

Effective date 1/1/24

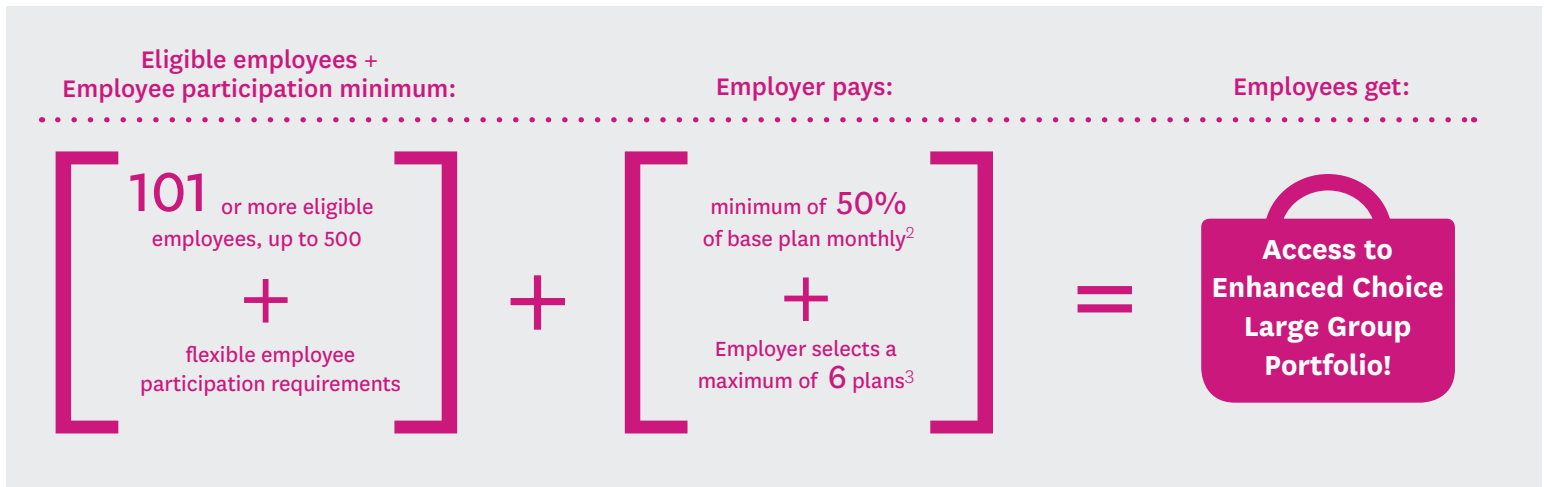
Health Net offers a defined contribution solution to give your new midsize clients the same advantage as large group businesses. Our Enhanced Choice portfolio for California groups 101–500 offers both choice and financial flexibility.

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 this rate cap on all Enhanced Choice plans for effective dates of 1/1/2023 through 2/29/2024.



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								
KJC	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KJF	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
KJH	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KJD	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
KJG	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
KJI	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KJN	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KJK	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150

(continued)

Effective date 1/1/24

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
KJJ	25/750a (\$3,500 / \$7,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$3,500 / \$7,000	\$150
KJL	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
KJO	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
KJQ	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
KJM	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
KJS	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
KJP	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
KJR	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
KJE	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
KJT	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
KJU	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
KJV	60/1500a (\$9,450 / \$18,900)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9,100 / \$18,200	\$300
ExcelCare HMO								
KH3	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KH6	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
KH4	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
KH8	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KH7	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
KH9	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KHF	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KHC	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
KHB	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
KHD	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150

(continued)

Effective date 1/1/24

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
KHG	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
KHI	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
KHE	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
KHK	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
KHH	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
KHJ	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
KH5	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
KHL	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
KHM	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
KHN	60/1500a (\$9,450 / \$18,900)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9100 / \$18,200	\$300
SmartCare								
KGJ	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KGM	20/0 (\$1,500 / \$3,000)	\$20	\$40	\$20	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
KGK	15/250a (\$2,500 / \$5,000)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
KGO	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KGN	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
KGP	20/500a (\$2,500 / \$5,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KGU	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KGR	30/20% (\$2,500 / \$5,000)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$150
KGQ	25/750a (\$2,500 / \$5,000)	\$25	\$45	\$25	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
KGS	30/30% (\$3,500 / \$7,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$150
KGV	30/1000a (\$3,500 / \$7,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$150
KGX	40/30% (\$3,500 / \$7,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200

(continued)

Effective date 1/1/24

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
KGT	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
KGZ	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
KGW	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$150
KGY	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
KGL	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
KH0	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
KH1	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
KH2	60/1500a (\$9,450 / \$18,900)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$9100 / \$18,200	\$300
Salud HMO y Más								
KDI / KEB	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
KDM / KEE	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
KDK / KEC	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
KDO / KEG	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KDN / KEF	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
KDQ / KEH	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
KDX	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KDU / KEJ	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
KDT / KEI	25/750a (\$3,500 / \$7,000)	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: \$3,500 / \$7,000	\$150
KDV / KEK	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

(continued)

Effective date 1/1/24

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
KDZ / KEN	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
KE3 / KEP	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
KDW / KEL	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
KE5 / KER	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
KE2 / KEO	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
KE4 / KEQ	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
KDL / KED	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
KE6 / KES	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
KE8 / KET	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
KE9 / KEU	60/1500a (\$9,450 / \$18,900)	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: \$9100 / \$18,200	\$300
Salud HMO y Más - Facility Deductible ⁵								
KDJ	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
KDR	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
KDP	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
KDS	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
KDY	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
KEO	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

(continued)

Effective date 1/1/24

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
KE1	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
KE7	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
Salud Mexico								
KDH	5/0 (\$1,500 / \$4,500)	\$5	\$5	Not Covered	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$4,500	\$10
CanopyCare HMO								
KFT	0/250a (\$1,500 / \$3,000)	\$0	\$20	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KFW	20/0 (\$1,500 / \$3,000)	\$20	\$40	N/A	\$0	Hospital: \$0 ASC: \$0	\$1,500 / \$3,000	\$150
KFU	15/250a (\$2,500 / \$5,000)	\$15	\$35	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$2,500 / \$5,000	\$150
KFY	20/250a (\$1,500 / \$3,000)	\$20	\$40	N/A	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KFX	20/20% (\$2,500 / \$5,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$100
KG0	20/500a (\$2,500 / \$5,000)	\$20	\$40	N/A	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KG8	30/500a (\$2,500 / \$5,000)	\$30	\$50	N/A	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KG2	20/1000a (\$2,500 / \$5,000)	\$20	\$40	N/A	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$2,500 / \$5,000	\$150
KG6	30/20% (\$2,500 / \$5,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$200
KGB	30/1500a (\$2,500 / \$5,000)	\$30	\$50	N/A	\$1,500 per admit	Hospital: \$1,500 ASC: \$750	\$2,500 / \$5,000	\$200
KG5	25/750a (\$2,500 / \$5,000)	\$25	\$45	N/A	\$750 per admit	Hospital: \$750 ASC: \$300	\$2,500 / \$5,000	\$150
KG7	30/30% (\$3,500 / \$7,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
KG9	30/1000a (\$3,500 / \$7,000)	\$30	\$50	N/A	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,500 / \$7,000	\$200
KGD	40/30% (\$3,500 / \$7,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$3,500 / \$7,000	\$200
KGC	35/30% (\$5,500 / \$11,000)	\$35	\$55	N/A	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$200
KGE	40/40% (\$5,500 / \$11,000)	\$40	\$60	N/A	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$200
KGF	40/1000d (\$5,500 / \$11,000)	\$40	\$60	N/A	\$1,000 per day, \$3,000 max per admit	Hospital: \$1,000 ASC: \$500	\$5,500 / \$11,000	\$200
KFV	15/1500d (\$6,500 / \$13,000)	\$15	\$35	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$300

(continued)

Effective date 1/1/24

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
KGG	40/1500d (\$6,500 / \$13,000)	\$40	\$60	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	\$200
KGI	50/1500d (\$7,500 / \$15,000)	\$50	\$70	N/A	\$1,500 per day, \$4,500 max per admit	Hospital: 50% ASC: 40%	\$7,500 / \$15,000	\$300
CanopyCare HMO - Facility Deductible								
KFZ	20/500/10% (\$3,000 / \$6,000)	\$20	\$20	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	10%
KG1	20/1000/20% (\$3,000 / \$6,000)	\$20	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$3,000 / \$6,000	20%
KG3	20/1500/20% (\$4,000 / \$8,000)	\$20	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	20%
KG4	20/2500/20% (\$5,000 / \$10,000)	\$20	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	20%
KGH	40/3000/30% (\$6,000 / \$12,000)	\$40	\$40	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	30%
Full Network – Elect Open Access (EOA) ⁶								
KHO	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
KHS	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
KHQ	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
KHU	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KHT	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
KHW	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
KI5	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KI2	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
KHZ	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
KI3	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
KI7	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
KID	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
KHR	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
KIF	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

(continued)

Effective date 1/1/24

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
KIH	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
KII	60/1500a (\$9,450 / \$18,900)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,100 / \$18,200; PPO: \$9,100 / \$18,200	\$300
Full Network – Elect Open Access (EOA) Facility Deductible								
KHV	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
KHP	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
KHX	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
KHY	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
KI6	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
KI8	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
KI9	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
KIG	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
ExcelCare EOA								
KIJ	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
KIN	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
KIL	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
KIP	20/250a (\$1,500 / \$3,000)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250; ASC: \$100	\$1,500 / \$3,000	\$150
KIO	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
KIR	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
KIY	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KIV	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
KIU	25/750a (\$3,500 / \$7,000)	HMO: \$25; PPO: \$45	HMO: \$45; PPO: \$45	\$25	HMO: \$750 per admit	Hospital: \$750 ASC: \$300	HMO: \$3,500 / \$7,000; PPO: \$5,500 / \$11,000	\$150
KIW	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
KJO	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

(continued)

Effective date 1/1/24

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
KJ4	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
KIX	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
KJ6	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
KJ3	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
KJ5	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
KIM	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
KJ7	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
KJ9	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
KJB	60/1500a (\$9,450 / \$18,900)	HMO: \$60; PPO: \$80	HMO: \$80; PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	Hospital: 50% ASC: 40%	HMO: \$9,100 / \$18,200; PPO: \$9,100 / \$18,200	\$300
ExcelCare EOA - Facility Deductible								
KIQ	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
KIK	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
KIS	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
KIT	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
KIZ	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
KJ1	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
KJ2	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
KJ8	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

(continued)

Effective date 1/1/24

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								
KEW	10/0/10% (\$2,000 / \$4,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$2,000 / \$6,000	\$100 + 10%
KEX	10/250/10% (\$3,000 / \$6,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
KEZ	15/250/10% (\$2,000 / \$4,000)	\$15	\$35	N/A	10%	Hospital: 10% ASC: 5%	\$2,000 / \$4,000	\$100 + 10%
KFO	15/500/10% (\$3,000 / \$6,000)	\$15	\$35	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
KF2	20/250/10% (\$3,000 / \$6,000)	\$20	\$40	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
KF4	20/500/10% (\$3,000 / \$6,000)	\$20	\$40	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
KF6	30/500/10% (\$3,000 / \$6,000)	\$30	\$50	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$6,000	\$100 + 10%
KF8	30/750/20% (\$5,000 / \$10,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
KF9	30/1000/20% (\$3,000 / \$6,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$3,000 / \$6,000	\$100 + 20%
KEY	10/250/20% (\$4,000 / \$8,000)	\$10	\$30	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
KF1	15/500/20% (\$4,000 / \$8,000)	\$15	\$35	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
KF3	20/250/20% (\$4,000 / \$8,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
KF5	20/500/20% (\$4,000 / \$8,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
KF7	30/500/30% (\$4,000 / \$8,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$4,000 / \$8,000	\$100 + 30%
KFB	30/1000/20% (\$4,000 / \$8,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
KFG	35/1000/20% (\$5,000 / \$10,000)	\$35	\$55	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
KEV	0/1000/20% (\$5,000 / \$10,000)	\$0	\$20	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	\$100 + 20%
KFC	30/2000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
KFD	30/3000/30% (\$5,000 / \$10,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
KFF	30/4000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
KFE	30/3000/30% (\$6,000 / \$12,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
KFI	40/5000/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%

(continued)

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
KFH	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$100 + 30%
KFJ	60/5000/30% (\$9,450 / \$18,900)	\$60	\$80	N/A	30%	Hospital: 30% ASC: 20%	\$9,450 / \$18,900	\$100 + 30%
PPO ⁸ (HSA-compatible) Includes pre-set pharmacy plans								
KFR	1600/0% I (\$1,600)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$1,500	0%
KFS	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$2,000	0%
KFP	3200/0% F (\$3,200 / \$6,400)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,200 / \$6,400	0%
KFQ	3200/0% F (\$3,200 / \$6,400)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,200 / \$6,400	0%
KFL	3200/20% (\$4,000 / \$8,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	20%
KFM	3500/20% (\$5,000 / \$10,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	20%
KFK	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$4,000 / \$8,000	0%
KFO	3200/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	30%
KFN	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$6,000 / \$12,000	20%

Effective date 1/1/24

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, CanopyCare, 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					
\$1,600	Combined with medical	\$0	\$0	\$0	Pairable with any EC PPO medical plan
\$2,000	Combined with medical	\$0	\$0	\$0	
\$3,200	Combined with medical	\$0	\$0	\$0	
\$3,200	Combined with medical	\$10	\$30	\$55	
\$3,200	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 1/1/24

Large Group chiropractic and acupuncture benefits

HMO, EOA, EOA ExcelCare, HMO ExcelCare, Salud y Más, Salud San Diego, CanopyCare HMO			
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
DPW	DPZ	\$10 / 30 visits	\$3,000 / \$6,000
DPY	DPX	\$25 / 30 visits	\$3,000 / \$6,000
EJR	EJV	\$10 / 30 visits	\$3,500 / \$7,000
EJT	EJS	\$25 / 30 visits	\$3,500 / \$7,000
DQO	DQ3	\$10 / 30 visits	\$4,000 / \$8,000
DQ2	DQ1	\$25 / 30 visits	\$4,000 / \$8,000
BWD	BWA	\$10 / 30 visits	\$4,500 / \$9,000
BWB	BWC	\$25 / 30 visits	\$4,500 / \$9,000
DQ4	DQ7	\$10 / 30 visits	\$5,000 / \$10,000
DQ6	DQ5	\$25 / 30 visits	\$5,000 / \$10,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHV	BHP	\$25 / 30 visits	\$5,500 / \$11,000
DQ8	DQB	\$10 / 30 visits	\$6,000 / \$12,000
DQA	DQ9	\$25 / 30 visits	\$6,000 / \$12,000
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
EJW	EKO	\$10 / 30 visits	\$9,450 / \$18,900
EJY	EJX	\$25 / 30 visits	\$9,450 / \$18,900
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
EJZ	\$25 / 10 visits		\$9,450 / \$18,900
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

(continued)

Effective date 1/1/24

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)
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
EKB	\$10 / 30 visits	\$3,000 / \$6,000
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	\$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
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
EL7	\$10 / 30 visits	\$9,450 / \$18,900

(continued)

Effective date 1/1/24

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)
EL8	\$25 / 30 visits	\$9,450 / \$18,900
E6I	0% / 30 visits	\$2,000 / N/A
EO2	0% / 30 visits	\$3,200 / \$6,400
ENZ	0% / 30 visits	\$1,600 / N/A
EO3	0% / 30 visits	\$3,200 / \$6,400
EO4	20% / 30 visits	\$4,000 / \$8,000
EL9	20% / 30 visits	\$5,000 / \$10,000
E6N	0% / 30 visits	\$4,000 / \$8,000
EO5	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

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. Choose up to 3 PPO plans: one PPO high option (KF9 or KFD), one PPO low option (KFF, KFH, KFI, or KFJ), and any HSA-Compatible PPO plan. Pair with a specified pharmacy plan. 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.