

Effective date 1/1/22

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

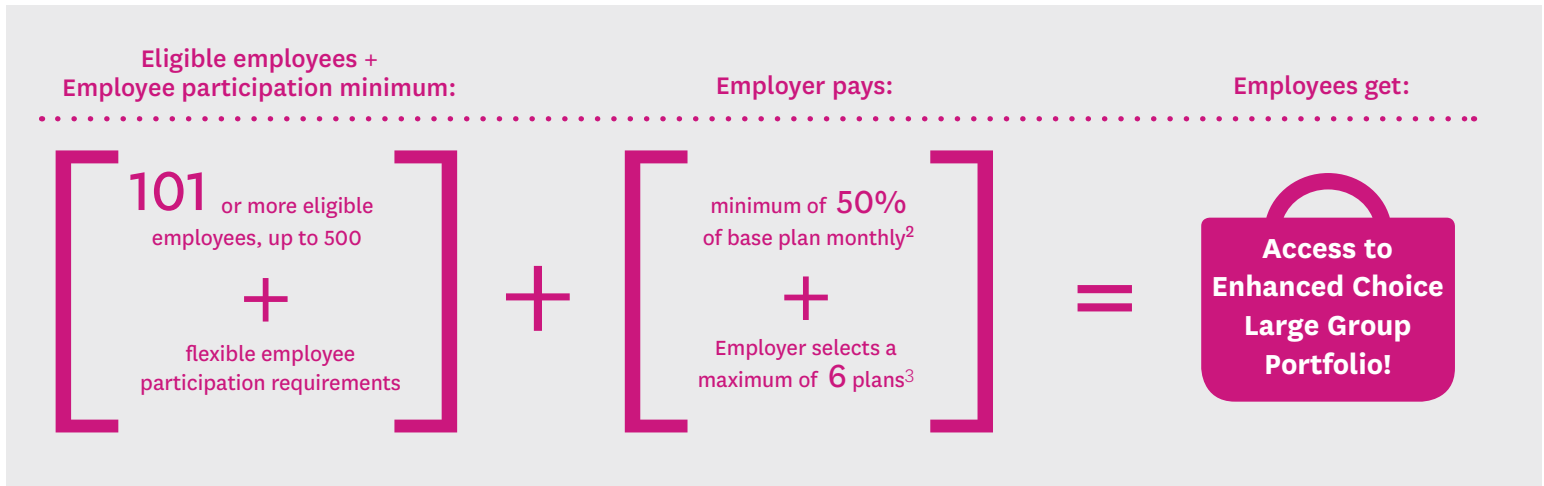
Our Enhanced Choice rate guarantee¹

We help your selling year start strong with a second year rate guarantee option!

Qualified new groups can take advantage of this rate guarantee on all Enhanced Choice plans for effective dates 1/1/2022 through 3/1/2023. Contact your Health Net account executive for more details.



How it works



Large Group HMO/EOA medical benefits

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Full Network HMO								
HSM	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HSO	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HSQ	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HSU	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HSS	20/500a (\$3,500 / \$10,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3500 / \$10,500	\$100
HSV	30/30% (\$3,500 / \$10,500)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3500 / \$10,500	\$100
HSW	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4500 / \$9,000	\$100

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HT2	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500; ASC: \$200	\$4500 / \$9,000	\$100
HSK	0/1000d (\$5,500 / \$11,000)	\$0	\$20	\$0	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HSY	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
HT1	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
HSL	10/30% (\$6,500 / \$13,000)	\$10	\$30	\$10	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	30%
HSP	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HT3	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HT4	50/1500d (\$6,500 / \$13,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HT5	60/1500a (\$8,700 / \$17,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,700 / \$17,400	\$300 + 30%
ExcelCare HMO								
HVE	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HVF	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HVH	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HVK	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HWJ	20/500a (\$3,500 / \$10,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3500 / \$10,500	\$100
HVL	30/30% (\$3,500 / \$10,500)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3500 / \$10,500	\$100
HVM	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4500 / \$9,000	\$100
HVR	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500; ASC: \$200	\$4500 / \$9,000	\$100
HVC	0/1000d (\$5,500 / \$11,000)	\$0	\$20	\$0	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HVO	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
HVQ	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
HVD	10/30% (\$6,500 / \$13,000)	\$10	\$30	\$10	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	30%
HVG	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HVS	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HVT	50/1500d (\$6,500 / \$13,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HVU	60/1500a (\$8,700 / \$17,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,700 / \$17,400	\$300 + 30%
SmartCare								
HS4	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HS5	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HS7	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HS9	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HS8	20/500a (\$3,500 / \$10,500)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,500 / \$10,500	\$100
HSB	30/30% (\$3,500 / \$10,500)	\$30	\$50	\$30	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$100
HSC	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$100
HSF	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$250; ASC: \$100	\$5,500 / \$11,000	\$100
HS2	0/1000d (\$5,500 / \$11,000)	\$0	\$20	\$0	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HSD	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$100
HSE	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$100
HS3	10/30% (\$6,500 / \$13,000)	\$10	\$30	\$10	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	30%
HS6	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HSG	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HSI	50/1500d (\$6,500 / \$13,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
HSJ	60/1500a (\$8,700 / \$17,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	\$8,700 / \$17,400	\$300 + 30%
Salud HMO y Más								
HU8, HU9	10/250a (\$1,500 / \$3,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: \$250 per admit	SIMNSA: \$0; HN: Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$3,000	\$100
HUC, HUD	15/250a (\$2,500 / \$7,500)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$250 per admit	SIMNSA: \$0; HN: Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$7,500	\$100

(continued)

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Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HUG, HUH	20/20% (\$2,500 / \$7,500)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN \$40	\$20	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$7,500	\$100
HUL, HUM	30/20% (\$2,500 / \$7,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN \$50	\$30	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$7,500	\$100
HUN, HUO	30/30% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN \$50	\$30	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100
HUJ, HUK	20/500a (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN \$40	\$20	SIMNSA: \$0; HN: \$500 per admit	SIMNSA: \$0; HN: Hospital: \$500; ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100
HUP, HUQ	30/250d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN \$50	\$30	SIMNSA: \$0; HN: \$250 per day, \$750 max per admit	SIMNSA: \$0; HN: Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$100
HUX, HUY	40/500d (\$4,500 / \$9,000)	SIMNSA: \$5; HN \$40	SIMNSA: \$5; HN \$60	\$40	SIMNSA: \$0; HN: \$500 per day, \$1,500 max per admit	SIMNSA: \$0; HN: Hospital: \$500; ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$100
HU4, HU5	0/1000d (\$5,500 / \$11,000)	SIMNSA: \$5; HN \$0	SIMNSA: \$5; HN: \$20	\$0	SIMNSA: \$0; HN: \$1,000 per day, \$3,000 max per admit	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	30%
HUT, HUU	35/30% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN \$55	\$35	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$100
HUV, HUW	40/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN \$40	SIMNSA: \$5; HN \$60	\$40	SIMNSA: \$0; HN: 40%	SIMNSA: \$0; HN: Hospital: 40%; ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$100
HU6, HU7	10/30% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HUE, HUF	15/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$1,500 per day, \$4,500 max per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HUZ, HVO	40/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN \$40	SIMNSA: \$5; HN \$60	\$40	SIMNSA: \$0; HN: \$1,500 per day, \$4,500 max per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HV2, HV3	50/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN \$50	SIMNSA: \$5; HN \$70	\$40	SIMNSA: \$0; HN: \$1,500 per day, \$4,500 max per admit	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	30%
HV4, HV5	60/1500a (\$8,700 / \$17,400)	SIMNSA: \$5; HN \$60	SIMNSA: \$5; HN \$80	\$40	SIMNSA: \$0; HN: \$1,500 per admit + 40%	SIMNSA: \$0; HN: Hospital: 50%; ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$8,700 / \$17,400	\$300 + 30%
Salud HMO y Más - Facility Deductible ⁵								
HUI	20/500/10% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN \$40	\$20	SIMNSA: \$0; HN: 10%	SIMNSA: \$0; HN: Hospital: 10%; ASC: 5%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100
HUR	30/1000/20% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN \$50	\$30	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100

(continued)

Effective date 1/1/22

Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HUS	30/1500/30% (\$3,500 / \$10,500)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN \$50	\$30	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$10,500	\$100
HU3	0/1000/20% (\$4,500 / \$9,000)	SIMNSA: \$5; HN \$0	SIMNSA: \$5; HN: \$20	\$0	SIMNSA: \$0; HN: 20%	SIMNSA: \$0; HN: Hospital: 20%; ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	20%
HUB	10/1500/30% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: 30%	SIMNSA: \$0; HN: Hospital: 30%; ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	30%
HV1	40/3000/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN \$40	SIMNSA: \$5; HN \$60	\$40	SIMNSA: \$0; HN: 40%	SIMNSA: \$0; HN: Hospital: 40%; ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$100
HV6	60/4000/40% (\$8,700 / \$17,400)	SIMNSA: \$5; HN \$60	SIMNSA: \$5; HN \$80	\$40	SIMNSA: \$0; HN:40%	SIMNSA: \$0; HN: Hospital: 40%; ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$8,700 / \$17,400	\$100
CanopyCare HMO								
HZ0	0/250a (\$1,500 / \$3,000)	\$0	\$20	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$100
HZ5	15/250a (\$2,500 / \$7,500)	\$15	\$35	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$7,500	\$100
HZ7	20/20% (\$2,500 / \$7,500)	\$20	\$40	N/A	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$100
HZC	20/1000a (\$2,500 / \$7,500)	\$20	\$40	N/A	\$1,000 per admit	Hospital: \$1,000; ASC: \$500	\$2,500 / \$7,500	\$100
HZF	30/20% (\$2,500 / \$7,500)	\$30	\$50	N/A	20%	Hospital: 20%; ASC: 10%	\$2,500 / \$7,500	\$200
HZH	30/1500a (\$2,500 / \$7,500)	\$30	\$50	N/A	\$1,500 per admit	Hospital: \$1,500; ASC: \$750	\$2,500 / \$7,500	\$200
HZ9	20/500a (\$3,500 / \$10,500)	\$20	\$40	N/A	\$500 per admit	Hospital: \$500; ASC: \$200	\$3,500 / \$10,500	\$100
HZG	30/30% (\$3,500 / \$10,500)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$3,500 / \$10,500	\$200
HZ2	0/1000d (\$5,500 / \$11,000)	\$0	\$20	N/A	\$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$200
HZI	35/30% (\$5,500 / \$11,000)	\$35	\$55	N/A	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	\$200
HZJ	40/40% (\$5,500 / \$11,000)	\$40	\$60	N/A	40%	Hospital: 40%; ASC: 30%	\$5,500 / \$11,000	\$200
HZK	40/1000d (\$5,500 / \$11,000)	\$40	\$60	N/A	\$1,000 per day, \$3,000 max per admit	Hospital: \$1,000; ASC: \$500	\$5,500 / \$11,000	\$200
HZ3	10/30% (\$6,500 / \$13,000)	\$10	\$30	N/A	30%	Hospital: 30%; ASC: 20%	\$6,500 / \$13,000	\$200
HZ6	15/1500d (\$6,500 / \$13,000)	\$15	\$35	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	\$300
HZL	40/1500d (\$6,500 / \$13,000)	\$40	\$60	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	\$300

(continued)

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Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HZN	50/1500d (\$6,500 / \$13,000)	\$50	\$70	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	\$300
CanopyCare HMO - Facility Deductible								
HZ8	20/500/10% (\$3,000 / \$6,000)	\$20	\$20	N/A	10%	Hospital: 10%; ASC: 5%	\$3000 / \$6,000	10%
HZB	20/1000/20% (\$3,000 / \$6,000)	\$20	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$3000 / \$6,000	20%
HZD	20/1500/20% (\$4,000 / \$8,000)	\$20	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$8,000	20%
HZ1	0/1000/20% (\$4,500 / \$9,000)	\$0	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$4,500 / \$9,000	20%
HZE	20/2500/20% (\$5,000 / \$10,000)	\$20	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$5,000 / \$10,000	20%
HZ4	10/1500/30% (\$5,500 / \$11,000)	\$10	\$30	N/A	30%	Hospital: 30%; ASC: 20%	\$5,500 / \$11,000	30%
HZM	40/3000/30% (\$6,000 / \$12,000)	\$40	\$40	N/A	30%	Hospital: 30%; ASC: 20%	\$6,000 / \$12,000	30%
POS – Elect Open Access (EOA) ⁶								
HTB	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$100
HTD	15/250a (\$2,500 / \$7,500)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HTF	20/20% (\$2,500 / \$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HTK	30/20% (\$2,500 / \$7,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HTI	20/500a (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500; ASC: \$200	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTL	30/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTM	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HTU	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$1,500 max per admit	Hospital: \$500; ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HT6	0/1000/20% (\$4,500 / \$9,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	20%

(continued)

Effective date 1/1/22

Large Group HMO/EOA medical benefits *(continued)*

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HT7	0/1000d (\$5,500 / \$11,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: \$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HTQ	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
HTT	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
HTC	10/1500/30% (\$5,500 / \$11,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HT9	10/30% (\$6,500 / \$13,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTE	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTV	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTX	50/1500d (\$6,500 / \$13,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HTY	60/1500a (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$300 + 30%
POS – Elect Open Access (EOA) Facility Deductible								
HTH	20/500/10% (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10%; ASC: 5%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTN	30/1000/20% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTP	30/1500/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HTW	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
HTZ	60/4000/40% (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: 40%	Hospital: 40%; ASC: 30%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$100
ExcelCare EOA								
HVY	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$100
HWO	15/250a (\$2,500 / \$7,500)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100

(continued)

Effective date 1/1/22

Large Group HMO/EOA medical benefits

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HW2	20/20% (\$2,500 / \$7,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HW6	30/20% (\$2,500 / \$7,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$2,500 / \$7,500; PPO: \$4,500 / \$9,000	\$100
HW5	20/500a (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500; ASC: \$200	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HW7	30/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HW8	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HWH	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$2,000 max per admit	Hospital: \$500; ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$100
HVV	0/1000/20% (\$4,500 / \$9,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	20%
HVW	0/1000d (\$5,500 / \$11,000)	HMO: \$0; PPO: \$20	HMO: \$20; PPO: \$20	\$0	HMO: \$1,000 per day, \$3,000 max per admit	Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HWD	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
HWG	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
HVZ	10/1500/30% (\$5,500 / \$11,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	30%
HVX	10/30% (\$6,500 / \$13,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWI	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWI	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWK	50/1500d (\$6,500 / \$13,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50%; ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	30%
HWL	60/1500a (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50%; ASC: 40%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$300 + 30%

(continued)

Effective date 1/1/22

Large Group HMO/EOA medical benefits

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
ExcelCare EOA - Facility Deductible								
HW4	20/500/10% (\$3,500 / \$10,500)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10%; ASC: 5%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HW9	30/1000/20% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20%; ASC: 10%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HWC	30/1500/30% (\$3,500 / \$10,500)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30%; ASC: 20%	HMO: \$3,500 / \$10,500; PPO: \$5,500 / \$11,000	\$100
HWJ	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40%; ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$100
HWM	60/4000/40% (\$8,700 / \$17,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: 40%	Hospital: 40%; ASC: 30%	HMO: \$8,700 / \$17,400; PPO: \$8,700 / \$17,400	\$100

Effective date 1/1/22

Large Group PPO medical benefits⁷

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
PPO⁸								
HWP	10/0/10% (\$2,000 / \$6,000)	\$10	\$30	N/A	10%	Hospital: 10%; ASC: 5%	\$2,000 / \$6,000	\$100 + 10%
HX1	30/500/10% (\$3,000 / \$9,000)	\$30	\$50	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
HX4	30/1000/20% (\$3,000 / \$9,000)	\$30	\$50	N/A	20%	Hospital: 20%; ASC: 10%	\$3,000 / \$9,000	\$100 + 20%
HWZ	20/250/20% (\$4,000 / \$12,000)	\$20	\$40	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
HX0	20/500/20% (\$4,000 / \$12,000)	\$20	\$40	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
HWO	0/1000/20% (\$5,000 / \$10,000)	\$0	\$20	N/A	20%	Hospital: 20%; ASC: 10%	\$5,000 / \$10,000	20%
HX6	30/2000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
HX7	30/3000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
HWT	10/1500/30% (\$6,000 / \$12,000)	\$10	\$30	N/A	30%	Hospital: 30%; ASC: 20%	\$6,000 / \$12,000	30%
HX9	30/4000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30%; ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
HWX	15/3000/30% (\$7,000 / \$14,000)	\$15	\$35	N/A	30%	Hospital: 30%; ASC: 20%	\$7,000 / \$14,000	30%
HXD	40/5000/30% (\$7,000 / \$14,000)	Visits 1 - 3 = \$40 / Visits 4+ = \$40	\$60	N/A	30%	Hospital: 30%; ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
HXC	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30%; ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
HXE	60/5000/30% (\$8,700 / \$17,400)	Visits 1 - 3 = \$60 / Visits 4+ = \$60	\$80	N/A	30%	Hospital: 30%; ASC: 20%	\$8,700 / \$17,400	\$100 + 30%
PPO⁸ (HSA-compatible) Includes pre-set pharmacy plans								
HXP	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,000 / N/A	0%
HXN	2800/0% F (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,800 / \$5,600	0%
HXQ	1500/30% I (\$3,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / N/A	30%
HXO	2800/30% F (\$3,000 / \$6,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$3,000 / \$6,000	30%
HXF	2800/0% (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$2,800, \$5,600	0%
HXG	3000/0% (\$3,000 / \$6,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$3,000, \$6,000	0%
HXH	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0%; ASC: 0%	\$4,000 / \$8,000	0%

(continued)

Effective date 1/1/22

Large Group PPO medical benefits⁷ (continued)

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
HXL	2800/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	30%
HXM	3000/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	30%
HXJ	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20%; ASC: 10%	\$6,000 / \$12,000	20%

Large Group HMO/EOA pharmacy benefits

Pharmacy brand deductible	Deductible type (brand only, none)	Retail tier 1	Retail tier 2	Retail tier 3	Associated medical plan
SmartCare HMO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice SmartCare HMO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
Salud HMO y Más Rx choices					
\$0	None	\$5	\$25	\$45	Pairable with any Enhanced Choice Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
EOA Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice EOA/ExcelCare EOA medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
HMO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice HMO/ExcelCare HMO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

Large Group PPO pharmacy benefits

Pharmacy brand deductible	Deductible type (brand only, none)	Retail tier 1	Retail tier 2	Retail tier 3	Associated medical plan
PPO Rx choices					
\$0	None	\$10	\$30	\$50	Pairable with any Enhanced Choice PPO medical plan
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

Effective date 1/1/22

Large Group chiropractic and acupuncture benefits

HMO, EOA, EOA ExcelCare, HMO ExcelCare, Salud y Mas, Salud San Diego, CanopyCare HMO			
Acupuncture and chiropractic plan code	Chiropractic-only plan code	Copayment / Visit limit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
BHH	BHB	\$10 / 30 visits	\$1,500 / \$3,000
BHG	BHA	\$10 / 30 visits	\$2,500 / \$7,500
DI9	DID	\$10 / 30 visits	\$3,500 / \$10,500
BWD	BWA	\$10 / 30 visits	\$4,500 / \$9,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
CX7	CXB	\$10 / 30 visits	\$6,500 / \$13,000
DIF	DIJ	\$10 / 30 visits	\$8,700 / \$17,400
SmartCare HMO			
Acupuncture and chiropractic plan code	Copayment / Visit limit		Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
BI2	\$15 / 10 visits		\$1,500 / \$3,000
BHZ	\$15 / 10 visits		\$2,500 / \$7,500
DIC	\$15 / 10 visits		\$3,500 / \$10,500
BI3	\$15 / 10 visits		\$4,500 / \$9,000
BI5	\$15 / 10 visits		\$5,500 / \$11,000
CXA	\$25 / 10 visits		\$6,500 / \$13,000
DII	\$25 / 10 visits		\$8,700 / \$17,400

Our Enhanced Choice rate guarantee

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

How it works

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

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

Large Group HMO/EOA benefits

⁴Plan codes could differ by geography

⁵Facility Deductible plans are not available with Salud San Diego.

⁶Only one full network option can be chosen (HMO or EOA).

Large Group PPO benefits

⁷Plans are available in the PPO-Only Package. Choose up to 3 PPO plans: one PPO high option (FVR or FVU), one PPO low option (FVX, FVY or FVZ), and any HSA-Compatible PPO plan. Pair with a specified pharmacy plan. Contact your Health Net account executive for more details.

⁸PPO plans can also be paired with an HRA. Please contact your Health Net account executive for more information.

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

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