

Dental and Vision Rate Guide

New business effective January through December 2026

Large Group



Dental Rating Regions by Area

Dental HMO

Health Net Dental HMO plans are not available in Alpine, Del Norte, Humboldt, Kings, Lassen, Mendocino, Modoc, Mono, San Benito, Siskiyou, and Yuba counties.

PPO rating area by ZIP codes

Area 1 contains the ZIP codes starting with 900–904 and 945–948.

Area 2 contains the ZIP codes starting with 905–930.

Area 3 contains the ZIP codes starting with 931, 940–941 and 943–944.

Area 4 contains the ZIP codes starting with 932–933 and 935–938.

Area 5 contains the ZIP codes starting with 934, 939 and 954–961.

Area 6 contains the ZIP codes starting with 942.

Area 7 contains the ZIP codes starting with 949–951.

Area 8 contains the ZIP codes starting with 952–953.

Note: Area is determined by the group's home-office ZIP code.



Dental Rates

New dental business, effective January through December 2026

(Renewing dental business, please contact Account Management for rates.)

Dental – HMO

3-TIER					
Voluntary 101-250			Employer-paid 101-250		
Plan Name/Code	Coverage Type	All	Plan Name/Code	Coverage Type	All
DHMO Plus 85 (Plan Code 1iA)	Employee only	\$25.47	DHMO Plus 85 (Plan Code 1i8)	Employee only	\$24.13
	Employee plus one	\$45.85		Employee plus one	\$43.44
	Employee plus family	\$71.35		Employee plus family	\$67.56
DHMO Plus 100 (Plan Code 1iB)	Employee only	\$22.51	DHMO Plus 100 (Plan Code 1i9)	Employee only	\$21.31
	Employee plus one	\$40.48		Employee plus one	\$38.34
	Employee plus family	\$62.95		Employee plus family	\$59.61
DHMO Plus 150 (Plan Code 10N)	Employee only	\$21.76	DHMO Plus 150 (Plan Code 10K)	Employee only	\$20.62
	Employee plus one	\$39.21		Employee plus one	\$37.16
	Employee plus family	\$60.83		Employee plus family	\$57.62
DHMO Plus 185 (Plan Code 10O)	Employee only	\$19.25	DHMO Plus 185 (Plan Code 10L)	Employee only	\$18.23
	Employee plus one	\$34.66		Employee plus one	\$32.82
	Employee plus family	\$53.91		Employee plus family	\$51.06
DHMO Plus 225 (Plan Code 10P)	Employee only	\$18.64	DHMO Plus 225 (Plan Code 10M)	Employee only	\$17.66
	Employee plus one	\$33.56		Employee plus one	\$31.79
	Employee plus family	\$52.20		Employee plus family	\$49.44

4-TIER					
Voluntary 101-250			Employer-paid 101-250		
Plan Name/Code	Coverage Type	All	Plan Name/Code	Coverage Type	All
DHMO Plus 85 (Plan Code 1iA)	Employee only	\$25.47	DHMO Plus 85 (Plan Code 1i8)	Employee only	\$24.13
	Employee plus spouse	\$45.85		Employee plus spouse	\$43.44
	Employee plus child(ren)	\$48.41		Employee plus child(ren)	\$45.84
	Employee plus family	\$71.35		Employee plus family	\$67.56
DHMO Plus 100 (Plan Code 1iB)	Employee only	\$22.51	DHMO Plus 100 (Plan Code 1i9)	Employee only	\$21.31
	Employee plus spouse	\$40.48		Employee plus spouse	\$38.34
	Employee plus child(ren)	\$42.72		Employee plus child(ren)	\$40.46
	Employee plus family	\$62.95		Employee plus family	\$59.61
DHMO Plus 150 (Plan Code 10N)	Employee only	\$21.76	DHMO Plus 150 (Plan Code 10K)	Employee only	\$20.62
	Employee plus spouse	\$39.21		Employee plus spouse	\$37.16
	Employee plus child(ren)	\$41.27		Employee plus child(ren)	\$39.10
	Employee plus family	\$60.83		Employee plus family	\$57.62
DHMO Plus 185 (Plan Code 10O)	Employee only	\$19.25	DHMO Plus 185 (Plan Code 10L)	Employee only	\$18.23
	Employee plus spouse	\$34.66		Employee plus spouse	\$32.82
	Employee plus child(ren)	\$36.58		Employee plus child(ren)	\$34.65
	Employee plus family	\$53.91		Employee plus family	\$51.06
DHMO Plus 225 (Plan Code 10P)	Employee only	\$18.64	DHMO Plus 225 (Plan Code 10M)	Employee only	\$17.66
	Employee plus spouse	\$33.56		Employee plus spouse	\$31.79
	Employee plus child(ren)	\$35.44		Employee plus child(ren)	\$33.56
	Employee plus family	\$52.20		Employee plus family	\$49.44

Dental – PPO

Voluntary

3-TIER								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Classic Plus 1 2000 with MaxAdvantage (Plan Code 10H) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 1500 Implant, 80% HIAA								
Employee only	\$77.20	\$72.30	\$74.95	\$56.06	\$70.35	\$65.69	\$76.58	\$71.75
Employee plus one	\$152.38	\$142.72	\$148.03	\$110.92	\$138.95	\$129.80	\$151.24	\$141.67
Employee plus family	\$271.17	\$254.16	\$264.29	\$200.02	\$248.06	\$232.47	\$269.92	\$252.50
Classic Plus 2 2000 with MaxAdvantage (Plan Code 1iP) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 80% HIAA								
Employee only	\$74.74	\$69.96	\$72.61	\$54.29	\$68.11	\$63.60	\$74.20	\$69.45
Employee plus one	\$147.86	\$138.43	\$143.72	\$107.65	\$134.82	\$125.96	\$146.85	\$137.43
Employee plus family	\$266.39	\$249.63	\$259.73	\$196.57	\$243.69	\$228.41	\$265.28	\$248.02
Classic 1 1500 (Plan Code 1iQ) – 100 90 60 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$67.73	\$63.43	\$65.81	\$49.31	\$61.76	\$57.70	\$67.24	\$62.96
Employee plus one	\$133.54	\$125.09	\$129.83	\$97.48	\$121.85	\$113.90	\$132.64	\$124.19
Employee plus family	\$236.21	\$221.50	\$230.34	\$174.88	\$216.27	\$202.84	\$235.21	\$220.08
Classic 2 1500 (Plan Code 1iR) – 100 90 60 \$50 Ded, 80% HIAA								
Employee only	\$64.62	\$60.32	\$62.70	\$46.21	\$58.65	\$54.59	\$64.14	\$59.86
Employee plus one	\$126.51	\$118.06	\$122.80	\$90.45	\$114.82	\$106.88	\$125.61	\$117.16
Employee plus family	\$214.73	\$200.02	\$208.86	\$153.40	\$194.79	\$181.37	\$213.73	\$198.60
Classic 3 1500 (Plan Code 10i) – 100 80 50 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$65.08	\$59.78	\$64.44	\$46.14	\$59.11	\$54.81	\$66.26	\$59.49
Employee plus one	\$128.48	\$118.11	\$127.22	\$91.42	\$116.80	\$108.38	\$130.79	\$117.56
Employee plus family	\$228.93	\$211.39	\$226.73	\$166.05	\$209.11	\$194.82	\$232.76	\$210.43
Classic 4 1500 (Plan Code 1iS) – 100 80 50 \$50 Ded, 80% HIAA								
Employee only	\$61.97	\$56.67	\$61.33	\$43.04	\$56.00	\$51.70	\$63.16	\$56.39
Employee plus one	\$121.46	\$111.08	\$120.20	\$84.39	\$109.77	\$101.35	\$123.76	\$110.53
Employee plus family	\$207.45	\$189.91	\$205.25	\$144.57	\$187.63	\$173.34	\$211.28	\$188.95
Classic 5 1500 (Plan Code 1iT) – 100 80 50 \$50 Ded w/1500 Ortho, 80 80 50 Out, 80% HIAA								
Employee only	\$59.83	\$55.86	\$58.35	\$43.53	\$54.52	\$50.97	\$59.67	\$55.50
Employee plus one	\$118.07	\$110.35	\$115.13	\$86.24	\$107.70	\$100.76	\$117.69	\$109.63
Employee plus family	\$209.78	\$197.27	\$204.39	\$156.67	\$192.52	\$180.85	\$208.56	\$195.94
Classic 6 1500 (Plan Code 1iU) – 100 80 50 \$50 Ded, 80 80 50 Out, 80% HIAA								
Employee only	\$56.73	\$52.76	\$55.25	\$40.42	\$51.41	\$47.86	\$56.56	\$52.39
Employee plus one	\$111.04	\$103.33	\$108.11	\$79.21	\$100.67	\$93.73	\$110.66	\$102.60
Employee plus family	\$188.30	\$175.79	\$182.91	\$135.19	\$171.04	\$159.37	\$187.08	\$174.46
Classic 7 Unlimited (Plan Code 1NH) – 100 80 50 \$50 Ded								
Employee only	\$66.21	\$61.77	\$64.36	\$47.23	\$60.24	\$55.83	\$65.93	\$61.21
Employee plus one	\$129.42	\$120.64	\$125.87	\$92.26	\$117.71	\$109.10	\$128.97	\$119.57
Employee plus family	\$217.48	\$201.95	\$212.39	\$154.48	\$197.63	\$183.10	\$217.83	\$200.35
Classic 11 Unlimited (Plan Code 1M0) – 100 90 60 \$50 Ded w/3000 Ortho, UCR								
Employee only	\$88.80	\$81.88	\$87.80	\$63.69	\$80.89	\$75.17	\$90.18	\$81.48
Employee plus one	\$174.86	\$161.43	\$172.90	\$126.10	\$159.49	\$148.39	\$177.52	\$160.63
Employee plus family	\$306.86	\$285.29	\$303.57	\$228.20	\$282.07	\$264.15	\$311.01	\$283.98
Essential 1 1000 (Plan Code 1iV) – 100 80 50 \$50 Ded w/1000 Ortho, MAC								
Employee only	\$36.69	\$36.48	\$33.91	\$29.90	\$34.80	\$32.95	\$34.09	\$36.43
Employee plus one	\$73.01	\$72.59	\$67.52	\$59.62	\$69.28	\$65.62	\$67.87	\$72.50
Employee plus family	\$135.75	\$135.04	\$126.02	\$112.12	\$129.16	\$122.71	\$126.64	\$134.86

(continued)

Dental – PPO

Voluntary

3-TIER (continued)								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Essential 2 1000 (Plan Code 1iW) – 100 80 50 \$50 Ded, MAC								
Employee only	\$34.64	\$34.43	\$31.86	\$27.85	\$32.75	\$30.90	\$32.04	\$34.38
Employee plus one	\$68.37	\$67.95	\$62.88	\$54.98	\$64.64	\$60.99	\$63.23	\$67.86
Employee plus family	\$121.57	\$120.86	\$111.85	\$97.94	\$114.99	\$108.53	\$112.46	\$120.68
Essential 3 1000 (Plan Code 1iX) – 100 80 50 \$50 Ded w/1000 Ortho, 80 80 50 Out, MAC								
Employee only	\$34.65	\$34.81	\$32.03	\$28.68	\$33.50	\$31.66	\$32.08	\$34.58
Employee plus one	\$68.94	\$69.26	\$63.76	\$57.19	\$66.67	\$63.06	\$63.85	\$68.81
Employee plus family	\$128.05	\$128.78	\$118.83	\$107.58	\$124.19	\$117.84	\$118.92	\$127.92
Essential 4 1000 (Plan Code 1iY) – 100 80 50 \$50 Ded, 80 80 50 Out, MAC								
Employee	\$32.60	\$32.76	\$29.98	\$26.63	\$31.45	\$29.61	\$30.03	\$32.53
Employee & Spouse/Domestic Partner	\$64.30	\$64.62	\$59.13	\$52.55	\$62.03	\$58.42	\$59.21	\$64.17
Family	\$113.88	\$114.60	\$104.65	\$93.41	\$110.01	\$103.66	\$104.75	\$113.74
Essential 5 1500 (Plan Code 10J) – 100 80 50 \$50 Ded w/1500 Ortho, MAC								
Employee	\$44.75	\$44.49	\$41.36	\$36.47	\$42.44	\$40.18	\$41.57	\$44.43
Employee & Spouse/Domestic Partner	\$88.68	\$88.18	\$82.04	\$72.47	\$84.17	\$79.74	\$82.47	\$88.06
Family	\$161.41	\$160.58	\$150.08	\$133.87	\$153.73	\$146.22	\$150.79	\$160.37
Essential 6 1500 (Plan Code 1iZ) – 100 80 50 \$50 Ded, MAC								
Employee	\$41.64	\$41.38	\$38.25	\$33.36	\$39.34	\$37.08	\$38.47	\$41.32
Employee & Spouse/Domestic Partner	\$81.66	\$81.15	\$75.01	\$65.44	\$77.14	\$72.72	\$75.44	\$81.04
Family	\$139.93	\$139.10	\$128.60	\$112.40	\$132.25	\$124.74	\$129.31	\$138.89
Essential 10 3000 (Plan Code 1NJ) – 100 80 50 \$25 Ded w/3000 Ortho, MAC Implant								
Employee	\$56.35	\$56.08	\$52.25	\$46.46	\$53.59	\$50.89	\$52.50	\$55.99
Employee & Spouse/Domestic Partner	\$112.05	\$111.52	\$104.06	\$92.80	\$106.68	\$101.42	\$104.53	\$111.35
Family	\$207.55	\$206.72	\$194.39	\$176.03	\$198.74	\$190.12	\$195.15	\$206.43
Essential 11 5000 (Plan Code 1NL) – 100 80 50 \$25 Ded w/5000 Ortho, MAC Implant								
Employee	\$61.67	\$61.39	\$57.39	\$51.36	\$58.79	\$55.97	\$57.65	\$61.30
Employee & Spouse/Domestic Partner	\$123.19	\$122.64	\$114.88	\$103.17	\$117.60	\$112.13	\$115.38	\$122.47
Family	\$233.82	\$232.97	\$220.36	\$201.58	\$224.81	\$215.99	\$221.14	\$232.67
Essential Value 1 1000 (Plan Code 1J1) – 100 80 50 \$50 Ded, 50 50 50 Out, MAC								
Employee	\$27.87	\$28.88	\$25.06	\$23.73	\$27.56	\$26.01	\$24.74	\$28.24
Employee & Spouse/Domestic Partner	\$55.05	\$57.08	\$49.47	\$46.94	\$54.48	\$51.41	\$48.82	\$55.80
Family	\$98.34	\$102.36	\$88.09	\$84.46	\$97.62	\$92.20	\$86.81	\$99.92
Basic 500 (Plan Code 1JO) – 100 60 0 \$50 Ded, MAC								
Employee	\$14.04	\$14.51	\$12.14	\$13.05	\$13.67	\$13.77	\$12.03	\$15.15
Employee & Spouse/Domestic Partner	\$28.35	\$29.31	\$24.52	\$26.35	\$27.61	\$27.80	\$24.29	\$30.60
Family	\$56.84	\$58.80	\$49.08	\$52.80	\$55.36	\$55.74	\$48.61	\$61.41

Dental – PPO

Employer-paid

3-TIER								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Classic Plus 1 2000 with MaxAdvantage (Plan Code 10E) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 1500 Implant, 80% HIAA								
Employee only	\$72.32	\$67.74	\$70.22	\$52.57	\$65.93	\$61.56	\$71.75	\$67.23
Employee plus one	\$142.76	\$133.74	\$138.69	\$104.02	\$130.21	\$121.66	\$141.69	\$132.75
Employee plus family	\$254.10	\$238.20	\$247.67	\$187.60	\$232.50	\$217.93	\$252.93	\$236.65
Classic Plus 2 2000 with MaxAdvantage (Plan Code 1iC) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 80% HIAA								
Employee only	\$70.03	\$65.56	\$68.03	\$50.91	\$63.83	\$59.61	\$69.52	\$65.08
Employee plus one	\$138.53	\$129.72	\$134.67	\$100.96	\$126.35	\$118.07	\$137.60	\$128.78
Employee plus family	\$249.63	\$233.97	\$243.41	\$184.38	\$228.42	\$214.14	\$248.59	\$232.46
Classic 1 1500 (Plan Code 1iD) – 100 90 60 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$63.47	\$59.45	\$61.68	\$46.26	\$57.89	\$54.10	\$63.02	\$59.02
Employee plus one	\$125.15	\$117.26	\$121.68	\$91.45	\$114.22	\$106.80	\$124.31	\$116.41
Employee plus family	\$221.42	\$207.68	\$215.94	\$164.10	\$202.79	\$190.24	\$220.49	\$206.35
Classic 2 1500 (Plan Code 1iE) – 100 90 60 \$50 Ded, 80% HIAA								
Employee only	\$60.57	\$56.55	\$58.78	\$43.36	\$54.99	\$51.20	\$60.11	\$56.12
Employee plus one	\$118.59	\$110.69	\$115.12	\$84.88	\$107.66	\$100.23	\$117.75	\$109.84
Employee plus family	\$201.35	\$187.60	\$195.86	\$144.03	\$182.72	\$170.17	\$200.42	\$186.27
Classic 3 1500 (Plan Code 10F) – 100 80 50 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$60.99	\$56.04	\$60.40	\$43.30	\$55.42	\$51.40	\$62.10	\$55.78
Employee plus one	\$120.43	\$110.73	\$119.25	\$85.79	\$109.51	\$101.64	\$122.58	\$110.22
Employee plus family	\$214.62	\$198.23	\$212.56	\$155.85	\$196.10	\$182.74	\$218.20	\$197.33
Classic 4 1500 (Plan Code 1iF) – 100 80 50 \$50 Ded, 80% HIAA								
Employee only	\$58.09	\$53.14	\$57.50	\$40.40	\$52.51	\$48.50	\$59.20	\$52.88
Employee plus one	\$113.86	\$104.17	\$112.68	\$79.22	\$102.94	\$95.07	\$116.02	\$103.65
Employee plus family	\$194.55	\$178.15	\$192.49	\$135.78	\$176.03	\$162.67	\$198.13	\$177.26
Classic 5 1500 (Plan Code 1iG) – 100 80 50 \$50 Ded w/1500 Ortho, 80 80 50 Out, 80% HIAA								
Employee only	\$56.09	\$52.38	\$54.71	\$40.86	\$51.13	\$47.81	\$55.94	\$52.04
Employee plus one	\$110.69	\$103.48	\$107.95	\$80.95	\$101.00	\$94.51	\$110.34	\$102.81
Employee plus family	\$196.72	\$185.03	\$191.69	\$147.08	\$180.60	\$169.69	\$195.58	\$183.79
Classic 6 1500 (Plan Code 1iH) – 100 80 50 \$50 Ded, 80 80 50 Out, 80% HIAA								
Employee only	\$53.19	\$49.48	\$51.81	\$37.96	\$48.23	\$44.91	\$53.04	\$49.14
Employee plus one	\$104.13	\$96.92	\$101.38	\$74.38	\$94.44	\$87.95	\$103.77	\$96.24
Employee plus family	\$176.65	\$164.96	\$171.61	\$127.01	\$160.52	\$149.61	\$175.51	\$163.72
Classic 7 Unlimited (Plan Code 1NG) – 100 80 50 \$50 Ded								
Employee only	\$62.06	\$57.90	\$60.32	\$44.32	\$56.47	\$52.36	\$61.79	\$57.38
Employee plus one	\$121.30	\$113.10	\$117.99	\$86.57	\$110.36	\$102.31	\$120.88	\$112.10
Employee plus family	\$203.92	\$189.41	\$199.17	\$145.04	\$185.37	\$171.79	\$204.25	\$187.91
Classic 11 Unlimited (Plan Code 1LZ) – 100 90 60 \$50 Ded w/3000 Ortho, UCR								
Employee only	\$83.17	\$76.70	\$82.23	\$59.70	\$75.77	\$70.43	\$84.46	\$76.32
Employee plus one	\$163.77	\$151.22	\$161.94	\$118.20	\$149.40	\$139.03	\$166.26	\$150.47
Employee plus family	\$287.46	\$267.30	\$284.38	\$213.93	\$264.28	\$247.54	\$291.33	\$266.07
Essential 1 1000 (Plan Code 1ii) – 100 80 50 \$50 Ded w/1000 Ortho, MAC								
Employee only	\$34.47	\$34.27	\$31.87	\$28.12	\$32.70	\$30.97	\$32.03	\$34.22
Employee plus one	\$68.58	\$68.19	\$63.45	\$56.07	\$65.10	\$61.68	\$63.78	\$68.10
Employee plus family	\$127.54	\$126.87	\$118.45	\$105.45	\$121.38	\$115.35	\$119.02	\$126.70

(continued)

Dental – PPO

Employer-paid

3-TIER (continued)								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Essential 2 1000 (Plan Code 1iJ) – 100 80 50 \$50 Ded, MAC								
Employee only	\$32.55	\$32.35	\$29.95	\$26.20	\$30.78	\$29.05	\$30.12	\$32.31
Employee plus one	\$64.25	\$63.86	\$59.12	\$51.73	\$60.76	\$57.35	\$59.45	\$63.77
Employee plus family	\$114.29	\$113.62	\$105.20	\$92.20	\$108.13	\$102.10	\$105.77	\$113.46
Essential 3 1000 (Plan Code 1iK) – 100 80 50 \$50 Ded w/1000 Ortho, 80 80 50 Out, MAC								
Employee only	\$32.56	\$32.70	\$30.11	\$26.98	\$31.48	\$29.76	\$30.16	\$32.49
Employee plus one	\$64.78	\$65.07	\$59.94	\$53.80	\$62.66	\$59.28	\$60.02	\$64.66
Employee plus family	\$120.34	\$121.02	\$111.72	\$101.21	\$116.73	\$110.80	\$111.81	\$120.22
Essential 4 1000 (Plan Code 1iL) – 100 80 50 \$50 Ded, 80 80 50 Out, MAC								
Employee only	\$30.65	\$30.79	\$28.20	\$25.06	\$29.56	\$27.85	\$28.24	\$30.58
Employee plus one	\$60.44	\$60.74	\$55.61	\$49.46	\$58.32	\$54.95	\$55.69	\$60.32
Employee plus family	\$107.09	\$107.77	\$98.47	\$87.96	\$103.48	\$97.55	\$98.56	\$106.97
Essential 5 1500 (Plan Code 1iG) – 100 80 50 \$50 Ded w/1500 Ortho, MAC								
Employee only	\$41.99	\$41.75	\$38.83	\$34.25	\$39.84	\$37.73	\$39.03	\$41.70
Employee plus one	\$83.23	\$82.76	\$77.02	\$68.08	\$79.01	\$74.88	\$77.42	\$82.65
Employee plus family	\$151.51	\$150.74	\$140.93	\$125.78	\$144.34	\$137.32	\$141.60	\$150.54
Essential 6 1500 (Plan Code 1iM) – 100 80 50 \$50 Ded, MAC								
Employee only	\$39.09	\$38.85	\$35.92	\$31.35	\$36.94	\$34.83	\$36.13	\$38.80
Employee plus one	\$76.66	\$76.19	\$70.46	\$61.51	\$72.44	\$68.31	\$70.85	\$76.09
Employee plus family	\$131.44	\$130.67	\$120.86	\$105.71	\$124.27	\$117.25	\$121.52	\$130.47
Essential 10 3000 (Plan Code 1iN) – 100 80 50 \$25 Ded w/3000 Ortho, MAC Implant								
Employee only	\$52.84	\$52.58	\$49.01	\$43.60	\$50.26	\$47.74	\$49.24	\$52.50
Employee plus one	\$105.07	\$104.57	\$97.60	\$87.08	\$100.05	\$95.13	\$98.05	\$104.42
Employee plus family	\$194.64	\$193.87	\$182.34	\$165.19	\$186.41	\$178.35	\$183.05	\$193.59
Essential 11 5000 (Plan Code 1iN) – 100 80 50 \$25 Ded w/5000 Ortho, MAC Implant								
Employee only	\$57.81	\$57.54	\$53.81	\$48.17	\$55.12	\$52.49	\$54.05	\$57.46
Employee plus one	\$115.48	\$114.97	\$107.71	\$96.77	\$110.26	\$105.15	\$108.18	\$114.81
Employee plus family	\$219.19	\$218.40	\$206.61	\$189.06	\$210.77	\$202.53	\$207.34	\$218.12
Essential Value 1 1000 (Plan Code 1iO) – 100 80 50 \$50 Ded, 50 50 50 Out, MAC								
Employee only	\$26.22	\$27.16	\$23.59	\$22.36	\$25.94	\$24.48	\$23.29	\$26.57
Employee plus one	\$51.80	\$53.69	\$46.58	\$44.22	\$51.26	\$48.40	\$45.98	\$52.50
Employee plus family	\$92.57	\$96.33	\$83.00	\$79.61	\$91.90	\$86.83	\$81.80	\$94.05
Basic 500 (Plan Code 1iN) – 100 60 0 \$50 Ded, MAC								
Employee only	\$13.29	\$13.74	\$11.52	\$12.37	\$12.95	\$13.04	\$11.42	\$14.33
Employee plus one	\$26.84	\$27.74	\$23.26	\$24.97	\$26.16	\$26.33	\$23.05	\$28.95
Employee plus family	\$53.79	\$55.62	\$46.54	\$50.01	\$52.41	\$52.76	\$46.10	\$58.06

Dental – PPO

Voluntary

4-TIER								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Classic Plus 1 2000 with MaxAdvantage (Plan Code 10H) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 1500 Implant, 80% HIAA								
Employee only	\$77.20	\$72.30	\$74.95	\$56.06	\$70.35	\$65.69	\$76.58	\$71.75
Employee plus spouse	\$154.39	\$144.59	\$149.90	\$112.13	\$140.71	\$131.37	\$153.16	\$143.51
Employee plus child(ren)	\$175.20	\$164.23	\$170.86	\$129.55	\$160.37	\$150.38	\$174.49	\$163.19
Employee plus family	\$265.46	\$248.79	\$258.60	\$195.41	\$242.72	\$227.35	\$264.12	\$247.13
Classic Plus 2 2000 with MaxAdvantage (Plan Code 1iP) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 80% HIAA								
Employee only	\$74.74	\$69.96	\$72.61	\$54.29	\$68.11	\$63.60	\$74.20	\$69.45
Employee plus spouse	\$149.48	\$139.93	\$145.22	\$108.57	\$136.22	\$127.20	\$148.40	\$138.89
Employee plus child(ren)	\$172.51	\$161.69	\$168.29	\$127.61	\$157.91	\$148.09	\$171.88	\$160.67
Employee plus family	\$260.29	\$243.88	\$253.66	\$191.67	\$237.99	\$222.96	\$259.10	\$242.27
Classic 1 1500 (Plan Code 1iQ) – 100 90 60 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$67.73	\$63.43	\$65.81	\$49.31	\$61.76	\$57.70	\$67.24	\$62.96
Employee plus spouse	\$135.46	\$126.86	\$131.62	\$98.63	\$123.52	\$115.40	\$134.48	\$125.92
Employee plus child(ren)	\$152.43	\$142.97	\$148.73	\$113.16	\$139.66	\$131.07	\$151.87	\$142.08
Employee plus family	\$231.46	\$217.01	\$225.60	\$170.98	\$211.81	\$198.55	\$230.39	\$215.59
Classic 2 1500 (Plan Code 1iR) – 100 80 50 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$64.62	\$60.32	\$62.70	\$46.21	\$58.65	\$54.59	\$64.14	\$59.86
Employee plus spouse	\$129.25	\$120.65	\$125.41	\$92.42	\$117.31	\$109.19	\$128.27	\$119.71
Employee plus child(ren)	\$137.46	\$128.00	\$133.76	\$98.18	\$124.69	\$116.10	\$136.89	\$127.10
Employee plus family	\$211.79	\$197.34	\$205.94	\$151.32	\$192.14	\$178.89	\$210.73	\$195.92
Classic 3 1500 (Plan Code 10i) – 100 80 50 \$50 Ded, 80% HIAA								
Employee only	\$65.08	\$59.78	\$64.44	\$46.14	\$59.11	\$54.81	\$66.26	\$59.49
Employee plus spouse	\$130.15	\$119.55	\$128.88	\$92.29	\$118.22	\$109.62	\$132.52	\$118.99
Employee plus child(ren)	\$147.95	\$136.72	\$146.53	\$107.69	\$135.26	\$126.11	\$150.38	\$136.11
Employee plus family	\$224.07	\$206.76	\$221.91	\$162.04	\$204.52	\$190.43	\$227.86	\$205.82
Classic 4 1500 (Plan Code 1iS) – 100 80 50 \$50 Ded, 80% HIAA								
Employee only	\$61.97	\$56.67	\$61.33	\$43.04	\$56.00	\$51.70	\$63.16	\$56.39
Employee plus spouse	\$123.94	\$113.34	\$122.67	\$86.08	\$112.01	\$103.41	\$126.31	\$112.78
Employee plus child(ren)	\$132.97	\$121.75	\$131.55	\$92.72	\$120.28	\$111.13	\$135.41	\$121.13
Employee plus family	\$204.41	\$187.10	\$202.25	\$142.38	\$184.86	\$170.76	\$208.20	\$186.16
Classic 5 1500 (Plan Code 1iT) – 100 80 50 \$50 Ded w/1500 Ortho, 80 80 50 Out, 80% HIAA								
Employee only	\$59.83	\$55.86	\$58.35	\$43.53	\$54.52	\$50.97	\$59.67	\$55.50
Employee plus spouse	\$119.66	\$111.72	\$116.71	\$87.06	\$109.04	\$101.93	\$119.34	\$111.00
Employee plus child(ren)	\$135.50	\$127.56	\$131.99	\$101.61	\$124.49	\$117.03	\$134.64	\$126.70
Employee plus family	\$205.42	\$192.98	\$200.16	\$152.88	\$188.34	\$176.81	\$204.31	\$191.69
Classic 6 1500 (Plan Code 1iU) – 100 80 50 \$50 Ded, 80 80 50 Out, 80% HIAA								
Employee only	\$56.73	\$52.76	\$55.25	\$40.42	\$51.41	\$47.86	\$56.56	\$52.39
Employee plus spouse	\$113.45	\$105.52	\$110.50	\$80.85	\$102.83	\$95.72	\$113.13	\$104.79
Employee plus child(ren)	\$120.52	\$112.59	\$117.02	\$86.64	\$109.52	\$102.06	\$119.66	\$111.72
Employee plus family	\$185.75	\$173.32	\$180.50	\$133.22	\$168.68	\$157.15	\$184.64	\$172.03
Classic 7 Unlimited (Plan Code 1NH) – 100 80 50 \$50 Ded								
Employee only	\$66.21	\$61.77	\$64.36	\$47.23	\$60.24	\$55.83	\$65.93	\$61.21
Employee plus spouse	\$132.43	\$123.53	\$128.72	\$94.46	\$120.47	\$111.67	\$131.86	\$122.42
Employee plus child(ren)	\$138.94	\$128.92	\$135.81	\$98.62	\$126.24	\$116.95	\$139.31	\$127.92
Employee plus family	\$214.85	\$199.64	\$209.69	\$152.70	\$195.28	\$180.93	\$215.02	\$198.02
Classic 11 Unlimited (Plan Code 1M0) – 100 90 60 \$50 Ded w/3000 Ortho, UCR								
Employee only	\$88.80	\$81.88	\$87.80	\$63.69	\$80.89	\$75.17	\$90.18	\$81.48
Employee plus spouse	\$177.61	\$163.77	\$175.60	\$127.38	\$161.78	\$150.35	\$180.37	\$162.95
Employee plus child(ren)	\$197.73	\$184.08	\$195.63	\$147.90	\$182.03	\$170.68	\$200.34	\$183.25
Employee plus family	\$301.06	\$279.59	\$297.81	\$222.82	\$276.40	\$258.58	\$305.21	\$278.29

(continued)

Dental – PPO

Voluntary

4-TIER (continued)								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Essential 1 1000 (Plan Code 1iV) – 100 80 50 \$50 Ded w/1000 Ortho, MAC								
Employee only	\$36.69	\$36.48	\$33.91	\$29.90	\$34.80	\$32.95	\$34.09	\$36.43
Employee plus spouse	\$73.38	\$72.96	\$67.82	\$59.79	\$69.60	\$65.89	\$68.18	\$72.86
Employee plus child(ren)	\$88.42	\$87.96	\$82.14	\$73.17	\$84.17	\$80.01	\$82.53	\$87.85
Employee plus family	\$132.01	\$131.31	\$122.48	\$108.84	\$125.55	\$119.23	\$123.08	\$131.13
Essential 2 1000 (Plan Code 1iW) – 100 80 50 \$50 Ded, MAC								
Employee only	\$34.64	\$34.43	\$31.86	\$27.85	\$32.75	\$30.90	\$32.04	\$34.38
Employee plus spouse	\$69.28	\$68.86	\$63.72	\$55.70	\$65.50	\$61.79	\$64.08	\$68.76
Employee plus child(ren)	\$78.54	\$78.08	\$72.26	\$63.29	\$74.29	\$70.12	\$72.65	\$77.96
Employee plus family	\$119.03	\$118.33	\$109.50	\$95.86	\$112.57	\$106.25	\$110.11	\$118.16
Essential 3 1000 (Plan Code 1iX) – 100 80 50 \$50 Ded w/1000 Ortho, 80 80 50 Out, MAC								
Employee only	\$34.65	\$34.81	\$32.03	\$28.68	\$33.50	\$31.66	\$32.08	\$34.58
Employee plus spouse	\$69.30	\$69.61	\$64.06	\$57.36	\$66.99	\$63.32	\$64.16	\$69.16
Employee plus child(ren)	\$83.39	\$83.88	\$77.43	\$70.22	\$80.91	\$76.82	\$77.48	\$83.32
Employee plus family	\$124.54	\$125.23	\$115.51	\$104.44	\$120.73	\$114.50	\$115.62	\$124.39
Essential 4 1000 (Plan Code 1iY) – 100 80 50 \$50 Ded, 80 80 50 Out, MAC								
Employee only	\$32.60	\$32.76	\$29.98	\$26.63	\$31.45	\$29.61	\$30.03	\$32.53
Employee plus spouse	\$65.21	\$65.51	\$59.97	\$53.26	\$62.89	\$59.22	\$60.06	\$65.06
Employee plus child(ren)	\$73.51	\$74.00	\$67.55	\$60.33	\$71.03	\$66.94	\$67.60	\$73.43
Employee plus family	\$111.56	\$112.25	\$102.54	\$91.46	\$107.75	\$101.53	\$102.64	\$111.42
Essential 5 1500 (Plan Code 10J) – 100 80 50 \$50 Ded w/1500 Ortho, MAC								
Employee only	\$44.75	\$44.49	\$41.36	\$36.47	\$42.44	\$40.18	\$41.57	\$44.43
Employee plus spouse	\$89.49	\$88.97	\$82.71	\$72.93	\$84.88	\$80.36	\$83.15	\$88.86
Employee plus child(ren)	\$104.72	\$104.19	\$97.47	\$87.10	\$99.81	\$95.00	\$97.92	\$104.06
Employee plus family	\$157.46	\$156.64	\$146.30	\$130.31	\$149.90	\$142.49	\$147.01	\$156.44
Essential 6 1500 (Plan Code 1iZ) – 100 80 50 \$50 Ded, MAC								
Employee only	\$41.64	\$41.38	\$38.25	\$33.36	\$39.34	\$37.08	\$38.47	\$41.32
Employee plus spouse	\$83.28	\$82.77	\$76.50	\$66.72	\$78.67	\$74.15	\$76.94	\$82.65
Employee plus child(ren)	\$89.75	\$89.22	\$82.49	\$72.12	\$84.83	\$80.02	\$82.94	\$89.08
Employee plus family	\$137.80	\$136.98	\$126.64	\$110.65	\$130.23	\$122.82	\$127.34	\$136.78
Essential 10 3000 (Plan Code 1NJ) – 100 80 50 \$25 Ded w/3000 Ortho, MAC Implant								
Employee only	\$56.35	\$56.08	\$52.25	\$46.46	\$53.59	\$50.89	\$52.50	\$55.99
Employee plus spouse	\$112.71	\$112.15	\$104.50	\$92.93	\$107.18	\$101.78	\$104.99	\$111.99
Employee plus child(ren)	\$135.09	\$134.58	\$126.72	\$115.07	\$129.50	\$124.02	\$127.20	\$134.39
Employee plus family	\$201.94	\$201.12	\$188.90	\$170.68	\$193.21	\$184.66	\$189.66	\$200.83
Essential 11 5000 (Plan Code 1NL) – 100 80 50 \$25 Ded w/5000 Ortho, MAC Implant								
Employee only	\$61.67	\$61.39	\$57.39	\$51.36	\$58.79	\$55.97	\$57.65	\$61.30
Employee plus spouse	\$123.34	\$122.77	\$114.78	\$102.71	\$117.59	\$111.95	\$115.30	\$122.59
Employee plus child(ren)	\$152.85	\$152.32	\$144.32	\$132.44	\$147.15	\$141.56	\$144.81	\$152.13
Employee plus family	\$226.68	\$225.83	\$213.30	\$194.61	\$217.72	\$208.95	\$214.08	\$225.54
Essential Value 1 1000 (Plan Code 1J1) – 100 80 50 \$50 Ded, 50 50 50 Out, MAC								
Employee only	\$27.87	\$28.88	\$25.06	\$23.73	\$27.56	\$26.01	\$24.74	\$28.24
Employee plus spouse	\$55.75	\$57.75	\$50.12	\$47.47	\$55.13	\$52.02	\$49.48	\$56.48
Employee plus child(ren)	\$63.58	\$66.23	\$56.92	\$54.68	\$63.15	\$59.65	\$56.08	\$64.63
Employee plus family	\$96.21	\$100.09	\$86.23	\$82.55	\$95.46	\$90.15	\$85.00	\$97.72
Basic 500 (Plan Code 1J0) – 100 60 0 \$50 Ded, MAC								
Employee only	\$14.04	\$14.51	\$12.14	\$13.05	\$13.67	\$13.77	\$12.03	\$15.15
Employee plus spouse	\$28.07	\$29.02	\$24.29	\$26.10	\$27.35	\$27.53	\$24.06	\$30.30
Employee plus child(ren)	\$37.51	\$38.81	\$32.38	\$34.83	\$36.53	\$36.78	\$32.07	\$40.53
Employee plus family	\$54.68	\$56.56	\$47.22	\$50.79	\$53.25	\$53.61	\$46.77	\$59.06

Dental – PPO

Employer-paid

4-TIER								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Classic Plus 1 2000 with MaxAdvantage (Plan Code 10E) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 1500 Implant, 80% HIAA								
Employee only	\$72.32	\$67.74	\$70.22	\$52.57	\$65.93	\$61.56	\$71.75	\$67.23
Employee plus spouse	\$144.64	\$135.48	\$140.44	\$105.14	\$131.85	\$123.13	\$143.49	\$134.47
Employee plus child(ren)	\$164.18	\$153.93	\$160.12	\$121.51	\$150.31	\$140.98	\$163.51	\$152.95
Employee plus family	\$248.74	\$233.16	\$242.33	\$183.28	\$227.49	\$213.13	\$247.49	\$231.61
Classic Plus 2 2000 with MaxAdvantage (Plan Code 1iC) – 100 90 60 \$50 Ded w/1500 Ortho & Max Adv, 80% HIAA								
Employee only	\$70.03	\$65.56	\$68.03	\$50.91	\$63.83	\$59.61	\$69.52	\$65.08
Employee plus spouse	\$140.05	\$131.12	\$136.07	\$101.82	\$127.66	\$119.23	\$139.04	\$130.16
Employee plus child(ren)	\$161.66	\$151.55	\$157.72	\$119.70	\$148.02	\$138.84	\$161.07	\$150.59
Employee plus family	\$243.91	\$228.58	\$237.71	\$179.78	\$223.07	\$209.02	\$242.80	\$227.07
Classic 1 1500 (Plan Code 1iD) – 100 90 60 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$63.47	\$59.45	\$61.68	\$46.26	\$57.89	\$54.10	\$63.02	\$59.02
Employee plus spouse	\$126.94	\$118.91	\$123.36	\$92.52	\$115.78	\$108.20	\$126.03	\$118.04
Employee plus child(ren)	\$142.90	\$134.06	\$139.44	\$106.19	\$130.96	\$122.94	\$142.37	\$133.22
Employee plus family	\$216.96	\$203.46	\$211.49	\$160.44	\$198.60	\$186.21	\$215.96	\$202.13
Classic 2 1500 (Plan Code 1iE) – 100 90 60 \$50 Ded, 80% HIAA								
Employee only	\$60.57	\$56.55	\$58.78	\$43.36	\$54.99	\$51.20	\$60.11	\$56.12
Employee plus spouse	\$121.14	\$113.10	\$117.55	\$86.72	\$109.98	\$102.39	\$120.23	\$112.23
Employee plus child(ren)	\$128.90	\$120.06	\$125.45	\$92.20	\$116.97	\$108.94	\$128.37	\$119.22
Employee plus family	\$198.58	\$185.08	\$193.11	\$142.07	\$180.22	\$167.84	\$197.59	\$183.75
Classic 3 1500 (Plan Code 10F) – 100 80 50 \$50 Ded w/1500 Ortho, 80% HIAA								
Employee only	\$60.99	\$56.04	\$60.40	\$43.30	\$55.42	\$51.40	\$62.10	\$55.78
Employee plus spouse	\$121.99	\$112.08	\$120.79	\$86.60	\$110.83	\$102.79	\$124.20	\$111.55
Employee plus child(ren)	\$138.71	\$128.22	\$137.38	\$101.08	\$126.85	\$118.30	\$140.98	\$127.64
Employee plus family	\$210.06	\$193.88	\$208.04	\$152.09	\$191.79	\$178.62	\$213.60	\$193.00
Classic 4 1500 (Plan Code 1iF) – 100 80 50 \$50 Ded, 80% HIAA								
Employee only	\$58.09	\$53.14	\$57.50	\$40.40	\$52.51	\$48.50	\$59.20	\$52.88
Employee plus spouse	\$116.19	\$106.28	\$114.99	\$80.79	\$105.03	\$96.99	\$118.40	\$105.75
Employee plus child(ren)	\$124.71	\$114.22	\$123.38	\$87.09	\$112.85	\$104.30	\$126.99	\$113.65
Employee plus family	\$191.68	\$175.50	\$189.66	\$133.71	\$173.41	\$160.24	\$195.22	\$174.62
Classic 5 1500 (Plan Code 1iG) – 100 80 50 \$50 Ded w/1500 Ortho, 80 80 50 Out, 80% HIAA								
Employee only	\$56.09	\$52.38	\$54.71	\$40.86	\$51.13	\$47.81	\$55.94	\$52.04
Employee plus spouse	\$112.19	\$104.76	\$109.42	\$81.71	\$102.25	\$95.61	\$111.88	\$104.09
Employee plus child(ren)	\$127.07	\$119.65	\$123.79	\$95.40	\$116.79	\$109.82	\$126.27	\$118.85
Employee plus family	\$192.62	\$181.00	\$187.72	\$143.53	\$176.67	\$165.89	\$191.59	\$179.80
Classic 6 1500 (Plan Code 1iH) – 100 80 50 \$50 Ded, 80 80 50 Out, 80% HIAA								
Employee only	\$53.19	\$49.48	\$51.81	\$37.96	\$48.23	\$44.91	\$53.04	\$49.14
Employee plus spouse	\$106.38	\$98.96	\$103.62	\$75.91	\$96.45	\$89.81	\$106.08	\$98.28
Employee plus child(ren)	\$113.07	\$105.66	\$109.80	\$81.40	\$102.79	\$95.82	\$112.27	\$104.85
Employee plus family	\$174.25	\$162.63	\$169.34	\$125.15	\$158.29	\$147.51	\$173.21	\$161.42
Classic 7 Unlimited (Plan Code 1iNG) – 100 80 50 \$50 Ded								
Employee only	\$62.06	\$57.90	\$60.32	\$44.32	\$56.47	\$52.36	\$61.79	\$57.38
Employee plus spouse	\$124.12	\$115.80	\$120.64	\$88.63	\$112.94	\$104.71	\$123.58	\$114.76
Employee plus child(ren)	\$130.29	\$120.92	\$127.36	\$92.60	\$118.42	\$109.73	\$130.63	\$119.99
Employee plus family	\$201.44	\$187.23	\$196.62	\$143.36	\$183.15	\$169.74	\$201.60	\$185.72
Classic 11 Unlimited (Plan Code 1LZ) – 100 90 60 \$50 Ded w/3000 Ortho, UCR								
Employee only	\$83.17	\$76.70	\$82.23	\$59.70	\$75.77	\$70.43	\$84.46	\$76.32
Employee plus spouse	\$166.34	\$153.40	\$164.46	\$119.40	\$151.54	\$140.86	\$168.92	\$152.64
Employee plus child(ren)	\$185.24	\$172.48	\$183.27	\$138.66	\$170.56	\$159.95	\$187.67	\$171.69
Employee plus family	\$282.01	\$261.95	\$278.98	\$208.89	\$258.97	\$242.31	\$285.89	\$260.73

(continued)

Dental – PPO

Employer-paid

4-TIER (continued)								
Plan Name/Code	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Essential 1 1000 (Plan Code 1ii) – 100 80 50 \$50 Ded w/1000 Ortho, MAC								
Employee only	\$34.47	\$34.27	\$31.87	\$28.12	\$32.70	\$30.97	\$32.03	\$34.22
Employee plus spouse	\$68.93	\$68.53	\$63.73	\$56.23	\$65.39	\$61.93	\$64.07	\$68.44
Employee plus child(ren)	\$83.07	\$82.65	\$77.20	\$68.82	\$79.10	\$75.21	\$77.57	\$82.54
Employee plus family	\$124.02	\$123.36	\$115.12	\$102.37	\$117.98	\$112.07	\$115.68	\$123.20
Essential 2 1000 (Plan Code 1iJ) – 100 80 50 \$50 Ded, MAC								
Employee only	\$32.55	\$32.35	\$29.95	\$26.20	\$30.78	\$29.05	\$30.12	\$32.31
Employee plus spouse	\$65.10	\$64.70	\$59.90	\$52.40	\$61.56	\$58.10	\$60.24	\$64.61
Employee plus child(ren)	\$73.83	\$73.41	\$67.97	\$59.59	\$69.86	\$65.97	\$68.34	\$73.30
Employee plus family	\$111.89	\$111.24	\$102.99	\$90.24	\$105.86	\$99.95	\$103.55	\$111.07
Essential 3 1000 (Plan Code 1iK) – 100 80 50 \$50 Ded w/1000 Ortho, 80 80 50 Out, MAC								
Employee only	\$32.56	\$32.70	\$30.11	\$26.98	\$31.48	\$29.76	\$30.16	\$32.49
Employee plus spouse	\$65.12	\$65.41	\$60.22	\$53.95	\$62.96	\$59.53	\$60.31	\$64.99
Employee plus child(ren)	\$78.37	\$78.83	\$72.80	\$66.06	\$76.06	\$72.23	\$72.85	\$78.30
Employee plus family	\$117.04	\$117.68	\$108.60	\$98.25	\$113.48	\$107.66	\$108.70	\$116.90
Essential 4 1000 (Plan Code 1iL) – 100 80 50 \$50 Ded, 80 80 50 Out, MAC								
Employee only	\$30.65	\$30.79	\$28.20	\$25.06	\$29.56	\$27.85	\$28.24	\$30.58
Employee plus spouse	\$61.29	\$61.58	\$56.39	\$50.12	\$59.13	\$55.70	\$56.48	\$61.16
Employee plus child(ren)	\$69.14	\$69.59	\$63.56	\$56.82	\$66.82	\$63.00	\$63.61	\$69.06
Employee plus family	\$104.91	\$105.55	\$96.48	\$86.12	\$101.35	\$95.53	\$96.57	\$104.77
Essential 5 1500 (Plan Code 1OG) – 100 80 50 \$50 Ded w/1500 Ortho, MAC								
Employee only	\$41.99	\$41.75	\$38.83	\$34.25	\$39.84	\$37.73	\$39.03	\$41.70
Employee plus spouse	\$83.99	\$83.50	\$77.65	\$68.51	\$79.68	\$75.45	\$78.06	\$83.40
Employee plus child(ren)	\$98.31	\$97.81	\$91.53	\$81.84	\$93.72	\$89.22	\$91.95	\$97.69
Employee plus family	\$147.81	\$147.04	\$137.38	\$122.43	\$140.74	\$133.81	\$138.04	\$146.85
Essential 6 1500 (Plan Code 1iM) – 100 80 50 \$50 Ded, MAC								
Employee only	\$39.09	\$38.85	\$35.92	\$31.35	\$36.94	\$34.83	\$36.13	\$38.80
Employee plus spouse	\$78.19	\$77.70	\$71.85	\$62.71	\$73.88	\$69.65	\$72.26	\$77.59
Employee plus child(ren)	\$84.31	\$83.82	\$77.53	\$67.84	\$79.72	\$75.22	\$77.96	\$83.69
Employee plus family	\$129.43	\$128.66	\$119.00	\$104.06	\$122.36	\$115.43	\$119.66	\$128.47
Essential 10 3000 (Plan Code 1NI) – 100 80 50 \$25 Ded w/3000 Ortho, MAC Implant								
Employee only	\$52.84	\$52.58	\$49.01	\$43.60	\$50.26	\$47.74	\$49.24	\$52.50
Employee plus spouse	\$105.68	\$105.17	\$98.01	\$87.20	\$100.52	\$95.47	\$98.47	\$105.01
Employee plus child(ren)	\$126.69	\$126.21	\$118.87	\$107.98	\$121.46	\$116.34	\$119.32	\$126.03
Employee plus family	\$189.38	\$188.61	\$177.19	\$160.16	\$181.21	\$173.22	\$177.90	\$188.34
Essential 11 3000 (Plan Code 1NK) – 100 80 50 \$25 Ded w/5000 Ortho, MAC Implant								
Employee only	\$57.81	\$57.54	\$53.81	\$48.17	\$55.12	\$52.49	\$54.05	\$57.46
Employee plus spouse	\$115.63	\$115.09	\$107.62	\$96.34	\$110.24	\$104.97	\$108.11	\$114.92
Employee plus child(ren)	\$143.29	\$142.80	\$135.31	\$124.21	\$137.96	\$132.74	\$135.78	\$142.62
Employee plus family	\$212.50	\$211.71	\$199.99	\$182.53	\$204.12	\$195.93	\$200.73	\$211.43
Essential Value 1 1000 (Plan Code 1iO) – 100 80 50 \$50 Ded, 50 50 50 Out, MAC								
Employee only	\$26.22	\$27.16	\$23.59	\$22.36	\$25.94	\$24.48	\$23.29	\$26.57
Employee plus spouse	\$52.45	\$54.32	\$47.19	\$44.71	\$51.87	\$48.96	\$46.59	\$53.13
Employee plus child(ren)	\$59.86	\$62.34	\$53.63	\$51.54	\$59.46	\$56.19	\$52.85	\$60.84
Employee plus family	\$90.57	\$94.19	\$81.23	\$77.79	\$89.86	\$84.90	\$80.09	\$91.98
Basic 500 (Plan Code 1iN) – 100 60 0 \$50 Ded, MAC								
Employee only	\$13.29	\$13.74	\$11.52	\$12.37	\$12.95	\$13.04	\$11.42	\$14.33
Employee plus spouse	\$26.58	\$27.47	\$23.05	\$24.74	\$25.91	\$26.08	\$22.84	\$28.66
Employee plus child(ren)	\$35.49	\$36.70	\$30.70	\$32.99	\$34.58	\$34.81	\$30.41	\$38.32
Employee plus family	\$51.75	\$53.50	\$44.78	\$48.11	\$50.41	\$50.75	\$44.35	\$55.85

Vision

Voluntary

3-TIER							
Plan Name/Code	Employee only	Employee plus one	Employee plus family	Materials	Exam	Lenses	Benefit Frequency (exam/lenses/frames)
Elite 1010-1 (Plan Code UI)	\$12.21	\$23.20	\$34.19	\$150 frame allowance, plus 20% off balance over allowance/\$120 contact lenses allowance	\$10	\$10	12/12/12
Supreme 010-2 (Plan Code UM)	\$11.41	\$21.68	\$31.95	\$120, plus 20% off balance over allowance/\$105 contact lenses allowance	\$0	\$10	12/12/24
Preferred 1025-2 (Plan Code UJ)	\$10.06	\$19.11	\$28.17	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/12/24
Preferred 1025-3 (Plan Code UK)	\$9.71	\$18.45	\$27.19	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/24/24
Preferred Value 10-3 (Plan Code UL)	\$7.98	\$15.16	\$22.34	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	Not Covered	\$10	Not Covered/24/24
Plus 20-1 (Plan Code UN)	\$5.33	\$10.13	\$14.92	Frame allowance: 35% discount off retail price	\$20	\$50	12/Unlimited/Unlimited
Exam Only (Plan Code UO)	\$4.89	\$9.29	\$13.69	Not Covered	\$0	Not Covered	24/Not Covered/Not Covered

Employer-Paid

3-TIER							
Plan Name/Code	Employee only	Employee plus one	Employee plus family	Materials	Exam	Lenses	Benefit Frequency (exam/lenses/frames)
Elite 1010-1 (Plan Code UW)	\$9.21	\$17.50	\$25.79	\$150 frame allowance, plus 20% off balance over allowance/\$120 contact lenses allowance	\$10	\$10	12/12/12
Supreme 010-2 (Plan Code VO)	\$8.41	\$15.98	\$23.55	\$120, plus 20% off balance over allowance/\$105 contact lenses allowance	\$0	\$10	12/12/24
Preferred 1025-2 (Plan Code UX)	\$7.06	\$13.41	\$19.77	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/12/24
Preferred 1025-3 (Plan Code UY)	\$6.71	\$12.75	\$18.79	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/24/24
Preferred Value 10-3 (Plan Code UZ)	\$4.98	\$9.46	\$13.94	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	Not Covered	\$10	Not Covered/24/24
Plus 20-1 (Plan Code VI)	\$2.33	\$4.43	\$6.52	Frame allowance: 35% discount off retail price	\$20	\$50	12/Unlimited/Unlimited
Exam Only (Plan Code VJ)	\$1.89	\$3.59	\$5.29	Not Covered	\$0	Not Covered	24/Not Covered/Not Covered

Vision

Voluntary

4-TIER								
Plan Name/Code	Employee only	Employee & Spouse/ Domestic Partner	Employee & Child(ren)	Family	Materials	Exam	Lenses	Benefit Frequency (exam/lenses/ frames)
Elite 1010-1 (Plan Code UI)	\$12.21	\$23.20	\$24.42	\$36.63	\$150 frame allowance, plus 20% off balance over allowance/\$120 contact lenses allowance	\$10	\$10	12/12/12
Supreme 010-2 (Plan Code UM)	\$11.41	\$21.68	\$22.82	\$34.23	\$120, plus 20% off balance over allowance/\$105 contact lenses allowance	\$0	\$10	12/12/24
Preferred 1025-2 (Plan Code UJ)	\$10.06	\$19.11	\$20.12	\$30.18	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/12/24
Preferred 1025-3 (Plan Code UK)	\$9.71	\$18.45	\$19.42	\$29.13	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/24/24
Preferred Value 10-3 (Plan Code UL)	\$7.98	\$15.16	\$15.96	\$23.94	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	Not Covered	\$10	Not Covered/24/24
Plus 20-1 (Plan Code UN)	\$5.33	\$10.13	\$10.66	\$15.99	Frame allowance: 35% discount off retail price	\$20	\$50	12/Unlimited/ Unlimited
Exam Only (Plan Code UO)	\$4.89	\$9.29	\$9.78	\$14.67	Not Covered	\$0	Not Covered	24/Not Covered/ Not Covered

Employer-Paid

4-TIER								
Plan Name/Code	Employee only	Employee & Spouse/ Domestic Partner	Employee & Child(ren)	Family	Materials	Exam	Lenses	Benefit Frequency (exam/lenses/ frames)
Elite 1010-1 (Plan Code UW)	\$9.21	\$17.50	\$18.42	\$27.63	\$150 frame allowance, plus 20% off balance over allowance/\$120 contact lenses allowance	\$10	\$10	12/12/12
Supreme 010-2 (Plan Code V0)	\$8.41	\$15.98	\$16.82	\$25.23	\$120, plus 20% off balance over allowance/\$105 contact lenses allowance	\$0	\$10	12/12/24
Preferred 1025-2 (Plan Code UX)	\$7.06	\$13.41	\$14.12	\$21.18	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/12/24
Preferred 1025-3 (Plan Code UY)	\$6.71	\$12.75	\$13.42	\$20.13	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	\$10	\$25	12/24/24
Preferred Value 10-3 (Plan Code UZ)	\$4.98	\$9.46	\$9.96	\$14.94	\$100, plus 20% off balance over allowance/\$90 contact lenses allowance	Not Covered	\$10	Not Covered/24/24
Plus 20-1 (Plan Code VI)	\$2.33	\$4.43	\$4.66	\$6.99	Frame allowance: 35% discount off retail price	\$20	\$50	12/Unlimited/Unlimited
Exam Only (Plan Code VJ)	\$1.89	\$3.59	\$3.78	\$5.67	Not Covered	\$0	Not Covered	24/Not Covered/Not Covered

Questions?

We're here with answers.

Contact your Health Net Account Executive or Account Manager.

Visit us online at **www.healthnet.com/broker**.



Voluntary rates apply to groups with less than 50% participation and/or less than 50% contribution. Employer-paid rates require a minimum of 50% participation and 50% contribution toward the employee rate.

Vision plans are underwritten by Health Net Life Insurance Company and administered by EyeMed Vision Care, LLC. Health Net Dental plans, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, LLC. or its affiliates. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

BKT2268350EH01w (10/25)