

Start 2024 Off Strong with Enhanced Choice Solutions

UNDERWRITING PROGRAM THROUGH 12/1/2024

As part of our commitment to your business, and the health and well-being of our California communities, we're offering Enhanced Choice Solutions, an underwriting program through 12/1/2024 that gives you **more opportunities to write large group business with us.**



Our Enhanced Choice Solutions program is designed for employer groups with 101–500 eligible employees that have difficulty meeting a carrier's standard participation guidelines and includes:

- flexible participation requirements
- our best-selling Enhanced Choice portfolio



Here are important program details

- Effective dates between 1/1/2024 and 12/1/2024
- Group eligibility requirements:
 - New groups 101–500 (new groups 500+ considered on a case-by-case basis).
 - Enrolling in select Enhanced Choice Plans (see chart)
- A choice of up to three select Enhanced Choice Plans
- Minimum employer contribution requirement is 50% of the lowest cost Health Net plan.
- Total Replacement: Participation requirements of a minimum of 33% of the total eligible population, or 33 active, enrolled employees, whichever is greater.
- Multi-carrier (e.g. Kaiser): Participation requirements of a minimum of 10% of the eligible population, or 25 active, enrolled employees, whichever is greater.

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Enhanced Choice Solutions Groups 101-500

Effective date 1/1/24

Large Group HMO/EOA medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
ExcelCare HMO								
KHF	30/500a (\$2,500 / \$5,000)	\$30	\$50	\$30	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KH7	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$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
KHJ	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$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%	\$9,100 / \$18,200	\$300
ExcelCare EOA								
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
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
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
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 Plans								
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
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
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
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
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
SmartCare HMO Plans								
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
KGN	20/20% (\$2,500 / \$5,000)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$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

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Large Group HMO/EOA medical benefits

Medical								
Plan code	Plan name	Office visit (PCP)	Office visit (specialist)	MinuteClinic	Inpatient hospital	Outpatient surgery	Out-of-pocket maximum (single / family)	Emergency room
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
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 Plans								
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
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
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
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
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
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 Plans								
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
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
KE0	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
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
CanopyCare HMO Plans								
KFX	20/20% (\$2,500 / \$5,000)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$100
KG6	30/20% (\$2,500 / \$5,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$2,500 / \$5,000	\$200
KGE	40/40% (\$5,500 / \$11,000)	\$40	\$60	N/A	40%	Hospital: 40% ASC: 30%	\$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
KG8	30/500a (\$2,500 / \$5,000)	\$30	\$50	N/A	\$500 per admit	Hospital: \$500 ASC: \$200	\$2,500 / \$5,000	\$150
KG1	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

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Large Group HMO/EOA medical benefits

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 Plans								
KF9	30/1000/20% (\$3,000 / \$9,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$3,000 / \$6,000	\$100 + 20%
KFB	30/1000/20% (\$4,000 / \$8,000)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
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%
KFH	40/3500/30% (\$7,000 / \$14,000)	\$40	\$60	N/A	30%	Hospital: 30% ASC: 20%	\$7,000 / \$14,000	\$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%
KFJ	60/5000/30% (\$9,100 / \$18,200)	\$60	\$80	N/A	30%	Hospital: 30% ASC: 20%	\$9,100 / \$18,200	\$100 + 30%
HSA-compatible PPO (including OOS) Plans								
KFL	3200/20% (\$4,000 / \$8,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	20%
KFK	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$4,000 / \$8,000	0%
KFM	3500/20% (\$5,000 / \$10,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$5,000 / \$10,000	20%
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%

Large Group HMO/EOA/PPO pharmacy benefits

Pharmacy brand deductible	Deductible type (brand only, none)	Retail tier 1	Retail tier 2	Retail tier 3	Associated medical plan
\$0	None	\$10	\$30	\$55	Pairable with any HMO/EOA/PPO ECS Medical Plan
\$100	Brand only	\$15	\$35	\$60	
\$300	Brand only	\$15	\$40	\$65	