California Small Group Portfolio

2026 Health Net Small Group HMO and PPO plans are pending completion of regulatory review

Plan name	Member(s) In-Network responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / specialist visit	Lab / x-rays	Outpatient		Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
					Outpatient surgery (ASC / hospital)	Facility services (other than surgery)				Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
Plan designs offered on Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más[1] available through Health Net of California, Inc.											
Platinum $0	$0	$4,250 / $8,500	$0 / $0	$0 / $0	$200 / $500	30%	$500 per day (4-day max copay per admission)	$275	$0	$0	$0 / $30 / $50 / 30%[2]
Platinum $10	$0	$3,500 / $7,000	$10 / $30	$20/$20	$60 / $150	10%	$250 per day (3-day max copay per admission)	$150	$10	$0	$5 / $30 / $50 / 30%[2]
Platinum $20	$0	$2,500 / $5,000	$20 / $40	$20/$20	$200 / $500	20%	$350 per day (3-day max copay per admission)	$200	$20	$0	$5 / $30 / $50 / 30%[2]
Platinum $30	$0	$2,700 / $5,400	$30 / $50	$30/$30	$200 / $500	30%	$600 per day (4-day max copay per admission)	$250	$30	$0	$5 / $30 / $50 / 30%[2]
Platinum $35	$0	$2,900 / $5,800	$35 / $55	$30/$30	$240 / $600	30%	$600 per day (4-day max copay per admission)	$250	$35	$0	$5 / $30 / $50 / 30%[2]
Gold $30	$0	$7,750 / $15,500	$30 / $50	$40/$40	$360 / $900	30%	$750 per day (4-day max copay per admission)	$325	$30	$0	$20 / $50 / $70 / 30%[2]
Gold $35	$0	$8,000 / $16,000	$35 / $55	$40/$50	$480 / $1,200	30%	$750 per day (4-day max copay per admission)	$325	$35	$0	$15 / $50 / $70 / 30%
Gold $40	$0	$7,500 / $15,000	$40 / $60	$40/$50	$480 / $1,200	40%	$750 per day (5-day max copay per admission)	$350	$40	$0	$15 / $50 / $70 / 30%[2]
Gold $50	$0	$8,000 / $16,000	$50 / $70	$40/$50	$520 / $1,300	40%	$900 per day (5 day max copay per admission)	$350	$50	$0	$15 / $50 / $70 / 40%
Gold $55	$0	$9,800 / $19,600	$55 / $75	$40/$60	$520 / $1,300	40%	$900 per day (5-day max copay per admission)	$350	$55	$0	$15 / $50 / $70 / 40%
Silver $55	$0	$10,150 / $20,300	$55 / $90	$40/$60	40% / 50%	50%	$900 per day (5-day max copay per admission)	50%	$55	$500 / $1,000	$20[3] / 50%[2] / 50%[2] / 50%[2]

(continued)

2026

Plan name	Member(s) In-Network responsibility										
	Deductible (single / family)	Out-of-pocket maximum (single / family)	Office / specialist visit	Lab / x-rays	Outpatient		Inpatient hospital	Emergency room facility	Urgent care	Pharmacy	
					Outpatient surgery (ASC / hospital)	Facility services (other than surgery)				Rx ded. (single / family)	Rx drug tier 1 / 2 / 3 / 4
Plan designs offered on PPO network[1] through Health Net of California, Inc.											
Platinum PPO 0/5	$0	$3,400 / $6,800	$5 / $30	$30 / $30	10% / 10%	10%	10%	10%	$5	$0	$10 / $35 / $60 / 10%[2]
Platinum PPO 0/15	$0	$4,500 / $9,000	$15 / $30	$15/$30	10% / 10%	10%	10%	$200	$15	$0	$10 / $25 / $40 / 10%[2]
Platinum PPO 250/15	$250 / $500	$3,800 / $7,600	$15[3] / $30[3]	$30[3] / $30[3]	20% / 20%	20%	20%	20%	$15[3]	$0	$10 / $35 / $60 / 20%[2]
Gold PPO 0/35	$0	$8,900 / $17,800	$35 / $55	$35/$40	30% / 30%	30%	30%	30%	$35	$0	$20 / $40 / $70 / 30%[2]
Gold PPO 350/25	$350 / $700	$7,800 / $15,600	$25[3] / $50[3]	$25[3] / $65[3]	20%[3] / 20%[3]	20%[3]	20%	20%	$25[3]	$0	$15 / $50 / $80 / 20%[2]
Gold PPO 500/20	$500 / $1,000	$7,800 / $15,600	$20[3] / $40[3]	$30[3] / $40[3]	30% / 30%	30%	30%	30%	$20[3]	$250 / $500	$15[3] / $40 / $70 / 30%[2]
Gold PPO 750/15	$750 / $1,500	$8,200 / $16,400	$15[3] / $30	$25/$25	30% / 30%	30%	30%	$250	$15[3]	$250 / $500	$15[3] / $40 / $70 / 30%[2]
Gold PPO 1000/35	$1,000 / $2,000	$7,400 / $14,800	$35[3] / $55[3]	$30[3] / $40[3]	30% / 30%	30%	30%	30%	$35[3]	$250 / $500	$15[3] / $40 / $70 / 30%[2]
Gold PPO 1500/20	$1,500 / $3,000	$8,000 / $16,000	$20[3] / $50[3]	$20[3]/ $50[3]	30% / 30%	30%	30%	30%	$20[3]	$250 / $500	$5[3] / $50 / $90 / 30%[2]
Gold HDHP PPO 1800/20%	$1,800 / $3,600	$4,200 / $8,400	20% / 20%	20% / 20%	20% / 20%	20%	20%	20%	20%	$1,600 / $3,200 integrated med / Rx ded.	$15 / $30 / $50 / 20%[2]
Silver HDHP PPO 1800/50%	$1,800 / $3,600	$7,500 / $15,000	50% / 50%	50% / 50%	50% / 50%	50%	50%	50%	50%	$1,500 / $3,000 Integrated med / Rx ded.	$20 / $70 / $100 / 50%[2]
Silver PPO 1700/50	$1,700 / $3,400	$9,200 / $18,400	$50[3] / $75	$40/$50	40% / 40%	40%	40%	40%	$50[3]	$300 / $600	$20[3] / $65 / $100 / 40%[2]
Silver PPO 2250/60	$2,250 / $4,500	$9,100 / $18,200	$60[3] / $85[3]	$40[3] / $65[3]	40% / 40%	40%	40%	40%	$60[3]	$350 / $700	$20[3] / $65 / $85 / 40%[2]
Silver PPO 2500/50	$2,500 / $5,000	$9,200 / $18,400	$50[3] / $75	$40 / $50	40% / 40%	40%	40%	40%	$50[3]	$300 / $600	$20[3] / $65 / $100 / 40%[2]
Silver PPO 2500/55	$2,500 / $5,000	$8,600 / $17,200	$55[3] / $90[3]	$55[3] / $90[3]	35% / 35%	35%[3]	35%	35%	$55[3]	$300 / $600	$20[3] / $75 / $105 / 30%[2]
Bronze PPO 5800/60	$5,800 / $11,600	$9,800 / $19,600	$60 / $95[5]	$50[3] / 40%	40% / 40%	40%	40%	40%	$60	$450 / $900	$20 / 40%[4] / 40%[4] / 40%[4]
Bronze HDHP PPO 7200/0%	$7,200 / $14,400	$7,200 / $14,400	0% / 0%	0%/0%	0% / 0%	0%	0%	0%	0%	$7,200 / $14,400 Integrated med / Rx ded.	0% / 0% / 0% / 0%

Health Net small group PPO family plans have an embedded per-member deductible and out-of-pocket maximum equal to the individual plan deductible and out-of-pocket maximum, with the exception of Health Net's Silver HDHP and Gold HDHP plans which have comprehensive (aggregate) deductibles.

Enhanced Choice: A simplified package offering access to all plans

Full Network HMO • WholeCare HMO • SmartCare HMO • Salud HMO y Más • Full Network PPO

(continued)

Dental and vision plans

Dental plan	Plan pays		Member pays				
	Orthodontia	Annual plan maximum	Annual deductible	Cleanings	Exams	X-rays	Implants
DPPO Classic 4 1500	Not covered	$1,500	$50 / $150	$0[3]	$0[3]	$0[3]	Not covered
DPPO Classic 5 1500	50% / $1,500 lifetime max.	$1,500	$50 / $150	$0[3]	$0[3]	$0[3]	Not covered
DPPO Classic 7 Unlimited	Not Covered	Unlimited	$50 / $150	$0[3]	$0[3]	$0[3]	Not covered
DPPO Classic 11 Unlimited	60% / $3,000 lifetime max.	Unlimited	$50 / $150	$0[3]	$0[3]	$0[3]	Not covered
DPPO Essential 2 1000	Not covered	$1,000	$50 / $150	$0[3]	$0[3]	$0[3]	Not covered
DPPO Essential 5 1500	50% / $1,500 lifetime max.	$1,500	$50 / $150	$0[3]	$0[3]	$0[3]	Not covered
DPPO Essential 6 1500	Not covered	$1,500	$50 / $150	$0[3]	$0[3]	$0[3]	Not covered
DPPO Essential 10 3000	40% / $3,000 lifetime max	$3,000	$25 / $50	$0[3]	$0[3]	$0[3]	50%
DPPO Essential 11 5000	40% / $5,000 lifetime max	$5,000	$25 / $50	$0[3]	$0[3]	$0[3]	50%
DHMO Plus 150	Covered	N/A	N/A	$0	$0	$0	$1,950
DHMO Plus 225	Covered	N/A	N/A	$0	$0	$0	$1,950

Vision plan	Member pays	
	Exam / Frames	Lenses (single / bifocal / trifocal / progressive)
Elite 1010-1	$10 copay / $0 copay, up to $150 allowance	$10 / $10 / $10 / $75
Supreme 010-2	$0 copay / $0 copay, up to $120 allowance	$10 / $10 / $10 / $75
Preferred 1025-2	$10 copay / $0 copay, up to $100 allowance	$25 / $25 / $25 / $90
Preferred 1025-3	$10 copay / $0 copay, up to $100 allowance	$25 / $25 / $25 / $90
Preferred Value 10-3	Not covered / $0 copay, up to $100 allowance	$10 / $10 / $10 / $75
Plus 20-1	$20 copay / 35% discount off retail price	$50 / $70 / $105 / $135
Exam only	$0 copay / Not covered	Not covered

Infertility benefits are available on all plans at an additional cost.

Group brokers: www.healthnet.com/portal/broker/content/iwc/broker/unprotected/news_reminders/broker_alerts.action
Employers: www.healthnet.com/portal/employer/content/iwc/employer/unprotected/learn_more_on_HN/content/employer_alerts.action
Group members: www.healthnet.com/portal/home/content/iwc/home/articles/Important_Notices.action

[1]Counties available:
PPO: Available in all counties.
Full Network HMO, WholeCare HMO: All or parts of Alameda, Contra Costa, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo counties.
SmartCare HMO: All or parts of Los Angeles, Orange, Riverside, San Diego, San Bernardino, Santa Clara, and Santa Cruz counties.
Salud HMO y Más: All or parts of Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties.
[2]Maximum copayment after deductible (if any) of $250 for an individual prescription of up to a 30-day supply.
[3]Deductible waived.
[4]Maximum copayment after deductible (if any) of $500 for an individual prescription of up to a 30-day supply.
[5]Visits 1–3: The calendar year deductible is waived (combined between office visits, urgent care, prenatal and postnatal visits, outpatient mental health/substance abuse). Visits 4–unlimited: The calendar year deductible applies.

HMO, PPO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and administered by EyeMed Vision Care, LLC. Health Net Dental HMO and PPO plans, other than pediatric dental, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are not the obligations of, nor guaranteed by, Health Net, LLC. or its affiliates. Pediatric dental HMO and PPO benefits are provided by Health Net of California, Inc. and administered by DBP. 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 rights reserved.

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