Enhanced Choice Portfolio Groups 101-500

Effective date 1/1/27

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 cap[1]

We help you to keep selling strong with a second year rate cap option! Qualified new groups can take advantage of a second-year rate guarantee[1] on all Enhanced Choice plans for effective dates 1/1/2027 through 3/1/2028.

How it works

Eligible employees + Employee participation minimum:

101 or more eligible employees, up to 500

+

flexible employee participation requirements

+

Employer pays:

minimum of **50%** of base plan monthly[2]

+

Employer selects a maximum of **6** plans[3]

=

Employees get:

Access to Enhanced Choice Large Group Portfolio!

Large Group **HMO/EOA medical** benefits

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Full Network HMO								
NMH	10/250a ($1,500 / $3,000)	$10	$30	$0	$250 per admit	Hospital: $250; ASC: $250	$1,500 / $3,000	$200
NMM	20/250a ($1,500 / $3,000)	$20	$40	$0	$250 per admit	Hospital: $250a ASC: $250a	$1,500 / $3,000	$200
NMK	20/0 ($1,500 / $3,000)	$20	$40	$0	$0	Hospital: $0 ASC: $0	$1,500 / $3,000	$200
NMJ	15/250a ($2,500 / $5,000)	$15	$35	$0	$250 per admit	Hospital: $250a ASC: $250a	$2,500 / $5,000	$200
NML	20/20% ($2,500 / $5,000)	$20	$40	$0	20%	Hospital: 20% ASC: 20%	$2,500 / $5,000	$150
NMN	20/500a ($2,500 / $5,000)	$20	$40	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NMT	30/500a ($2,500 / $5,000)	$30	$50	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NMQ	30/20% ($2,500 / $5,000)	$30	$50	$0	20%	Hospital: 20% ASC: 20%	$2,500 / $5,000	$200

(continued)

Effective date 1/1/27

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NMO	25/750a ($2,500 / $5,000)	$25	$45	$0	$750 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NMS	30/30% ($3,500 / $7,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$3,500 / $7,000	$200
NMP	30/1000a ($3,500 / $7,000)	$30	$50	$0	$1,000 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NMV	35/750a ($3,500 / $7,000)	$35	$55	$0	$750 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NMX	40/30% ($3,500 / $7,000)	$40	$60	$0	30%	Hospital: 30% ASC: 30%	$3,500 / $7,000	$200
NMR	30/250d ($4,500 / $9,000)	$30	$50	$0	$250 per day, $750 max per admit	Hospital: $250a ASC: $250a	$4,500 / $9,000	$200
NMZ	40/500d ($4,500 / $9,000)	$40	$60	$0	$500 per day, $1,500 max per admit	Hospital: $500 ASC: $500	$4,500 / $9,000	$200
NN0	40/750a ($4,500 / $9,000)	$40	60	$0	$750 per admit	Hospital: $500a ASC: $500a	$4,500 / $9,000	$200
NMU	35/30% ($5,500 / $11,000)	$35	$55	$0	30%	Hospital: 30% ASC: 30%	$5,500 / $11,000	$200
NMY	40/40% ($5,500 / $11,000)	$40	$60	$0	40%	Hospital: 40% ASC: 40%	$5,500 / $11,000	$200
NMI	15/1500d ($6,500 / $13,000)	$15	$35	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$6,500 / $13,000	$300
NMW	40/1500d ($6,500 / $13,000)	$40	$60	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$6,500 / $13,000	$200
NN1	50/1500d ($7,500 / $15,000)	$50	$70	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$7,500 / $15,000	$300
NN2	60/1500a ($9,500 / $19,000)	$60	$80	$0	$1,500 per admit + 40%	Hospital: 40% ASC: 40%	$9,500 / $19,000	$300
ExcelCare HMO								
NO7	10/250a ($1,500 / $3,000)	$10	$30	$0	$250 per admit	Hospital: $250; ASC: $250	$1,500 / $3,000	$200
NOB	20/0 ($1,500 / $3,000)	$20	$40	$0	$0	Hospital: $0 ASC: $0	$1,500 / $3,000	$200
NO9	15/250a ($2,500 / $5,000)	$15	$35	$0	$250 per admit	Hospital: $250a ASC: $250a	$2,500 / $5,000	$200
NOE	20/250a ($1,500 / $3,000)	$20	$40	$0	$250 per admit	Hospital: $250a ASC: $250a	$1,500 / $3,000	$200
NOD	20/20% ($2,500 / $5,000)	$20	$40	$0	20%	Hospital: 20% ASC: 20%	$2,500 / $5,000	$150
NOG	20/500a ($2,500 / $5,000)	$20	$40	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NOO	30/500a ($2,500 / $5,000)	$30	$50	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200

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Effective date 1/1/27

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NOU	35/750a ($3,500 / $7,000)	$35	$55	$0	$750 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NOK	30/20% ($2,500 / $5,000)	$30	$50	$0	20%	Hospital: 20% ASC: 20%	$2,500 / $5,000	$200
NOH	25/750a ($2,500 / $5,000)	$25	$45	$0	$750 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NOM	30/30% ($3,500 / $7,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$3,500 / $7,000	$200
NOJ	30/1000a ($3,500 / $7,000)	$30	$50	$0	$1,000 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NOW	40/30% ($3,500 / $7,000)	$40	$60	$0	30%	Hospital: 30% ASC: 30%	$3,500 / $7,000	$200
NOL	30/250d ($4,500 / $9,000)	$30	$50	$0	$250 per day, $750 max per admit	Hospital: $250a ASC: $250a	$4,500 / $9,000	$200
NP0	40/500d ($4,500 / $9,000)	$40	$60	$0	$500 per day, $1,500 max per admit	Hospital: $500a ASC: $500a	$4,500 / $9,000	$200
NOS	35/30% ($5,500 / $11,000)	$35	$55	$0	30%	Hospital: 30% ASC: 30%	$5,500 / $11,000	$200
NOY	40/40% ($5,500 / $11,000)	$40	$60	$0	40%	Hospital: 40% ASC: 40%	$5,500 / $11,000	$200
NP1	40/750a ($4,500 / $9,000)	$40	$60	$0	$750 per admit	Hospital: $500a ASC: $500a	$4,500 / $9,000	$200
NO8	15/1500d ($6,500 / $13,000)	$15	$35	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$6,500 / $13,000	$300
NOV	40/1500d ($6,500 / $13,000)	$40	$60	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$6,500 / $13,000	$200
NP2	50/1500d ($7,500 / $15,000)	$50	$70	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$7,500 / $15,000	$300
NP5	60/1500a ($9,200 / $18,400)	$60	$80	$0	$1,500 per admit + 40%	Hospital: 50% ASC: 50%	$9,200 / $18,400	$300
ExcelCare HMO – Facility Deductible								
NOF	20/500/10% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NOC	20/1500/20% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200 DA
NOI	30/1000/20% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NOP	30/1500/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NOQ	30/2000/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200

(continued)

Effective date 1/1/27

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NOR	30/3000/30% ($4,500 / $9,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NOX	40/3000/40% ($5,500 / $11,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $5,500 / $11,000; PPO: $7,500 / $11,000	$200
NOZ	40/4000/40% ($6,500 / $13,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $6,500 / $13,000; PPO: $8,500 / $17,000	$200
NP3	50/4500/40% ($6,500 / $13,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$300 applies
NP4	50/5500/40% ($7,500 / $15,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $7,500 / $15,000	$300 applies
Smartcare HMO								
NLK	10/250a ($1,500 / $3,000)	$10	$30	$0	$250 per admit	Hospital: $250; ASC: $250	$1,500 / $3,000	$200
NLN	20/0 ($1,500 / $3,000)	$20	$40	$0	$0	Hospital: $0 ASC: $0	$1,500 / $3,000	$200
NLM	15/250a ($2,500 / $5,000)	$15	$35	$0	$250 per admit	Hospital: $250a ASC: $250a	$2,500 / $5,000	$200
NLQ	20/250a ($1,500 / $3,000)	$20	$40	$0	$250 per admit	Hospital: $250a ASC: $250a	$1,500 / $3,000	$200
NLP	20/20% ($2,500 / $5,000)	$20	$40	$0	20%	Hospital: 20% ASC: 20%	$2,500 / $5,000	$150
NLS	20/500a ($2,500 / $5,000)	$20	$40	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NLZ	30/500a ($2,500 / $5,000)	$30	$50	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NM4	35/750a ($3,500 / $7,000)	$35	$55	$0	$750 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NLW	30/20% ($2,500 / $5,000)	$30	$50	$0	20%	Hospital: 20% ASC: 20%	$2,500 / $5,000	$200
NLT	25/750a ($2,500 / $5,000)	$25	$45	$0	$750 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NLY	30/30% ($3,500 / $7,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$3,500 / $7,000	$200
NLV	30/1000a ($3,500 / $7,000)	$30	$50	$0	$1,000 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NM6	40/30% ($3,500 / $7,000)	$40	$60	$0	30%	Hospital: 30% ASC: 30%	$3,500 / $7,000	$200
NLX	30/250d ($4,500 / $9,000)	$30	$50	$0	$250 per day, $750 max per admit	Hospital: $250a ASC: $250a	$4,500 / $9,000	$200
NMB	40/500d ($4,500 / $9,000)	$40	$60	$0	$500 per day, $1,500 max per admit	Hospital: $500a ASC: $500a	$4,500 / $9,000	$200

(continued)

Effective date 1/1/27

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NMC	40/750a ($4,500 / $9,000)	$40	$60	$0	$750 per admit	Hospital: $500a ASC: $500a	$4,500 / $9,000	$200
NM3	35/30% ($5,500 / $11,000)	$35	$55	$0	30%	Hospital: 30% ASC: 30%	$5,500 / $11,000	$200
NM8	40/40% ($5,500 / $11,000)	$40	$60	$0	40%	Hospital: 40% ASC: 40%	$5,500 / $11,000	$200
NLL	15/1500d ($6,500 / $13,000)	$15	$35	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$6,500 / $13,000	$300
NM5	40/1500d ($6,500 / $13,000)	$40	$60	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$6,500 / $13,000	$200
NMD	50/1500d ($7,500 / $15,000)	$50	$70	$0	$1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	$7,500 / $15,000	$300
NMG	60/1500a ($9,200 / $18,400)	$60	$80	$0	$1,500 per admit + 40%	Hospital: 50% ASC: 50%	$9,200 / $18,400	$300
SmartCare HMO – Facility Deductible								
NLR	20/500/10% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: $3,500 /$7,000; PPO: $5,500 / $11,000	$200
NLO	20/1500/20% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 /$7,000; PPO: $5,500 / $11,000	$200 DA
NLU	30/1000/20% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 /$7,000; PPO: $5,500 / $11,000	$200
NM0	30/1500/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 /$7,000; PPO: $5,500 / $11,000	$200
NM1	30/2000/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 /$7,000; PPO: $5,500 / $11,000	$200
NM2	30/3000/30% ($4,500 / $9,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $4,500 /$9,000; PPO: $6,500 / 13,000	$200
NM7	40/3000/40% ($5,500 / $11,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $5,500 /$11,000; PPO: $7,500 / $11,000	$200
NM9	40/4000/40% ($6,500 / $13,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $6,500 / $13,000; PPO: $8,500 / $17,000	$200
NME	50/4500/40% ($6,500 / $13,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$300 applies
NMF	50/5500/40% ($7,500 / $15,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $7,500 / $15,000	$300 applies

(continued)

Effective date 1/1/27

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Salud HMO y Más / Salud HMO y Más San Diego								
NO2 / NO3	10/250a ($1,500 / $3,000)	SIMNSA: $5; HN: $10	SIMNSA: $5; HN: $30	$0	SIMNSA: $0; HN: $250 per admit	Hospital: $250; ASC: $250	SIMNSA: $1,500 / $4,500; HN: $1,500 / $3,000	$200
NR5 / NR6	20/0 ($1,500 / $3,000)	SIMNSA: $5; HN: $20	SIMNSA: $5; HN: $40	$0	SIMNSA: $0; HN: $0	Hospital: $0 ASC: $0	SIMNSA: $1,500 / $4,500; HN: $1,500 / $3,000	$200
NO4 / NO5	15/250a ($2,500 / $5,000)	SIMNSA: $5; HN: $15	SIMNSA: $5; HN: $35	$0	SIMNSA: $0; HN: $250 per admit	Hospital: $250a ASC: $250a	SIMNSA: $1,500 / $4,500; HN: $2,500 / $5,000	$200
NRC / NRD	20/250a ($1,500 / $3,000)	$20	$40	$0	$250 per admit	Hospital: $250a ASC: $250a	$1,500 / $3,000	$200
NR9 / NRB	20/20% ($2,500 / $5,000)	SIMNSA: $5; HN: $20	SIMNSA: $5; HN: $40	$0	SIMNSA: $0; HN: 20%	Hospital: 20% ASC: 20%	SIMNSA: $1,500 / $4,500; HN: $2,500 / $5,000	$150
NRG / NRH	20/500a ($2,500 / $5,000)	SIMNSA: $5; HN: $20	SIMNSA: $5; HN: $40	$0	SIMNSA: $0; HN: $500 per admit	Hospital: $500a ASC: $500a	SIMNSA: $1,500 / $4,500; HN: $2,500 / $5,000	$200
NRW / NRX	30/500a ($2,500 / $5,000)	$30	$50	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NRQ / NRR	30/20% ($2,500 / $5,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: 20%	Hospital: 20% ASC: 20%	SIMNSA: $1,500 / $4,500; HN: $2,500 / $5,000	$200
NRI / NRJ	25/750a ($2,500 / $5,000)	SIMNSA: $5; HN: $25	SIMNSA: $5; HN: $45	$0	SIMNSA: $0; HN: $750 per admit	Hospital: $500a ASC: $500a	SIMNSA: $1,500 / $4,500; HN: $2,500 / $5,000	$200
NRU / NRV	30/30% ($3,500 / $7,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: 30%	Hospital: 30% ASC: 30%	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NRM / NRN	30/1000a ($3,500 / $7,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: $1,000 per admit	Hospital: $500a ASC: $500a	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NS8 / NS9	40/30% ($3,500 / $7,000)	SIMNSA: $5; HN: $40	SIMNSA: $5; HN: $60	$0	SIMNSA: $0; HN: 30%	Hospital: 30% ASC: 30%	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NRS / NRT	30/250d ($4,500 / $9,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: $750 max per admit	Hospital: $250a ASC: $250a	SIMNSA: $1,500 / $4,500; HN: $4,500 / $9,000	$200
NS4 / NS5	35/750a ($3,500 / $7,000)	SIMNSA: $5; HN: $35	SIMNSA: $5; HN: $55	$0	SIMNSA: $0; HN: $750 max per admit	Hospital: $500a ASC: $500a	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NSH / NSI	40/500d ($4,500 / $9,000)	SIMNSA: $5; HN: $40	SIMNSA: $5; HN: $60	$0	SIMNSA: $0; HN: $1,500 max per admit	Hospital: $500 a ASC: $500a	SIMNSA: $1,500 / $4,500; HN: $4,500 / $9,000	$200

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Effective date 1/1/27

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NSJ / NSK	40/750a ($4,500 / $9,000)	SIMNSA: $5; HN: $40	SIMNSA: $5; HN: $60	$0	SIMNSA: $0; HN: $750 per admit	Hospital: $500a ASC: $500a	SIMNSA: $1,500 / $4,500; HN: $4,500 / $9,000	$200
NS2 / NS3	35/30% ($5,500 / $11,000)	SIMNSA: $5; HN: $35	SIMNSA: $5; HN: $55	$0	SIMNSA: $0; HN: 30%	Hospital: 30% ASC: 30%	SIMNSA: $1,500 / $4,500; HN: $5,500 / $11,000	$200
NSD / NSE	40/40% ($5,500 / $11,000)	SIMNSA: $5; HN: $40	SIMNSA: $5; HN: $60	$0	SIMNSA: $0; HN: 40%	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $5,500 / $11,000	$200
NR3 / NR4	15/1500d ($6,500 / $13,000)	SIMNSA: $5; HN: $15	SIMNSA: $5; HN: $35	$0	SIMNSA: $0; HN: $4,500 max per admit	Hospital: 50% ASC: 50%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$300
NS6 / NS7	40/1500d ($6,500 / $13,000)	SIMNSA: $5; HN: $40	SIMNSA: $5; HN: $60	$0	SIMNSA: $0; HN: $4,500 max per admit	Hospital: 50% ASC: 50%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$200
NSL / NSM	50/1500d ($7,500 / $15,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: $4,500 max per admit	Hospital: 50% ASC: 50%	SIMNSA: $1,500 / $4,500; HN: $7,500 / $15,000	$300
NSR / NSS	60/1500a ($9,200 / $18,400)	SIMNSA: $5; HN: $60	SIMNSA: $5; HN: $80	$0	SIMNSA: $0; HN: $1,500 per admit + 40%	Hospital: 50% ASC: 50%	SIMNSA: $1,500 / $4,500; HN: $9,200 / $18,400	$300
Salud HMO y Más / Salud HMO y Más San Diego – Facility Deductible								
NR7 / NR8	20/1500/20% ($3,500 / $7,000)	HMO: $5; HN: $20	SIMNSA: $5; HN: $40	$0	SIMNSA: $0; HN: 20% applies	Hospital: 20% ASC: 20%	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200 DA
NRE / NRF	20/500/10% ($3,500 / $7,000)	SIMNSA: $5; HN: $20	SIMNSA: $5; HN: $40	$0	SIMNSA: $0; HN: 10% applies	Hospital: 10% ASC: 10%	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NRK / NRL	30/1000/20% ($3,500 / $7,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: 20% applies	Hospital: 20% ASC: 20%	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NRO / NRP	30/1500/30% ($3,500 / $7,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: 30% applies	Hospital: 30% ASC: 30%	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NRY / NRZ	30/2000/30% ($3,500 / $7,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: 30% applies	Hospital: 30% ASC: 30%	SIMNSA: $1,500 / $4,500; HN: $3,500 / $7,000	$200
NS0 / NS1	30/3000/30% ($4,500 / $9,000)	SIMNSA: $5; HN: $30	SIMNSA: $5; HN: $50	$0	SIMNSA: $0; HN: 30% applies	Hospital: 30% ASC: 30%	SIMNSA: $1,500 / $4,500; HN: $4,500 / $9,000	$200
NSB / NSC	40/3000/40% ($5,500 / $11,000)	SIMNSA: $5; HN: $40	SIMNSA: $5; HN: $60	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $5,500 / $11,000	$200 applies
NSF / NSG	40/4000/40% ($6,500 / $13,000)	SIMNSA: $5; HN: $40	SIMNSA: $5; HN: $60	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$200 applies

(continued)

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NSN / NSO	50/4500/40% ($6,500 / $13,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$300 applies
NSP / NSQ	50/5500/40% ($7,500 / $15,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $7,500 / $15,000	$300 applies
Salud Mexico								
NO6	5/0 ($1,500 / $4,500)	$5	$5	Not Covered	$0	Hospital: $0 ASC: $0	$1,500 / $4,500	$10
Full Network – Elect Open Access (EOA)[6]								
NN3	10/250a ($1,500 / $3,000)	HMO: $10; PPO: $30	HMO: $30; PPO: $30	$0	HMO: $250 per admit	Hospital: $250; ASC: $250	HMO: $1,500 / $3,000; PPO: $3,500 / $7,000	$200
NN6	20/0 ($1,500 / $3,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: $0	Hospital: $0 ASC: $0	HMO: $1,500 / $3,000; PPO: $3,500 / $7,000	$200
NN5	15/250a ($2,500 / $5,000)	HMO: $15; PPO: $35	HMO: $35; PPO: $35	$0	HMO: $250 per admit	Hospital: $250a ASC: $250a	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NN9	20/250a ($1,500 / $3,000)	$20	$40	$0	$250 per admit	Hospital: $250a ASC: $250a	$1,500 / $3,000	$200
NN8	20/20% ($2,500 / $5,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$150
NNC	20/500a ($2,500 / $5,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: $500 per admit	Hospital: $500a ASC: $500a	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NNJ	30/500a $2,500 / $5,000)	$30	$50	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NNO	35/750a ($3,500 / $7,000)	$35	$55	$0	$750 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NNG	30/20% ($2,500 / $5,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NND	25/750a ($2,500 / $5,000)	HMO: $25; PPO: $45	HMO: $45; PPO: $45	$0	HMO: $750 per admit	Hospital: $500a ASC: $500a	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NNI	30/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NNF	30/1000a ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: $1,000 per admit	Hospital: $500a ASC: $500a	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NNQ	40/30% ($3,500 / $7,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NNH	30/250d ($4,500 / $9,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: $250 per day, $750 max per admit	Hospital: $250a ASC: $250a	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NNU	40/500d ($4,500 / $9,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: $500 per day, $1,500 max per admit	Hospital: $500a ASC: $500a	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NNV	40/750a ($4,500 / $9,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: $750 per admit	Hospital: $500a ASC: $500a	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NNN	35/30% ($5,500 / $11,000)	HMO: $35; PPO: $55	HMO: $55; PPO: $55	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $5,500 / $11,000; PPO: $7,500 / $11,000	$200

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NNS	40/40% ($5,500 / $11,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $5,500 / $11,000; PPO: $7,500 / $11,000	$200
NN4	15/1500d ($6,500 / $13,000)	HMO: $15; PPO: $35	HMO: $35; PPO: $35	$0	HMO: $1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	HMO: $6,500 / $13,000; PPO: $8,500 / $13,000	$300
NNP	40/1500d ($6,500 / $13,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: $1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	HMO: $6,500 / $13,000; PPO: $8,500 / $13,000	$200
NNW	50/1500d ($7,500 / $15,000)	HMO: $50; PPO: $70	HMO: $70; PPO: $70	$0	HMO: $1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	HMO: $7,500 / $15,000; PPO: $9,100 / $18,200	$300
NNZ	60/1500a ($9,200 / $18,400)	HMO: $60; PPO: $80	HMO: $80; PPO: $80	$0	HMO: $1,500 per admit + 40%	Hospital: 50% ASC: 50%	HMO: $9,200 / $18,400; PPO: $9,200 / $18,400;	$300
Full Network – Elect Open Access (EOA) Facility Deductible								
NNB	20/500/10% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NN7	20/1500/20% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200 DA
NNE	30/1000/20% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NNK	30/1500/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NNL	30/2000/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NNM	30/3000/30% ($4,500 / $9,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $4,500 / $9,000; PPO: $6,500 / $13,000	$200
NNR	40/3000/40% ($5,500 / $11,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $5,500 / $11,000; PPO: $7,500 / $15,000	$200
NNT	40/4000/40% ($6,500 / $13,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $6,500 / $13,000; PPO: $9,500 / $19,000	$200
NNX	50/4500/40% ($6,500 / $13,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$300 applies
NNY	50/5500/40% ($7,500 / $15,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $7,500 / $15,000	$300 applies
ExcelCare EOA								
NP6	10/250a ($1,500 / $3,000)	HMO: $10; PPO: $30	HMO: $30; PPO: $30	$0	HMO: $250 per admit	Hospital: $250; ASC: $250	HMO: $1,500 / $3,000; PPO: $3,500 / $10,500	$200
NP9	20/0 ($1,500 / $3,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: $0	Hospital: $0 ASC: $0	HMO: $1,500 / $3,000; PPO: $3,500 / $10,500	$200
NP8	15/250a ($2,500 / $5,000)	HMO: $15; PPO: $35	HMO: $35; PPO: $35	$0	HMO: $250 per admit	Hospital: $250a ASC: $250a	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NPD	20/250a ($1,500 / $3,000)	$20	$40	$0	$250 per admit	Hospital: $250a ASC: $250a	$1,500 / $3,000	$200
NPC	20/20% ($2,500 / $5,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 20%	Hospital: 20% ASC: 20%"	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$150

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NPF	20/500a ($2,500 / $5,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: $500 per admit	Hospital: $500a ASC: $500a	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NPM	30/500a ($2,500 / $5,000)	$30	$50	$0	$500 per admit	Hospital: $500a ASC: $500a	$2,500 / $5,000	$200
NPR	35/750a ($3,500 / $7,000)	$35	$55	$0	$750 per admit	Hospital: $500a ASC: $500a	$3,500 / $7,000	$200
NPJ	30/20% ($2,500 / $5,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NPG	25/750a ($2,500 / $5,000)	HMO: $25; PPO: $45	HMO: $45; PPO: $45	$0	HMO: $750 per admit	Hospital: $500a ASC: $500a	HMO: $2,500 / $5,000; PPO: $4,500 / $9,000	$200
NPL	30/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NPI	30/1000a ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: $1,000 per admit	Hospital: $500a ASC: $500a	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NPT	40/30% ($3,500 / $7,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NPK	30/250d ($4,500 / $9,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: $250 per day, $750 max per admit	Hospital: $250a ASC: $250a	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NPX	40/500d ($4,500 / $9,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: $500 per day, $2,000 max per admit	Hospital: $500a ASC: $500a	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NPY	40/750a ($4,500 / $9,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: $750 per admit	Hospital: $500a ASC: $500a	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NPQ	35/30% ($5,500 / $11,000)	HMO: $35; PPO: $55	HMO: $55; PPO: $55	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $5,500 / $11,000; PPO: $7,500 / $11,000	$200
NPV	40/40% ($5,500 / $11,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $5,500 / $11,000; PPO: $7,500 / $11,000	$200
NP7	15/1500d ($6,500 / $13,000)	HMO: $15; PPO: $35	HMO: $35; PPO: $35	$0	HMO: $1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	HMO: $6,500 / $13,000; PPO: $8,500 / $13,000	$300
NPS	40/1500d ($6,500 / $13,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: $1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	HMO: $6,500 / $13,000; PPO: $8,500 / $13,000	$200
NPZ	50/1500d ($7,500 / $15,000)	HMO: $50; PPO: $70	HMO: $70; PPO: $70	$0	HMO: $1,500 per day, $4,500 max per admit	Hospital: 50% ASC: 50%	HMO: $7,500 / $15,000; PPO: $9,100 / $18,200	$300
NQ2	60/1500a ($9,200 / $18,400)	HMO: $60; PPO: $80	HMO: $80; PPO: $80	$0	HMO: $1,500 per admit + 40%	Hospital: 50% ASC: 50%	HMO: $9,200 / $18,400; PPO: $9,200 / $18,400	$300
ExcelCare EOA - Facility Deductible								
NPE	20/500/10% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 10%	Hospital: 10% ASC: 10%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NPB	20/1500/20% ($3,500 / $7,000)	HMO: $20; PPO: $40	HMO: $40; PPO: $40	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200 DA
NPH	30/1000/20% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 20%	Hospital: 20% ASC: 20%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200

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

Medical								
Plan code[5]	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[4]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NPN	30/1500/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NPO	30/2000/30% ($3,500 / $7,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $3,500 / $7,000; PPO: $5,500 / $11,000	$200
NPP	30/3000/30% ($4,500 / $9,000)	HMO: $30; PPO: $50	HMO: $50; PPO: $50	$0	HMO: 30%	Hospital: 30% ASC: 30%	HMO: $4,500 / $9,000; PPO: $6,500 / 13,000	$200
NPU	40/3000/40% ($5,500 / $11,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $5,500 / $11,000; PPO: $7,500 / $11,000	$200
NPW	40/4000/40% ($6,500 / $13,000)	HMO: $40; PPO: $60	HMO: $60; PPO: $60	$0	HMO: 40%	Hospital: 40% ASC: 40%	HMO: $6,500 / $13,000; PPO: $8,500 / $17,000	$200
NQ0	50/4500/40% ($6,500 / $13,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $6,500 / $13,000	$300 applies
NQ1	50/5500/40% ($7,500 / $15,000)	SIMNSA: $5; HN: $50	SIMNSA: $5; HN: $70	$0	SIMNSA: $0; HN: 40% applies	Hospital: 40% ASC: 40%	SIMNSA: $1,500 / $4,500; HN: $7,500 / $15,000	$300 applies

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Large Group **PPO medical** benefits[7]

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[5]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
PPO								
NQ4	10/0/10% ($2,000 / $4,000)	$10	$30	$0	10%	Hospital: 10% ASC: 10%	$2,000 / $6,000	$150 + 10%
NQ5	10/250/10% ($3,000 / $6,000)	$10	$30	$0	10%	Hospital: 10% ASC: 10%	$3,000 / $6,000	$150 + 10%
NQ7	15/250/10% ($2,000 / $4,000)	$15	$35	$0	10%	Hospital: 10% ASC: 10%	$2,000 / $4,000	$150 + 10%
NQ8	15/500/20% ($3,000 / $6,000)	$15	$35	$0	20%	Hospital / ASC: 20%	$3,000 / $6,000	$150 + 20%
NQG	25/1000/10% ($3,000 / $6,000)	$25	$45	$0	10%	Hospital: 10% ASC: 10%	$3,000 / $6,000	$150 + 10%
NQB	20/250/10% ($3,000 / $6,000)	$20	$40	$0	10%	Hospital: 10% ASC: 10%	$3,000 / $6,000	$150 + 10%
NQE	20/500/20% ($3,000 / $6,000)	$20	$40	$0	20%	Hospital / ASC: 20%	$3,000 / $6,000	$150 + 20%
NQI	30/500/10% ($3,000 / $6,000)	$30	$50	$0	10%	Hospital: 10% ASC: 10%	$3,000 / $6,000	$150 + 10%
NQK	30/750/20% ($5,000 / $10,000)	$30	$50	$0	20%	Hospital: 20% ASC: 20%	$5,000 / $10,000	$150 + 20%
NQH	30/1000/20% ($3,000 / $6,000)	$30	$50	$0	20%	Hospital: 20% ASC: 20%	$3,000 / $6,000	$150+ 20%
NQ6	10/250/20% ($4,000 / $8,000)	$10	$30	$0	20%	Hospital: 20% ASC: 20%	$4,000 / $8,000	$150 + 20%
NQ9	15/500/20% ($4,000 / $8,000)	$15	$35	$0	20%	Hospital: 20% ASC: 20%	$4,000 / $8,000	$150 + 20%
NQC	20/250/20% ($4,000 / $8,000)	$20	$40	$0	20%	Hospital: 20% ASC: 20%	$4,000 / $8,000	$150 + 20%
NQF	20/500/20% ($4,000 / $8,000)	$20	$40	$0	20%	Hospital: 20% ASC: 20%	$4,000 / $8,000	$150 + 20%
NQD	20/2500/20% ($5,000 / $10,000)	$20	$40	$0	20%	Hospital: 20% ASC: 20%	$5,000 / $10,000	$150+ 20%
NQJ	30/500/30% ($4,000 / $8,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$4,000 / $8,000	$150 + 30%
NQL	30/1000/20% ($4,000 / $8,000)	$30	$50	$0	20%	Hospital: 20% ASC: 20%	$4,000 / $8,000	$150+ 20%
NQQ	35/1000/20% ($5,000 / $10,000)	$35	$55	$0	20%	Hospital: 20% ASC: 20%	$5,000 / $10,000	$150 + 20%
NQ3	0/1000/20% ($5,000 / $10,000)	$0	$20	$0	20%	Hospital: 20% ASC: 20%	$5,000 / $10,000	$150 + 20%
NQM	30/2000/30% ($5,000 / $10,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$5,000 / $10,000	$150 + 30%
NQN	30/3000/30% ($5,000 / $10,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$5,000 / $10,000	$150 + 30%
NQP	30/4000/30% ($6,000 / $12,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$6,000 / $12,000	$150 + 30%

(continued)

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Large Group **PPO medical** benefits[7] *(continued)*

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	Teladoc[5]	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
NQO	30/3000/30% ($6,000 / $12,000)	$30	$50	$0	30%	Hospital: 30% ASC: 30%	$6,000 / $12,000	$150 + 30%
NQS	40/5000/30% ($7,000 / $14,000)	$40	$60	$0	30%	Hospital: 30% ASC: 30%	$7,000 / $14,000	$150 + 30%
NQR	40/3500/30% ($7,000 / $14,000)	$40	$60	$0	30%	Hospital: 30% ASC: 30%	$7,000 / $14,000	$150 + 30%
NQT	60/5000/30% ($9,500 / $19,000)	$60	$80	$0	30%	Hospital: 30% ASC: 30%	($9,500 / $19,000)	$150 + 30%
PPO (HSA-compatible) Includes pre-set pharmacy plans								
NR1 (pair with NR0)	1750/0% I ($1,750)	0%	0%	$0	0%	Hospital: 0% ASC: 0%	$1,750	0%
NR2 (pair with NQZ)	2000/0% I ($2,000)	0%	0%	$0	0%	Hospital: 0% ASC: 0%	$2,000	0%
NQZ (pair with NR2)	3500/0% F ($3,500 / $7,000)	0%	0%	$0	0%	Hospital: 0% ASC: 0%	$3,500 / $7,000	0%
NR0 (pair with NR1)	3500/0% F ($3,500 / $7,000)	0%	0%	$0	0%	Hospital: 0% ASC: 0%	$3,500 / $7,000	0%
NQV	3500/20% ($4,000 / $8,000)	20%	20%	$0	20%	Hospital: 20% ASC: 20%	$4,000 / $8,000	20%
NQW	3500/20% ($5,000 / $10,000)	20%	20%	$0	20%	Hospital: 20% ASC: 20%	$5,000 / $10,000	20%
NQU	4000/0% ($4,000 / $8,000)	0%	0%	$0	0%	Hospital: 0% ASC: 0%	$4,000 / $8,000	0%
NQY	3500/30% ($5,000 / $10,000)	30%	30%	$0	30%	Hospital: 30% ASC: 30%	$5,000 / $10,000	30%
NQX	5000/20% ($6,000 / $12,000)	20%	20%	$0	20%	Hospital: 20% ASC: 20%	$6,000 / $12,000	20%

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Large Group **HMO/EOA pharmacy** benefits

Pharmacy deductible	Deductible type (brand only, none)	Retail tier 1	Retail tier 2	Retail tier 3	Associated medical plan
Salud HMO y Más Rx choices					
$0	None	$5	$25	$50	Pairable with any EC Salud HMO y Más medical plan
$0	None	$10	$30	$55	
$100	Brand only	$5	$25	$50	
$100	Brand only	$15	$35	$60	
$300	Brand only	$15	$40	$65	
EOA Rx choices					
$0	None	$5	$25	$50	Pairable with any EC Full Network or ExcelCare EOA medical plan
$0	None	$10	$30	$55	
$0	None	$15	$35	$60	
$100	Brand only	$5	$25	$50	
$100	Brand only	$10	$30	$55	
$100	Brand only	$15	$35	$60	
$300	Brand only	$15	$40	$65	
HMO Rx choices					
$0	None	$5	$25	$50	Pairable with any EC Full Network, ExcelCare, or SmartCare HMO medical plan
$0	None	$10	$30	$55	
$0	None	$15	$35	$60	
$100	Brand only	$5	$25	$50	
$100	Brand only	$10	$30	$55	
$100	Brand only	$15	$35	$60	
$300	Brand only	$15	$40	$65	

Large Group **PPO pharmacy** benefits

Pharmacy deductible	Deductible type (brand only, none)	Retail tier 1	Retail tier 2	Retail tier 3	Associated medical plan
PPO Rx choices					
$0	None	$5	$25	$50	Pairable with any EC PPO medical plan
$0	None	$10	$30	$55	
$0	None	$15	$35	$60	
$100	Brand only	$5	$25	$50	
$100	Brand only	$10	$30	$55	
$100	Brand only	$15	$35	$60	
$300	Brand only	$15	$40	$65	
PPO (HSA-compatible) Rx choices					
$1,750	Combined with medical	$0	$0	$0	Pairable with any EC PPO medical plan
$2,000	Combined with medical	$0	$0	$0	
$3,500	Combined with medical	$0	$0	$0	
$3,500	Combined with medical	$10	$30	$55	
$3,500	Combined with medical	$15	$35	$60	
$4,000	Combined with medical	$0	$0	$0	
$5,000	Combined with medical	$10	$30	$55	

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Large Group **chiropractic and acupuncture** benefits

HMO, EOA, EOA ExcelCare, HMO ExcelCare, Salud y Más, Salud San Diego			
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
BHT	BHN	$25 / 30 visits	$1,500 / $3,000
F87	F8B	$10 / 30 visits	$2,500 / $5,000
F89	F88	$25 / 30 visits	$2,500 / $5,000
F8C	F8G	$10 / 30 visits	$3,500 / $7,000
F8E	F8D	$25 / 30 visits	$3,500 / $7,000
BWD	BWA	$10 / 30 visits	$4,500 / $9,000
BWB	BWC	$25 / 30 visits	$4,500 / $9,000
BHJ	BHD	$10 / 30 visits	$5,500 / $11,000
BHV	BHP	$25 / 30 visits	$5,500 / $11,000
CX7	CXB	$10 / 30 visits	$6,500 / $13,000
CX9	CX8	$25 / 30 visits	$6,500 / $13,000
E50	E54	$10 / 30 visits	$7,500 / $15,000
E52	E51	$25 / 30 visits	$7,500 / $15,000
F82	F85	$10 / 30 visits	$9,500 / $19,000
F84	F83	$25 / 30 visits	$9,500 / $19,000
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)
F8K	$10 / 30 visits		$1,500 / $3,000
F8A	$10 / 30 visits		$2,500 / $5,000
F8F	$10 / 30 visits		$3,500 / $7,000
F8J	$10 / 30visits		$4,500 / $9,000
F8L	$15 / 10 visits		$5,500 / $11,000
F8I	$25 / 30 visits		$6,500 / $13,000
F8H	$25 / 30 visits		$7,500 / $15,000
F86	$25 / 30 visits		$9,500 / $19,000
PPO			
Acupuncture and chiropractic plan code	Copayment / Visit limit		Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
EK1	$10 / 30 visits		$2,000 / $4,000
EK2	$25 / 30 visits		$2,000 / $4,000
EK5	$10 / 30 visits		$2,000 / $4,000
EK6	$25 / 30 visits		$2,000 / $4,000
EK3	$10 / 30 visits		$3,000 / $6,000
EK4	$25 / 30 visits		$3,000 / $6,000
F9K	$10 / 30 visits		$3,000 / $6,000
F9L	$25 / 30 visits		$3,000 / $6,000
F9M	$10 / 30 visits		$3,000 / $6,000
F9N	$25 / 30 visits		$3,000 / $6,000
ETD	$10 / 30 visits		$3,000 / $6,000
ETE	$25 / 30 visits		$3,000 / $6,000
EKB	$10 / 30 visits		$3,000 / $6,000

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Large Group **chiropractic and acupuncture** benefits *(continued)*

PPO		
Acupuncture and chiropractic plan code	Copayment / Visit limit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
EKC	$25 / 30 visits	$3,000 / $6,000
EKD	$10 / 30 visits	$3,000 / $6,000
EKE	$25 / 30 visits	$3,000 / $6,000
EKF	$10 / 30 visits	$3,000 / $6,000
EKG	$25 / 30 visits	$3,000 / $6,000
EKH	$10 / 30 visits	$4,000 / $8,000
EKI	$25 / 30 visits	$4,000 / $8,000
EKJ	$10 / 30 visits	$4,000 / $8,000
EKK	$25 / 30 visits	$4,000 / $8,000
EKL	$10 / 30 visits	$4,000 / $8,000
EKM	$25 / 30 visits	$4,000 / $8,000
EKN	$10 / 30 visits	$5,000 / $10,000
EKO	$25 / 30 visits	$5,000 / $10,000
ETF	$10 / 30 visits	$4,000 / $8,000
ETG	$25 / 30 visits	$4,000 / $8,000
EKP	$10 / 30 visits	$4,000 / $8,000
EKQ	$25 / 30 visits	$4,000 / $8,000
EKR	$10 / 30 visits	$4,000 / $8,000
EKS	$25 / 30 visits	$4,000 / $8,000
EKT	$10 / 30 visits	$5,000 / $10,000
EKU	$25 / 30 visits	$5,000 / $10,000
EKV	$10 / 30 visits	$5,000 / $10,000
EKW	$25 / 30 visits	$5,000 / $10,000
EKX	$10 / 30 visits	$5,000 / $10,000
EKY	$25 / 30 visits	$5,000 / $10,000
EKZ	$10 / 30 visits	$5,000 / $10,000
EL0	$25 / 30 visits	$5,000 / $10,000
EL1	$10 / 30 visits	$5,000 / $10,000
EL2	$25 / 30 visits	$5,000 / $10,000
EL3	$10 / 30 visits	$6,000 / $12,000
EL4	$25 / 30 visits	$6,000 / $12,000
EL5	$10 / 30 visits	$6,000 / $12,000
EL6	$25 / 30 visits	$6,000 / $12,000
E6C	$10 / 30 visits	$7,000 / $14,000
E6D	$25 / 30 visits	$7,000 / $14,000
E6E	$10 / 30 visits	$7,000 / $14,000
E6F	$25 / 30 visits	$7,000 / $14,000
F8M	$10 / 30 visits	$9,500 / $19,000
F8N	$25 / 30 visits	$9,200 / $18,400
E6I	0% / 30 visits	$2,000
F9F	0% / 30 visits	$3,500 / $7,000

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Large Group **chiropractic and acupuncture** benefits *(continued)*

PPO		
Acupuncture and chiropractic plan code	Copayment / Visit limit	Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
F9G	0% / 30 visits	$1,750
F9I	0% / 30 visits	$3,400 / $6,800
F9H	20% / 30 visits	$4,000 / $8,000
EL9	20% / 30 visits	$5,000 / $10,000
E6N	0% / 30 visits	$4,000 / $8,000
F9J	30% / 30 visits	$5,000 / $10,000
E6P	20% / 30 visits	$6,000 / $12,000

Our Enhanced Choice rate cap

[1]Rate cap eligibility is determined on a case-by-case basis. For qualifications and other important details, terms and conditions, refer to the New Business Rate cap Agreement document available from your Health Net Sales Consultant.

How it works

[2]There 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.

[3]Choose up to 4 plans if you are an employer offering benefits for the first time.

[4]Telemedicine visits with a member's PCP or other standard provider type follow the office visit cost share for the specified provider type.

Large Group HMO/EOA benefits

[5]Plan codes could differ by geography.

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

Large Group PPO benefits

[7]Plans are available in the PPO-Only Package, subject to the portfolio plan maximum. PPO plans can also be paired with an HRA. For the PPO HSA-compatible plans, the deductible applies to Teladoc and all other benefits, except for preventive services. 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* for all terms and conditions of coverage.

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