

Renewal Benefit Highlights

Plan	Network	Annual Deductible	Office Visit Co-Pay	Inpatient Hospital Co-Pay	ER Co-Pay	OOPM	RX Co-Pay
Health Net Gold 80 PPO 0/25 + Child Dental	PPO Network	None	\$25	20%	Facility - \$325 Physician - \$0	\$6,000 single \$12,000 family	\$15/\$55/\$75
	Out-of-Network	\$2,000 Individual/\$4,000 Family	50%	50%	Facility - \$325 Physician - \$0	\$13,500 Single \$27,000 Family	Not Covered
Health Net Silver 70 PPO 2000/45 + Child Dental	PPO Network	\$2,000 Individual / \$4,000 Family	\$45 (deductible waived)	20% (deductible applies)	Facility - \$350 (deductible waived) Physician - \$0 (deductible waived)	\$7,000 Single \$14,000 Family	\$15/\$55/\$85 \$250 brand name deductible
	Out-of-Network	\$4,000 Individual / \$8,000 Family	50% (deductible applies)	50% (deductible applies)	Facility - \$350 (deductible waived) Physician - \$0 (deductible waived)	\$13,600 Single \$27,200 Family	Not Covered

Probationary Period for New First of the month following 60 days Hires

*Health Net grandfathered HMO, EOA, and POS plans are offered by Health Net of California, Inc. Health Net grandfathered PPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. Health Net non-grandfathered HMO and HSP plans are offered by Health Net of California, Inc. Health Net non-grandfathered PPO and EnhancedCare PPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc.

Optional infertility coverage is available for all non-grandfathered plans. These plans are available for quoting or refer to the Health Net Rate Guide. Non-grandfathered plans are pending regulatory approval.

Premium Summary

	Current Premium	Renewal Premium	Percent Change
Employee Premium	\$1,953.41	\$2,118.67	
Dependent Premium	\$573.86	\$820.31	
*Total Monthly Premium (1.00)	\$2,527.27	\$2,938.98	16.29%

*RAF only applies to Grandfathered (GF) Plans.

Census Details

Name	Status	Region	ZIP	Age	Enrollee Type	Plan	Current Premium	Renewal Premium	Percent Change
[REDACTED]	Active	[REDACTED]	[REDACTED]	50	Employee	Health Net Gold 80 PPO 0/25 + Child Dental*	\$770.87	\$839.10	8.85%
[REDACTED]	Active	[REDACTED]	[REDACTED]	18	Child	Health Net Gold 80 PPO 0/25 + Child Dental*	\$286.93	\$428.95	49.50%
[REDACTED]	Active	[REDACTED]	[REDACTED]	15	Child	Health Net Gold 80 PPO 0/25 + Child Dental*	\$286.93	\$391.36	36.40%
[REDACTED]	Active	[REDACTED]	[REDACTED]	49	Employee	Health Net Silver 70 PPO 2000/45 + Child Dental*	\$630.37	\$701.69	11.31%
[REDACTED]	Active	[REDACTED]	[REDACTED]	36	Employee	Health Net Gold 80 PPO 0/25 + Child Dental*	\$552.17	\$577.88	4.66%

* Indicates that these enrollees no longer qualify for their current plan option and have been assigned this plan upon renewal.

Approval of coverage and final rates will be based on actual enrollment and final underwriting.

The premium rates quoted are subject to change.

Grandfathered (GF) plans remain rated based on Employee Zip Code.

Non-Grandfathered (NG) plans are rated based on Employer zip code.

Non-Grandfathered (NG) plan rates include the cost of coverage for mandatory pediatric dental and vision.

Please note that COBRA rates do not include administrative fees.

Broker [REDACTED]
 Broker Firm: [REDACTED]