902.15	846.27	674.96	527.14
48	910.97	854.54	681.56	532.29	943.71	885.26	706.06	551.42
49	950.53	891.65	711.15	555.40	984.69	923.70	736.72	575.37
50	995.10	933.46	744.50	581.45	1,030.87	967.02	771.26	602.35
51	1,039.12	974.75	777.43	607.17	1,076.47	1,009.79	805.38	628.99
52	1,087.59	1,020.22	813.70	635.49	1,126.68	1,056.89	842.95	658.33
53	1,136.62	1,066.22	850.38	664.14	1,177.48	1,104.54	880.95	688.01
54	1,189.55	1,115.87	889.98	695.07	1,232.31	1,155.98	921.97	720.05
55	1,242.48	1,165.52	929.58	726.00	1,287.14	1,207.42	963.00	752.09
56	1,299.87	1,219.35	972.52	759.53	1,346.59	1,263.18	1,007.48	786.83
57	1,357.82	1,273.71	1,015.87	793.39	1,406.62	1,319.49	1,052.39	821.90
58	1,419.66	1,331.72	1,062.14	829.52	1,470.69	1,379.59	1,100.32	859.34
59	1,450.30	1,360.47	1,085.07	847.43	1,502.44	1,409.37	1,124.07	877.89
60	1,512.15	1,418.48	1,131.34	883.57	1,566.51	1,469.47	1,172.01	915.33
61	1,565.64	1,468.66	1,171.36	914.82	1,621.92	1,521.45	1,213.46	947.70
62	1,600.74	1,501.59	1,197.62	935.33	1,658.28	1,555.56	1,240.67	968.95
63	1,644.76	1,542.88	1,230.55	961.05	1,703.88	1,598.34	1,274.79	995.59
64+	1,671.51	1,567.95	1,250.55	976.68	1,731.57	1,624.32	1,295.52	1,011.78

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 9 Santa Cruz County				Region 10 Merced, San Joaquin, Stanislaus, and Tulare counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	460.60	432.07	344.61	269.13	458.00	429.63	342.66	267.62
15	501.54	470.48	375.24	293.06	498.71	467.82	373.12	291.40
16	517.20	485.16	386.95	302.20	514.28	482.43	384.77	300.50
17	532.85	499.85	398.66	311.35	529.85	497.03	396.41	309.60
18	549.71	515.66	411.28	321.20	546.61	512.75	408.96	319.39
19	566.57	531.47	423.89	331.05	563.37	528.48	421.50	329.19
20	584.03	547.85	436.95	341.25	580.74	544.76	434.49	339.33
21	602.09	564.80	450.47	351.81	598.70	561.61	447.93	349.83
22	602.09	564.80	450.47	351.81	598.70	561.61	447.93	349.83
23	602.09	564.80	450.47	351.81	598.70	561.61	447.93	349.83
24	602.09	564.80	450.47	351.81	598.70	561.61	447.93	349.83
25	604.50	567.06	452.27	353.22	601.09	563.86	449.72	351.22
26	616.54	578.35	461.28	360.25	613.07	575.09	458.68	358.22
27	630.99	591.91	472.09	368.70	627.43	588.57	469.43	366.62
28	654.47	613.93	489.66	382.42	650.78	610.47	486.90	380.26
29	673.74	632.01	504.07	393.67	669.94	628.44	501.23	391.45
30	683.37	641.04	511.28	399.30	679.52	637.43	508.40	397.05
31	697.82	654.60	522.09	407.75	693.89	650.91	519.15	405.45
32	712.27	668.16	532.90	416.19	708.26	664.39	529.90	413.84
33	721.31	676.63	539.66	421.47	717.24	672.81	536.61	419.09
34	730.94	685.66	546.87	427.10	726.82	681.80	543.78	424.69
35	735.76	690.18	550.47	429.91	731.61	686.29	547.36	427.49
36	740.57	694.70	554.07	432.72	736.40	690.78	550.95	430.28
37	745.39	699.22	557.68	435.54	741.19	695.28	554.53	433.08
38	750.21	703.74	561.28	438.35	745.98	699.77	558.12	435.88
39	759.84	712.77	568.49	443.98	755.56	708.75	565.28	441.48
40	769.47	721.81	575.70	449.61	765.13	717.74	572.45	447.08
41	783.92	735.37	586.51	458.06	779.50	731.22	583.20	455.47
42	797.77	748.36	596.87	466.15	793.27	744.14	593.50	463.52
43	817.04	766.43	611.28	477.40	812.43	762.11	607.83	474.71
44	841.12	789.02	629.30	491.48	836.38	784.57	625.75	488.71
45	869.42	815.57	650.47	508.01	864.52	810.97	646.80	505.15
46	903.14	847.20	675.70	527.71	898.05	842.42	671.89	524.74
47	941.07	882.78	704.08	549.88	935.76	877.80	700.11	546.78
48	984.42	923.44	736.51	575.21	978.87	918.24	732.36	571.96
49	1,027.17	963.54	768.49	600.19	1,021.38	958.11	764.16	596.80
50	1,075.34	1,008.73	804.53	628.33	1,069.27	1,003.04	799.99	624.79
51	1,122.90	1,053.35	840.12	656.12	1,116.57	1,047.41	835.38	652.42
52	1,175.28	1,102.48	879.31	686.73	1,168.66	1,096.27	874.35	682.86
53	1,228.27	1,152.19	918.95	717.69	1,221.34	1,145.69	913.77	713.64
54	1,285.47	1,205.84	961.74	751.11	1,278.22	1,199.04	956.32	746.88
55	1,342.67	1,259.50	1,004.54	784.53	1,335.09	1,252.40	998.87	780.11
56	1,404.68	1,317.67	1,050.94	820.77	1,396.76	1,310.24	1,045.01	816.14
57	1,467.30	1,376.41	1,097.78	857.36	1,459.02	1,368.65	1,091.59	852.52
58	1,534.13	1,439.10	1,147.79	896.41	1,525.48	1,430.99	1,141.31	891.35
59	1,567.25	1,470.17	1,172.56	915.76	1,558.41	1,461.88	1,165.95	910.59
60	1,634.08	1,532.86	1,222.56	954.81	1,624.86	1,524.22	1,215.67	949.43
61	1,691.88	1,587.08	1,265.81	988.58	1,682.34	1,578.13	1,258.67	983.01
62	1,729.81	1,622.66	1,294.19	1,010.75	1,720.06	1,613.51	1,286.89	1,005.05
63	1,777.38	1,667.28	1,329.77	1,038.54	1,767.35	1,657.88	1,322.28	1,032.68
64+	1,806.27	1,694.40	1,351.41	1,055.43	1,796.10	1,684.83	1,343.79	1,049.49

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 11 Fresno, Kings and Madera counties				Region 12 Santa Barbara and Ventura counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	331.44	310.91	247.97	193.66	347.64	326.10	260.09	203.13
15	360.90	338.55	270.01	210.88	378.54	355.09	283.21	221.18
16	372.17	349.11	278.44	217.46	390.35	366.18	292.05	228.09
17	383.43	359.68	286.87	224.04	402.17	377.26	300.89	234.99
18	395.56	371.06	295.95	231.13	414.89	389.19	310.41	242.43
19	407.69	382.44	305.02	238.22	427.62	401.13	319.93	249.86
20	420.26	394.23	314.42	245.56	440.80	413.49	329.79	257.56
21	433.26	406.42	324.15	253.16	454.43	426.28	339.99	265.53
22	433.26	406.42	324.15	253.16	454.43	426.28	339.99	265.53
23	433.26	406.42	324.15	253.16	454.43	426.28	339.99	265.53
24	433.26	406.42	324.15	253.16	454.43	426.28	339.99	265.53
25	434.99	408.04	325.44	254.17	456.25	427.99	341.35	266.59
26	443.65	416.17	331.93	259.23	465.34	436.51	348.15	271.90
27	454.05	425.93	339.71	265.31	476.24	446.74	356.31	278.27
28	470.95	441.78	352.35	275.18	493.96	463.37	369.57	288.63
29	484.81	454.78	362.72	283.28	508.51	477.01	380.45	297.13
30	491.74	461.29	367.91	287.33	515.78	483.83	385.89	301.37
31	502.14	471.04	375.69	293.41	526.68	494.06	394.05	307.75
32	512.54	480.79	383.47	299.48	537.59	504.29	402.21	314.12
33	519.04	486.89	388.33	303.28	544.41	510.68	407.31	318.10
34	525.97	493.39	393.52	307.33	551.68	517.50	412.75	322.35
35	529.44	496.64	396.11	309.36	555.31	520.91	415.47	324.47
36	532.90	499.89	398.70	311.38	558.95	524.33	418.19	326.60
37	536.37	503.15	401.29	313.41	562.58	527.74	420.91	328.72
38	539.84	506.40	403.89	315.43	566.22	531.15	423.63	330.85
39	546.77	512.90	409.07	319.48	573.49	537.97	429.07	335.10
40	553.70	519.40	414.26	323.53	580.76	544.79	434.51	339.34
41	564.10	529.16	422.04	329.61	591.67	555.02	442.67	345.72
42	574.06	538.50	429.50	335.43	602.12	564.82	450.49	351.82
43	587.93	551.51	439.87	343.53	616.66	578.46	461.36	360.32
44	605.26	567.77	452.83	353.66	634.84	595.51	474.96	370.94
45	625.62	586.87	468.07	365.56	656.20	615.55	490.94	383.42
46	649.88	609.63	486.22	379.73	681.64	639.42	509.98	398.29
47	677.18	635.23	506.64	395.68	710.27	666.28	531.40	415.02
48	708.37	664.49	529.98	413.91	742.99	696.97	555.88	434.14
49	739.13	693.35	553.00	431.88	775.26	727.23	580.02	452.99
50	773.79	725.86	578.93	452.14	811.61	761.34	607.22	474.23
51	808.02	757.97	604.54	472.14	847.51	795.01	634.08	495.21
52	845.71	793.33	632.74	494.16	887.05	832.10	663.66	518.31
53	883.84	829.09	661.26	516.44	927.03	869.61	693.58	541.68
54	925.00	867.70	692.06	540.49	970.21	910.11	725.88	566.90
55	966.16	906.31	722.85	564.54	1,013.38	950.61	758.18	592.13
56	1,010.78	948.17	756.24	590.61	1,060.18	994.51	793.19	619.48
57	1,055.84	990.44	789.95	616.94	1,107.44	1,038.85	828.55	647.09
58	1,103.93	1,035.55	825.93	645.04	1,157.88	1,086.16	866.29	676.56
59	1,127.76	1,057.91	843.76	658.96	1,182.88	1,109.61	884.99	691.17
60	1,175.86	1,103.02	879.74	687.06	1,233.32	1,156.93	922.73	720.64
61	1,217.45	1,142.04	910.85	711.37	1,276.94	1,197.85	955.37	746.13
62	1,244.74	1,167.64	931.28	727.32	1,305.57	1,224.70	976.79	762.86
63	1,278.97	1,199.75	956.88	747.32	1,341.47	1,258.38	1,003.65	783.84
64+	1,299.78	1,219.26	972.45	759.48	1,363.29	1,278.84	1,019.97	796.59

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 14 Kern County				Region 15 Los Angeles County. ZIP codes starting with 906-912, 915, 917-918, and 935			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	347.96	326.41	260.33	203.32	347.96	326.41	260.33	203.32
15	378.89	355.42	283.48	221.39	378.89	355.42	283.48	221.39
16	390.72	366.52	292.32	228.30	390.72	366.52	292.32	228.30
17	402.54	377.61	301.17	235.21	402.54	377.61	301.17	235.21
18	415.28	389.56	310.70	242.65	415.28	389.56	310.70	242.65
19	428.02	401.50	320.23	250.09	428.02	401.50	320.23	250.09
20	441.21	413.88	330.10	257.80	441.21	413.88	330.10	257.80
21	454.85	426.68	340.31	265.78	454.85	426.68	340.31	265.78
22	454.85	426.68	340.31	265.78	454.85	426.68	340.31	265.78
23	454.85	426.68	340.31	265.78	454.85	426.68	340.31	265.78
24	454.85	426.68	340.31	265.78	454.85	426.68	340.31	265.78
25	456.67	428.39	341.67	266.84	456.67	428.39	341.67	266.84
26	465.77	436.92	348.47	272.15	465.77	436.92	348.47	272.15
27	476.69	447.16	356.64	278.53	476.69	447.16	356.64	278.53
28	494.43	463.80	369.91	288.90	494.43	463.80	369.91	288.90
29	508.98	477.45	380.80	297.40	508.98	477.45	380.80	297.40
30	516.26	484.28	386.25	301.66	516.26	484.28	386.25	301.66
31	527.17	494.52	394.41	308.03	527.17	494.52	394.41	308.03
32	538.09	504.76	402.58	314.41	538.09	504.76	402.58	314.41
33	544.91	511.16	407.69	318.40	544.91	511.16	407.69	318.40
34	552.19	517.99	413.13	322.65	552.19	517.99	413.13	322.65
35	555.83	521.40	415.85	324.78	555.83	521.40	415.85	324.78
36	559.47	524.81	418.58	326.90	559.47	524.81	418.58	326.90
37	563.11	528.23	421.30	329.03	563.11	528.23	421.30	329.03
38	566.75	531.64	424.02	331.16	566.75	531.64	424.02	331.16
39	574.02	538.47	429.47	335.41	574.02	538.47	429.47	335.41
40	581.30	545.30	434.91	339.66	581.30	545.30	434.91	339.66
41	592.22	555.54	443.08	346.04	592.22	555.54	443.08	346.04
42	602.68	565.35	450.91	352.15	602.68	565.35	450.91	352.15
43	617.24	579.00	461.80	360.66	617.24	579.00	461.80	360.66
44	635.43	596.07	475.41	371.29	635.43	596.07	475.41	371.29
45	656.81	616.12	491.40	383.78	656.81	616.12	491.40	383.78
46	682.28	640.02	510.46	398.66	682.28	640.02	510.46	398.66
47	710.94	666.90	531.90	415.41	710.94	666.90	531.90	415.41
48	743.68	697.62	556.40	434.54	743.68	697.62	556.40	434.54
49	775.98	727.91	580.56	453.41	775.98	727.91	580.56	453.41
50	812.37	762.05	607.79	474.68	812.37	762.05	607.79	474.68
51	848.30	795.76	634.67	495.67	848.30	795.76	634.67	495.67
52	887.87	832.88	664.28	518.79	887.87	832.88	664.28	518.79
53	927.90	870.42	694.22	542.18	927.90	870.42	694.22	542.18
54	971.11	910.96	726.55	567.43	971.11	910.96	726.55	567.43
55	1,014.32	951.49	758.88	592.68	1,014.32	951.49	758.88	592.68
56	1,061.17	995.44	793.93	620.05	1,061.17	995.44	793.93	620.05
57	1,108.48	1,039.82	829.33	647.70	1,108.48	1,039.82	829.33	647.70
58	1,158.97	1,087.18	867.10	677.20	1,158.97	1,087.18	867.10	677.20
59	1,183.98	1,110.64	885.82	691.81	1,183.98	1,110.64	885.82	691.81
60	1,234.47	1,158.01	923.59	721.31	1,234.47	1,158.01	923.59	721.31
61	1,278.14	1,198.97	956.26	746.83	1,278.14	1,198.97	956.26	746.83
62	1,306.79	1,225.85	977.70	763.57	1,306.79	1,225.85	977.70	763.57
63	1,342.73	1,259.56	1,004.58	784.57	1,342.73	1,259.56	1,004.58	784.57
64+	1,364.55	1,280.04	1,020.93	797.34	1,364.55	1,280.04	1,020.93	797.34

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 16 Los Angeles County. ZIP codes not included in region 15				Region 17 Riverside and San Bernardino counties			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	391.12	366.89	292.62	228.53	347.96	326.41	260.33	203.32
15	425.88	399.50	318.63	248.85	378.89	355.42	283.48	221.39
16	439.17	411.97	328.58	256.61	390.72	366.52	292.32	228.30
17	452.47	424.44	338.52	264.38	402.54	377.61	301.17	235.21
18	466.78	437.87	349.23	272.75	415.28	389.56	310.70	242.65
19	481.10	451.30	359.94	281.11	428.02	401.50	320.23	250.09
20	495.92	465.21	371.03	289.77	441.21	413.88	330.10	257.80
21	511.26	479.59	382.51	298.74	454.85	426.68	340.31	265.78
22	511.26	479.59	382.51	298.74	454.85	426.68	340.31	265.78
23	511.26	479.59	382.51	298.74	454.85	426.68	340.31	265.78
24	511.26	479.59	382.51	298.74	454.85	426.68	340.31	265.78
25	513.31	481.51	384.04	299.93	456.67	428.39	341.67	266.84
26	523.53	491.10	391.69	305.91	465.77	436.92	348.47	272.15
27	535.80	502.61	400.87	313.08	476.69	447.16	356.64	278.53
28	555.74	521.32	415.79	324.73	494.43	463.80	369.91	288.90
29	572.10	536.67	428.03	334.29	508.98	477.45	380.80	297.40
30	580.28	544.34	434.15	339.07	516.26	484.28	386.25	301.66
31	592.55	555.85	443.33	346.24	527.17	494.52	394.41	308.03
32	604.82	567.36	452.51	353.40	538.09	504.76	402.58	314.41
33	612.49	574.55	458.25	357.89	544.91	511.16	407.69	318.40
34	620.67	582.23	464.37	362.67	552.19	517.99	413.13	322.65
35	624.76	586.06	467.43	365.06	555.83	521.40	415.85	324.78
36	628.85	589.90	470.49	367.45	559.47	524.81	418.58	326.90
37	632.94	593.74	473.55	369.84	563.11	528.23	421.30	329.03
38	637.03	597.57	476.61	372.23	566.75	531.64	424.02	331.16
39	645.21	605.25	482.73	377.00	574.02	538.47	429.47	335.41
40	653.39	612.92	488.85	381.78	581.30	545.30	434.91	339.66
41	665.66	624.43	498.03	388.95	592.22	555.54	443.08	346.04
42	677.42	635.46	506.83	395.83	602.68	565.35	450.91	352.15
43	693.78	650.81	519.07	405.38	617.24	579.00	461.80	360.66
44	714.23	669.99	534.37	417.33	635.43	596.07	475.41	371.29
45	738.26	692.53	552.34	431.37	656.81	616.12	491.40	383.78
46	766.89	719.39	573.76	448.10	682.28	640.02	510.46	398.66
47	799.10	749.60	597.86	466.92	710.94	666.90	531.90	415.41
48	835.91	784.14	625.40	488.43	743.68	697.62	556.40	434.54
49	872.21	818.19	652.56	509.64	775.98	727.91	580.56	453.41
50	913.11	856.55	683.16	533.54	812.37	762.05	607.79	474.68
51	953.50	894.44	713.38	557.14	848.30	795.76	634.67	495.67
52	997.98	936.17	746.66	583.13	887.87	832.88	664.28	518.79
53	1,042.97	978.37	780.32	609.42	927.90	870.42	694.22	542.18
54	1,091.54	1,023.93	816.66	637.80	971.11	910.96	726.55	567.43
55	1,140.11	1,069.49	853.00	666.18	1,014.32	951.49	758.88	592.68
56	1,192.77	1,118.89	892.40	696.95	1,061.17	995.44	793.93	620.05
57	1,245.95	1,168.77	932.18	728.02	1,108.48	1,039.82	829.33	647.70
58	1,302.70	1,222.00	974.63	761.18	1,158.97	1,087.18	867.10	677.20
59	1,330.82	1,248.38	995.67	777.61	1,183.98	1,110.64	885.82	691.81
60	1,387.57	1,301.62	1,038.13	810.77	1,234.47	1,158.01	923.59	721.31
61	1,436.65	1,347.66	1,074.85	839.45	1,278.14	1,198.97	956.26	746.83
62	1,468.86	1,377.87	1,098.95	858.27	1,306.79	1,225.85	977.70	763.57
63	1,509.25	1,415.76	1,129.17	881.87	1,342.73	1,259.56	1,004.58	784.57
64+	1,533.78	1,438.77	1,147.53	896.22	1,364.55	1,280.04	1,020.93	797.34

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

PureCare HSP Rates

New and renewing business, effective October 1, 2020, to December 30, 2020

	Region 18 Orange County				Region 19 San Diego County			
Age	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental	PureCare Platinum 90 HSP 0/15 + Child Dental	PureCare Gold 80 HSP 250/25 + Child Dental	PureCare Silver 70 HSP 2250/50 + Child Dental	PureCare Bronze 60 HSP 6300/65 + Child Dental
0-14	353.76	331.85	264.67	206.71	350.23	328.53	262.03	204.64
15	385.21	361.35	288.20	225.08	381.36	357.74	285.32	222.83
16	397.23	372.63	297.20	232.11	393.26	368.90	294.23	229.79
17	409.26	383.91	306.19	239.13	405.16	380.07	303.13	236.74
18	422.20	396.05	315.88	246.70	417.98	392.09	312.72	244.23
19	435.15	408.20	325.57	254.26	430.80	404.12	322.31	251.72
20	448.56	420.78	335.60	262.10	444.08	416.57	332.24	259.48
21	462.44	433.79	345.98	270.21	457.81	429.45	342.52	267.50
22	462.44	433.79	345.98	270.21	457.81	429.45	342.52	267.50
23	462.44	433.79	345.98	270.21	457.81	429.45	342.52	267.50
24	462.44	433.79	345.98	270.21	457.81	429.45	342.52	267.50
25	464.29	435.53	347.36	271.29	459.64	431.17	343.89	268.57
26	473.53	444.20	354.28	276.69	468.80	439.76	350.74	273.93
27	484.63	454.61	362.59	283.18	479.79	450.07	358.96	280.35
28	502.67	471.53	376.08	293.71	497.64	466.82	372.32	290.78
29	517.47	485.41	387.15	302.36	512.29	480.56	383.28	299.34
30	524.86	492.35	392.69	306.68	519.62	487.43	388.76	303.62
31	535.96	502.76	400.99	313.17	530.60	497.74	396.98	310.04
32	547.06	513.18	409.29	319.65	541.59	508.05	405.20	316.46
33	554.00	519.68	414.48	323.71	548.46	514.49	410.34	320.47
34	561.40	526.62	420.02	328.03	555.78	521.36	415.82	324.75
35	565.10	530.09	422.79	330.19	559.45	524.79	418.56	326.89
36	568.80	533.56	425.55	332.35	563.11	528.23	421.30	329.03
37	572.50	537.03	428.32	334.52	566.77	531.67	424.04	331.17
38	576.19	540.50	431.09	336.68	570.43	535.10	426.78	333.31
39	583.59	547.44	436.63	341.00	577.76	541.97	432.26	337.59
40	590.99	554.39	442.16	345.32	585.08	548.84	437.74	341.87
41	602.09	564.80	450.46	351.81	596.07	559.15	445.96	348.29
42	612.73	574.77	458.42	358.02	606.60	569.03	453.84	354.44
43	627.53	588.65	469.49	366.67	621.25	582.77	464.80	363.00
44	646.02	606.01	483.33	377.48	639.56	599.95	478.50	373.70
45	667.76	626.39	499.59	390.18	661.08	620.13	494.60	386.28
46	693.65	650.69	518.97	405.31	686.72	644.18	513.78	401.26
47	722.79	678.02	540.77	422.33	715.56	671.24	535.36	418.11
48	756.08	709.25	565.68	441.79	748.52	702.16	560.02	437.37
49	788.92	740.05	590.24	460.97	781.03	732.65	584.34	456.36
50	825.91	774.75	617.92	482.59	817.65	767.01	611.74	477.76
51	862.44	809.02	645.25	503.93	853.82	800.93	638.80	498.90
52	902.67	846.76	675.35	527.44	893.65	838.30	668.60	522.17
53	943.37	884.93	705.80	551.22	933.94	876.09	698.74	545.71
54	987.30	926.14	738.67	576.89	977.43	916.89	731.28	571.12
55	1,031.23	967.35	771.53	602.56	1,020.92	957.68	763.82	596.54
56	1,078.86	1,012.04	807.17	630.39	1,068.08	1,001.92	799.10	624.09
57	1,126.96	1,057.15	843.15	658.49	1,115.69	1,046.58	834.72	651.91
58	1,178.29	1,105.30	881.56	688.49	1,166.51	1,094.25	872.74	681.60
59	1,203.72	1,129.16	900.58	703.35	1,191.69	1,117.87	891.58	696.32
60	1,255.05	1,177.31	938.99	733.34	1,242.50	1,165.54	929.60	726.01
61	1,299.44	1,218.95	972.20	759.28	1,286.45	1,206.77	962.48	751.69
62	1,328.58	1,246.28	994.00	776.30	1,315.30	1,233.82	984.06	768.54
63	1,365.11	1,280.55	1,021.33	797.65	1,351.46	1,267.75	1,011.12	789.67
64+	1,387.32	1,301.37	1,037.94	810.63	1,373.43	1,288.35	1,027.56	802.50

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business HSP plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all HMO plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2020, TO DECEMBER 30, 2020

Plan Rates

Salud con Health Net

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

14

Kern County

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Gold \$50	Salud HMO y Más Silver \$50
0-14	281.13	268.28	262.93	259.90	253.91	250.11	246.25	239.59
15	306.12	292.13	286.31	283.01	276.48	272.34	268.14	260.89
16	315.67	301.25	295.24	291.84	285.11	280.84	276.51	269.03
17	325.23	310.37	304.18	300.67	293.74	289.34	284.88	277.17
18	335.52	320.19	313.80	310.19	303.03	298.50	293.89	285.94
19	345.81	330.01	323.43	319.70	312.32	307.65	302.90	294.71
20	356.46	340.18	333.39	329.55	321.95	317.13	312.24	303.79
21	367.49	350.70	343.70	339.74	331.91	326.94	321.90	313.19
22	367.49	350.70	343.70	339.74	331.91	326.94	321.90	313.19
23	367.49	350.70	343.70	339.74	331.91	326.94	321.90	313.19
24	367.49	350.70	343.70	339.74	331.91	326.94	321.90	313.19
25	368.96	352.10	345.08	341.10	333.23	328.25	323.18	314.44
26	376.31	359.11	351.95	347.90	339.87	334.79	329.62	320.71
27	385.13	367.53	360.20	356.05	347.84	342.63	337.35	328.22
28	399.46	381.21	373.61	369.30	360.78	355.38	349.90	340.44
29	411.22	392.43	384.61	380.17	371.40	365.85	360.20	350.46
30	417.10	398.04	390.10	385.61	376.71	371.08	365.35	355.47
31	425.92	406.46	398.35	393.76	384.68	378.92	373.08	362.99
32	434.74	414.87	406.60	401.92	392.65	386.77	380.80	370.50
33	440.25	420.13	411.76	407.01	397.62	391.68	385.63	375.20
34	446.13	425.75	417.26	412.45	402.94	396.91	390.78	380.21
35	449.07	428.55	420.01	415.17	405.59	399.52	393.36	382.72
36	452.01	431.36	422.76	417.88	408.25	402.14	395.93	385.22
37	454.95	434.16	425.51	420.60	410.90	404.75	398.51	387.73
38	457.89	436.97	428.26	423.32	413.56	407.37	401.08	390.24
39	463.77	442.58	433.76	428.76	418.87	412.60	406.23	395.25
40	469.65	448.19	439.25	434.19	424.18	417.83	411.38	400.26
41	478.47	456.61	447.50	442.35	432.14	425.68	419.11	407.77
42	486.92	464.67	455.41	450.16	439.78	433.20	426.51	414.98
43	498.68	475.90	466.41	461.03	450.40	443.66	436.81	425.00
44	513.38	489.92	480.16	474.62	463.67	456.74	449.69	437.53
45	530.65	506.41	496.31	490.59	479.27	472.10	464.82	452.25
46	551.23	526.04	515.56	509.61	497.86	490.41	482.84	469.79
47	574.39	548.14	537.21	531.02	518.77	511.01	503.12	489.52
48	600.84	573.39	561.96	555.48	542.67	534.55	526.30	512.07
49	626.94	598.29	586.36	579.60	566.23	557.76	549.15	534.30
50	656.34	626.34	613.86	606.78	592.79	583.92	574.91	559.36
51	685.37	654.05	641.01	633.62	619.01	609.75	600.34	584.10
52	717.34	684.56	670.91	663.18	647.88	638.19	628.34	611.35
53	749.68	715.42	701.16	693.08	677.09	666.96	656.67	638.91
54	784.59	748.74	733.81	725.35	708.62	698.02	687.25	668.66
55	819.50	782.05	766.46	757.63	740.15	729.08	717.83	698.42
56	857.35	818.18	801.86	792.62	774.34	762.75	750.98	730.67
57	895.57	854.65	837.61	827.95	808.86	796.76	784.46	763.25
58	936.36	893.58	875.76	865.67	845.70	833.05	820.19	798.01
59	956.57	912.86	894.66	884.35	863.95	851.03	837.89	815.24
60	997.37	951.79	932.81	922.06	900.80	887.32	873.63	850.00
61	1,032.64	985.46	965.81	954.68	932.66	918.70	904.53	880.07
62	1,055.80	1,007.55	987.46	976.08	953.57	939.30	924.81	899.80
63	1,084.83	1,035.26	1,014.62	1,002.92	979.79	965.13	950.24	924.54
64+	1,102.47	1,052.10	1,031.10	1,019.22	995.73	980.82	965.70	939.57

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 15

Los Angeles County. ZIP codes starting with 906–912, 915, 917–918, and 935

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Gold \$50	Salud HMO y Más Silver \$50
0-14	222.57	212.40	208.17	205.77	201.02	198.01	194.96	189.69
15	242.36	231.28	226.67	224.06	218.89	215.62	212.29	206.55
16	249.92	238.50	233.75	231.05	225.72	222.35	218.91	212.99
17	257.49	245.72	240.82	238.05	232.56	229.08	225.54	219.44
18	265.63	253.49	248.44	245.58	239.91	236.32	232.68	226.38
19	273.78	261.27	256.06	253.11	247.27	243.57	239.81	233.33
20	282.22	269.32	263.95	260.91	254.89	251.08	247.20	240.52
21	290.95	277.65	272.11	268.98	262.77	258.84	254.85	247.96
22	290.95	277.65	272.11	268.98	262.77	258.84	254.85	247.96
23	290.95	277.65	272.11	268.98	262.77	258.84	254.85	247.96
24	290.95	277.65	272.11	268.98	262.77	258.84	254.85	247.96
25	292.11	278.76	273.20	270.05	263.83	259.88	255.87	248.95
26	297.93	284.31	278.65	275.43	269.08	265.05	260.96	253.91
27	304.91	290.98	285.18	281.89	275.39	271.27	267.08	259.86
28	316.26	301.81	295.79	292.38	285.64	281.36	277.02	269.53
29	325.57	310.69	304.50	300.99	294.04	289.64	285.18	277.46
30	330.22	315.13	308.85	305.29	298.25	293.79	289.25	281.43
31	337.21	321.80	315.38	311.75	304.56	300.00	295.37	287.38
32	344.19	328.46	321.91	318.20	310.86	306.21	301.49	293.33
33	348.55	332.63	325.99	322.24	314.80	310.09	305.31	297.05
34	353.21	337.07	330.35	326.54	319.01	314.24	309.39	301.02
35	355.53	339.29	332.52	328.69	321.11	316.31	311.42	303.00
36	357.86	341.51	334.70	330.84	323.21	318.38	313.46	304.99
37	360.19	343.73	336.88	333.00	325.31	320.45	315.50	306.97
38	362.52	345.95	339.05	335.15	327.42	322.52	317.54	308.95
39	367.17	350.39	343.41	339.45	331.62	326.66	321.62	312.92
40	371.83	354.84	347.76	343.75	335.83	330.80	325.70	316.89
41	378.81	361.50	354.29	350.21	342.13	337.01	331.81	322.84
42	385.50	367.89	360.55	356.40	348.18	342.97	337.67	328.54
43	394.81	376.77	369.26	365.00	356.58	351.25	345.83	336.48
44	406.45	387.88	380.14	375.76	367.10	361.60	356.02	346.40
45	420.12	400.93	392.93	388.40	379.45	373.77	368.00	358.05
46	436.42	416.48	408.17	403.47	394.16	388.26	382.27	371.93
47	454.75	433.97	425.31	420.41	410.72	404.57	398.33	387.56
48	475.70	453.96	444.91	439.78	429.64	423.21	416.68	405.41
49	496.35	473.67	464.23	458.88	448.29	441.59	434.77	423.01
50	519.63	495.88	486.00	480.40	469.31	462.29	455.16	442.85
51	542.61	517.82	507.49	501.64	490.07	482.74	475.29	462.44
52	567.92	541.97	531.17	525.05	512.94	505.26	497.46	484.01
53	593.53	566.41	555.11	548.72	536.06	528.04	519.89	505.83
54	621.17	592.78	580.96	574.27	561.02	552.63	544.10	529.39
55	648.81	619.16	606.82	599.82	585.99	577.22	568.31	552.94
56	678.77	647.76	634.84	627.53	613.05	603.88	594.56	578.48
57	709.03	676.63	663.14	655.50	640.38	630.80	621.07	604.27
58	741.33	707.45	693.35	685.36	669.55	659.53	649.35	631.79
59	757.33	722.72	708.31	700.15	684.00	673.77	663.37	645.43
60	789.62	753.54	738.52	730.01	713.17	702.50	691.66	672.95
61	817.56	780.20	764.64	755.83	738.40	727.35	716.12	696.76
62	835.89	797.69	781.78	772.77	754.95	743.66	732.18	712.38
63	858.87	819.62	803.28	794.02	775.71	764.10	752.31	731.97
64+	872.85	832.95	816.33	806.94	788.31	776.52	764.55	743.88

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 16

Los Angeles County. ZIP codes not included in region 15

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Gold \$50	Salud HMO y Más Silver \$50
0-14	235.55	224.78	220.30	217.76	212.74	209.56	206.32	200.74
15	256.48	244.76	239.88	237.12	231.65	228.18	224.66	218.59
16	264.49	252.40	247.37	244.52	238.88	235.30	231.67	225.41
17	272.49	260.04	254.86	251.92	246.11	242.43	238.69	232.23
18	281.11	268.27	262.92	259.89	253.90	250.10	246.24	239.58
19	289.74	276.50	270.98	267.86	261.68	257.77	253.79	246.93
20	298.66	285.02	279.33	276.12	269.75	265.71	261.61	254.54
21	307.90	293.83	287.97	284.65	278.09	273.93	269.70	262.41
22	307.90	293.83	287.97	284.65	278.09	273.93	269.70	262.41
23	307.90	293.83	287.97	284.65	278.09	273.93	269.70	262.41
24	307.90	293.83	287.97	284.65	278.09	273.93	269.70	262.41
25	309.13	295.01	289.13	285.79	279.20	275.02	270.78	263.46
26	315.29	300.88	294.89	291.49	284.76	280.50	276.17	268.71
27	322.68	307.94	301.80	298.32	291.44	287.08	282.65	275.00
28	334.69	319.40	313.03	309.42	302.28	297.76	293.17	285.24
29	344.54	328.80	322.24	318.53	311.18	306.53	301.80	293.63
30	349.47	333.50	326.85	323.08	315.63	310.91	306.11	297.83
31	356.86	340.55	333.76	329.92	322.31	317.48	312.58	304.13
32	364.25	347.60	340.67	336.75	328.98	324.06	319.06	310.43
33	368.87	352.01	344.99	341.02	333.15	328.17	323.10	314.36
34	373.79	356.71	349.60	345.57	337.60	332.55	327.42	318.56
35	376.26	359.06	351.90	347.85	339.83	334.74	329.58	320.66
36	378.72	361.41	354.21	350.13	342.05	336.93	331.73	322.76
37	381.18	363.76	356.51	352.40	344.27	339.12	333.89	324.86
38	383.65	366.12	358.82	354.68	346.50	341.32	336.05	326.96
39	388.57	370.82	363.42	359.23	350.95	345.70	340.36	331.16
40	393.50	375.52	368.03	363.79	355.40	350.08	344.68	335.36
41	400.89	382.57	374.94	370.62	362.07	356.66	351.15	341.65
42	407.97	389.33	381.57	377.17	368.47	362.96	357.35	347.69
43	417.82	398.73	390.78	386.28	377.37	371.72	365.98	356.09
44	430.14	410.48	402.30	397.66	388.49	382.68	376.77	366.58
45	444.61	424.29	415.83	411.04	401.56	395.55	389.45	378.92
46	461.85	440.75	431.96	426.98	417.13	410.89	404.55	393.61
47	481.25	459.26	450.10	444.92	434.65	428.15	421.54	410.14
48	503.42	480.42	470.84	465.41	454.68	447.87	440.96	429.04
49	525.28	501.28	491.28	485.62	474.42	467.32	460.11	447.67
50	549.91	524.78	514.32	508.39	496.67	489.24	481.69	468.66
51	574.24	548.00	537.07	530.88	518.64	510.88	502.99	489.39
52	601.02	573.56	562.13	555.65	542.83	534.71	526.46	512.22
53	628.12	599.42	587.47	580.70	567.30	558.81	550.19	535.31
54	657.37	627.33	614.82	607.74	593.72	584.84	575.81	560.24
55	686.62	655.25	642.18	634.78	620.14	610.86	601.43	585.17
56	718.34	685.51	671.84	664.10	648.78	639.08	629.21	612.20
57	750.36	716.07	701.79	693.70	677.70	667.56	657.26	639.49
58	784.53	748.68	733.76	725.30	708.57	697.97	687.20	668.62
59	801.47	764.85	749.60	740.96	723.87	713.04	702.03	683.05
60	835.65	797.46	781.56	772.55	754.73	743.44	731.97	712.17
61	865.20	825.67	809.21	799.88	781.43	769.74	757.86	737.37
62	884.60	844.18	827.35	817.81	798.95	787.00	774.85	753.90
63	908.93	867.39	850.10	840.30	820.92	808.64	796.16	774.63
64+	923.70	881.49	863.91	853.95	834.27	821.79	809.10	787.23

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2020, to December 30, 2020

Region 17

Riverside and San Bernardino counties

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Gold \$50	Salud HMO y Más Silver \$50
0-14	240.32	229.34	224.77	222.18	217.05	213.81	210.51	204.81
15	261.69	249.73	244.75	241.93	236.35	232.81	229.22	223.02
16	269.85	257.52	252.39	249.48	243.73	240.08	236.37	229.98
17	278.02	265.32	260.03	257.03	251.10	247.35	243.53	236.94
18	286.82	273.71	268.25	265.16	259.05	255.17	251.23	244.44
19	295.61	282.11	276.48	273.30	266.99	263.00	258.94	251.94
20	304.72	290.80	285.00	281.72	275.22	271.10	266.92	259.70
21	314.15	299.79	293.82	290.43	283.73	279.49	275.17	267.73
22	314.15	299.79	293.82	290.43	283.73	279.49	275.17	267.73
23	314.15	299.79	293.82	290.43	283.73	279.49	275.17	267.73
24	314.15	299.79	293.82	290.43	283.73	279.49	275.17	267.73
25	315.41	300.99	294.99	291.59	284.87	280.60	276.27	268.80
26	321.69	306.99	300.87	297.40	290.54	286.19	281.78	274.16
27	329.23	314.18	307.92	304.37	297.35	292.90	288.38	280.58
28	341.48	325.88	319.38	315.70	308.42	303.80	299.11	291.02
29	351.53	335.47	328.78	324.99	317.50	312.75	307.92	299.59
30	356.56	340.27	333.48	329.64	322.04	317.22	312.32	303.88
31	364.10	347.46	340.53	336.61	328.85	323.92	318.93	310.30
32	371.64	354.66	347.59	343.58	335.65	330.63	325.53	316.73
33	376.35	359.15	351.99	347.94	339.91	334.82	329.66	320.74
34	381.38	363.95	356.69	352.58	344.45	339.30	334.06	325.03
35	383.89	366.35	359.04	354.91	346.72	341.53	336.26	327.17
36	386.40	368.75	361.39	357.23	348.99	343.77	338.46	329.31
37	388.92	371.15	363.75	359.55	351.26	346.00	340.66	331.45
38	391.43	373.54	366.10	361.88	353.53	348.24	342.87	333.59
39	396.46	378.34	370.80	366.52	358.07	352.71	347.27	337.88
40	401.48	383.14	375.50	371.17	362.61	357.18	351.67	342.16
41	409.02	390.33	382.55	378.14	369.42	363.89	358.28	348.59
42	416.25	397.23	389.31	384.82	375.94	370.32	364.61	354.74
43	426.30	406.82	398.71	394.11	385.02	379.26	373.41	363.31
44	438.87	418.81	410.46	405.73	396.37	390.44	384.42	374.02
45	453.63	432.90	424.27	419.38	409.71	403.58	397.35	386.61
46	471.22	449.69	440.73	435.65	425.60	419.23	412.76	401.60
47	491.02	468.58	459.24	453.94	443.47	436.84	430.10	418.47
48	513.63	490.16	480.39	474.85	463.90	456.96	449.91	437.74
49	535.94	511.45	501.25	495.47	484.05	476.80	469.45	456.75
50	561.07	535.43	524.76	518.71	506.75	499.16	491.46	478.17
51	585.89	559.12	547.97	541.65	529.16	521.24	513.20	499.32
52	613.22	585.20	573.53	566.92	553.84	545.56	537.14	522.61
53	640.86	611.58	599.39	592.48	578.81	570.15	561.35	546.17
54	670.71	640.06	627.30	620.07	605.77	596.70	587.50	571.61
55	700.55	668.54	655.21	647.66	632.72	623.26	613.64	597.04
56	732.91	699.42	685.47	677.57	661.95	652.04	641.98	624.62
57	765.58	730.60	716.03	707.78	691.45	681.11	670.60	652.46
58	800.45	763.88	748.65	740.02	722.95	712.13	701.14	682.18
59	817.73	780.36	764.81	755.99	738.55	727.50	716.28	696.91
60	852.60	813.64	797.42	788.23	770.05	758.53	746.82	726.62
61	882.76	842.42	825.63	816.11	797.29	785.36	773.24	752.33
62	902.55	861.31	844.14	834.41	815.16	802.96	790.57	769.19
63	927.37	884.99	867.35	857.35	837.58	825.04	812.31	790.34
64+	942.45	899.37	881.46	871.29	851.19	838.47	825.51	803.19

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2020, to December 30, 2020

Region
18
Orange County

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Gold \$50	Salud HMO y Más Silver \$50
0-14	253.30	241.72	236.90	234.17	228.77	225.35	221.87	215.87
15	275.81	263.21	257.96	254.99	249.11	245.38	241.59	235.06
16	284.42	271.42	266.01	262.95	256.88	253.04	249.13	242.40
17	293.03	279.64	274.06	270.90	264.66	260.70	256.67	249.73
18	302.30	288.49	282.73	279.48	273.03	268.94	264.79	257.63
19	311.57	297.33	291.41	288.05	281.40	277.19	272.92	265.53
20	321.17	306.50	300.39	296.92	290.08	285.74	281.33	273.72
21	331.11	315.98	309.68	306.11	299.05	294.57	290.03	282.18
22	331.11	315.98	309.68	306.11	299.05	294.57	290.03	282.18
23	331.11	315.98	309.68	306.11	299.05	294.57	290.03	282.18
24	331.11	315.98	309.68	306.11	299.05	294.57	290.03	282.18
25	332.43	317.24	310.92	307.33	300.24	295.75	291.19	283.31
26	339.05	323.56	317.11	313.45	306.22	301.64	296.99	288.96
27	347.00	331.14	324.54	320.80	313.40	308.71	303.95	295.73
28	359.91	343.47	336.62	332.74	325.06	320.20	315.26	306.73
29	370.51	353.58	346.53	342.53	334.63	329.63	324.54	315.76
30	375.81	358.63	351.48	347.43	339.42	334.34	329.18	320.28
31	383.75	366.22	358.91	354.78	346.60	341.41	336.14	327.05
32	391.70	373.80	366.35	362.12	353.77	348.48	343.10	333.82
33	396.67	378.54	370.99	366.72	358.26	352.90	347.45	338.06
34	401.96	383.60	375.95	371.61	363.04	357.61	352.09	342.57
35	404.61	386.12	378.42	374.06	365.44	359.97	354.41	344.83
36	407.26	388.65	380.90	376.51	367.83	362.32	356.73	347.09
37	409.91	391.18	383.38	378.96	370.22	364.68	359.05	349.34
38	412.56	393.71	385.86	381.41	372.61	367.04	361.37	351.60
39	417.86	398.76	390.81	386.31	377.40	371.75	366.01	356.12
40	423.15	403.82	395.77	391.20	382.18	376.46	370.65	360.63
41	431.10	411.40	403.20	398.55	389.36	383.53	377.61	367.40
42	438.72	418.67	410.32	405.59	396.24	390.31	384.29	373.89
43	449.31	428.78	420.23	415.39	405.81	399.73	393.57	382.92
44	462.56	441.42	432.62	427.63	417.77	411.52	405.17	394.21
45	478.12	456.27	447.17	442.02	431.82	425.36	418.80	407.47
46	496.66	473.96	464.51	459.16	448.57	441.86	435.04	423.28
47	517.52	493.87	484.02	478.45	467.41	460.42	453.31	441.05
48	541.36	516.62	506.32	500.49	488.94	481.63	474.19	461.37
49	564.87	539.06	528.31	522.22	510.17	502.54	494.79	481.40
50	591.36	564.33	553.08	546.71	534.10	526.11	517.99	503.98
51	617.51	589.30	577.55	570.89	557.72	549.38	540.90	526.27
52	646.32	616.79	604.49	597.52	583.74	575.01	566.13	550.82
53	675.46	644.59	631.74	624.46	610.06	600.93	591.65	575.65
54	706.91	674.61	661.16	653.54	638.47	628.91	619.21	602.46
55	738.37	704.63	690.58	682.62	666.87	656.90	646.76	629.27
56	772.47	737.17	722.47	714.15	697.68	687.24	676.63	658.33
57	806.91	770.03	754.68	745.98	728.78	717.87	706.80	687.68
58	843.66	805.11	789.06	779.96	761.97	750.57	738.99	719.00
59	861.87	822.49	806.09	796.80	778.42	766.77	754.94	734.52
60	898.62	857.56	840.46	830.77	811.61	799.47	787.13	765.85
61	930.41	887.89	870.19	860.16	840.32	827.75	814.98	792.94
62	951.27	907.80	889.70	879.45	859.16	846.31	833.25	810.71
63	977.43	932.76	914.16	903.63	882.79	869.58	856.16	833.01
64+	993.33	947.94	929.04	918.33	897.15	883.71	870.09	846.54

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Salud con Health Net

New and renewing business, effective October 1, 2020, to December 30, 2020

Region

19

San Diego County

Age	Salud HMO y Más Platinum \$10	Salud HMO y Más Platinum \$20	Salud HMO y Más Platinum \$30	Salud HMO y Más Gold \$30	Salud HMO y Más Gold \$35	Salud HMO y Más Gold \$40	Salud HMO y Más Gold \$50	Salud HMO y Más Silver \$50
0-14	280.61	267.78	262.44	259.42	253.44	249.64	245.79	239.14
15	305.55	291.59	285.77	282.48	275.96	271.83	267.64	260.40
16	315.09	300.69	294.69	291.30	284.58	280.32	275.99	268.53
17	324.62	309.79	303.61	300.11	293.19	288.80	284.35	276.66
18	334.89	319.59	313.22	309.61	302.47	297.94	293.34	285.41
19	345.16	329.39	322.82	319.10	311.74	307.08	302.34	294.16
20	355.80	339.54	332.77	328.94	321.35	316.54	311.66	303.23
21	366.80	350.04	343.06	339.11	331.29	326.33	321.30	312.61
22	366.80	350.04	343.06	339.11	331.29	326.33	321.30	312.61
23	366.80	350.04	343.06	339.11	331.29	326.33	321.30	312.61
24	366.80	350.04	343.06	339.11	331.29	326.33	321.30	312.61
25	368.27	351.44	344.44	340.47	332.61	327.64	322.58	313.86
26	375.61	358.44	351.30	347.25	339.24	334.16	329.01	320.11
27	384.41	366.85	359.53	355.39	347.19	342.00	336.72	327.61
28	398.72	380.50	372.91	368.61	360.11	354.72	349.25	339.80
29	410.45	391.70	383.89	379.46	370.71	365.17	359.53	349.81
30	416.32	397.30	389.38	384.89	376.01	370.39	364.67	354.81
31	425.13	405.70	397.61	393.03	383.96	378.22	372.38	362.31
32	433.93	414.10	405.85	401.17	391.92	386.05	380.09	369.81
33	439.43	419.35	410.99	406.25	396.88	390.95	384.91	374.50
34	445.30	424.95	416.48	411.68	402.19	396.17	390.05	379.51
35	448.24	427.75	419.22	414.39	404.84	398.78	392.62	382.01
36	451.17	430.55	421.97	417.11	407.49	401.39	395.19	384.51
37	454.10	433.35	424.71	419.82	410.14	404.00	397.77	387.01
38	457.04	436.15	427.46	422.53	412.79	406.61	400.34	389.51
39	462.91	441.76	432.95	427.96	418.09	411.83	405.48	394.51
40	468.78	447.36	438.44	433.38	423.39	417.05	410.62	399.51
41	477.58	455.76	446.67	441.52	431.34	424.88	418.33	407.02
42	486.02	463.81	454.56	449.32	438.96	432.39	425.72	414.20
43	497.75	475.01	465.54	460.17	449.56	442.83	436.00	424.21
44	512.43	489.01	479.26	473.74	462.81	455.89	448.85	436.71
45	529.67	505.46	495.39	489.68	478.38	471.22	463.95	451.41
46	550.21	525.07	514.60	508.67	496.93	489.50	481.94	468.91
47	573.32	547.12	536.21	530.03	517.80	510.06	502.19	488.61
48	599.73	572.32	560.91	554.45	541.66	533.55	525.32	511.11
49	625.77	597.17	585.27	578.52	565.18	556.72	548.13	533.31
50	655.11	625.18	612.71	605.65	591.68	582.83	573.84	558.32
51	684.09	652.83	639.82	632.44	617.85	608.61	599.22	583.01
52	716.00	683.29	669.66	661.94	646.68	637.00	627.17	610.21
53	748.28	714.09	699.85	691.79	675.83	665.72	655.44	637.72
54	783.13	747.34	732.44	724.00	707.30	696.72	685.97	667.42
55	817.98	780.60	765.03	756.22	738.77	727.72	716.49	697.11
56	855.76	816.65	800.37	791.15	772.90	761.33	749.58	729.31
57	893.90	853.06	836.05	826.41	807.35	795.27	783.00	761.82
58	934.62	891.91	874.13	864.05	844.12	831.49	818.66	796.52
59	954.79	911.16	893.00	882.70	862.35	849.44	836.33	813.72
60	995.51	950.02	931.08	920.35	899.12	885.67	872.00	848.42
61	1,030.72	983.62	964.01	952.90	930.92	916.99	902.84	878.43
62	1,053.83	1,005.68	985.62	974.26	951.79	937.55	923.08	898.12
63	1,082.81	1,033.33	1,012.73	1,001.05	977.97	963.33	948.47	922.82
64+	1,100.40	1,050.12	1,029.18	1,017.33	993.87	978.99	963.90	937.83

Employer can choose the optional infertility benefit to be added to Health Net of California, Inc. Small Business Salud plans at an additional premium of \$3.49 per member. If the employer chooses the infertility benefit, all Salud plans offered will have the infertility benefit. The optional infertility benefit's additional premium will be applied to each person on the policy. Rates subject to change. Rates cannot be changed based on prior claims experience.

Ancillary

NEW AND RENEWING BUSINESS,
EFFECTIVE OCTOBER 1, 2020, TO DECEMBER 30, 2020

Plan Rates

Dental Rates

New dental business, effective October 1, 2020, to December 30, 2020
 (Renewing dental business, please contact Account Management for rates.)

Dental – HMO

Plan code	Specialty referral	Minimum enrolled	Minimum participation	Employee	Employee and spouse/ domestic partner	Employee and child(ren)	Family
Employer-paid group plan Plus DHMO 150-S (Plan code TW)	✓	2	50%	\$17.02	\$32.34	\$34.02	\$48.49
Plus DHMO 225-S (Plan code TX)	✓	2	50%	\$14.57	\$27.69	\$29.15	\$41.53
Voluntary group plan Plus DHMO 150 (V)-S (Plan code U1)	✓	2	Less than 50%	\$17.95	\$34.09	\$35.87	\$51.15
Plus DHMO 225 (V)-S (Plan code U2)	✓	2	Less than 50%	\$15.12	\$28.73	\$30.23	\$43.10

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



Dental Rates

New dental business, effective October 1, 2020, to December 30, 2020
(Renewing dental business, please contact Account Management for rates.)

Employer-paid Dental – DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan code 14U – Classic 4 1500								
Employee	\$55.46	\$54.22	\$60.36	\$41.42	\$53.39	\$52.79	\$59.83	\$55.53
Employee and spouse/domestic partner	\$110.91	\$108.43	\$120.70	\$82.84	\$106.78	\$105.58	\$119.64	\$111.05
Employee and child(ren)	\$121.50	\$118.80	\$132.12	\$90.97	\$117.00	\$115.69	\$130.97	\$121.64
Family	\$185.75	\$181.64	\$202.04	\$139.01	\$178.87	\$176.88	\$200.27	\$185.98
Plan code TV – Classic 5 with Ortho								
Employee	\$52.27	\$51.10	\$56.75	\$39.56	\$50.74	\$50.18	\$56.09	\$52.42
Employee and spouse/domestic partner	\$104.53	\$102.21	\$113.48	\$79.11	\$101.49	\$100.36	\$112.17	\$104.85
Employee and child(ren)	\$122.75	\$120.02	\$131.95	\$93.17	\$118.86	\$117.54	\$130.79	\$122.70
Family	\$184.40	\$180.32	\$198.73	\$139.87	\$178.68	\$176.69	\$196.83	\$184.49
Plan code TT – Essential 2 1000								
Employee	\$32.97	\$32.37	\$34.25	\$28.17	\$33.30	\$33.84	\$33.08	\$34.74
Employee and spouse/domestic partner	\$65.95	\$64.75	\$68.50	\$56.36	\$66.61	\$67.67	\$66.15	\$69.48
Employee and child(ren)	\$72.64	\$71.32	\$75.41	\$62.20	\$73.35	\$74.50	\$72.85	\$76.47
Family	\$110.90	\$108.89	\$115.14	\$94.93	\$112.00	\$113.76	\$111.24	\$116.78
Plan code 14S – Essential 5 1500 with Ortho								
Employee	\$39.63	\$38.77	\$42.01	\$32.22	\$39.89	\$39.46	\$40.76	\$40.23
Employee and spouse/domestic partner	\$79.27	\$77.53	\$84.01	\$64.43	\$79.78	\$78.90	\$81.53	\$80.47
Employee and child(ren)	\$96.77	\$94.66	\$101.81	\$78.07	\$96.61	\$95.55	\$99.39	\$97.76
Family	\$144.02	\$140.88	\$151.79	\$116.39	\$144.06	\$142.48	\$147.97	\$145.66
Plan code TU – Essential 6 1500								
Employee	\$37.92	\$37.09	\$40.32	\$30.95	\$38.31	\$37.88	\$39.03	\$38.57
Employee and spouse/domestic partner	\$75.84	\$74.18	\$80.62	\$61.91	\$76.60	\$75.76	\$78.04	\$77.15
Employee and child(ren)	\$83.39	\$81.60	\$88.59	\$68.25	\$84.24	\$83.32	\$85.78	\$84.81
Family	\$127.37	\$124.62	\$135.34	\$104.17	\$128.66	\$127.26	\$131.04	\$129.55

Employer paid rates require a minimum employer contribution of 50% of the employee premium and a minimum participation of 50% of the eligible employees.
Area is determined by group's home-office ZIP code.

Dental Rates

New dental business, effective October 1, 2020, to December 30, 2020
(Renewing dental business, please contact Account Management for rates.)

Voluntary Dental – DPPO

Plan code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan code 14V – Classic 4 1500								
Employee	\$58.48	\$57.16	\$63.66	\$43.63	\$56.29	\$55.66	\$63.10	\$58.55
Employee and spouse/domestic partner	\$116.95	\$114.34	\$127.31	\$87.27	\$112.57	\$111.31	\$126.18	\$117.10
Employee and child(ren)	\$128.06	\$125.21	\$139.30	\$95.79	\$123.30	\$121.93	\$138.09	\$128.22
Family	\$195.82	\$191.46	\$213.03	\$146.38	\$188.53	\$186.42	\$211.17	\$196.06
Plan code UO – Classic 5 1500 with Ortho								
Employee	\$55.01	\$53.78	\$59.73	\$41.59	\$53.41	\$52.80	\$59.04	\$55.17
Employee and spouse/domestic partner	\$110.01	\$107.56	\$119.47	\$83.18	\$106.81	\$105.61	\$118.08	\$110.34
Employee and child(ren)	\$128.62	\$125.76	\$138.36	\$97.56	\$124.57	\$123.18	\$137.11	\$128.59
Family	\$193.44	\$189.13	\$208.59	\$146.61	\$187.46	\$185.36	\$206.57	\$193.55
Plan code TY – Essential 2 1000								
Employee	\$34.71	\$34.06	\$36.06	\$29.63	\$35.05	\$35.61	\$34.81	\$36.57
Employee and spouse/domestic partner	\$69.41	\$68.13	\$72.11	\$59.27	\$70.11	\$71.23	\$69.63	\$73.13
Employee and child(ren)	\$76.39	\$75.02	\$79.33	\$65.38	\$77.17	\$78.37	\$76.64	\$80.45
Family	\$116.66	\$114.54	\$121.16	\$99.77	\$117.84	\$119.70	\$117.02	\$122.87
Plan code 14T – Essential 5 1500 with Ortho								
Employee	\$41.65	\$40.73	\$44.16	\$33.84	\$41.92	\$41.46	\$42.84	\$42.28
Employee and spouse/domestic partner	\$83.30	\$81.46	\$88.32	\$67.66	\$83.86	\$82.92	\$85.69	\$84.57
Employee and child(ren)	\$101.14	\$98.93	\$106.49	\$81.58	\$101.04	\$99.92	\$103.92	\$102.23
Family	\$150.73	\$147.43	\$158.95	\$121.78	\$150.85	\$149.18	\$154.90	\$152.50
Plan code TZ – Essential 6 1500								
Employee	\$39.93	\$39.05	\$42.47	\$32.57	\$40.34	\$39.90	\$41.10	\$40.63
Employee and spouse/domestic partner	\$79.87	\$78.12	\$84.92	\$65.13	\$80.67	\$79.78	\$82.19	\$81.25
Employee and child(ren)	\$87.78	\$85.87	\$93.27	\$71.76	\$88.67	\$87.69	\$90.30	\$89.27
Family	\$134.09	\$131.18	\$142.51	\$109.56	\$135.44	\$133.97	\$137.95	\$136.39


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.

Vision, Chiropractic and Life


Vision – Employer-paid

New vision business, effective October 1, 2020, to December 30, 2020
(Vision rates are for New and Renewing Business.)

Plan 	Exam copay	Materials copay	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-\$105	\$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

New vision business, effective October 1, 2020, to December 30, 2020
(Vision rates are for New and Renewing Business.)

Plan 	Exam copay	Materials copay	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-\$105	\$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


New and renewing business, effective October 1, 2020, to December 30, 2020

Paired Network 	Paired medical plan	Chiro rate per member, per month
Full Network, WholeCare, Salud, and SmartCare HMO	Platinum \$10	\$3.00
	Platinum \$20	\$3.00
	Platinum \$30	\$3.00
	Gold \$30	\$3.00
	Gold \$35	\$3.00
	Gold \$40	\$3.00
	Silver \$50	\$3.00
PureCare HSP	Health Net Platinum 90 HSP 0/15	\$3.00
	Health Net Gold 80 HSP 0/30	\$3.00
	Health Net Silver 70 HSP 2000/45	\$3.00
	Health Net Bronze 60 HSP 6300/75	\$3.00
CommunityCare	HMO Gold \$5	\$3.00
	HMO Silver \$20	\$3.00
	HMO Bronze \$45	\$3.00

Note: Chiro is embedded in Full PPO and EnhancedCare PPO Platinum 250/15, Gold 0/30, Gold 500/20, Gold 1000/30, Gold Value 750/15, Silver 2250/55, Silver Value 1700/50, Silver HDHP 1400/40%, and Bronze HDHP 5600/20% plans at no additional charge.

Basic Life and Accidental Death & Dismemberment

New and renewing business, effective October 1, 2020, to December 30, 2020

Tier 	Monthly rate per \$1,000 coverage
0-29	\$0.19
30-34	\$0.21
35-39	\$0.25
40-44	\$0.33
45-49	\$0.46
50-54	\$0.74
55-59	\$1.15
60-64	\$2.30
65-69	\$3.82
70-74	\$6.25
75-79	\$9.75
80-84	\$14.16
85 and over	\$29.24



Grandfathered Plan Rating Regions

Small business group non-HIPC grandfathered counties by region.

HMO

REGION 101

Amador,* Butte,* Calaveras,* Colusa,*
El Dorado, Glenn,* Humboldt,*
Lake,* Mendocino,* Monterey,* Napa,
Plumas,* Shasta,* Sierra,* Sutter,*
Tehama,* Tuolumne,* Yuba*

REGION 102

El Dorado,** Marin, Mariposa,*
Merced, Nevada, San Benito,*
San Joaquin, Santa Cruz, Solano,
Sonoma, Stanislaus

REGION 103

Alameda, Contra Costa, Kings, Madera,
Placer, Sacramento, San Francisco,
San Mateo, Santa Clara, Yolo

REGION 104

Santa Barbara, Ventura

REGION 105

Riverside, San Bernardino

REGION 106

Kern, Orange, San Luis Obispo*

REGION 107

Fresno, Imperial,* San Diego, Tulare

REGION 108

Los Angeles¹

REGION 109

Los Angeles²

PPO

REGION 101

Amador,* Butte,* Calaveras,*
Colusa,* Glenn,* Humboldt,* Lake,*
Mendocino,* Monterey,* Napa,
Plumas,* Shasta,* Sierra,* Sutter,*
Tehama,* Tulare, Tuolumne,* Yuba*

REGION 102

Mariposa,* Merced, Nevada,
San Benito,* San Joaquin, Santa Cruz,
Solano, Sonoma, Stanislaus

REGION 103

Kings, Madera, San Francisco,
San Mateo

REGION 104

Marin, Kern, Santa Barbara, Ventura

REGION 105

Los Angeles,² Riverside, San Bernardino

REGION 106

Orange, San Luis Obispo*

REGION 107

Imperial,* San Diego

REGION 108

Los Angeles¹

REGION 109

Alameda, Contra Costa, El Dorado,
Fresno, Placer, Sacramento,
Santa Clara, Yolo

*Marketable for PPO business only.

**Includes El Dorado ZIP codes 95667, 95672, 95682, and 95762 only. These ZIP codes are excluded from Region 101.

For HMO:

¹Los Angeles region 108 consists of those Los Angeles ZIP codes not in region 109.

²Los Angeles region 109 consists of Los Angeles ZIP codes beginning with 906–912, 915, 917, 918, and 935.

For PPO:

¹Los Angeles region 108 consists of those Los Angeles ZIP codes not in region 105.

²Los Angeles region 105 consists of Los Angeles ZIP codes beginning with 906–912, 915, 917, 918, and 935.



Glossary

Coinsurance

Refers to the percentage of covered costs payable by member; i.e., if a member's coinsurance is 20%, Health Net pays 80% of the covered costs, and the member is responsible for the remaining 20% of the costs.

Deductible

This is the amount members must pay for services before the plan begins covering them. (This amount may not apply to routine and preventive care visits.)

HMO (health maintenance organization)

Plans that offer primary care physician guidance and referrals within our large statewide network.

OON (out-of-network)

A physician, provider group or hospital that is not a contracted participant of the Health Net provider network. Generally, if you go out-of-network, you will pay more.

PCP (primary care physician)

The physician a member designates as the primary doctor, following the requirements for an HMO plan. With an HMO plan, a member must see this physician first for all health matters and obtain referrals from the PCP.

PPO (preferred provider organization)

Plans that offer insureds access to visit any physician or hospital in our large statewide PPO network. When visiting in-network physicians, insureds receive in-network specific discounts and a lower coinsurance than for out-of-network providers.

Salud con Health Net plans

The Health Net Salud plans address the needs of the Latino population in California and offer access to health care on both sides of the California-Mexico border.

Available plans include:

- **HMO y Más** California members access a select network of doctors and physician groups in their local service area but also have the freedom to visit participating SIMNSA providers in Mexico, no referral required.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do 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./Health Net Life Insurance Company Appeals & Grievances
PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Members) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: 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.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

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): Կալիֆորնիայի 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 Kev 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 bą́ąh ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídot'íjį. Naaltsos da t'áá shí shizaad k'ehjí shichí' yídoolta nínízingo t'áá ná ákódooníí. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyéhíjį' hodíílnih ninaaltsos nanítingo bee néého'dolzinígíí hodoonihjį' bikáá' éí doodago kojį' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojį' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojį' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojį' hólne' 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. 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 ਸਮਲ ਬਿਜਨੇਸ 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 прочесть 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).

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017549EH00 (12/17)

For more information, please contact:

HEALTH NET

PO Box 9103
Van Nuys, CA 91409-9103

BROKER SERVICES

1-800-448-4411, option 4

SMALL BUSINESS GROUP

SALES AND SERVICE ADMINISTRATION

1-800-447-8812 (*English*)
1-877-891-9050 (*Cantonese*)
1-877-339-8596 (*Korean*)
1-877-891-9053 (*Mandarin*)
1-800-331-1777 (*Spanish*)
1-877-891-9051 (*Tagalog*)
1-877-339-8621 (*Vietnamese*)

ASSISTANCE FOR THE HEARING AND SPEECH IMPAIRED

TTY: 711

Other options

COVERAGE FOR INDIVIDUALS AND FAMILIES

1-800-909-3447

COVERAGE FOR FAMILY MEMBERS OVER AGE 65

1-800-944-7287

COVERAGE FOR CHILDREN IN A LOW-INCOME HOUSEHOLD

1-800-327-0502

COVERAGE FOR BUSINESSES WITH 101+ EMPLOYEES

1-800-448-4411, option 2

www.healthnet.com/broker

www.healthnet.com/employer/reformguide

Health Net HSP, HMO and Salud con Health Net HMO y Más plans are offered by Health Net of California, Inc. PPO and 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 Envolve Vision, Inc. Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans, other than pediatric dental, are underwritten by Unimerica Life Insurance Company and administered by Dental Benefit Administrative Services. Obligations of DBP and Unimerica Life Insurance Company 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. Health Net and Salud con Health Net are registered service marks of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.