

Effective date 1/1/25

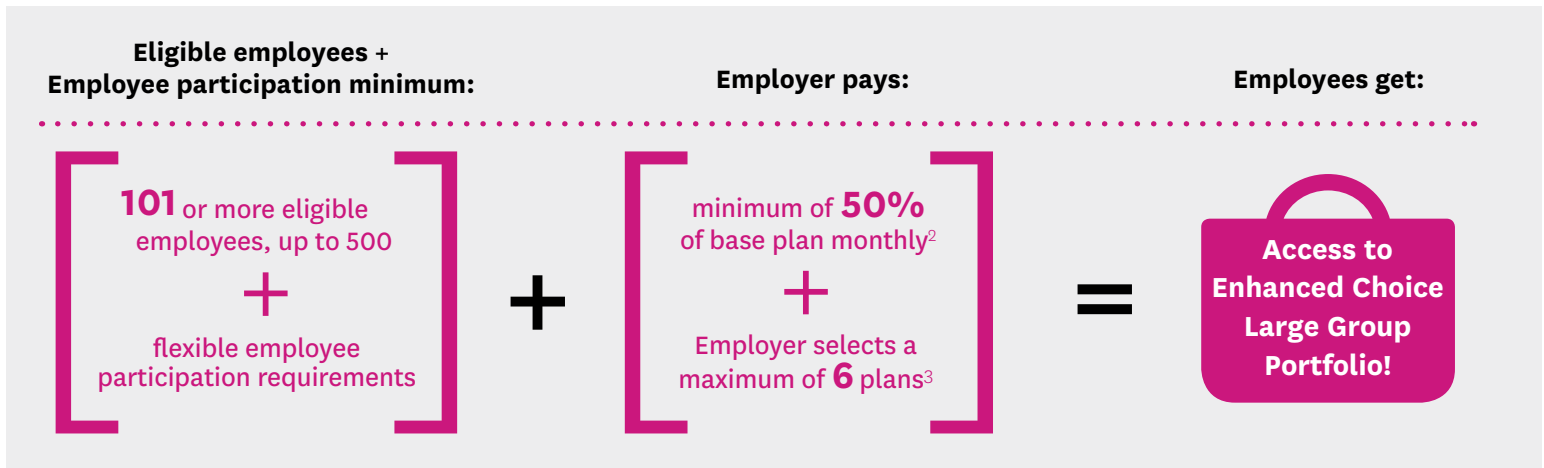
Health Net offers a defined contribution solution to give your new midsize clients the same advantage as large group businesses. Our Enhanced Choice portfolio for California groups 101–500 offers both choice and financial flexibility.



Our Enhanced Choice rate cap¹

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 guarantee¹ on all Enhanced Choice plans for effective dates 1/1/2024 through 3/1/2025.

How it works



Large Group HMO/EOA medical benefits

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Full Network HMO								
M4J	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M4O	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M4M	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
M4K	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
M4N ✓	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M4P	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M4U ✓	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M4R ✓	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150

✓ = Enhanced Choice Solutions plan

Effective date 1/1/25

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

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M4Q ✓	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
M4S ✓	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
M4V	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
M4X	35/750a (\$3,500 / \$7,000)	\$35	\$55	35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150
M4Y	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
M4T ✓	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$150
M50 ✓	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$200
M51	40/750a (\$4,500 / \$9,000)	\$40	60	\$40	\$750 per admit	Hospital: \$750 ASC: \$300	\$4,500 / \$9,000	\$200
M4W	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
M4Z ✓	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
M4L ✓	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$300
M52	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$200
M53 ✓	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500 / \$15,000	\$300
M54 ✓	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
ExcelCare HMO								
M55	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M58	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
M56	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
M5B	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M59 ✓	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M5C	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M5H ✓	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M5K	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150

✓ = Enhanced Choice Solutions plan

Effective date 1/1/25

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

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M5E ✓	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M5D ✓	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
M5F ✓	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
M5I	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
M5L	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
M5G ✓	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$150
M5N ✓	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$200
M5J	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
M5M ✓	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
M5O	40/750a (\$4,500 / \$9,000)	\$40	\$60	\$40	\$750 per admit	Hospital: \$750 ASC: \$300	\$4,500 / \$9,000	\$200
M57 ✓	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$300
M5P	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$200
M5Q ✓	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500 / \$15,000	\$300
M5R ✓	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
SmartCare								
M24	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M27	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
M25	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
M29	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M28 ✓	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M2B	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M2G ✓	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M2J	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150

✓ = Enhanced Choice Solutions plan

Effective date 1/1/25

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

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M2D ✓	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
M2C ✓	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
M2E ✓	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
M2H	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
M2K	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
M2F ✓	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	\$4,500 / \$9,000	\$150
M2M ✓	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$200
M2N	40/750a (\$4,500 / \$9,000)	\$40	\$60	\$40	\$750 per admit	Hospital: \$750 ASC: \$300	\$4,500 / \$9,000	\$200
M2I	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
M2L ✓	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
M26 ✓	15/1500d (\$6,500 / \$13,000)	\$15	\$35	\$15	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$300
M2O	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$200
M2P ✓	50/1500d (\$7,500 / \$15,000)	\$50	\$70	\$40	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500 / \$15,000	\$300
M2Q ✓	60/1500a (\$9,200 / \$18,400)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,200 / \$18,400	\$300
Salud HMO y Más								
M7M / M7N ✓	10/250a (\$1,500 / \$3,000)	SIMNSA: \$5; HN: \$10	SIMNSA: \$5; HN: \$30	\$10	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$3,000	\$150
M7T / M7U	20/0 (\$1,500 / \$3,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: \$0	Hospital: \$0 ASC: \$0	SIMNSA: \$1,500 / \$4,500; HN: \$1,500 / \$3,000	\$150
M7P / M7Q ✓	15/250a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$250 per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M7X / M7Y	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M7V / M7W ✓	20/20% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M80 / M81	20/500a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20	SIMNSA: \$0; HN: \$500 per admit	Hospital: \$500 ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150

✓ = Enhanced Choice Solutions plan

Effective date 1/1/25

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

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M8D / M8E ✔	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M86 / M87 ✔	30/20% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 20%	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M84 / M85 ✔	25/750a (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$25	SIMNSA: \$5; HN: \$45	\$25	SIMNSA: \$0; HN: \$750 per admit	Hospital: \$750 ASC: \$300	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M88 / M89 ✔	30/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
M8G / M8H	30/1000a (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
M8P / M8Q	40/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$200
M8B / M8C ✔	30/250d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30	SIMNSA: \$0; HN: \$750 max per admit	Hospital: \$250; ASC: \$100	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$150
M8N / M8O	35/750a (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN: \$55	\$35	SIMNSA: \$0; HN: \$750 max per admit	Hospital: \$750 ASC: \$300	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
M8T / M8U ✔	40/500d (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$1,500 max per admit	Hospital: \$500 ASC: \$200	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200
M8W / M8V	40/750a (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$750 per admit	Hospital: \$750 ASC: \$300	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$200
M8L / M8M	35/30% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$35	SIMNSA: \$5; HN: \$55	\$35	SIMNSA: \$0; HN: 30%	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$150
M8R / M8S ✔	40/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: 40%	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$200
M7R / M7S ✔	15/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$35	\$15	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$300
M8X / M8Y	40/1500d (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$200
M91 / M92 ✔	50/1500d (\$7,500 / \$15,000)	SIMNSA: \$5; HN: \$50	SIMNSA: \$5; HN: \$70	\$40	SIMNSA: \$0; HN: \$4,500 max per admit	Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$7,500 / \$15,000	\$300
M93 / M94 ✔	60/1500a (\$9,200 / \$18,400)	SIMNSA: \$5; HN: \$60	SIMNSA: \$5; HN: \$80	\$40	SIMNSA: \$0; HN: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500; HN: \$9,200 / \$18,400	\$300

(continued)

Effective date 1/1/25

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

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
Salud HMO y Más - Facility Deductible⁵								
M70 ✓	15/250/10% (\$2,500 / \$5,000)	SIMNSA: \$5; HN: \$15	SIMNSA: \$5; HN: \$30	\$15 waived	SIMNSA: \$0; HN: 10% applies	Hospital: 10% ASC: 5%	SIMNSA: \$1,500 / \$4,500; HN: \$2,500 / \$5,000	\$150
M82 ✓	20/1500/20% (3,500 / \$7,000)	HMO: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150
M7Z ✓	20/500/10% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$20	SIMNSA: \$5; HN: \$40	\$20 waived	SIMNSA: \$0; HN: 10% applies	Hospital: 10% ASC: 5%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$100 applies
M83	25/750/20% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$25	SIMNSA: \$5; HN: \$45	\$25 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150 applies
M8F ✓	30/1000/20% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 20% applies	Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150 applies
M8I ✓	30/1500/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150 applies
M8J	30/2000/30% (\$3,500 / \$7,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$3,500 / \$7,000	\$150 applies
M8K ✓	30/3000/30% (\$4,500 / \$9,000)	SIMNSA: \$5; HN: \$30	SIMNSA: \$5; HN: \$50	\$30 waived	SIMNSA: \$0; HN: 30% applies	Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500; HN: \$4,500 / \$9,000	\$150 applies
M8Z ✓	40/3000/40% (\$5,500 / \$11,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$5,500 / \$11,000	\$200 applies
M90 ✓	40/4000/40% (\$6,500 / \$13,000)	SIMNSA: \$5; HN: \$40	SIMNSA: \$5; HN: \$60	\$40 waived	SIMNSA: \$0; HN: 40% applies	Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500; HN: \$6,500 / \$13,000	\$200 applies
Salud Mexico								
M95	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								
M6P	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$150
M6T	20/0 (\$1,500 / \$3,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$0	Hospital: \$0 ASC: \$0	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$7,000	\$150
M6R	15/250a (\$2,500 / \$5,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M6V	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M6U	20/20% (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M6X	20/500a (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500 ASC: \$200	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150

(continued)

✓ = Enhanced Choice Solutions plan

Effective date 1/1/25

Large Group HMO/EOA medical benefits (continued)

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M74	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M7C	35/750a (\$3,500 / \$7,000)	35	55	35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150
M71	30/20% (\$2,500 / \$5,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M70	25/750a (\$2,500 / \$5,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M72	30/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M76	30/1000a (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M7D	40/30% (\$3,500 / \$7,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
M73	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$150
M7F	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$1,500 max per admit	Hospital: \$500 ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
M7G	40/750a (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
M7B	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$150
M7E	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
M6S	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$300
M7H	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$200
M7K	50/1500d (\$7,500 / \$15,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$7,500 / \$15,000; PPO: \$9,100 / \$18,200	\$300
M7L	60/1500a (\$9,200 / \$18,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,200 / \$18,400; PPO: \$9,200 / \$18,400	\$300
Full Network – Elect Open Access (EOA) Facility Deductible								
M6W	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6Q	15/250/10% (\$2,500 / \$5,000)	HMO: \$15; PPO: \$30	HMO: \$30; PPO: \$30	\$15	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M6Y	20/1500/20% (3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6Z	25/750/20% (\$3,500 / \$7,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$9,000	\$150
M75	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M77	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M78	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150

(continued)

Effective date 1/1/25

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

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M79	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$150
M7I	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$15,000	\$200
M7J	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$6,500 / \$13,000; PPO: \$9,500 / \$19,000	\$200
ExcelCare EOA								
M5S	10/250a (\$1,500 / \$3,000)	HMO: \$10; PPO: \$30	HMO: \$30; PPO: \$30	\$10	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$10,500	\$150
M5W	20/0 (\$1,500 / \$3,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$0	Hospital: \$0 ASC: \$0	HMO: \$1,500 / \$3,000; PPO: \$3,500 / \$10,500	\$150
M5U	15/250a (\$2,500 / \$5,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$250 per admit	Hospital: \$250; ASC: \$100	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M5Y	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
M5X ✓	20/20% (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M60	20/500a (\$2,500 / \$5,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: \$500 per admit	Hospital: \$500 ASC: \$200	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M67 ✓	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
M6F	35/750a (\$3,500 / \$7,000)	\$35	\$55	\$35	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150
M64 ✓	30/20% (\$2,500 / \$5,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M63 ✓	25/750a (\$2,500 / \$5,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M65 ✓	30/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M69	30/1000a (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$1,000 per admit	Hospital: \$1,000 ASC: \$500	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6G	40/30% (\$3,500 / \$7,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$200
M66 ✓	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: \$250 per day, \$750 max per admit	Hospital: \$250; ASC: \$100	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$150
M6I	40/500d (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$500 per day, \$2,000 max per admit	Hospital: \$500 ASC: \$200	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
M6J ✓	40/750a (\$4,500 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$200
M6E	35/30% (\$5,500 / \$11,000)	HMO: \$35; PPO: \$55	HMO: \$55; PPO: \$55	\$35	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$150

(continued)

Effective date 1/1/25

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

Medical								
Plan code ⁴	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M6H ✓	40/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
M5V ✓	15/1500d (\$6,500 / \$13,000)	HMO: \$15; PPO: \$35	HMO: \$35; PPO: \$35	\$15	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$300
M6K	40/1500d (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$13,000	\$200
M6N ✓	50/1500d (\$7,500 / \$15,000)	HMO: \$50; PPO: \$70	HMO: \$70; PPO: \$70	\$40	HMO: \$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	HMO: \$7,500 / \$15,000; PPO: \$9,100 / \$18,200	\$300
M6O ✓	60/1500a (\$9,200 / \$18,400)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,200 / \$18,400; PPO: \$9,200 / \$18,400	\$300
ExcelCare EOA - Facility Deductible								
M5Z ✓	20/500/10% (\$3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M5T ✓	15/250/10% (\$2,500 / \$5,000)	HMO: \$15; PPO: \$30	HMO: \$30; PPO: \$30	\$15	HMO: 10%	Hospital: 10% ASC: 5%	HMO: \$2,500 / \$5,000; PPO: \$4,500 / \$9,000	\$150
M61 ✓	20/1500/20% (3,500 / \$7,000)	HMO: \$20; PPO: \$40	HMO: \$40; PPO: \$40	\$20	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M62	25/750/20% (\$3,500 / \$7,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$9,000	\$150
M68 ✓	30/1000/20% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 20%	Hospital: 20% ASC: 10%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6B ✓	30/1500/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6C	30/2000/30% (\$3,500 / \$7,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
M6D ✓	30/3000/30% (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50; PPO: \$50	\$30	HMO: 30%	Hospital: 30% ASC: 20%	HMO: \$4,500 / \$9,000; PPO: \$6,500 / \$13,000	\$150
M6L ✓	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000; PPO: \$7,500 / \$11,000	\$200
M6M ✓	40/4000/40% (\$6,500 / \$13,000)	HMO: \$40; PPO: \$60	HMO: \$60; PPO: \$60	\$40	HMO: 40%	Hospital: 40% ASC: 30%	HMO: \$6,500 / \$13,000; PPO: \$8,500 / \$17,000	\$200

✓ = Enhanced Choice Solutions plan

Effective date 1/1/25

Large Group PPO medical benefits⁷

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
PPO⁸								
M3K	10/0/10% (\$2,000 / \$4,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$2,000 / \$6,000	\$100 + 10%
M3L	10/250/10% (\$3,000 / \$6,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
M3N	15/250/10% (\$2,000 / \$4,000)	\$15	\$35	N/A	10%	Hospital: 10% ASC: 5%	\$2,000 / \$4,000	\$100 + 10%
M3O	15/500/10% (\$3,000 / \$6,000)	\$15	\$35	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
M3V	25/1000/10% (\$3,000 / \$6,000)	\$25	\$45	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
M3Q	20/250/10% (\$3,000 / \$6,000)	\$20	\$40	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
M3S	20/500/10% (\$3,000 / \$6,000)	\$20	\$40	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
M3W	30/500/10% (\$3,000 / \$6,000)	\$30	\$50	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
M3Y	30/750/20% (\$5,000 / \$10,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
M3Z ✓	30/1000/20% (\$3,000 / \$6,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$3,000 / \$6,000	\$100 + 20%
M3M	10/250/20% (\$4,000 / \$8,000)	\$10	\$30	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
M3P	15/500/20% (\$4,000 / \$8,000)	\$15	\$35	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
M3R	20/250/20% (\$4,000 / \$8,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
M3T	20/500/20% (\$4,000 / \$8,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
M3U	20/2500/20% (\$5,000 / \$10,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
M3X	30/500/30% (\$4,000 / \$8,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$4,000 / \$8,000	\$100 + 30%
M40 ✓	30/1000/20% (\$4,000 / \$8,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
M45	35/1000/20% (\$5,000 / \$10,000)	\$35	\$55	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
M3J	0/1000/20% (\$5,000 / \$10,000)	\$0	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
M41	30/2000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
M42 ✓	30/3000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
M44 ✓	30/4000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%

(continued)

✓ = Enhanced Choice Solutions plan

Effective date 1/1/24

Large Group PPO medical benefits⁷ (continued)

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
M43	30/3000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
M47 ✓	40/5000/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
M46 ✓	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
M48 ✓	60/5000/30% (\$9,200 / \$18,400)	\$60	\$80	N/A	30%	Hospital: 30% ASC: 20%	\$9,200 / \$18,400	\$100 + 30%
PPO ⁸ (HSA-compatible) Includes pre-set pharmacy plans								
M4H	1650/0% I (\$1,650)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$1,650	0%
M4I	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$2,000	0%
M4F	3300/0% F (\$3,300 / \$6,600)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,300 / \$6,600	0%
M4G	3300/0% F (\$3,300 / \$6,600)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,300 / \$6,600	0%
M4B ✓	3300/20% (\$4,000 / \$8,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	20%
M4C ✓	3500/20% (\$5,000 / \$10,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	20%
M49 ✓	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$4,000 / \$8,000	0%
M4E ✓	3300/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	30%
M4D ✓	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$6,000 / \$12,000	20%

✓ = Enhanced Choice Solutions plan

Effective date 1/1/25

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	\$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	\$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	\$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	\$10	\$30	\$55	
\$100	Brand only	\$15	\$35	\$60	
\$300	Brand only	\$15	\$40	\$65	
PPO (HSA-compatible) Rx choices					
\$1,650	Combined with medical	\$0	\$0	\$0	Pairable with any EC PPO medical plan
\$2,000	Combined with medical	\$0	\$0	\$0	
\$3,300	Combined with medical	\$0	\$0	\$0	
\$3,300	Combined with medical	\$10	\$30	\$55	
\$3,300	Combined with medical	\$15	\$35	\$60	
\$4,000	Combined with medical	\$0	\$0	\$0	
\$5,000	Combined with medical	\$10	\$30	\$55	
\$3,500	Combined with medical	\$10	\$30	\$55	

Effective date 1/1/25

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
EJM	EJQ	\$10 / 30 visits	\$2,500 / \$5,000
EJO	EJN	\$25 / 30 visits	\$2,500 / \$5,000
EJR	EJV	\$10 / 30 visits	\$3,500 / \$7,000
EJT	EJS	\$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
ET8	ETB	\$10 / 30 visits	\$9,200 / \$18,400
ETA	ET9	\$25 / 30 visits	\$9,200 / \$18,400
SmartCare HMO			
Acupuncture and chiropractic plan code	Copayment / Visit limit		Out-of-pocket maximum – must match the medical plan out-of-pocket maximum (single / family)
BI2	\$15 / 10 visits		\$1,500 / \$3,000
EJP	\$15 / 10 visits		\$2,500 / \$5,000
EJU	\$15 / 10 visits		\$3,500 / \$7,000
BI3	\$15 / 10 visits		\$4,500 / \$9,000
BI5	\$15 / 10 visits		\$5,500 / \$11,000
CXA	\$25 / 10 visits		\$6,500 / \$13,000
E53	\$25 / 10 visits		\$7,500 / \$15,000
ETC	\$25 / 10 visits		\$9,200 / \$18,400
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
EK7	\$10 / 30 visits		\$3,000 / \$6,000
EK8	\$25 / 30 visits		\$3,000 / \$6,000
EK9	\$10 / 30 visits		\$3,000 / \$6,000
EKA	\$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

(continued)

Effective date 1/1/25

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
ETF	\$10 / 30 visits	\$5,000 / \$10,000
ETG	\$25 / 30 visits	\$5,000 / \$10,000
EKN	\$10 / 30 visits	\$4,000 / \$8,000
EKO	\$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
ELO	\$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
ETH	\$10 / 30 visits	\$9,200 / \$18,400
ETI	\$25 / 30 visits	\$9,200 / \$18,400
E6I	0% / 30 visits	\$2,000
ETJ	0% / 30 visits	\$3,300 / \$6,600

(continued)

Effective date 1/1/25

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)
ETK	0% / 30 visits	\$1,650
ETM	0% / 30 visits	\$3,300 / \$6,600
ETL	20% / 30 visits	\$4,000 / \$8,000
EL9	20% / 30 visits	\$5,000 / \$10,000
E6N	0% / 30 visits	\$4,000 / \$8,000
ETN	30% / 30 visits	\$5,000 / \$10,000
E6P	20% / 30 visits	\$6,000 / \$12,000

Our Enhanced Choice rate cap

¹Rate 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

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

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

Large Group HMO/EOA benefits

⁴Plan codes could differ by geography

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

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

Large Group PPO benefits

⁷Plans are available in the PPO-Only Package, subject to the portfolio plan maximum. Contact your Health Net account executive for more details.

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

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

Chiropractic coverage is administered by American Specialty Health Plans of California, Inc., a wholly owned subsidiary of American Specialty Health Incorporated. American Specialty Health Incorporated is not affiliated with Health Net, LLC. HMO, EOA, POS, PPO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.