



NORTHERN CALIFORNIA



Plan Rates 2012

Northern California		Effective Jan. 1, 2012		Group: 67691F	
Health Net HMO Plan 2ST (replaces 91C)					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$939.13	\$1,949.00	\$2,654.30		
Office Co-Pay	\$30	Surgery	100%		
Inpatient Hospital	20%	X-ray & Lab	100%		
Out-of-Pocket Max	\$3,500	Mental/Nervous	\$30		
Rx Co-Pays	\$15/\$30/\$50	ER Room	\$200		

Northern California		Effective Jan. 1, 2012		Group: 67691K	
Health Net HMO Plan 1YM (new plan)					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$936.49	\$1,943.35	\$2,646.58		
Office Co-Pay	\$40	Surgery (Prof)	100%		
Inpatient Hospital	20%	X-ray & Lab	100%		
Out-of-Pocket Max	\$2,000	Mental/Nervous	\$20		
Rx Co-Pays	\$15/\$30/\$50	ER Room	\$100		

Northern California		Effective Jan. 1, 2012		Group: 67691M	
Health Net HMO Plan 2SU (replaces 91D)					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$893.10	\$1,850.53	\$2,519.16		
Office Co-Pay	\$50	Surgery (Prof)	100%		
Inpatient Hospital	20%	X-ray & Lab	100%		
Out-of-Pocket Max	\$3,500	Mental/Nervous	\$50		
Rx Co-Pays	\$15/\$30/\$50	ER Room	\$250		



NORTHERN CALIFORNIA



Plan Rates 2012

Northern California		Effective Jan. 1, 2012		Group: N4091D	
Health Net PPO Plan 4HW (new plan)					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$1,053.75	\$2,194.29	\$2,990.85		
Annual Deductible	\$1,500	Family Max	\$4,500		
Office Co-Pay	\$20 or 40%	Surgery	20%/40%		
Inpatient Hospital - \$250 co-pay	20%/\$500+40%	X-ray & Lab	20%/40%		
Out-of-Pocket Max - Network	\$3,000 (3x fam max)	Non-Network	\$6,000 (3x fam max)		
Rx Co-Pays	\$15/\$35/\$60	Mental/Nervous	Yes		

Northern California		Effective Jan. 1, 2012		Group: N4091B	
Health Net PPO Plan 2AT (new plan)					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$961.81	\$1,997.54	\$2,720.89		
Annual Deductible	\$2,000	Family Max	\$6,000		
Office Co-Pay	\$30 or 50%	Surgery	30%/50%		
Inpatient Hospital - \$250 co-pay	30%/50%	X-ray & Lab	30%/50%		
Out-of-Pocket Max - Network	\$4,000 (3x fam max)	Non-Network	\$8,000 (3x fam max)		
Rx Co-Pays	\$15/\$35/\$60	Mental/Nervous	Yes		