

ENHANCED CHOICE: GREATER EMPLOYEE PLAN CHOICES AT FIXED EMPLOYER COSTS



**Enhanced Choice
Benefits Guide
(6–50 employees)**





Effective November 1, 2005

Twenty-one plans – One fixed employer contribution



Health Net®
A Better Decision

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ABOUT HEALTH NET OF CALIFORNIA, INC.

When it comes to choosing a health plan, you need a company you can count on, and one that delivers where it counts: in your local community, for your local business.

NATIONAL STRENGTH

As a subsidiary of Health Net, Inc., Health Net of California leverages the strength of a national organization:

- One of the nation's largest publicly traded health plans companies, with more than 8,800 associates and 6.4 million consumers in 27 states and the District of Columbia.
- More than 25 years of continuous operations.
- Experience in the individual, small group, mid-market and large group commercial markets, as well as in Medicare, Medicaid, and TRICARE programs.

LOCAL VALUE

Health Net of California, Inc.'s years of service in the local community promises a unique value to you:

- Choose from the largest small-business product portfolio in California.
- Health Net commercial HMO and POS plans have been rated "Excellent," and our Medicare HMO plans "Commendable," by the National Committee for Quality Assurance (NCQA). These accreditation outcomes are granted only to plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.
- The first ever, cross-border product, Salud con Health Net, provides affordable, quality care for Latinos in the U.S. and Mexico.
- Your employees can access a statewide HMO network of more than 36,000 professionals and 260 hospitals, and a PPO network of more than 50,000 professionals and 300 hospitals.

For these and many other reasons, we invite you to learn more about Health Net by visiting us at www.healthnet.com. See how we can be **A Better Decision**SM for you.

ENHANCED CHOICE – A BETTER DECISION FOR SMALL BUSINESSES

Finding it difficult to provide affordable medical insurance to your employees? With **Enhanced Choice**, even small businesses can offer a variety of high-quality health plans to attract and retain top-notch talent, while keeping a cap on rising medical costs.

With **Enhanced Choice**, employees can select from among 21 different plans at one defined monthly contribution rate to employers. In fact, your monthly contribution rate remains the same regardless of the selected plan – as low as \$100 per employee per month. To qualify, you must have 6 to 50 employees and a 75% participation rate.

Enhanced Choice puts employees in control of choosing a health plan that uniquely addresses their individual needs and lifestyles – whether they're male or female, single or married, with or without dependents, just entering the workforce or approaching retirement. The following plans are available at varying premiums, deductibles and copayments to match your employees' health care budgets:

HMO – The guidance of a primary care physician, with a network of more than 35,000 health care professionals and 260 hospitals.

ELECT® Open Access – The financial security of an HMO with set copayments, plus the freedom to visit select specialists in our PPO network without referrals.

PPO – The freedom to visit any licensed health care professional, with in-network benefits when visiting one of 50,000 professionals and 300 hospitals statewide.¹

POS – The ultimate freedom in a health plan, with three tiers of benefit coverage: HMO, PPO in-network or PPO out-of-network.

HSA Compatible – A low-premium, high-deductible health plan to support the use of tax-efficient Health Savings Accounts.¹

You can round out your employee benefits by offering chiropractic and acupuncture coverage with selected plans, and optional Dental, Vision, Life and AD&D coverage.¹

Members also have access to **Decision PowerSM** and **It's Your Life,SM** our exclusive health-support programs that provide accurate, up-to-date information to help you make more confident health care decisions.

THE CHOICE IS YOURS

When you think about offering flexible, affordable health plans to your diverse workforce, think Health Net. We're **A Better Decision** for you.

¹Health Net PPO, HSA Compatible, Dental and Vision, Life, and AD&D are underwritten by Health Net Life Insurance.

Benefit†

	HMO 15 (539)	HMO 20 (540)	HMO 35 (541)
Lifetime maximum	None	None	None
Annual deductible	None	None	None
Maximum annual out-of-pocket costs	\$1,500 single \$3,000 family	\$2,500 single \$5,000 family	\$3,000 single \$6,000 family
Office visit	\$15 copayment	\$20 copayment	\$35 copayment
Periodic health evaluation (age 2 and older)	\$15 copayment	\$20 copayment	\$35 copayment
Vision and hearing exam	\$15 copayment	\$20 copayment	\$35 copayment
X-ray and laboratory procedures (including mammograms)	No charge	No charge	No charge
Outpatient services (professional/institutional)	No charge/20%	No charge/20%	No charge/20%
Outpatient surgery (professional/institutional)	No charge/20%	No charge/ \$1,000 copayment per surgery	No charge/ \$1,500 copayment per surgery
Inpatient care (professional/institutional)	No charge/20%	No charge/\$1,000 per admission	No charge/\$1,500 per admission
Well-baby care (up to age 2)	No charge	No charge	No charge
Emergency room	\$100 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)	\$100 copayment (waived if admitted to hospital)
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	\$15/No charge ²	\$20/\$1,000 per admission ²	\$35/\$1,500 per admission ²
Mental health services for non-severe mental disorders (outpatient/inpatient)	\$30 copayment (20 visits per calendar year maximum)/No charge (30 days) ²	\$30 copayment (20 visits per calendar year maximum)/\$1,000 (30 days) ²	\$35 copayment (20 visits per calendar year maximum)/ \$1,500 (30 days) ²
Acute care detoxification (inpatient)	No charge ²	No charge ²	\$750 per admission ²
Durable medical equipment	50%	50%	50%
Diabetic equipment	20% ³	20% ³	20% ³
Chiropractic care	Available as optional rider coverage ¹	Available as optional rider coverage ¹	Available as optional rider coverage ¹
Infertility services and supplies	50%	Not covered	Not covered
Self-injectable drugs	30%	30%	30%
Retail pharmacy (up to a 30 day supply) (including birth control pills)	\$15 Level I \$25 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III
Brand name deductible	Not applicable	Not applicable	\$150 per member per calendar year
Prescriptions by mail (up to a 90 consecutive calendar-day supply of maintenance medications)	\$30 Level I \$50 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III
Brand name deductible	Not applicable	Not applicable	\$150 per member per calendar year

HMO FOOTNOTES

[†]This is a summary of plan benefits. Please refer to your Plan Documents for more details.
Health Net HMO is underwritten by Health Net of California, Inc.

¹ Chiropractic rider coverage is available as an optional benefit with all HMO plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

² All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

³ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

Benefit†

	HMO 40 (542)	HMO Xtra Value 20 (64Q)	HMO Xtra Value 40 (64R)
Lifetime maximum	None	None	None
Annual deductible	None	None	None
Maximum annual out-of-pocket costs	\$3,500 single \$7,000 family	\$3,500 single \$7,000 family	\$3,500 single \$7,000 family
Office visit	\$40 copayment	\$20 copayment	\$40 copayment
Periodic health evaluation (age 2 and older)	\$40 copayment	\$20 copayment	\$40 copayment
Vision and hearing exam	\$40 copayment	\$20 copayment	\$40 copayment
X-ray and laboratory procedures (including mammograms)	No charge	No charge	No charge
Outpatient services (professional/institutional)	No charge/20%	No charge/30%	No charge/30%
Outpatient surgery (professional/institutional)	No charge/ \$1,500 copayment per surgery	No charge/ \$1,500 copayment per surgery	No charge/ \$1,500 copayment per surgery
Inpatient care (professional/institutional)	No charge/\$750 per day (3-day copayment maximum per confinement)	No charge/30%	No charge/30%
Well-baby care (up to age 2)	No charge	\$20 copayment	\$40 copayment
Emergency room	\$100 copayment (waived if admitted to hospital)	No charge/\$150 copayment (waived if admitted to hospital)	No charge/\$250 copayment (waived if admitted to hospital)
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	\$40/\$750 per day (3-day copayment maximum per confinement)	\$20 copayment/30% ²	\$40 copayment/30% ²
Mental health services for non-severe mental disorders (outpatient/inpatient)	\$40 copayment (20 visits per calendar year maximum)/\$750 per day (30 days, 3-day copayment maximum per confinement) ²	Not covered ²	Not covered ²
Acute care detoxification (inpatient)	\$750 per admission ²	30% ²	30% ²
Durable medical equipment	50%	50%	50%
Diabetic equipment	20% ³	20% ³	20%
Chiropractic care	Available as optional rider coverage ¹	Available as optional rider coverage ⁴	Available as optional rider coverage ⁴
Infertility services and supplies	Not covered	Not covered	Not covered
Self-injectable drugs	30%	30%	30%
Retail pharmacy (up to a 30 day supply) (including birth control pills)	\$15 Level I \$30 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III
Brand name deductible	\$150 per member per calendar year	Not applicable	\$150 (combined with prescriptions by mail)
Prescriptions by mail (up to a 90 consecutive calendar-day supply of maintenance medications)	\$30 Level I \$60 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III
Brand name deductible	\$150 per member per calendar year	Not applicable	\$150 (combined with retail pharmacy)

HMO FOOTNOTES

†This is a summary of plan benefits. Please refer to your Plan Documents for more details.
Health Net HMO is underwritten by Health Net of California, Inc.

¹ Chiropractic rider coverage is available as an optional benefit with all HMO plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

² All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

³ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

⁴ Chiropractic rider coverage is available as an optional benefit with the HMO plan shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

Benefit†

Lifetime maximum
Annual deductible
Maximum annual out-of-pocket costs
Office visit
Periodic health evaluation (age 2 and older)
Vision and hearing exam
X-ray and laboratory procedures (including mammograms)
Outpatient services (professional/institutional)
Outpatient surgery (professional/institutional)
Inpatient care (professional/institutional)
Well-baby care (up to age 2)
Emergency room
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)
Mental health services for non-severe mental disorders (outpatient/inpatient)
Acute care detoxification (inpatient)
Durable medical equipment
Diabetic equipment
Chiropractic care
Infertility services and supplies
Self-injectable drugs
Retail pharmacy (up to a 30 day supply) (including birth control pills)
Brand name deductible
Prescriptions by mail (up to a 90 consecutive calendar-day supply of maintenance medications)
Brand name deductible

ELECT Open Access 10

(545)

None
None
\$1,500 single \$3,000 two party \$4,000 family
\$10 HMO or \$30 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
\$10 HMO or \$30 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
\$10 HMO or \$30 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
No charge ²
No charge ^{1,2} /No charge ²
No charge ^{1,2} /\$250 copayment per surgery ²
No charge ^{1,2} /\$250 per admission ¹
No charge or \$30 PPO
\$100 copayment (waived if admitted to hospital)
\$10/\$250 per admission ⁴
\$30 copayment (20 visits per calendar year maximum)/ \$250 per admission (30 days) ⁴
\$250 per admission ⁴
50% ¹
20% ⁵
Available as optional rider coverage ³
50%
30%
\$10 Level I \$25 Level II \$50 Level III
Not applicable
\$20 Level I \$50 Level II \$100 Level III
Not applicable

ELECT Open Access 20

(546)

None
None
\$2,000 single \$4,000 two party \$5,000 family
\$20 HMO or \$35 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
\$20 HMO or \$35 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
\$20 HMO or \$35 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
No charge ²
No charge ^{1,2} /No charge ²
No charge ^{1,2} /\$500 copayment per surgery ²
No charge ^{1,2} /\$500 per admission ¹
No charge or \$35 PPO
\$100 copayment (waived if admitted to hospital)
\$20/\$500 per admission ⁴
\$30 copayment (20 visits per calendar year maximum)/ \$500 per admission (30 days) ⁴
\$500 per admission ⁴
50% ¹
20% ⁵
Available as optional rider coverage ³
50%
30%
\$15 Level I \$30 Level II \$50 Level III
Not applicable
\$30 Level I \$60 Level II \$100 Level III
Not applicable

EOA FOOTNOTES

[†]This is a summary of plan benefits. Please refer to your Plan Documents for more details.

Health Net EOA is underwritten by Health Net of California, Inc.

¹ Under ELECT Open Access, inpatient hospital and professional services and durable medical equipment are covered when provided or coordinated by the Primary Care Physician only and approved by the PPG/IPA. Inpatient care and outpatient services are not covered on the PPO level.

² Under ELECT Open Access, radiographic X-ray, laboratory and surgery services will be covered only when provided or coordinated by your Primary Care Physician and approved by the PPG/IPA, except when provided at a PPO physician's office or PPO laboratory.

³ Chiropractic rider coverage is available as an optional benefit with all ELECT Open Access plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

⁴ All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

⁵ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

Benefit†

Lifetime maximum
Annual deductible
Maximum annual out-of-pocket costs
Office visit
Periodic health evaluation (age 2 and older)
Vision and hearing exam
X-ray and laboratory procedures (including mammograms)
Outpatient services (professional/institutional)
Outpatient surgery (professional/institutional)
Inpatient care (professional/institutional)
Well-baby care (up to age 2)
Emergency room
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)
Mental health services for non-severe mental disorders (outpatient/inpatient)
Acute care detoxification (inpatient)
Durable medical equipment
Diabetic equipment
Chiropractic care
Infertility services and supplies
Self-injectable drugs
Retail pharmacy (up to a 30 day supply) (including birth control pills)
Brand name deductible
Prescriptions by mail (up to a 90 consecutive calendar-day supply of maintenance medications)
Brand name deductible

ELECT Open Access 25

(547)

None
None
\$2,500 single \$5,000 two party \$6,000 family
\$25 HMO or \$40 PPO (self-referral to PPO network specialist), including specialist consultation and evaluation
\$25 HMO or \$40 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
\$25 HMO or \$40 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
25% ²
No charge ^{1,2} /No charge ²
No charge ^{1,2} /25% ²
No charge ^{1, 2} /25%
No charge or \$40 PPO
25% (waived if admitted to hospital)
\$25/25%
\$30 copayment (20 visits per calendar year maximum)/ 25% (30 days) ⁴
25% ⁴
50% ¹
20% ⁵
Available as optional rider coverage ³
50%
30%
\$15 Level I \$30 Level II \$50 Level III
\$150 per member per calendar year
\$30 Level I \$60 Level II \$100 Level III
\$150 per member per calendar year

ELECT Open Access 30

(548)

None
None
\$2,500 single \$5,000 two party \$6,000 family
\$30 HMO or \$40 PPO (self-referral to PPO network specialist), including specialist consultation and evaluation
\$30 HMO or \$40 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
\$30 HMO or \$40 PPO (self-referral to PPO network physician), including specialist consultation and evaluation
No charge ²
No charge ^{1,2} /No charge ²
No charge ^{1,2} / \$1,000 copayment per surgery ²
No charge ^{1, 2} /\$1,000 per admission ¹
No charge or \$40 PPO
\$100 copayment (waived if admitted to hospital)
\$30/\$1,000 per admission ⁴
\$30 copayment (20 visits per calendar year maximum)/ \$1,000 per admission (30 days) ⁴
\$750 per admission ⁴
50% ¹
20% ⁵
Available as optional rider coverage ³
50%
30%
\$15 Level I \$30 Level II \$50 Level III
\$150 per member per calendar year
\$30 Level I \$60 Level II \$100 Level III
\$150 per member per calendar year

EOA FOOTNOTES

[†]This is a summary of plan benefits. Please refer to your Plan Documents for more details. Health Net EOA is underwritten by Health Net of California, Inc.

¹ Under ELECT Open Access, inpatient hospital and professional services and durable medical equipment are covered when provided or coordinated by the Primary Care Physician only and approved by the PPG/IPA. Inpatient care and outpatient services are not covered on the PPO level.

² Under ELECT Open Access, radiographic X-ray, laboratory and surgery services will be covered only when provided or coordinated by your Primary Care Physician and approved by the PPG/IPA, except when provided at a PPO physician's office or PPO laboratory.

³ Chiropractic rider coverage is available as an optional benefit with all ELECT Open Access plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

⁴ All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

⁵ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

ENHANCED CHOICE:
MAKING HEALTH CARE

WORK
BETTER

FOR EVERYONE.

3-Tier POS 10 (549)

Benefit†	HMO	PPO (Coinsurance is percentage of contracted rate)	Out-of-Network (Coinsurance is based on Customary & Reasonable)
Lifetime maximum	None	\$5,000,000	
Annual deductible	None	\$200 member/\$600 family	
Maximum annual out-of-pocket costs	\$1,500 single \$3,000 two party \$4,500 family	\$3,000 single \$6,000 two party \$9,000 family	\$5,000 single \$10,000 two party \$15,000 family
Office visit	\$10 copayment	\$30 copayment	30%
Periodic health evaluation (age 18 and older)	\$10 copayment	\$30 copayment	Not covered
Vision and hearing exam	\$10 copayment	Not covered	Not covered
X-ray and laboratory procedures (including mammograms)	No charge	10%	30%
Outpatient services	No charge	10%	30%
Outpatient surgery (professional/institutional)	No charge/ \$100 copayment per surgery	10%/10%	30%/30%
Inpatient care (professional/institutional)	No charge/ \$100 per admission	10%/10%	30%/30%
Well-child care (up to age 18)	\$10 copayment	\$30 copayment	30%
Emergency room (professional/institutional)	No charge/ \$100 copayment (waived if admitted to hospital)	10%/\$150 copayment ³	30%/30% ³
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)		\$10 copayment/\$100 per admission ²	
Mental health services for non-severe mental disorders (outpatient/inpatient)		\$30 copayment (20 visits per calendar year maximum)/ \$100 per admission (30 days) ²	
Acute care detoxification (inpatient)		\$100 per admission ²	
Durable medical equipment	No charge	10% (limited to \$2,000 per calendar year, combined with out-of-network)	30% (limited to \$2,000 per calendar year, combined with PPO)
Diabetic equipment	No charge ⁴	10% ⁴	30% ⁴
Chiropractic care	\$10 copayment; also available as optional rider coverage ¹	30%/15 visits combined with Out-of-Network; also available as optional rider coverage ¹	30%/15 visits combined with PPO; also available as optional rider coverage ¹
Infertility services and supplies	50%	Not covered	Not covered
Self-injectable drugs	30%	30%	30%
Retail pharmacy (up to a 30 day supply) (including birth control pills)	\$10 Level I \$25 Level II \$50 Level III	\$10 Level I \$25 Level II \$50 Level III	\$100 deductible per member per calendar year/+ 50%
Brand name deductible	Not applicable	Not applicable	Not applicable
Mail order program (up to a 90 day supply of maintenance medications)	\$20 Level I \$50 Level II \$100 Level III	\$20 Level I \$50 Level II \$100 Level III	Not applicable
Brand name deductible	Not applicable	Not applicable	Not applicable

POS FOOTNOTES

†This is a summary of plan benefits. Please refer to your Plan Documents for more details. Health Net POS is underwritten by Health Net Life Insurance Company.

¹ Chiropractic rider coverage is available as an optional benefit with all SELECT plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

² All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

³ Care for true emergency is \$100.

⁴ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices). See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

3-Tier POS 20 (550) 100/80/60

HMO	PPO (Coinsurance is percentage of contracted rate)	Out-of-Network (Coinsurance is based on Customary & Reasonable)
None	\$5,000,000	
None	\$200 member/\$600 family	\$400 member/\$1,200 family
\$2,000 single \$4,000 two party \$6,000 family	\$3,500 single \$7,000 two party \$10,500 family	\$5,000 single \$10,000 two party \$15,000 family
\$20 copayment	\$35 copayment	40%
\$20 copayment	\$35 copayment	Not covered
\$20 copayment	Not covered	Not covered
No charge	20%	40%
No charge	20%	40%
No charge/ \$250 copayment per surgery	20%/20%	40%/40%
No charge/ \$250 per admission	20%/20%	40%/40% (\$1,000 maximum allowable per day)
\$20 copayment	\$35 copayment	40%
No charge/ \$100 copayment (waived if admitted to hospital)	20%/\$150 copayment ³	40%/40% ³
\$20 copayment / \$250 per admission ²		
\$30 copayment (20 visits per calendar year maximum) / \$250 per admission (30 days) ²		
\$250 per admission ²		
No charge	20% (limited to \$2,000 per calendar year, combined with out-of-network)	40% (limited to \$2,000 per calendar year, combined with PPO)
No charge ⁴	20% ⁴	40% ⁴
\$20 copayment; also available as optional rider coverage ¹	20%/15 visits combined with Out-of-Network; also available as optional rider coverage ¹	40%/15 visits combined with PPO; also available as optional rider coverage ¹
50%	Not covered	Not covered
30%	30%	40%
\$15 Level I \$30 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible per member per calendar year/+ 50%
Not applicable	Not applicable	Not applicable
\$30 Level I \$60 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III	Not applicable
Not applicable	Not applicable	Not applicable

3-Tier POS 30 (551) 100/70/50

HMO	PPO (Coinsurance is percentage of contracted rate)	Out-of-Network (Coinsurance is based on Customary & Reasonable)
None	\$5,000,000	
None	\$300 member/\$900 family	\$500 member/\$1,500 family
\$2,500 single \$5,000 two party \$7,500 family	\$4,500 single \$9,000 two party \$13,500 family	\$6,000 single \$12,000 two party \$18,000 family
\$30 copayment	\$35 copayment	50%
\$30 copayment ⁷	\$35 copayment	Not covered
\$30 copayment	Not covered	Not covered
No charge	30%	50%
No charge	30%	50%
No charge/ \$500 copayment per surgery	30%/30%	50%/50%
No charge/ \$500 per admission	30%/30%	50%/50% (\$1,000 maximum allowable per day)
\$30 copayment	\$35 copayment	50%
No charge/ \$100 copayment (waived if admitted to hospital)	30%/\$150 copayment ³	50%/50% ³
\$30 copayment / \$500 per admission ²		
\$30 copayment (20 visits per calendar year maximum) / \$500 per admission (30 days) ²		
\$500 per admission ²		
No charge	30% (limited to \$2,000 per calendar year, combined with out-of-network)	50% (limited to \$2,000 per calendar year, combined with PPO)
No charge ⁴	30% ⁴	50% ⁴
\$30 copayment; also available as optional rider coverage ¹	30%/15 visits combined with Out-of-Network; also available as optional rider coverage ¹	50%/15 visits combined with PPO; also available as optional rider coverage ¹
50%	Not covered	Not covered
30%	30%	50%
\$15 Level I \$30 Level II \$50 Level III	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible per member per calendar year/+ 50%
Not applicable	Not applicable	Not applicable
\$30 Level I \$60 Level II \$100 Level III	\$30 Level I \$60 Level II \$100 Level III	Not applicable
Not applicable	Not applicable	Not applicable

POS FOOTNOTES

¹ Chiropractic rider coverage is available as an optional benefit with all SELECT plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

² All mental health and chemical dependency services are provided through Managed Health Network (MHN). The network is Behavioral Health Administrators for San Diego County. The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

³ Care for true emergency is \$100.

⁴ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices). See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

PPO 10 (552) 90/70

PPO 15 (65R) 90/50

Benefit†	PPO 10 (552) 90/70		PPO 15 (65R) 90/50	
	In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network ¹ (Coinsurance is based on Customary & Reasonable)	In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network ⁷ (Coinsurance is based on Limited Fee Schedule)
Lifetime maximum	\$5,000,000		\$5,000,000	
Annual deductible	None	\$500 member/two per family	\$250 member/two per family	\$500 member/two per family
Maximum annual out-of-pocket costs	\$2,500 single/two per family	\$5,000 single/two per family	\$3,000 single/two per family	\$6,000 single/two per family
Office visit	\$10 copayment	30%	\$15 copayment	50%
Periodic health evaluation (age 17 and older)	10%	Covered as in-network benefit only	10%	Covered as in-network benefit only
Vision and hearing exam (up to age 17)	\$10 copayment	Covered as in-network benefit only	\$15 copayment	Covered as in-network benefit only
X-ray and laboratory procedures (including mammograms)	10%	30%	10%	50%
Outpatient services	10%	30%	10%	50%
Outpatient surgery (professional/institutional)	10%/10%	30%/30%	10%/10%	50%/50%
Inpatient care (professional/institutional)	10%/10%	30%/30%	10%/10%	50%/50% (\$600 maximum allowable per day)
Well-child care (up to age 17)	\$10 copayment	Covered as in-network benefit only	\$15 copayment	Covered as in-network benefit only
Emergency room (professional/institutional)	10%/\$100 per incident ²	10%/\$100 per incident ²	10%/\$100 per incident ²	10%/\$100 per incident ²
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	\$10 copayment/10% ³	30%/30% ³	\$15 copayment/10% ³	50%/50% (\$600 maximum allowable per day) ³
Mental health services for non-severe mental disorders (outpatient/inpatient)	10%/10%	30%/30%	10%/10%	50%/50%
Acute care detoxification (inpatient)	10%	30%	10%	50%
Durable medical equipment	10% (\$3,000 combined with Out-of-Network calendar year maximum)	30% (\$3,000 combined with PPO calendar year maximum)	10% (\$3,000 combined with Out-of-Network calendar year maximum)	50% (\$3,000 combined with PPO calendar year maximum)
Diabetic equipment	10% ⁵	30% ⁵	10% ⁵	50% ⁵
Chiropractic care	\$10 copayment (12 visits per calendar year maximum)	Covered as in-network benefit only	\$15 copayment (12 visits per calendar year maximum)	Covered as in-network benefit only
Infertility services and supplies	10%	30%	10%	50%
Self-injectable drugs	\$500 deductible per lifetime/\$2,000 lifetime maximum	\$2,000 lifetime maximum	\$500 deductible per lifetime/\$2,000 lifetime maximum	\$2,000 lifetime maximum
Retail pharmacy (up to a 30 day supply) (including birth control pills)	\$10 Level I \$20 Level II \$50 Level III	\$100 deductible per member per calendar year + 50%	\$10 Level I \$20 Level II \$50 Level III	\$100 deductible per member per calendar year + 50%
Brand name deductible	Not applicable	Not applicable	Not applicable	Not applicable
Mail order program (up to a 90 day supply of maintenance medications)	\$20 Level I \$40 Level II \$100 Level III	Not applicable	\$20 Level I \$40 Level II \$100 Level III	Not applicable
Brand name deductible	Not applicable	Not applicable	Not applicable	Not applicable

PPO FOOTNOTES

† This is a summary of plan benefits. Please refer to your Plan Documents for more details. Health Net PPO is underwritten by Health Net Life Insurance Company.

¹ Our determination of the Customary & Reasonable charge is based upon data provided by Ingenix, Inc., calculated at the 85th percentile for PPO 10. The covered person is responsible for charges in excess of C & R charges in addition to the coinsurance shown.

² \$100 per incident waived if admitted.

³ The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

⁴ Inpatient care for non-severe mental illness, inpatient chemical dependency rehabilitation and inpatient detoxification is limited to 30 days per calendar year through PPO and OON combined.

⁵ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

⁶ Recommended Drug List only.

⁷ Limited Fee Schedule reimbursement is at the 75th percentile of RBRVS. The covered person is responsible for charges in excess of allowed amount in addition to the coinsurance shown.

PPO 20 (65S) 80/60

In-Network

(Coinsurance is percentage of contracted rate)

Out-of-Network⁷

(Coinsurance is based on Limited Fee Schedule)

	\$5,000,000	
Lifetime maximum		
Annual deductible	\$250 member/two per family	\$500 member/two per family
Maximum annual out-of-pocket costs	\$3,500 single/two per family	\$7,000 single/two per family
Office visit	\$20 copayment	40%
Periodic health evaluation (age 17 and older)	20%	Covered as in-network benefit only
Vision and hearing exam (up to age 17)	\$20 copayment	Covered as in-network benefit only
X-ray and laboratory procedures (including mammograms)	20%	40%
Outpatient services	20%	40%
Outpatient surgery (professional/institutional)	20%/\$250 deductible per calendar year + 20%	40%/\$250 deductible per calendar year + 40%
Inpatient care (professional/institutional)	20%/\$250 deductible per calendar year + 20%	40%/\$250 deductible per calendar year + 40% (\$600 maximum allowable per day)
Well-child care (up to age 17)	\$20 copayment	Covered as in-network benefit only
Emergency room (professional/institutional)	20%/\$100 per incident ²	20%/\$100 per incident ²
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	\$20 copayment/\$250 deductible per calendar year + 20% ³	40%/\$250 deductible per calendar year + 40% (\$600 maximum allowable per day) ³
Mental health services for non-severe mental disorders (outpatient/inpatient)	20%/20%	40%/40%
	\$25 maximum payable per visit (20 visits per calendar year maximum)/ \$175 maximum allowable per day (30 days per calendar year) ⁴	
Acute care detoxification (inpatient)	20%	40%
	\$175 maximum allowable per day (20 days per calendar year) ⁴	
Durable medical equipment	20% (\$2,000 combined with Out-of-Network calendar year maximum)	40% (\$2,000 combined with PPO calendar year maximum)
Diabetic equipment	20% ⁵	40% ⁵
Chiropractic care	\$20 copayment (12 visits per calendar year maximum)	Covered as in-network benefit only
Infertility services and supplies	20%	40%
	\$500 deductible per lifetime/\$2,000 lifetime maximum	
Self-injectable drugs	30%	40%
Retail pharmacy (up to a 30 day supply) (including birth control pills)	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible per member per calendar year + 50%
Brand name deductible	Not applicable	Not applicable
Mail order program (up to a 90 day supply of maintenance medications)	\$30 Level I \$60 Level II \$100 Level III	Not applicable
Brand name deductible	Not applicable	Not applicable

PPO 30 (65T) 80/50

In-Network

(Coinsurance is percentage of contracted rate)

Out-of-Network⁷

(Coinsurance is based on Limited Fee Schedule)

	\$5,000,000	
Lifetime maximum		
Annual deductible	\$500 member/three per family	\$1,000 member/three per family
Maximum annual out-of-pocket costs	\$4,000 per member	\$8,000 per member
Office visit	\$30 copayment	50%
Periodic health evaluation (age 17 and older)	20%	Covered as in-network benefit only
Vision and hearing exam (up to age 17)	\$30 copayment	Covered as in-network benefit only
X-ray and laboratory procedures (including mammograms)	20%	50%
Outpatient services	20%	50%
Outpatient surgery (professional/institutional)	20%/\$250 deductible per calendar year + 20%	50%/\$250 deductible per calendar year + 50%
Inpatient care (professional/institutional)	20%/\$250 deductible per calendar year + 20%	50%/\$250 deductible per calendar year + 50% (\$600 maximum allowable per day)
Well-child care (up to age 17)	\$30 copayment	Covered as in-network benefit only
Emergency room (professional/institutional)	20%/\$100 per incident ²	20%/\$100 per incident ²
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	\$30 copayment/\$250 deductible per calendar year + 20% ³	50%/\$250 deductible per calendar year + 50% (\$600 maximum allowable per day) ³
Mental health services for non-severe mental disorders (outpatient/inpatient)	20%/20%	50%/50%
	\$25 maximum payable per visit (20 visits per calendar year max. /\$175 maximum allowable per day (30 days per calendar year) ⁴	
Acute care detoxification (inpatient)	20%	50% (\$600 maximum allowable per day) (3 days per calendar year) ⁴
Durable medical equipment	20% (\$1,000 combined with Out-of-Network calendar year maximum)	50% (\$1,000 combined with PPO calendar year maximum)
Diabetic equipment	20% ⁵	50% ⁵
Chiropractic care	Not covered	Not covered
Infertility services and supplies	20%	50%
	\$500 deductible per lifetime/\$2,000 lifetime maximum	
Self-injectable drugs	30%	50%
Retail pharmacy (up to a 30 day supply) (including birth control pills)	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible per member per calendar year + 50%
Brand name deductible	\$150 per member per calendar year	Not applicable
Mail order program (up to a 90 day supply of maintenance medications)	\$30 Level I \$60 Level II \$100 Level III	Not applicable
Brand name deductible	\$150 per member per calendar year	Not applicable

PPO FOOTNOTES

¹ This is a summary of plan benefits. Please refer to your Plan Documents for more details. Health Net PPO is underwritten by Health Net Life Insurance Company.

¹ Our determination of the Customary & Reasonable charge is based upon data provided by Ingenix, Inc., calculated at the 85th percentile for PPO 10. The covered person is responsible for charges in excess of C & R charges in addition to the coinsurance shown.

² \$100 per incident waived if admitted.

³ The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

⁴ Inpatient care for non-severe mental illness, inpatient chemical dependency rehabilitation and inpatient detoxification is limited to 30 days per calendar year through PPO and OON combined.

⁵ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

⁶ Recommended Drug List only.

⁷ Limited Fee Schedule reimbursement is at the 75th percentile of RBRVS. The covered person is responsible for charges in excess of allowed amount in addition to the coinsurance shown.

Benefit[†]

Lifetime maximum
Annual deductible
Maximum annual out-of-pocket costs
Office visit
Periodic health evaluation (age 17 and older)
Vision and hearing exam (up to age 17)
X-ray and laboratory procedures (including mammograms)
Outpatient services
Outpatient surgery (professional/institutional)
Inpatient care (professional/institutional)
Well-child care (up to age 17)
Emergency room (professional/institutional)
Non-emergent services
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)
Mental health services for non-severe mental disorders (outpatient/inpatient)
Acute care detoxification (inpatient)
Durable medical equipment
Diabetic equipment
Chiropractic care
Infertility services and supplies
Self-injectable drugs
Retail pharmacy (up to a 30-day supply) (including birth control pills)
Brand name deductible
Mail order program (up to a 90-day supply of maintenance medications)
Brand name deductible

PPO 2000 (65P) 70/50 (HSA-compatible)

In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network⁷ (Coinsurance is based on Limited Fee Schedule)
\$5,000,000	\$5,000,000
\$2,000 single \$4,000 family Deductible counts toward maximum annual out-of-pocket cost (combined with in-network/out-of-network)	\$3,000 single \$6,000 family Deductible counts toward maximum annual out-of-pocket cost (combined with in-network/out-of-network)
\$4,000 single \$8,000 family (combined with in-network/out-of-network)	\$5,000 single \$10,000 family (combined with in-network/out-of-network)
30%	50%
\$30 copayment (deductible waived)	Covered as in-network benefit only
\$30 copayment (deductible waived)	Covered as in-network benefit only
30%	50%
30%	50%
30%/30%	50%/50%
30%/30%	50%/50% (\$600 maximum allowable per day)
\$30 copayment (deductible waived)	Covered as in-network benefit only
30%	30%
30%	50%
30%/30%	50%/50% (\$600 maximum allowable per day)
	Not covered
30%	50% (\$600 maximum allowable per day) (3 days per calendar year)
30% (\$1,000 combined with out-of-network calendar year maximum)	50% (\$1,000 combined with in-network calendar year maximum)
20%	50%
	Not covered
	Not covered
30%	50%
\$15 Level I \$30 Level II \$50 Level III Subject to annual deductible	50% Subject to annual deductible
Not applicable	Not applicable
\$30 Level I \$60 Level II \$100 Level III Subject to annual deductible	Not applicable Subject to annual deductible
Not applicable	Not applicable

PPO 3000 (65Q) 70/50 (HSA-compatible)

In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network⁷ (Coinsurance is based on Limited Fee Schedule)
\$5,000,000	\$5,000,000
\$3,000 single \$6,000 family Deductible counts toward maximum annual out-of-pocket cost (combined with in-network/out-of-network)	\$3,000 single \$6,000 family Deductible counts toward maximum annual out-of-pocket cost (combined with in-network/out-of-network)
\$5,000 single \$10,000 family (combined with in-network/out-of-network)	\$5,000 single \$10,000 family (combined with in-network/out-of-network)
30%	50%
\$40 copayment (deductible waived)	Covered as in-network benefit only
\$40 copayment (deductible waived)	Covered as in-network benefit only
30%	50%
30%	50%
30%/30%	50%/50%
30%/30%	50%/50% (\$600 maximum allowable per day)
\$40 copayment (deductible waived)	Covered as in-network benefit only
30%	30%
30%	50%
30%/30%	50%/50% (\$600 maximum allowable per day)
	Not covered
30%	50% (\$600 maximum allowable per day) (3 days per calendar year)
30% (\$1,000 combined with out-of-network calendar year maximum)	50% (\$1,000 combined with in-network calendar year maximum)
20%	50%
	Not covered
	Not covered
30%	50%
\$15 Level I \$30 Level II \$50 Level III Subject to annual deductible	50% Subject to annual deductible
Not applicable	Not applicable
\$30 Level I \$60 Level II \$100 Level III Subject to annual deductible	Not applicable Subject to annual deductible
Not applicable	Not applicable

PPO FOOTNOTES

[†] This is a summary of plan benefits. Please refer to your Plan Documents for more details. Health Net PPO is underwritten by Health Net Life Insurance Company.

¹ Our determination of the Customary & Reasonable charge is based upon data provided by Ingenix, Inc., calculated at the 85th percentile for PPO 10. The covered person is responsible for charges in excess of C & R charges in addition to the coinsurance shown.

² \$100 per incident waived if admitted.

³ The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

⁴ Inpatient care for non-severe mental illness, inpatient chemical dependency rehabilitation and inpatient detoxification is limited to 30 days per calendar year through PPO and OON combined.

⁵ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

⁶ Recommended Drug List only.

⁷ Limited Fee Schedule reimbursement is at the 75th percentile of RBRVS. The covered person is responsible for charges in excess of allowed amount in addition to the coinsurance shown.

PPO 40 (65U) 50/50

	In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network⁷ (Coinsurance is based on Limited Fee Schedule)
Benefit[†]		
Lifetime maximum		\$5,000,000
Annual deductible	No deductible	No deductible
Maximum annual out-of-pocket costs	\$5,000 per member	\$10,000 per member
Office visit	\$40 copayment	50%
Periodic health evaluation (age 17 and older)	\$40 copayment	Covered as In-network benefit only
Vision and hearing exam (up to age 17)	\$40 copayment	Covered as In-network benefit only
X-ray and laboratory procedures (including mammograms)	50%	50%
Outpatient services	50%	50%
Outpatient surgery (professional/institutional)	50%/50% \$350 deductible per surgery	50%/50% \$350 deductible per surgery
Inpatient care (professional/institutional)	50%/\$500 deductible per admission + 50%	50%/\$500 deductible per admission + 50% (\$600 maximum allowable per day)
Well-child care (up to age 17)	\$40 copayment	Covered as in-network benefit only
Emergency room (professional/institutional)	50%/\$100 per incident ²	50%/\$100 per incident ²
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	\$40/\$500 deductible per admission + 50% ³	50%/\$500 deductible per admission + 50% (\$600 maximum allowable per day) ³
Mental health services for non-severe mental disorders (outpatient/inpatient)	50%/50% ⁴	50%/50% ⁴
	\$25 maximum payable per visit (20 visits per calendar year max. /\$175 maximum allowable per day (30 days per calendar year) ⁴	\$25 maximum payable per visit 4 visits subscriber and spouse; 8 visits dependent per calendar year/ \$175 maximum allowable per day (20 days per calendar year)
Acute care detoxification (inpatient)	50% \$500 deductible per admission (3 day maximum per calendar year)	50% (\$600 maximum allowable per day) \$500 deductible per calendar year
Durable medical equipment	50% (\$1,000 combined with Out-of-Network calendar year maximum)	50% (\$1,000 combined with PPO calendar year maximum)
Diabetic equipment	20% ⁵	50% ⁵
Chiropractic care	Not covered	Not covered
Infertility services and supplies	50% \$500 deductible per lifetime/\$2,000 lifetime maximum	50%
Self-injectable drugs	30%	50%
Retail pharmacy (up to a 30 day supply) (including birth control pills)	\$15 Level I \$30 Level II \$50 Level III	\$100 deductible per member per calendar year + 50%
Brand name deductible	\$150 per member per calendar year	Not applicable
Mail order program (up to a 90 day supply of maintenance medications)	\$30 Level I \$60 Level II \$100 Level III	Not applicable
Brand name deductible	\$150 per member per calendar year	Not applicable

PPO Catastrophic Saver (65V) 50/50

	In-Network (Coinsurance is percentage of contracted rate)	Out-of-Network⁷ (Coinsurance is based on Limited Fee Schedule)
Benefit[†]		
Lifetime maximum		\$5,000,000
Annual deductible	\$500 member/two per family (combined for PPO/OON)	
Maximum annual out-of-pocket costs	\$5,000 per member	\$10,000 per member
Office visit	\$40 copayment 4 visits subscriber and spouse;	50% 8 visits dependent per calendar year
Periodic health evaluation (age 17 and older)	\$40 copayment	Covered as In-network benefit only
Vision and hearing exam (up to age 17)	\$40 copayment	Covered as In-network benefit only
X-ray and laboratory procedures (including mammograms)	50%	50%
Outpatient services	50%	50%
Outpatient surgery (professional/institutional)	50%/50%	50%/50%
Inpatient care (professional/institutional)	50%/\$500 deductible per calendar year + 50%	50%/\$500 deductible per calendar year + 50% (\$600 maximum allowable per day)
Well-child care (up to age 17)	\$40 copayment	Covered as in-network benefit only
Emergency room (professional/institutional)	50%/\$100 per incident ²	50%/\$100 per incident ²
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)	50%/\$500 deductible per calendar year + 50% ³	50%/\$500 deductible per calendar year + 50% (\$600 maximum allowable per day) ³
Mental health services for non-severe mental disorders (outpatient/inpatient)	4 visits subscriber and spouse; 8 visits dependent per calendar year \$40 copayment/ \$500 deductible per calendar year + 50%	50%/ \$500 deductible per calendar year + 50%
	\$25 maximum payable per visit 4 visits subscriber and spouse; 8 visits dependent per calendar year/ \$175 maximum allowable per day (20 days per calendar year)	\$25 maximum payable per visit 4 visits subscriber and spouse; 8 visits dependent per calendar year/ \$175 maximum allowable per day (20 days per calendar year)
Acute care detoxification (inpatient)	50% \$500 deductible per calendar year	50% (\$600 maximum allowable per day) \$500 deductible per calendar year
Durable medical equipment	50% (\$1,000 combined with Out-of-Network calendar year maximum)	50% (\$1,000 combined with PPO calendar year maximum)
Diabetic equipment	20% ⁵	50% ⁵
Chiropractic care	Not covered	Not covered
Infertility services and supplies	Not covered	Not covered
Self-injectable drugs	50%	50%
Retail pharmacy (up to a 30 day supply) (including birth control pills)	30% ⁶ \$500 annual maximum combined in- and out-of-network	50%
Brand name deductible	Not applicable	Not applicable
Mail order program (up to a 90 day supply of maintenance medications)	30% ⁶ \$500 annual maximum	Not applicable
Brand name deductible	Not applicable	Not applicable

PPO FOOTNOTES

[†] This is a summary of plan benefits. Please refer to your Plan Documents for more details. Health Net PPO is underwritten by Health Net Life Insurance Company.

¹ Our determination of the Customary & Reasonable charge is based upon data provided by Ingenix, Inc., calculated at the 85th percentile for PPO 10. The covered person is responsible for charges in excess of C & R charges in addition to the coinsurance shown.

² \$100 per incident waived if admitted.

³ The following conditions are considered severe mental illnesses; schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children under age 18. Refer to your Plan Documents for other mental health services.

⁴ Inpatient care for non-severe mental illness, inpatient chemical dependency rehabilitation and inpatient detoxification is limited to 30 days per calendar year through PPO and OON combined.

⁵ Coverage under the medical benefit includes blood glucose monitors, insulin pumps and podiatric devices) See the "Prescription drug program" section of your Summary of Benefit/Disclosure Form for more diabetic information.

⁶ Recommended Drug List only.

⁷ Limited Fee Schedule reimbursement is at the 75th percentile of RBRVS. The covered person is responsible for charges in excess of allowed amount in addition to the coinsurance shown.

SALUD CON HEALTH NET HMO Y MÁS (191)

Benefit[†]
Lifetime maximum
Annual deductible
Maximum annual out-of-pocket costs
Office visit
Periodic health evaluation (18 and older)
Vision and hearing exam
Birth through age 17
Adult (age 18 and older)
X-ray & lab procedures (including mammograms)
Outpatient services (professional/institutional)
Outpatient surgery¹ (professional/institutional fees)
Inpatient hospital care (facility)
OB/GYN self-referral office visit
Maternity services (normal delivery or cesarean section)
<ul style="list-style-type: none"> • Professional fees • Inpatient
Well baby care
Preventive care (newborn through age 17)
Emergency room²
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)³
<ul style="list-style-type: none"> • Inpatient hospital care • Physician mental health • Outpatient consultation
Mental health services for non-severe mental disorders³
<ul style="list-style-type: none"> • Inpatient hospital care • Outpatient consultation
Acute care detoxification (inpatient)³
Durable medical equipment
Diabetic equipment
Chiropractic care
Infertility services and supplies
Prescription drugs (up to a 30-day supply) (including birth control pills)
Non-formulary
Mail order program (up to a 90-day supply of maintenance medications)

HMO Y MÁS

In Mexico (SIMNSA Network)	In California (Salud con Health Net Network)
None	None
None	None
	\$1,500 single / \$3,000 two party / \$4,500 family
\$5 copayment	\$15 copayment
No charge	\$15 copayment
\$5 copayment	\$15 copayment
\$5 copayment	Not covered
No charge	No charge
No charge/No charge	20%/20%
No charge/No charge	20%/20%
No charge	\$250 copayment
\$5 copayment	\$15 copayment
No charge	No charge
No charge	\$250 copayment
No charge	No charge
No charge	No charge
\$10 copayment (waived if admitted to hospital)	\$50 copayment (waived if admitted to hospital)
No charge	No charge ³
\$5 copayment	\$15 copayment ³
\$5 copayment	\$15 copayment ³
No charge (20 days each calendar year)	No charge ³
\$5 copayment (20 visit maximum per calendar year)	\$15 copayment ³
20%	No charge
No charge	No charge
No charge	No charge
	Available as optional rider coverage ⁴
50%	50%
\$5	\$5 Level I
	\$15 Level II
	\$35 Level III
Not covered	\$10 Level I
	\$30 Level II
	\$70 Level III

[†] This is a summary of plan benefits. Refer to Plan documents for details. All forms, brochures and current standard rates are available online for print.

¹ If preauthorized.

² The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

³ Administered through Managed Health Network (MHN) under the Los Angeles network. The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

⁴ Chiropractic rider coverage is available as an optional benefit with all HMO plans shown above. Features of Health Net's chiropractic coverage include: \$10 per visit copayment and up to 20 visits per calendar year.

Subscribers interested in applying for enrollment in Salud con Health Net should know that enrollment is limited to members in the Salud con Health Net service area only. The network of providers for Salud con Health Net members is different, and more restricted, than networks for other Health Net offerings.

SALUD CON HEALTH NET PPO (11D)

Benefit[†]	In Mexico¹ (SIMNSA Network) (Coinsurance is percentage of contracted rate)	In California (Salud con Health Net Network) (Coinsurance is percentage of contracted rate)	Out-of-Network¹ (Coinsurance is percentage of Limited Fee Schedule)
Lifetime maximum	\$5,000,000	\$5,000,000	\$5,000,000
Annual deductible	N/A	\$100 member/ \$200 family	\$1,000 member / \$2,000 family
Office visit	\$5 copayment	\$15 copayment (deductible waived)	50%
Inpatient and outpatient surgery² (professional fees)	10%	20%	50%
Inpatient hospital care²	10%	\$250/20% deductible	\$250 deductible/50% (\$380 maximum allowable per day)
Well baby care	\$5 copayment	\$15 copayment (deductible waived)	50%
OB/GYN self-referral office visit	\$5 copayment	\$15 copayment (deductible waived)	50%
Maternity services (normal delivery or cesarean section)			
• Professional fees	10%	20%	50%
• Inpatient	No charge	\$250/20% deductible	\$250 /50%deductible/ \$380 maximum allowable
Preventive care (newborn through age 17)	\$5 copayment	\$15 copayment (deductible waived)	50%
X-ray & laboratory procedures (including mammograms)	10%	20%	50%
Prescription drugs (including birth control pills)	\$10 Level I \$10 Level II	\$10 Level I \$35 Level II	\$10 Level I \$35 Level II
Non-formulary prescription drugs	Not covered	50% drug not on list	50% drug not on list
Emergency room³	\$25/10% deductible	\$50/20% deductible	\$100/50% deductible
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)⁴			
• Inpatient hospital care	10%	\$250/20% deductible	\$250/50% deductible/ \$380 maximum
• Physician mental health	10%	20%	50%
• Outpatient consultation	\$5 copayment	\$15 copayment (deductible waived)	50%
Maximum annual out-of-pocket costs	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family	\$10,000

[†] This is a summary of plan benefits. Please refer to the Plan Documents for more details.

¹ Out-of-Network providers, facilities or pharmacies in Mexico are not covered by this plan.

² If preauthorized.

³ The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

⁴ The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive

disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

Subscribers interested in applying for enrollment in Salud con Health Net should know that enrollment is limited to members in the California Salud con Health Net service area only. The network of providers for Salud con Health Net members is different, and more restricted, than networks for other Health Net offerings.

Health Net PPO is underwritten by Health Net Life Insurance Company.

SALUD CON HEALTH NET SALUD MÉXICOSM (35W)

Benefit[†]

Annual deductible

Lifetime maximum

Office visit

Inpatient & outpatient surgery¹ (professional fees)

Inpatient hospital care (facility)¹

Preventive care (newborn through age 17)

Well baby care

OB/GYN self-referral office visit

Maternity services (normal delivery or cesarean section)

- Professional fees
- Inpatient

X-ray & lab procedures (including mammograms)

Prescription drugs (including birth control pills)

Non-formulary prescription drugs

Emergency room²

Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)³

- Inpatient hospital care
- Physician mental health
- Outpatient consultation

Maximum annual out-of-pocket costs

SIMNSA Network only*

None

Unlimited

\$5 copayment

No charge

No charge

No charge

No charge

\$5 copayment

No charge

No charge

No charge

\$5 Level I; \$5 Level II

Not covered

\$10 (\$50 in United States and outside of Mexico)

No charge

No charge

\$5 copayment

\$1,500 single

\$3,000 2-party contract

\$4,500 family

See page 18 for approved ZIP codes.

[†] This is a summary of plan benefits. Please refer to the Plan Documents for more details.

¹ If preauthorized.

² The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

³ The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

Subscribers interested in applying for enrollment in Salud con Health Net Salud México should know that enrollment is limited to members in the San Diego area only. Under the Salud con Health Net Salud México plan, members must access providers within the SIMNSA network in Mexico.

*Members **must** access the SIMNSA network under this plan, otherwise benefits will not be covered.

SALUD CON HEALTH NET EPO (46C) SALUD PRIMERO

Benefit [†]
Annual deductible
Lifetime maximum
Office visit
Inpatient & outpatient surgery¹ (professional fees)
Inpatient hospital care (facility)¹
Preventive care (newborn through age 17)
Well baby care
OB/GYN self-referral office visit
Maternity services (normal delivery or cesarean section)
<ul style="list-style-type: none"> • Professional fees • Inpatient
X-ray & lab procedures (including mammograms)
Prescription drugs (including birth control pills)
Non-formulary prescription drugs
Emergency room²
Mental health services for severe mental illness and serious emotional disturbances of a child (outpatient/inpatient)³
<ul style="list-style-type: none"> • Inpatient hospital care • Physician mental health • Outpatient consultation
Maximum annual out-of-pocket costs

[†] This is a summary of plan benefits. Please refer to the Plan Documents for more details.

¹ If prior certification is not acquired, benefits are reduced to 50%. For uncertified outpatient services, a \$50 deductible is required for each visit. For uncertified inpatient admissions, a \$250 deductible is required for each inpatient admission.

² The copayment applies to services received in an emergency room, emergency care facility or urgent care center that is not operated by the member's contracting physician group. The emergency room or urgent care center copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room or urgent care center.

³ The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, serious emotional disturbances of children. Refer to your Plan Documents for other mental health services.

⁴ For each office visit to a Primary Care Physician (general practitioner, internal medicine practitioner, family practitioner, obstetrician/gynecologist [OB/GYN] or pediatrician) there is a \$15 copayment. For each office visit to any other physician (any physician who is not a Primary Care Physician) there is a \$35 copayment.

In Mexico (SIMNSA Network)	In California Salud con Health Net Network
None	None
	\$5,000,000
\$5 copayment	\$15 or \$35 copayment ⁴
No charge	No charge
No charge	\$250 per admission
No charge	No charge
No charge	No charge
\$5 copayment	\$15 copayment
No charge	No charge
No charge	\$250 per admission
No charge	No charge
\$5 Level I \$5 Level II	\$10 Level I \$35 Level II
Not covered	50%
\$10 copayment	\$100 copayment
No charge ⁵	\$250 per admission ⁵
No charge	10% of contracted rate
\$5 copayment ⁶	\$15 copayment ⁶
Not applicable	\$1,500 single \$4,500 family

⁵ Maximum of 20 days per calendar year, combined for SIMNSA and Salud con Health Net Networks.

⁶ Maximum of 20 visits per calendar year, combined for SIMNSA and Salud con Health Net Networks.

Subscribers interested in applying for enrollment in Salud con Health Net should know that enrollment is limited to members in the Los Angeles and Ventura County areas only. The network of providers for Salud con Health Net members is different, and more restricted, than networks for other Health Net offerings.

Health Net EPO is underwritten by Health Net Life Insurance Company

SALUD CON HEALTH NET SALUD MÉXICOSM (35W)

Approved ZIP codes of 50-mile radius area of California border

ZIP CODE	CITY	ZIP CODE	CITY	ZIP CODE	CITY	ZIP CODE	CITY
91901	ALPINE	92029	ESCONDIDO	92131	SAN DIEGO	92190	SAN DIEGO
91902	BONITA	92030	ESCONDIDO	92132	SAN DIEGO	92191	SAN DIEGO
91903	ALPINE	92031	GUATAY	92133	SAN DIEGO	92192	SAN DIEGO
91905	BOULEVARD	92033	SAN DIEGO	92134	SAN DIEGO	92193	SAN DIEGO
91906	CAMPO	92036	JULIAN	92135	SAN DIEGO	92194	SAN DIEGO
91908	BONITA	92037	LA JOLLA	92136	SAN DIEGO	92195	SAN DIEGO
91909	CHULA VISTA	92038	LA JOLLA	92137	SAN DIEGO	92196	SAN DIEGO
91910	CHULA VISTA	92039	SAN DIEGO	92138	SAN DIEGO	92197	SAN DIEGO
91911	CHULA VISTA	92040	LAKESIDE	92139	SAN DIEGO	92198	SAN DIEGO
91912	CHULA VISTA	92043	SAN DIEGO	92140	SAN DIEGO	92199	SAN DIEGO
91913	CHULA VISTA	92046	ESCONDIDO	92141	SAN DIEGO	92227	BRAWLEY
91914	CHULA VISTA	92053	NESTOR	92142	SAN DIEGO	92231	CALEXICO
91915	CHULA VISTA	92062	PINE VALLEY	92143	SAN DIEGO	92232	CALEXICO
91916	DESCANSO	92064	POWAY	92144	SAN DIEGO	92233	CALIPATRIA
91917	DULZURA	92065	RAMONA	92145	SAN DIEGO	92243	EL CENTRO
91921	CHULA VISTA	92067	RANCHO SANTA FE	92146	SAN DIEGO	92244	EL CENTRO
91931	IMPERIAL BEACH	92069	SAN MARCOS	92147	SAN DIEGO	92249	HEBER
91932	IMPERIAL BEACH	92070	SANTA YSABEL	92148	SAN DIEGO	92250	HOLTVILLE
91933	IMPERIAL BEACH	92071	SANTEE	92149	SAN DIEGO	92251	IMPERIAL
91934	JACUMBA	92072	SANTEE	92150	SAN DIEGO	92257	NILAND
91935	JAMUL	92073	SAN DIEGO	92151	SAN DIEGO	92259	OCOTILLO
91941	LA MESA	92074	SAN DIEGO	92152	SAN DIEGO	92273	SEELEY
91942	LA MESA	92075	SOLANA BEACH	92153	SAN DIEGO	92281	WESTMORLAND
91943	LA MESA	92082	VALLEY CENTER	92154	SAN DIEGO		
91944	LA MESA	92091	SAN DIEGO	92155	SAN DIEGO		
91945	LEMON GROVE	92092	LA MESA	92156	SAN DIEGO		
91946	LEMON GROVE	92093	LA JOLLA	92157	SAN DIEGO		
91947	LINCOLN ACRES	92100	SAN DIEGO	92158	SAN DIEGO		
91948	MT. LAGUNA	92101	SAN DIEGO	92159	SAN DIEGO		
91950	NATIONAL CITY	92102	SAN DIEGO	92160	SAN DIEGO		
91951	NATIONAL CITY	92103	SAN DIEGO	92161	SAN DIEGO		
91962	PINE VALLEY	92104	SAN DIEGO	92162	SAN DIEGO		
91963	PETRERO	92105	SAN DIEGO	92163	SAN DIEGO		
91976	SPRING VALLEY	92106	SAN DIEGO	92164	SAN DIEGO		
91977	SPRING VALLEY	92107	SAN DIEGO	92165	SAN DIEGO		
91978	SPRING VALLEY	92108	SAN DIEGO	92166	SAN DIEGO		
91979	SPRING VALLEY	92109	SAN DIEGO	92167	SAN DIEGO		
91980	TECATE	92110	SAN DIEGO	92168	SAN DIEGO		
91990	TECATE	92111	SAN DIEGO	92169	SAN DIEGO		
91991	TECATE	92112	SAN DIEGO	92170	SAN DIEGO		
91994	TECATE	92113	SAN DIEGO	92171	SAN DIEGO		
92005	BOULEVARD	92114	SAN DIEGO	92172	SAN DIEGO		
92007	CARDIFF BY THE SEA	92115	SAN DIEGO	92173	SAN YSIDRO		
92008	CARLSBAD	92116	SAN DIEGO	92174	SAN DIEGO		
92009	CARLSBAD	92117	SAN DIEGO	92175	SAN DIEGO		
92013	SAN DIEGO	92118	CORONADO	92176	SAN DIEGO		
92014	DEL MAR	92119	SAN DIEGO	92177	SAN DIEGO		
92017	DULZURA	92120	SAN DIEGO	92178	SAN DIEGO		
92018	CARLSBAD	92121	SAN DIEGO	92179	SAN DIEGO		
92019	EL CAJON	92122	SAN DIEGO	92180	SAN DIEGO		
92020	EL CAJON	92123	SAN DIEGO	92181	SAN DIEGO		
92021	EL CAJON	92124	SAN DIEGO	92182	SAN DIEGO		
92022	EL CAJON	92125	SAN DIEGO	92183	SAN DIEGO		
92023	SAN DIEGO	92126	SAN DIEGO	92184	SAN DIEGO		
92024	ENCINITAS	92127	SAN DIEGO	92185	SAN DIEGO		
92025	ESCONDIDO	92128	SAN DIEGO	92186	SAN DIEGO		
92026	ESCONDIDO	92129	SAN DIEGO	92187	SAN DIEGO		
92027	ESCONDIDO	92130	SAN DIEGO	92188	SAN DIEGO		
				92189	SAN DIEGO		

11/05 SMALL BUSINESS GROUP ENHANCED CHOICE UNDERWRITING GUIDELINES

ELIGIBILITY:

- 6-50 eligible employees with over 50% of the total group located in California, subject to Out-of-Area requirements below.
- Out-of-Area Requirements
 - A maximum of 49% of the group's enrolled and/or eligible population may be out of California's service area, subject to the following rules.
 - Those employees who are out of the California service area but are in the Out of State PPO service area may be written on a PPO plan.
 - Those employees who are not in the California service area or Out of State PPO service area may be written on a Flex plan.
- Probationary period for new hires must be no less than the first of the month following the date of hire and no longer than the first of the month following 6 months.
- Eligible employees can be defined as employees working at least 20 or 30 hours per week.
- If the group can demonstrate a 1099 has been affiliated with the employer long enough to be tied to the company through a federal tax return, he or she may be considered eligible.
- With the exception of owners or 1099 employees, all employees must be covered by workers' compensation.

CONTRIBUTION / PARTICIPATION:

- A minimum employer contribution to the employee rate of \$100 or 50% of the lowest cost plan, excluding Salud.
- A minimum of 75% participation is required.
- Participation requirements are based on plan offering.
- Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not be counted as eligible.

RATE INFORMATION:

- 12-month rate guarantee for new and renewing business.

- Rating is based on employee residence.
- Age banded rates only.

HEALTH STATEMENTS:

- Individual Health Statements are required for:
 - Groups of 1-5 enrolling who are eligible for an industry discount.
 - Groups of 6-9 enrolling.
 - The individual indicated on the Group Level Health Statement.
 - Carve-outs.
 - Non-Guaranteed Issue groups of any size.
- Group Level Health Statements are required for groups of 10 or more enrolled subscribers.

SUBMISSION:

- All cases requesting coverage on the 1st must be submitted by the 5th of the month for which coverage is to be effective.
- For groups effective on the 15th, cases must be submitted by the 20th of the month for which coverage is to be effective. *Note:* This option is available for groups losing coverage mid-month only.

CHOICES:

- Products Include:
 - HMO 15, 20, 35 and 40
 - HMO Xtra Value 20 and 40
 - EOA 10, 20, 25 and 30
 - POS 10, 20 and 30
 - PPO 10, 15, 20, 30, 40, Saver, 2000 and 3000
 - Salud HMO, PPO and EPO*
 - Salud Mexico*
 - Flex Net*

*Service area restrictions apply.

(continued next page)

Note: Any Health Net plan offered with Silver Network is excluded from this offering.

- Health Net is not required to be sole carrier.
- A minimum of 6 enrolled subscribers is required.
- A minimum employer contribution to the employee rate of \$100 or 50% of the lowest cost plan, excluding Salud is required.

CARVE-OUT PLANS:

- Health Net must be the sole carrier offered to the carve out population.
- Non-Guarantee Issue (unless coverage is offered to 100% of the eligible employees in 1672 groups).
- Individual Health Statements are required.

CONTACT US

Enhanced Choice is available to employers with 6–50 employees, with minimums of 6 enrolled employees and 75% participation. For more information, contact:

Health Net
Post Office Box 9103
Van Nuys, California 91409-9103

Small Business Group:

1-800-447-8812

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

Broker Relations

1-800-448-4411, option 4

Telecommunications Device
for the Hearing and Speech Impaired:

1-800-995-0852

www.healthnet.com

OTHER OPTIONS

Coverage for individuals and families:

1-800-909-3447

Coverage for family members over 65 years of age:

1-800-944-7287

Coverage for children in a low-income household:

1-800-765-8378

Coverage for businesses with 50+ employees:

1-800-448-4411, option 4