

Effective date 1/1/25

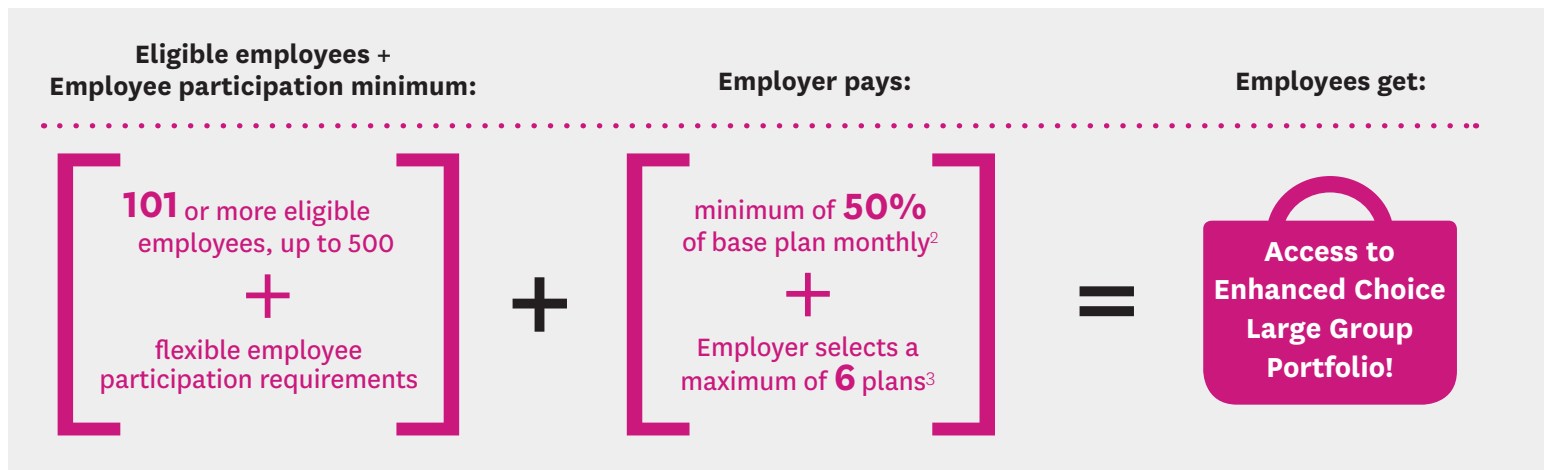
**Health Net offers** a defined contribution solution to give your new midsize clients the same advantage as large group businesses. Our Enhanced Choice portfolio for California groups 101–500 offers both choice and financial flexibility.

## Our Enhanced Choice rate cap<sup>1</sup>

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<sup>1</sup> on all Enhanced Choice plans for effective dates **1/1/2025 through 3/1/2026**.



## How it works



## Large Group HMO/EOA medical benefits

Medical								
Plan code <sup>4</sup>	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

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

Medical								
Plan code <sup>4</sup>	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

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

Medical								
Plan code <sup>4</sup>	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

(continued)

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

Medical								
Plan code <sup>4</sup>	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 / Salud HMO y Más San Diego								
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

(continued)

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

Medical								
Plan code <sup>4</sup>	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
M8V / M8W	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

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

Medical								
Plan code <sup>4</sup>	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 Deductible <sup>5</sup>								
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) <sup>6</sup>								
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)

Effective date 1/1/25

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

Medical								
Plan code <sup>4</sup>	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 <sup>4</sup>	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 <sup>4</sup>	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

Effective date 1/1/25

Large Group PPO medical benefits<sup>7</sup>

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
PPO <sup>8</sup>								
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)

Effective date 1/1/25

Large Group PPO medical benefits<sup>7</sup> (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 <sup>8</sup> (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%

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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	\$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	

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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
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)

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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
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)*

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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)
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

<sup>1</sup>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

<sup>2</sup>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.

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

### Large Group HMO/EOA benefits

<sup>4</sup>Plan codes could differ by geography

<sup>5</sup>Facility Deductible plans are not available with Salud San Diego.

<sup>6</sup>Only one full network option can be chosen (HMO or EOA).

### Large Group PPO benefits

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

<sup>8</sup>PPO 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.

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