

## 2015 PLAN COMPARISON

PPO	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	CoveredCA SHOP
\$0 - \$250, 90% - 70%	<u>Platinum MC Copay (MC)</u> <u>Gold MC Copay (MC)</u>	Platinum Select PPO 20/10%/4000 Plus (SF) Gold Select PPO 30/20%/6250 Plus (SF)	<u>Plat. Full PPO 0 OffEx</u> <u>Plat. Full PPO 150 OffEx</u> <u>Gold Full PPO 0 OffEx</u>	<u>Gold PPO A \$0 HealthNet - full</u> <u>Plat. PPO A \$0 HealthNet - full</u> <u>Plat. PPO B \$0 HealthNet - full</u> <u>Gold PPO B \$0 HealthNet - full</u>	HN Plat 90 PPO HN Gold 80 PPO
\$500	<u>Gold MC 500 80/50 (MC)</u> Gold MC 500 80/50 (SP)	<u>Gold PPO 500/20%/4500 (NF)</u> Gold Select PPO 500/20%/4500 (NF)		<u>Gold PPO A \$500 Anthem - full</u> Gold PPO C \$500 Anthem - Select	
\$750	<u>Gold PPO 750 80/50 (PPO)</u>		<u>Gold Full PPO 750 OffEx</u>	Gold PPO B \$750 Anthem - Select	
\$1000 - \$1250	<u>Silver MC Coins. (MC)</u> <u>Silver MC 1000 75/50 (MC)</u> Silver MC 1000 75/50 (SP) <u>Silver MC 1000 60/50 (MC)</u> Silver MC 1000 60/50 (SP) Silver MC 1000 60/50 (PC) Silver Indemnity 1500 80 (Indem)	Gold Select PPO 1000/20%/4000 Plus (SF)  <u>Gold PPO 1000/20%/4000 (NF)</u> Gold Select PPO 1000/20%/4000 (NF)	<u>Silver Full PPO 1250 OffEx</u>	Silver PPO A \$1250 Anthem - Adv. Gold PPO D \$1200 Anthem - Select	Health Net Gold 80 EPO Alt.
\$1500 - \$1750	<u>Silver MC 1500 60/50 (MC)</u> Silver MC 1500 60/50 (SP)	Silver Select PPO 1500/20%/6250 Plus (SF)  Silver Select PPO 1500/20%/6250 (NF) <u>Silver PPO 1500/20%/6250 (NF)</u>		<u>Silver PPO A \$1500 HealthNet - full</u> Silver PPO B \$1500 Anthem-Select <u>Silver PPO B \$1500 HealthNet - full</u>	<u>HN Silver 70 PPO</u>
\$2000 - \$2500	<u>Silver MC 2000 60/50 (MC)</u> Silver MC 2000 60/50 (SP)	<u>Silver PPO 2000/35%/6600 (NF)</u> Silver Select PPO 2000/35%/6600 (NF)  Silver Select PPO 2000/35%/6600 Plus (SF)	<u>Silver Full PPO 1700 OffEx</u>	<u>Silver EPO A \$2000 Anthem - full</u>	
\$3000	<u>Bronze MC 3500 50/50 (MC)</u> Bronze MC 3500 50/50 (SP) Bronze MC 3500 50/50 (PC)				
\$4000	<u>Bronze MC 4000 Copay (MC)</u> Bronze MC 4000 Copay (SP)				
\$4500			<u>Bronze Full PPO 4500 OffEx</u>		
\$5000 - \$6600	<u>Bronze MC (MC)</u> <u>Bronze MC 6600 100/50 (MC)</u> Bronze MC 6600 100/50 (SP) Bronze MC 6600 100/50 (PC)	Bronze Select PPO 5000/30%/6250 Plus (SF)  Bronze Select PPO 5750/35%/6450 Plus (SF)  Bronze Select PPO 5000/30%/6250 (NF) <u>Bronze PPO 5000/30%/6250 (NF)</u>  Bronze Select PPO 6000/35%/6600 (NF) <u>Bronze PPO 6000/35%/6600 (NF)</u>	Bronze 60 PPO Mirror	<u>Bronze PPO A \$5000 HealthNet-full</u> <u>Bronze EPO A \$5600 Anthem-full</u> <u>Bronze PPO B \$5000 HealthNet - full</u>	BS Bronze PPO <u>HN Bronze 60 PPO</u>

### KEY

AVN - Value network	NF - National Formulary	<b>Anthem Blue Cross</b>	<b>Blue Shield</b>	<b>SHOP Blue Shield</b>
Basic - Basic	PC - PrimeCare network	Premier = Platinum	HMO Net 1-SHOP/Mirror HMO Exclusive (narrow) Network	Full and Enhanced networks are not available in all territories.
DA - DirectAccess (PPO)	SF - Select Formulary	Preferred = Gold	HMO Network 2-SHOP/Mirror HMO Full Network	
Ded - HMO Deductible network	SP - Savings Plus network	Essential = Silver	Trio ACO HMO-New ACO HMO Network for 1/15	
GA - Guided Access (HMO)	Vital - Vitalidad network	Core = Bronze	PPO SHOP/Mirror-SHOP/Mirror PPO Narrow Net. (previously called Exclusive)	
HMO - Full network	<u>Bold</u> - Full network		Full PPO OffEx-PPO DMHC Network	
MC - Full PPO network				

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PPO HSA	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	CoveredCA SHOP
<b>100%: \$6300</b>	<b><u>Bronze MC 6300 100/50 (MC)</u></b> Bronze MC 6300 100/50 (SP) Bronze MC 6300 100/50 (PC)				
<b>Non-100%: \$1500 - \$2500</b>	<b><u>Bronze MC HSA 2500 50/50 (MC)</u></b> Bronze MC HSA 2500 50/50 (SP)	Silver Select PPO 2000/30%/6350 w/HSA (NF) <b><u>Silver PPO 2000/30%/6350 w/HSA (NF)</u></b>	<b><u>Silver Full PPO HSA 2000 OffEx</u></b>		HN Silver 70 HSA EPO Alternate
<b>Non-100%: \$2600 - \$4500</b>	<b><u>Bronze MC HSA 3500 70/50 (MC)</u></b> Bronze MC HSA 3500 70/50 (SP) Bronze MC HSA 3500 70/50 (PC)		<b><u>Bronze Full PPO HSA 3500 OffEx</u></b>		
<b>Non-100%: \$5,000+</b>		Bronze Select PPO 5500/30%/6450 w/HSA (NF) <b><u>Bronze PPO 5500/30%/6450 w/HSA (NF)</u></b>	<b><u>Bronze Full PPO HSA 5500 OffEx</u></b>		
		Bronze Select PPO 6350/0%/6360 w/HSA (NF) <b><u>Bronze PPO 6350/0%/6350 w/HSA (NF)</u></b>			
HRA	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	CoveredCA SHOP
	All plans can be wrapped w/HRA	Gold Select PPO 2000/20%/4000 w/HRA (NF) <b><u>Gold PPO 2000/20%/4000 w/HRA (NF)</u></b>			
HMO	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	CoveredCA SHOP
<b>In-Patient: up to \$400/admit</b>			Plat. Trio ACO HMO \$25 OffEx	<b><u>Platinum HMO A \$0 UHC SigVal</u></b> Platinum HMO B \$0 UHC - Adv. Platinum HMO C \$0 UHC - Alliance Platinum HMO A \$0 Sharp	
<b>In-Patient: \$750+/admit</b>	<b><u>Gold HMO 10 (HMO)</u></b> Gold HMO 10 (AVN) Gold HMO 10 (Basic) Gold HMO 10 (PC) <b><u>Gold HMO 20 (HMO)</u></b> Gold HMO 20 (AVN) Gold HMO 20 (Basic)				
<b>In-Patient: up to \$450/day</b>	Platinum Vitalidad HMO 15 (Vital) <b><u>Platinum HMO Copay (HMO)</u></b>	Platinum Select HMO 20/0%/4000 Plus (SF) Platinum Priority Select HMO 20/0%/4000 Plus (SF)	Plat. Local Acc+HMO \$25 OffEx <b><u>Plat. Access+HMO \$25 OffEx</u></b> Plat. 90 HMO Network 1 Mirror <b><u>Plat. 90 HMO Network 2 Mirror</u></b>	<b><u>Platinum HMO A \$0 Kaiser</u></b> <b><u>Platinum HMO A \$0 WHA</u></b> Gold HMO B \$0 Sharp-Premier Platinum HMO A \$0 Aetna-AVN Platinum HMO A \$0 Anthem-Select Platinum HMO A \$0 Health Net-Salud	BS Plat. 90 HMO Net. 1 (Exclusive) <b><u>BS Plat. 90 HMO Net. 2 (Full)</u></b> <b><u>KP Plat 90 HMO</u></b> Chinese C. Plat. 90 HMO WHA Plat. 90 HMO

### KEY

AVN - Value network	NF - National Formulary	<b>Anthem Blue Cross</b>	<b>Blue Shield</b>	<b>SHOP Blue Shield</b>
Basic - Basic	PC - PrimeCare network		HMO Net 1-SHOP/Mirror HMO Exclusive (narrow) Network	Full and Enhanced networks are not available in all territories.
DA - DirectAccess (PPO)	SF - Select Formulary		HMO Network 2-SHOP/Mirror HMO Full Network	
Ded - HMO Deductible network	SP - Savings Plus network		Trio ACO HMO-New ACO HMO Network for 1/15	
GA - Guided Access (HMO)	Vital - Vitalidad network		PPO SHOP/Mirror-SHOP/Mirror PPO Narrow Net. (previously called Exclusive)	
HMO - Full network	<b>Bold</b> - Full network		Full PPO OffEx-PPO DMHC Network	
MC - Full PPO network				

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HMO (cont.)	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	CoveredCA SHOP
<b>In-Patient: \$500 - \$800/day</b>	<b><u>Gold HMO 30 (HMO)</u></b> Gold HMO 30 (AVN) Gold HMO 30 (Basic) Gold HMO 30 (PC) <b><u>Gold HMO Copay (HMO)</u></b>	Platinum Select HMO 10/10%/2500 Plus (SF) Platinum Priority Select HMO 10/10%/2500 Plus (SF)  Gold Select HMO 30/0%/6250 Plus (SF) Gold Priority Select HMO 30/0%/6250 Plus (SF)  <b><u>Gold HMO 35/20%/6600 (NF)</u></b> Gold HMO Priority Select 35/20%/6600 (NF) Gold HMO Select 35/20%/6600 (NF)	Gold 80 HMO Network 1 Mirror <b><u>Gold 80 HMO Network 2 Mirror</u></b>	Silver HMO A \$2000 Aetna-Ded. Silver HMO A \$1800 Sharp-Premier Silver HMO B \$2000 Aetna-Basic Gold HMO A \$0 Aetna-AVN Gold HMO A \$0 Anthem-Select <b><u>Gold HMO A \$0 Health Net-Wholesale</u></b> <b><u>Gold HMO A \$500 Kaiser-Full</u></b> <b><u>Gold HMO A \$0 WHA-Full</u></b> Gold HMO B \$0 Aetna-AVN <b><u>Gold HMO B \$0 Kaiser-Full</u></b>	BS Gold 80 HMO Net. 1 (Exclusive) <b><u>BS Gold 80 HMO Net. 2 (Full)</u></b> <b><u>KP Gold 80 HMO</u></b> <b><u>KP Gold 500/30 HMO</u></b> Chinese C. Gold 80 HMO WHA Gold 80 HMO
<b>In-Patient: \$1000 - \$1500/day</b>		Gold Select HMO 35/25%/6600 (NF) Gold Priority Select HMO 35/25%/6600 (NF) <b><u>Gold HMO 35/20%/6600 (NF)</u></b>		<b><u>Gold HMO A \$0 UHC-SigVal</u></b> Gold HMO B \$0 Anthem-Select Gold HMO B \$0 UHC-Alliance <b><u>Gold HMO C \$1000 UHC-SgVal.</u></b>	
<b>Deductible</b>  (For more deductible plans, see Coinsurance category)	Silver HMO Ded 1000 (Basic) Silver HMO Ded 1000 (Ded) Silver HMO Ded 1000 (PC) Silver HMO Ded 1500 (Basic) Silver HMO Ded 1500 (Ded) Silver HMO Ded Copay (Ded) Silver HMO Ded 2000 (Basic) Silver HMO Ded 2000 (Ded) Bronze HMO Ded 5500 (Basic) Bronze HMO Ded 5500 (Ded)	Silver Priority Select HMO 1500/30%/6550 Plus (SF) Silver Select HMO 1500/30%/6550 Plus (SF) Silver Priority Select HMO 1500/30%/6550 (SF)  Silver Select HMO 1500/30%/6550 (NF) <b><u>Silver HMO 1500/30%/6550 (NF)</u></b>	Silver 70 HMO Network 1 Mirror <b><u>Silver 70 HMO Network 2 Mirror</u></b> Gold Trio ACO HMO \$30 OffEx Silver Trio ACO HMO \$55 OffEx	Bronze HMO A \$5500 Aetna-Ded. Bronze HMO A \$2000 Sharp-Prem. <b><u>Bronze HMO A \$4500 UHC-SigVal.</u></b> <b><u>Bronze HMO B \$5000 Kaiser-Full</u></b> Bronze HMO C \$4500 UHC-Alliance <b><u>Silver HMO A \$1750 UHC-SigVal</u></b> <b><u>Silver HMO A \$1750 Anthem-Select</u></b> <b><u>Silver HMO A \$2000 WHA-Full</u></b> <b><u>Silver HMO B \$1000 Kaiser-Full</u></b> Silver HMO B \$1800 Sharp-Perf. Silver HMO B \$1750 UHC-Alliance <b><u>Silver HMO C \$1500 Kaiser-Full</u></b>	BS Silver 70 HMO Net. 1 (Exclusive) <b><u>BS Silver 70 HMO Net. 2 (Full)</u></b> <b><u>KP Silver 70 HMO</u></b> <b><u>KP Silver 1000/40</u></b> <b><u>KP Bronze 60 HMO</u></b> Sharp Performance Bronze HMO Sharp Performance Silver HMO Sharp Premier Silver HMO Chinese C. Bronze 60 HMO Chinese C. Silver 70 HMO WHA Bronze 60 HMO WHA Silver 70 HMO
<b>Coinsurance: 90% - 80%</b>  (For other coinsurance plans, see Deductible category)		Gold Select HMO 500/20%/4500 Plus (S/SF) Gold Priority Select HMO 500/20%/4500 Plus (SF)  Silver Select HMO 1500/20%/6250 Plus (S/SF) Silver Priority Select HMO 1500/20%/6250 Plus (PS/SF)	Gold Local Access+HMO \$30 OffEx <b><u>Gold Access+HMO \$30 OffEx</u></b>	Platinum HMO B \$0 Sharp-Perf	Sharp Performance Gold HMO Sharp Premier Gold HMO Sharp Performance Plat. HMO Sharp Premier Plat. HMO
<b>Coinsurance: 70% - 50%</b>  (For other coinsurance plans, see Deductible category)			Silver Local Access+HMO \$55 OffEx <b><u>Silver Access+HMO \$55 OffEx</u></b>	Gold HMO A \$0 Sharp-Perf <b><u>Gold HMO B \$0 Health Net-Wholesale</u></b>	
<b>KEY</b>					
AVN - Value network Basic - Basic DA - DirectAccess (PPO) Ded - HMO Deductible network GA - Guided Access (HMO) HMO - Full network MC - Full PPO network	NF - National Formulary PC - PrimeCare network SF - Select Formulary SP - Savings Plus network Vital - Vitalidad network <b><u>Bold</u></b> - Full network	<b>Anthem Blue Cross</b>	<b>Blue Shield</b> Ultimate = Platinum Preferred = Gold Enhanced = Silver Basic = Bronze		<b>SHOP Blue Shield</b> Full and Enhanced networks are not available in all territories.

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HMO HSA	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	CoveredCA SHOP
				<u>Silver HMO HSA A \$1500 Kaiser-Full</u> <u>Bronze HMO HSA A \$3500 Kaiser-Full</u> <u>Bronze HMO HSA A \$3500 WHA-Full</u> <u>Bronze HMO HSA C \$4500 Kaiser-Full</u> Bronze HMO HSA B \$3750 Sharp-Perf Bronze HMO HSA B \$3500 UHC - Alliance Silver HMO HSA C \$2000 UHC Alliance	<u>KP Silver 70 HSA HMO</u> <u>KP Bronze 60 HSA HMO</u> Sharp Bronze 4500 HSA HMO Sharp Prem. Silver 1500 HSA HMO WHA Bronze 60 HSA HMO WHA Bronze 60 HSA HMO w/ Child Dental Alt. WHA Silver 70 HSA HMO
	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	CoveredCA SHOP
2014-2015 Plan Migration Charts	<a href="#">Aetna 2014 Plan Migration Chart</a>	<a href="#">Anthem Blue Cross 2014 Plan Migration Chart</a> <a href="#">Anthem Blue Cross Discontinued Plans</a>	Not available	Not available	Not applicable

KEY					
AVN - Value network	PB - Prudent Buyer	<b>Anthem Blue Cross</b>	<b>Blue Shield</b>	<b>SHOP Blue Shield</b>	
Basic - Basic	PC - PrimeCare network	Premier = Platinum	Ultimate = Platinum	Full and Enhanced networks are	
DA - DirectAccess (PPO)	PS - Priority Select network	Preferred = Gold	Preferred = Gold	not available in all territories.	
Ded - HMO Deductible network	S - Select network	Essential = Silver	Enhanced = Silver		
GA - Guided Access (HMO)	SF - Select Formulary	Core = Bronze	Basic = Bronze		
HMO - Full network	SP - Savings Plus network				
MC - Full PPO network	Vital - Vitalidad network				
NF - National Formulary	<b>Bold</b> - Full network				

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PPO	Health Net	Kaiser	Sharp	UnitedHealthcare
\$0 - \$250, 90% - 70%	<u>Platinum 90 PPO (SHOP Plat 90)</u> <u>Gold 80 PPO (SHOP Gold 80)</u>	<u>Gold 80 PPO 0/30</u> <u>Plat 90 PPO 0/20</u>		<u>Select Plus 15/10% (Plat.) GN3</u> <u>Select Plus 15/250/10% (Gold) GOV</u> Select State 20/10% (Plat.) 77C Select State 30/20% (Gold) 77D
\$500				<u>Select Plus 15/500/10% (Gold) GOW</u>
\$750				<u>Select Plus 15/750/20% (Gold) 7V-L</u>
\$1000 - \$1250	PureCare Gold 80 EPO Alternate			<u>Select Plus 15/1000/10% (Gold) GOX</u>
\$1500 - \$1750	<u>Silver 70 PPO (SHOP Silver 70)</u>	<u>Silver 70 PPO 1500/45*</u>		Select State 45/1500/20% (Silver) 77E <u>Select Plus 35/1800/30% (Silver) 7VM</u>
\$2000 - \$2500				<u>Select Plus 25/2000/20% (Silver) GOY</u> <u>Non-Diff PPO 2000/20 GN2</u>
\$3000				
\$4000				
\$4500				<u>Select Plus 4500/20% (Bronze) GP5</u>
\$5000 - \$6350	<u>Bronze 60 PPO (SHOP Bronze 60)</u>	<u>Bronze 60 PPO 5000/60</u>		
PPO HSA	Health Net	Kaiser	Sharp	UnitedHealthcare
Non-100%: \$1500 - \$2500	PureCare Silver 70 HSA EPO Alternate			<u>Select Plus HSA 1500/20% (Silver) GN4</u> <u>Select Plus HSA 2000/20% (Silver) GN5</u>
Non-100%: \$2600 - \$4500				<u>Select Plus HSA 3500/20% (Bronze) GN6</u> Select State HSA 4500/40% (Bronze) 77F
Non-100%: \$5,000+				<u>Select Plus HSA 5000/20% (Bronze) GN7</u>
HRA	Health Net	Kaiser	Sharp	UnitedHealthcare
		<u>Gold 80 HRA \$2000/\$30*</u>		
HMO	Health Net	Kaiser	Sharp	UnitedHealthcare
In-Patient: up to \$400/admit				<u>Sign. 20-40/250d (Plat) 6X9</u> Adv. 20-40/250d (Plat.) 6YC All. 20-40/250d (Plat.) 6YF
In-Patient: \$600+/admit	SmartCare Platinum 10 SmartCare Platinum 20 SmartCare Platinum 30 SmartCare Gold 40 SmartCare Gold 50		<u>Gold 80 HMO 0/30/1000 admit</u> <u>Platinum 90 HMO 0/20/1000</u>	

### KEY

AVN - Value network	NF - National Formulary
Basic - Basic	PC - PrimeCare network
DA - DirectAccess (PPO)	SF - Select Formulary
Ded - HMO Deductible network	SP - Savings Plus network
GA - Guided Access (HMO)	Vital - Vitalidad network
HMO - Full network	<b>Bold</b> - Full network
MC - Full PPO network	

**United Healthcare**  
Metallic Names  
Formal HMO product names:  
Sign. = UnitedHealthcare SignatureValue™ = Full Network  
Adv. = UnitedHealthcare SignatureValue Advantage  
All. = UnitedHealthcare SignatureValue Alliance

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HMO (cont.)	Health Net	Kaiser	Sharp	UnitedHealthcare
<b>In-Patient: up to \$450/day</b>	<u>WholeCare HMO Platinum \$10</u> <u>WholeCare HMO Platinum Std Copay</u> <u>WholeCare HMO Platinum \$25</u> Salud HMO y Mas Platinum \$10 Salud HMO y Mas Platinum \$20 Salud HMO y Mas Platinum \$25	<u>Platinum 90 HMO \$0/20*</u>	<u>Platinum 90 HMO 0/10/100</u> <u>Platinum 90 HMO 0/15/250</u> <u>Platinum 90 HMO 0/20/250 (Mirror)</u>	All. 20-40/250d (Plat.) ABGV
<b>In-Patient: \$500 - \$800/day</b>	<u>WholeCare HMO Gold \$35</u> <u>WholeCare HMO Gold \$45</u> <u>WholeCare HMO Gold Std Copay</u> Salud HMO y Mas Gold \$35 Salud HMO y Mas Gold \$45	<u>Gold 80 HMO \$0/\$30*</u> <u>Gold 80 HMO \$500/\$30*</u>	<u>Gold 80 HMO 0/30/600 (Mirror)</u> <u>Platinum 90 HMO 0/20/500</u>	All. 30-50/600d (Gold) ABGW
<b>In-Patient: \$900 - \$1500/day</b>			<u>Gold 80 HMO 0/30/1000 day</u> <u>Gold 80 HMO 0/40/1000</u>	<u>Sign. 30-50/1000d (Gold) 6YA</u> Adv. 30-50/1000d (Gold) 6YD All. 30-50/1000d (Gold) 6YG <u>Sign. 30-50/900d/1000ded (Gold) 6YB</u> Adv. 30-50/900d/1000ded (Gold) 6YA All. 30-50/900d/1000ded (Gold) 6YH
<b>Deductible</b>  (For more deductible plans, see Coinsurance category)		<u>Silver 70 HMO \$1000/\$40*</u> <u>Silver 70 \$1500/\$45*</u> <u>Bronze 60 HMO \$5000/\$60*</u>	<u>Bronze 60 HMO 5000/60/30% (Mirror)</u> <u>Gold 80 HMO/30/30%</u> <u>Silver 70 HMO 1500/40/40%</u> <u>Silver 70 HMO A 1500/45/20% (Mirror)</u> <u>Silver 70 HMO B 1500/45/20% (Mirror)</u>	<u>Sign. 50-75/30%/4500ded (Bronze) 3TP</u> Adv. 50-75/30%/4500ded (Bronze) 3TV All. 50-75/30%/4500ded (Bronze) 3T2 <u>Sign. 30-50/25%/1750ded (Silver) 3TN</u> Adv. 30-50/25%/1750ded (Silver) 3TT All. 30-50/25%/1750ded (Silver) 3TZ
<b>Coinsurance: 90% - 80%</b>  (For other coinsurance plans, see Deductible category)	PureCare HSP Silver Standard		<u>Gold 80 HMO 0/30/20% (Mirror)</u> <u>Platinum 90 HMO 0/20/10% (Mirror)</u>	
<b>Coinsurance: 70% - 50%</b>  (For other coinsurance plans, see Deductible category)	PureCare HSP Bronze Standard			
HMO HSA	Health Net	Kaiser	Sharp	UnitedHealthcare
		<u>Silver 70 HSA \$1500/20% HSA*</u> <u>Bronze 60 HSA \$3500/\$30 HSA*</u> <u>Bronze 60 HSA \$4500/40% HSA*</u>	<u>Bronze 60 HSA 4500/40%/40% (Mirror)</u> <u>Silver 70 HSA 1500/20%/20% (Mirror)</u>	All. 20%/2000ded (Silver) 3T4 All. 20%/3500ded (Bronze) 3T5 All. 20%/1500ded (Silver) ABGX All. 40%/4500ded (Bronze) 77B

### KEY

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Basic - Basic  
DA - DirectAccess (PPO)  
Ded - HMO Deductible network  
GA - Guided Access (HMO)  
HMO - Full network  
MC - Full PPO network

NF - National Formulary  
PC - PrimeCare network  
SF - Select Formulary  
SP - Savings Plus network  
Vital - Vitalidad network  
**Bold** - Full network

\* Also in Covered Cal and California Choice

**United Healthcare**  
Metallic Names  
Formal HMO product names:  
Sign. = UnitedHealthcare SignatureValue™ = Full Network  
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All. = UnitedHealthcare SignatureValue Alliance

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